

Appendix E – Maternity Focus Groups

Maternity Focus Group – Tuesday 11 October

- Information for new mothers needs to be staggered – too much all at the first appointment, plus you forget it as it's verbal info
- Surprised that couldn't get a direct appointment with the midwife as I thought would be the case, instead to access the midwife I needed to see the GP first
- Seems costly and unnecessary for GPs to do the antenatal appointments. Would prefer it to be with a midwife anyway.
- Have used the 'Pregnancy Plus' app. Useful and reassuring as it provides information as and when it is needed and tells you roughly what you should be experiencing at that point.
- 'Emma's diary' not a good thing and very patronising
- Everyone would really like electronic notes and not to have to carry around a blue notes folder. Digital records are needed and the NHS needs to catch up!
- Experience shared of questions in blue notes not allowing an accurate recording of the pregnancy (same sex relationship, not IVF). This meant when in hospital with complications, they thought she had had IVF and so insisted on certain drugs
- All agreed they wouldn't think to go to the pharmacy for pregnancy advice or information
- All would like to see the GP visits changed to be with a midwife instead (unless high risk pregnancy). More continuity of care.
- These GP appointments apparently aren't common elsewhere in the country – they are usually done by a midwife.
- 25 week appointment would be better with the midwife as you are closer to delivering the baby – reassuring.
- A GP appointment at 25 week could unintentionally make you more anxious as you don't have the relationship with them.
- Good experiences shared of feeling that they had plenty of choice in where to give birth – one chose homebirth with friend who is a midwife (but later had complications so was in hospital instead) and another plans to use Oxford MLU.
- All noticed that the benefits of MLUs are not explained, or even what they are. They were relatively well informed patients and so knew or found out themselves but others may need this explaining.
- Reassuring for first time mother that Oxford MLU is only a few floors away from other areas of hospital if there are complications.
- Chipping Norton MLU has a good reputation.
- As a first time mother you try to plan to avoid any possible 'blue light' situation and so will go with what you think is the safest option. Therefore need to help new mothers fully understand how safe a MLU is and what they do there.
- Mothers don't realise that transfer between units at a hospital can be just as difficult if not more so, that from an MLU to a hospital (e.g. because of staff relationships)

- Would be good if the midwife gave info on the choices available and then let you digest the info, and to discuss the options and any concerns at the next midwife appointment. Gives time to think about it.
- Recommended the Kirsty Coxon birth place leaflet
http://www.nhs.uk/Conditions/pregnancy-and-baby/Documents/Birth_place_decision_support_Generic_2_.pdf
- Mothers need to know that they can also change their mind at any point about the place of birth
- There is currently no continuity in obstetrics
- Breastfeeding support – huge difference and inconsistency between the women’s expectations and what support is actually available (virtually nothing)
- If women are unable to breastfeed it can have a huge impact on their mental wellbeing, feeling a failure as a mother, trauma etc – but it is actually because the system has failed them because the support is not there
- The health visitor reputation is not good – hit and miss, might make you do something you don’t want to etc Word of mouth reputation and also experiences
- The cost versus the numerous benefits of the baby café concept are obvious. Invest in prevention.
- Using the GP and health visitor for breast feeding support doesn’t work and is costly to the NHS
- Children’s centres and baby cafes – useful to new mothers to know what is normal, support network, learn from each other, wellbeing – all prevents escalation of problems
- Women often lie/open up to health visitors as they don’t want to seem like they’re not able to cope and also they don’t realise certain things are absolutely normal e.g. being v tearful.
- In a year’s time there will be no baby cafes – where will new mothers go then? Problems will escalate and be costly.
- Ideal post-natal offer – Continuity of care AND carer for women. Support through groups in the community. Keep women properly informed throughout the pregnancy. Ensure patient communication is timely.

Maternity Focus Groups – Monday 17 October

1. What support did you get from your GP or anyone else, prior to falling pregnant or when you found out you were pregnant? What support would have helped you?

- Initial appointment felt let down
- Expected a second test to confirm the pregnancy
- Midwife experience was positive
- GP receptionist not helpful in getting an appointment in the first 12 weeks
- Have to say why you want the appointment
- GP was good for advice on contraception
- Receptionists are not informed about what a new mother needs to do and this can be quite confusing for a new mother
- GP is the first port of call

2. Currently only a few GPs offer an early appointment to assess medical risk (before 10 weeks). Did you have one? What was your experience? We are considering making this universal for all pregnant women – what is the best way of letting women know?

- 10 weeks sounds sensible
- Would be a positive experience and would feel like someone is taking charge
- Suggest put into pregnancy tests or flyer near pregnancy tests
- Pop-ups on the online GP booking system
- Social media
- Red books for 2nd and 3rd time mothers
- Websites like netmums but would need to be Oxfordshire only

3. Currently GPs offer an appointment at 25 weeks – how important was this to you?

- Continuity is really important
- Could have it for those women that need GP follow up from 10 weeks
- Not sure why it is needed when all other are with the midwife – more personal relationship with the midwife
- Suggest drop 25 week in favour of midwife appointment
- GPs are for sickness, not appropriate if pregnant and well
- Should be for everyone not just first time mothers

4. Do you feel that you had choice in where you could give birth? Were you involved in the planning? What would have made it easier?

- JR, JR delivery suite and Wantage MLU
- Felt that did have choice
- Positive feedback from mothers on choice/support
- Midwife didn't have time to go through the birth plan

- Self learning about birth, hypnobirthing and Daisy
- Birthing options are discussed early but might be better making a decision once pregnancy has developed
- No mention of home births
- More options of home births for 3 time mothers
- Leaflet on 1st time options

5. What care support did you expect after giving birth?

- Aftercare at the JR was excellent
- MLU offers continuity of care as they know you and you know your midwife
- Excellent support with breastfeeding
- Concern about closure of Wantage MLU and support for mothers, especially with the closure of the children's centres, if support goes people will fall through the gaps
- Good to have local groups in walking distance
- Midwives really do care about you and provide continuity
- Pre-natally 2 midwife in JR approx. 25 seen
- Nice to have a named midwife if admitted to hospital
- JR breastfeeding clinic only Monday and Thursday, it would be good if it was every day
- Some mums are rude to the midwives
- Would be good to have health visitor info before having the baby
- Blue notes – would be good if these were electronic
- GP 16 week check they should know what happened in delivery
- GP surgery didn't know how to administer oral Vitamin K
- Apps would be good post-natally for breastfeeding
- Discussion on children's centre
- Concern about the support for breast feeding as it is hard
- Breastfeeding class provided by midwives in Wantage, 1:1 sessions
- Berkshire, no support for breastfeeding
- Mismatch between the perception of the OUH, need messaging around breastfeeding and the actual support available
- Concern around Horton messaging
- Would consider Wallingford, if transport was accessible – can look online to see video of MLU
- Abingdon patients tend to go to JR – would prefer Spires
- Parking at the JR is really stressful
- Post-natal care in the community was great, as they revert back to their midwife
- JR feedback was a lottery. If really ill care was amazing, if not you are forgotten
- Observation ward is quite traumatic, shift changes, induction not great, quite traumatic watching and hearing other women giving birth.

Maternity Focus Groups – Thursday 20 October

1. What support did you get from your GP or anyone else, prior to falling pregnant or when you found out you were pregnant? What support would have helped you?

- Saw GP and was referred for tests
- Reassured that it is normal for it to take time to fall pregnant, as well as getting medical reassurance – Dr Rogers, same GP throughout my pregnancy, recommended exercise and relaxation etc
- GP test on ovaries – taking Pregnacare
- Woodlands – saw GP – test were normal – then fell pregnant
- Mixed experience with GPs, some uncomfortable to discuss, falling pregnant
- Reading books, taking temp, saw GP, referred to consultants at Northampton, offered JR or Horton, consultant care was excellent

2. Currently only a few GPs offer an early appointment to assess medical risk (before 10 weeks). Did you have one? What was your experience? We are considering making this universal for all pregnant women – what is the best way of letting women know?

- Saw GP – before midwife, no positive experience, confirmed pregnant and given blue folder and forms
- Felt like I was wasting the GPs time
- Expected pregnancy test and to be given folic acid
- Tell GP receptions to give people the 10 week risk assessment appointment
- Welcomed the 10 week appointment
- Suggest promoting it in Babycentre, Netmums, bounty packs and Emma's diary
- Midwife at hospital can screen previous blue notes
- Going electronic would take the father out of the loop as currently fathers can read the blue notes
- Felt as though as Dad you weren't there – it's all about mum
- Google search, promote the new appointment there is the google search menu

3. Currently GPs offer an appointment at 25 weeks – how important was this to you?

- 38 week appointment felt pointless as GP didn't know me or measure me – not my named GP
- GP doesn't do anything that a midwife couldn't do – but was nice to see my own GP
- Mixed messages – GP said I should always do what the midwife says
- More written feedback in the blue notes
- Dad doesn't see written feedback and general expectations that 'mum' will see a variety of professionals

4. Do you feel that you had choice in where you could give birth? Were you involved in the planning? What would have made it easier?

- Midwife gave letter with list of choices – chose Northampton then changed mind and went to Horton
- Important to know you can park and that husband is with you, not parking the car
- C-section – VBAC – no limited choice
- Horton – C-section – Baby in SCBU
- Taking baby into JR for SCBU – difficult, especially if you don't drive
- Friends and family step in to help with appointments and driving
- Offered full choice, choice Chipping Norton MLU/visited
- 0% of low risk mothers – riskier choose Horton over MLU
- How many transfers from MLU lead to intervention?
- MLU tell people that you can jump the queue for epidural if you arrive by ambulance
- Concern Horton MLU is what happens – what happens if two mothers need ambulance?
- Home birth in Deddington needed an ambulance transfer – no ambulance – drove to JR
- 111 advised ambulance for a large clot – not needed – again mixed messages

5. What care support did you expect after giving birth?

- Go to DAU at Horton for 10 – 14 days to see midwives and then health visitors
- Same midwife all the way through pregnancy – then community nurses after birth
- After giving birth, most vulnerable, would be good to see same midwife (continuity)
- Session with midwife to review birthing experience – birth after thoughts
- Need continuity after birth
- Friend recommended birth after thoughts and then asked midwife
- Googled it – birth after thoughts
- Bought pals to bedside to complain – inappropriate
- Continuity important
- Mental health – breastfeeding supporter flagged to midwives concern about my emotions
- Need someone to recognise your mental health
- Having seen GP etc it was paediatrician that picked up on mother's health – needed a blood transfusion
- Need to look at the patient as a whole
- Ongoing breastfeeding support – excellent support
- Midwives technique varies
- Health visitor support is hit or miss
- Found health visit patronising about to cancel 9 month check, find the health visitor check pointless
- Asked for a referral to opticians – never happened

- VBAC after C-section – cannula advice, delayed cord etc, people don't know you can decline care
- Voluntary sector pick up support – la Leche
- People give up breast feeding for reasons that are normal
- NCT don't talk about the different options in Breastfeeding
- Ante-natal is all about – up to birth
- Even in hospital breast feeding support not great
- Additional breastfeeding service available up to 6 weeks
- Support for when you return to work, and need to get baby off breast and onto bottle
- Dad could help with bottle feeding
- Want services reinstated at Horton
- Transport/parking/need to look at the bigger picture – need to consider people's family support etc
- Concern about the Horton, surely make Banbury a more representative hospital rather than shipping people down to the JR. This has happened as a result of policy to move high risk patients. There is housing increase in Banbury – need to take a step back.
- Concern about the downgrade of Oak Ward, which is Stroke, elderly not getting their support
- Concern about the children's ward and the domino effect and concern that this is a foregone conclusion
- For any expectant mother – choice is important
- Brackley patients are being told that they can't go to the JR if they live in certain postcodes.

In addition we also received anonymised patient stories from mothers in Abingdon, shown below:

Mother A

The main thing I want to get across here, is I think the community midwifery team here in Abingdon are fantastic. I know I'm only supposed to be talking about the arrival of my daughter at the end of last year, but in the last 8.5 years, I think I've ended up meeting most of the team and without exception, they have been some of the most friendly, helpful, empathetic people I have met. Thank you to all of them. I was lucky to have the same midwife throughout two of my pregnancies, and this meant Midwife X knew me well enough to support me.

Birth Choices

Having had my first baby in the JR (bad experience), I knew I wanted to have my second elsewhere. My midwife, Midwife X encouraged me to have my baby at home and it was a lovely experience, even if we didn't manage the water birth I wanted. I chose this over Wantage, as I felt the transfer from Abingdon would be shorter if I needed to be transferred. I had hoped to have my third child at home and laboured at home. However, she got stuck and we ended up in the JR in delivery suite, which was not where I wanted to be.

Midwife X helped me do what could have my child at home if at all possible - e.g. making sure I kept my iron levels high enough and my blood pressure low enough. She also made sure that all the kit

for a home birth was available, and helped me work out where in the house might be a good place to have the baby.

Midwife X was very supportive when it came to organising for me to go to the JR, trying to ensure I got a different delivery suite and a senior midwife. She explained that I'd be stuck there for obs on my baby for 12 hrs as my waters had gone. However, the JR was busy, a shift once a shift change happened and the plan to give me an epidural and synt pretty much on arrival went out of the window. It felt that my wishes, and those of my community midwife were not taken seriously once at the JR. I would like to see the JR respect the plans made by women together with midwives who have known them during their pregnancy.

I am deaf in my left ear and find it difficult if people don't look at me when they're talking to me. Midwife X understood this and made a point of looking at me and talking to me clearly. This was especially important when I was in labour and in pain. At the JR, despite this been written in my notes, again, this did not happen and left me confused and frightened. I would like to see some communication training being delivered. I am sure this would benefit a range of mothers, those with hearing difficulties and deafness, those with English as a second language, and those who are frightened!!

Postnatal

I had my baby at the end of the year. One of my worries would be that there wouldn't be postnatal care available over Christmas.

I was left in the delivery suite with no windows for many hours, the day My daughter arrived. There was limited support with feeding. Having had two babies previously - one who fed well and one who didn't, I knew My daughter was feeding well because it felt like she was. The midwife kept returning to tell me I hadn't fed my baby for long enough and she can't have fed. I know my milk supply. My milk was in, I had mastitis before she even arrived!! She was getting a lot of milk very quickly!! She fed one side better than the other. What I needed was somebody to help me for a few minutes on the side we were struggling with. No support given on delivery suite. Please buy some chairs without arms. You can't feed underarm with chairs with wooden arms!! They said support would be available on lev 5 on 10 Dec. But it was not available by the time I got there in the early evening. Having had mastitis in late pregnancy and had a cut made on my breast to get rid of the infection, I knew I needed to make sure my daughter fed well from both sides!! I did at least find a plastic school chair without arms to sit and feed on.

I was just offered tea and toast, and I was hungry having been in labour on and off for a long while. I think I did eventually get some lunch about 3PM and nothing until I left at 9:30!!

I discharged myself. This was because they said I would have to stay in overnight as they simply hadn't done the paperwork. However, there was no medical need for either me or my baby to be there. The midwives informed me that "I would not be entitled to care in the community if I discharged myself". On no sleep, and little food my reaction to this was emotional. I had an antenatal appointment booked with my GP the next day and had my midwife's mobile number in my phone. From experience, I knew that both my GP and my midwife would offer me care. I can imagine new first time mothers may have believed them.

It was also good to know that I could phone the midwife office with any questions, concerns...

At home, I was able to sleep, eat and relax. This was the right place for me to be in. I was upset I didn't have my daughter at home, but was pleased to be home. Although my midwife was on holiday other members of the team had been well briefed and were able to support me. They helped me make sure I obtained pain medication over the Christmas period - I had after pains. They offered me support with breastfeeding my baby. I think the midwives having a base office locally means they are a strong team and are able to offer women continuity of care between the team. It was also helpful to know when the midwife was coming, as it meant I could still get out with my elder children.

I also had support from baby cafe, and it helped enormously that an MCW was aware that I hadn't had the easiest labour and new my history and was able to support me with feeding my daughter. It would be beneficial to mothers if this were more closely integrated (and funded) by the NHS.

I was discharged by my midwife around 10 days, I think I'd have liked to be under her care for a little longer, as my daughter had breastfed jaundice and needed bili readings for some time and a referral to the clinic at the JR, which the health visitor made me feel anxious about. However, Midwife X was able to clearly explain the nature of breastfed jaundice and reassure me.

I would like to see home births encouraged. Having my son at home was a fantastic experience and one I would certainly recommend to other mothers to be.

I would like to see better communication when people transfer to/ from the community midwives.

I would like to see clear information about the availability of breastfeeding support at the JR, post delivery.

I would like to see the services of community based breastfeeding support organisations like baby cafe being recommended and funded by the NHS in some way.

Thanks

Mother B

I gave birth at home in February 2016. I was then transferred to the JR as I had a third degree tear. It was my first pregnancy. I had a normal pregnancy and birth. There were no complications apart from the tear.

Choice of place of birth

My midwife was very supportive of my decision to have a home birth. I feel I was given all the relevant information and was given a true choice (they didn't try to persuade me into something I didn't want). I was aware that there was a strong possibility I would be transferred to hospital but this wasn't presented as a reason to change my mind. I am very happy with the care I received from the midwifery team in Abingdon.

Post-natal care

Generally I am happy with the care I received after giving birth. I feel that all the health care professionals I came into contact with were competent, professional and friendly.

However, it is very clear they are overstretched and do not have the time and resources they need to do a thorough job in some areas. I felt this particularly in regards to breastfeeding. The NHS

promotes breastfeeding extremely strongly both before and after birth. I cannot remember how many millions of leaflets I received that concentrated solely on breastfeeding. The only literature we got that was directed specifically at fathers was about supporting breastfeeding. Breastfeeding is a big deal. I was surprised then that in hospital no one ever offered to show me how to do it. When I asked for help the nurse would get the baby latched on then walk away. There was no one to show me the technique or explain what I could change when I was having problems trying it on my own. After I was discharged no one asked to see me feed. Midwives and health visitors both asked generally but no one wanted to have a look or offer any practical support unless I asked for it specifically.

I find this astounding given the high rate of women who find they can no longer breastfeed after only a few short weeks. If the NHS is serious about raising rates of breastfeeding then women need much more one to one support right after their baby is born. Breastfeeding is not an academic exercise. It is intensely practical, you cannot learn it from a leaflet. It is difficult. It is also incredibly important.

(I am aware there is lots of breastfeeding support in Abingdon. But I struggled with it as on the days I needed help the baby cafe was inevitably on the other side of town, I didn't have a car, couldn't walk far and had only had a few hours sleep.)

Best wishes

Mother C

My thoughts on the local maternity care primarily place to give birth. I had a 36 hour labour. I asked to go in the spires, which I was told was available but then ended up waiting 3 hours for someone to take me up there. Once up there I was there for several hours about 5-6cm dilated, when I was asked if I could leave the room and carry on labouring in the waiting area as there was a lady who was 7cm dilated and needed it more than me. My mum actually said no to this, but unbelievably I was then later asked if I could move to the prenatal ward as my labour was taking too long. This time I said no as it would have meant being in labour on my own with no birthing partners by my side. I even considered going home at this point, which luckily I didn't as within 2 hours I was fully dilated. At this point I got in the birthing pool which they did too hot due to a faulty thermometer at which point my pulse rose and I had to be moved to a delivery suite. It was not the calm stress free labour I hoped for. I had high hopes for the spires, but the treatment I received those days was awful. It was my first baby too so I was quite scared. I understand the hospital gets busy but I thought I would be looked after better. I must say there were a couple of amazing midwives I saw during the many midwives I had, but in general choice of birth place and care was not good, mainly for the stress and tears caused. Sorry I can't provide better feedback.

Mother D

My partner and I chose the J.R.'s Spires Midwife led Maternity Unit, as we were expecting our first and wanted to be as close as possible to urgent medical help had anything gone wrong. We were, however, sad to hear that the Wantage Maternity centre had been shut down, as it was the second-closest midwife lead maternity unit to the J.R., and it was a very nice place (our second choice). We were keen on giving birth in a midwife lead unit, as we were planning for a more natural birth (hypnobirthing) and wanted to be in a more relaxed environment where the focus was more centered on relaxation rather than "be prepared in case anything goes wrong".

That being said, having had the chance to spend some time on the 5th floor maternity unit at the J.R. post-labour (I spent the best part of a day in early labour here), I can attest that the pre-labour help was all that I could have hoped for. No one was forceful, my midwife was extremely attentive, and having access to a bath and shower was extremely beneficial. The Spires was indeed the best choice for active labour, however, and I feel a large part of this had to do with the fact that I was able to relax, be comfortable, and that the midwife tending to me respected all of my wishes during labour.

The aftermath of my labour was a bit hectic, though. I ended up losing quite a bit of blood, and my son had to be treated for a lung infection. We ended up having to wait around on the 5th floor for a week while my son was given his full course of antibiotics, and for me to regain a bit of strength. I found out that I had lost enough blood for them to offer me a transfusion, however I was not given a transfusion, and was instead offered the choice of taking iron supplements, or having an iron infusion (I fully understand that a transfusion was the last resort, and appreciated having been given a say on how to regain my iron levels instead.) I decided to go the supplement way, and ended up feeling extremely frustrated at how, in stark contrast to pre-labour services, my particular post-labour needs seemed to fall under that category of needs that are too risky for them to let me go home, but not risky enough for them to fully tend to me, or my son. For example:

- 1) My son's medical notes were removed from my room, and misplaced several times a day and needed to be re-written once.
- 2) At least one of my tablets was skipped every day, making it difficult for me to regain my iron levels, and very painful when it was the pain killers being forgotten. There was even once when I had to tell the midwife that she was giving me one too many pain-killers (which I had taken earlier that day)
- 3) On the day my son was to have his cannula removed, and we were meant to be discharged, we had to ask 5 times to understand what we were waiting for, to eventually be told that the ward was full that day, and the midwife was having a hard time keeping on top of all the patients. This was extremely frustrating, as I was just another patient they needed to look after, and it seemed to make more sense to me for them to do the discharges first thing in the morning in order for them to have less people to tend to.

On top of feeling pretty forgotten on most days, as I'm sure you know, the quality of the food being offered was absolutely atrocious. There were absolutely no fibrous options (something women having had their vaginas/rectums pushed inside out, and being expected to have a bowel movement should absolutely have access to, specially those on iron supplements). None of the menu items seemed to have much iron absorption qualities (vitamin c, meat) but instead contained a lot of products that would discourage iron absorption (calcium, egg, caffeine). Thankfully, my husband and I had prepared food at home, and I was able to decline the catering service, another task that was not trivial. On top of having to remind the caterers that I was not having any of their food, and having to justify this on a regular basis, I was constantly bombarded with people coming in and out of, and taking it upon themselves to look into my room without permission (responding "please wait" after a knock seemed to have no effect whatsoever). Caterers, male custodians, reps for Bounty, reps for Baby Centre, all people I would have preferred stay out of my room until given permission. However, I was not given this option, and my naked body was often exposed to strangers I did not feel comfortable exposing myself to.

I feel there are better options that could be offered to people with minor issues who have no option but to stay in hospital, and do feel that the J.R. has the potential to better itself in this department. I hope that what I've expressed can help, even just a bit, and appreciate that problems like these are a result of understaffing, and an outdated system.

Thank you for giving me the opportunity to discuss my experience, and if you have any questions whatsoever, please don't hesitate to contact me. Thank you.