
Expecting the Perfect Start

A report on maternity care in Hillingdon



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Throughout our engagement programme women and families have told us about a dedicated workforce who are committed to providing them and their families with compassionate care. Healthwatch Hillingdon would like to acknowledge this and say thank you to all the staff within the hospital and across the community who provide maternity care in Hillingdon



Acknowledgements

Healthwatch Hillingdon would like to sincerely thank the women and families who spoke to us during our project. Their open views and honest opinions of their experiences, have given us a clear understanding of the local maternity services provided to women, who give birth at The Hillingdon Hospital.

Throughout our engagement programme women and families have told us about a **dedicated workforce** who are committed to providing them and their families with **compassionate care**.

Healthwatch Hillingdon would like to acknowledge this and say **thank you to all the staff within the hospital and across the community who provide maternity care in Hillingdon.**

We especially thank The Hillingdon Hospital NHS FT, who have worked closely with us on this engagement programme. They have provided us with special access, to staff and women, across the whole maternity pathway, within the hospital and community. Without this partnership working we would not have been able to produce such a comprehensive report.

We express our thanks to the Children's Centres in both Hillingdon and Ealing who opened their doors to our researchers and enabled us to see the full spectrum of services offered to women and gauge their experience of them.

We would also like to thank all other the individuals and organisations who have taken part and assisted us with this project:

- Hillingdon National Childbirth Trust
- The various baby clubs we attended
- Ealing community organisations who facilitated our workshops
- Members of our Volunteer team





Executive Summary

Background:

In July 2015, Ealing Hospital maternity unit was closed under 'Shaping a healthier future'. An initiative to improve the quality of maternity care in North West London. Consequently, it was estimated that approximately 600 more women would deliver at The Hillingdon Hospital. This project intended to discover the potential effect that the closure has had on the quality of care that women and their families are receiving. It also aimed to investigate any possible inequalities that may have arisen owing to the re-configuration.

Methodology:

Healthwatch Hillingdon spoke to a total of 251 women. 198 from Hillingdon and 53 from Ealing. This included women who were currently using the hospital's maternity service and women who had given birth since the changes. We also engaged professional staff such as midwives, children centre workers and doctors. The experiences were collected via a range of methods such as one to one semi structured interviews, survey questionnaires and focus groups. Experiences were collected from women at various locations for example play groups, children centres, antenatal and postnatal clinics, other voluntary organisation programmes and from feedback collected directly at the Hospital.

Outcomes:

Our engagement revealed key themes from the feedback raised by the women and families, which included:

- An overwhelming majority of women stating that they were very happy with the care and service provision at The Hillingdon Hospital at every stage of their maternity care. With many stating that the quality of care given at the hospital is of a very good standard.
- Families were very pleased with the care and empathy provided by maternity staff. In most cases, women described midwives and doctors as informative and helpful.
- Women are very happy with the quality of information they are provided, however quite a few women said they would have preferred to have had a verbal explanation in addition to printed literature.
- Over 50% of women indicated that they were not given the choice of which hospital's maternity service they could use. In



the majority of cases this was because their GP routinely referred them to Hillingdon Hospital.

- Over half of the Ealing women who we spoke to described the difficulties with travelling to Hillingdon Hospital and explained a lack of choices/facilities for antenatal and postnatal services in the area.
- From the focus groups targeting women of the BME community it highlighted the need for greater cultural sensitivity.
- The feedback also highlighted the need for language service provision for women with language difficulties.
- Some women explained the need for increased uniformity in breastfeeding information and support from all healthcare professionals.
- 60% of the 40 women who requested smoking cessation did not receive this support.
- Women received mixed experiences of the Triage services, whilst 64% of women were positive about their experiences, 17% highlighted a dissatisfaction due to rudeness of staff and the need for a reduction in labouring in triage without adequate assistance.
- Our engagement showed that the perinatal mental health service is under pressure with waiting lists rising. This was partly attributed to Ealing women being referred to the Hillingdon service instead of the Ealing service.
- Both mothers and maternity staff advised us that they felt more midwives were required.

Recommendations:

Based on our engagement outcomes we have formulated 8 recommendations to help build upon the hospital's good performance and further improve women's experiences.

We recommend that:

1. There is a review of how information is given, so in addition to receiving printed literature, women are provided with more verbal information.
2. A review is undertaken of interpreting services to support women who do not speak, or have little understanding of English, to meet Clinical Maternity Standards¹.

¹ www.rcog.org.uk/en/guidelines-research-services/guidelines/standards-for-maternity-care/



3. To review the continuity of care between women and their health professionals to meet the expectations of The National Maternity Review².
4. There is a review of the referral process between the hospital and The London Borough of Hillingdon who provide smoking cessation service.
5. The hospital considers introducing a pager system in the antenatal department to allow women the choice of waiting elsewhere during their appointments.
6. There is a review of the referral pathway for Ealing residents to the Ealing perinatal mental health service; and that the Hillingdon Clinical Commissioning Group (CCG) review the perinatal mental health service in Hillingdon to see how future provision can be met.
7. Greater informed choice be given to women concerning where they can deliver their babies.
8. Hillingdon Clinical Commissioning Group work with The Shaping a Healthier Future team and Hillingdon Hospital to review the provision of antenatal and postnatal clinics in Ealing.

² www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf



Introduction

Healthwatch Hillingdon is completely independent from the NHS and the local authority. We represent the views of everyone who uses health and social care services in the London Borough of Hillingdon. We make sure that these views are gathered, analysed and acted upon, making services better now and in the future.

We exist to make health and social care services work for the people who use them.

We monitor local services to ensure they reflect the needs of the community, and where necessary, use statutory powers to hold those services to account.

Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf.

As part of a network of local Healthwatch from every local authority area in England, we are also uniquely placed to raise issues nationally through Healthwatch England.

Reports and Recommendations:

Healthwatch Hillingdon produces evidence based reports for commissioners and providers, to inform them of the views and experiences of people who use health and social care services in the London Borough of Hillingdon.

Commissioners and providers must have regard for our views, reports and any recommendations made and respond in writing to explain what actions they will take, or why they have decided not to act.

Healthwatch have a duty to publish reports they share with commissioners and providers, and their responses, in public.

Our reports and recommendations are also shared with:

- Hillingdon Health and Wellbeing Board
- Hillingdon External Services Scrutiny Committee
- Healthwatch England
- The Care Quality Commission



Maternity Project

Maternity Care in North West London has been reconfigured under the Shaping a Healthier Future programme. Ealing Hospital's Maternity Unit closed in July 2015 and it was expected that an additional 600 women from Ealing will give birth at Hillingdon Hospital's Maternity Unit in the following year. Births at Hillingdon Hospital were expected to rise due to these changes and population growth from around 4,000 a year to 6,000 by 2018. Approximately 5000 births took place at Hillingdon Hospital during 2016 - 2017. We wanted to measure the impact of the closure of Ealing maternity unit on the experience of women giving birth at Hillingdon Hospital. Healthwatch Hillingdon gathered the views and experiences of women who planned to give birth, or had recently given birth at The Hillingdon Hospital.



Our Aims:

- To determine to what extent, the closure of Ealing Maternity Unit has impacted on the experience of women giving birth at Hillingdon Hospital.
- To identify any potential inequalities that may have arisen following the maternity service reconfiguration.
- To obtain a greater understanding about the barriers and enablers that shape maternity services.
- To provide commissioners and providers with evidence based data which evaluates current maternity provision and informs future delivery.



Methodology

Preliminary desk- based research was carried out to help inform the project on current maternity standards, guidelines and gathering local 'best practice'. Data was reviewed from various primary and secondary sources and included information from:

- North West London Maternity dashboard
- Friends and Family Test
- Maternity Liaison Committee reports
- Health Social Care Information Centre
- National Care Quality Commission maternity services survey
- Royal College of Obstetricians & Gynaecologists
- National Institute for Health and Care Excellence

We used a wide range of methods, that incorporated semi- structured discussions, focus groups and online surveys. These were conducted with individuals who used or were involved with the Maternity services at Hillingdon Hospital at all stages from Antenatal care through to Postnatal care. This included expectant mothers, postnatal mothers (baby 0- 6 weeks) recent mothers (baby 6weeks - 12 months), maternity staff, Children centre staff as well as families and spouses.

In total, we engaged with and collected feedback from 251 women on their experience of maternity services at The Hillingdon Hospital. The participants varied in age and ethnicity to help establish themes and trends that would be representative of the patient population. Many of the children centres within the Hillingdon Borough and 4 within the Ealing Borough were contacted to engage with the mothers that used their maternity services and/or baby group sessions. Weekly visits to the Antenatal and Postnatal wards in Hillingdon Hospital were made to collect live feedback of patient's experiences of the maternity care at the hospital. In addition to this, voluntary services, third sector organisations and charities such as National Childbirth Trust, were contacted to capture women's experiences.





Antenatal Feedback

When you first became pregnant who did you contact about antenatal care and how do you rate that experience?

46% of respondents contacted a GP to obtain information about antenatal care once they discovered they were pregnant, whilst 54% of respondents self-referred to the hospital via the online referral system. The majority of service users stated that they had a positive experience at this stage and were satisfied with the information they received describing the online self-referral process as **'straight forward'** and **'easy to navigate'**.

However, for service users that were referred to Hillingdon Hospital via their GP some highlighted the absence of hospital choice being offered with generally little information given to them by their GP. This was evidenced with 51% of respondents stating that they were not given a choice of hospitals to have their baby, many of which were GP referred.

Most women elected to deliver at The Hillingdon Hospital because it was the nearest hospital to them and many previously delivered there, while a smaller number self-referred based on Hospital recommendation and reputation.

Where did you have your first 'booked appointment'?

Almost 80% of expectant mothers had their first booked appointment with a community midwife or a hospital consultant. The remaining 20% had their booked appointments with hospital midwives. When asked at which stage in their pregnancy they had their first booked appointment, 83% of expectant mothers had their first appointment within the first 12 weeks of their pregnancy. For the 16% of expectant mothers who stated that they had their booked appointment at 13 weeks or later, a large majority attributed this to late recognition of pregnancy with many stating **'didn't know I was pregnant'** and others explained that personal relocation was the cause of their late appointment. A very small number of women explained that the reason was due to a delay in receiving an appointment date by the hospital or a lack of their own availability.

Were you offered help to give up smoking during pregnancy?

In total, approximately 77% of expectant and recent mothers did not smoke therefore did not require any stop smoking support. However, for the women who did smoke only 16 were offered smoking support where 24 women were not. We found that the majority of women who received smoking support were individuals with special medical or social care



needs, that therefore needed more care. Where women did not receive smoking support, they told us it was because nobody had come back to them with further information. Whereas in other cases, conflicting information given by health professionals left women unclear about where to seek support or who to seek support from.

“I requested for help to stop smoking and was told that I would get a phone call from the midwife that does the referrals, well that phone call never came and when I called up a few weeks later to chase this up I was told that that day was her last day before she went on annual leave so I should go to my local pharmacist to get whatever they had to help quit smoking.....this was so unhelpful and extremely unsupportive.”

“I was supposed to be referred to someone about stopping smoking, was waiting on the appointment but it never came. I ended up stopping on my own but a bit of support would have been nice though”

“still awaiting smoking support a bit confused as to when I’m going to be seen”

We investigated this further during our research. Women are referred by the hospital to the smoking cessation service provided by The London Borough of Hillingdon. We found that the referral process was not working as efficiently as it could be. After discussing this with the smoking cessation team and the Hospital, work has been undertaken to review the referral process and a new pathway is being developed.

During your pregnancy, did you have a named midwife or midwifery team that you could contact?

The National Maternity Review 2016 states that:

“Every woman should have a midwife, who is part of a small team of 4 to 6 midwives, based in the community who knows the women and family, and can provide continuity throughout the pregnancy, birth and postnatally.”

Only 55 expectant mothers of the 156 who responded to this question stated that they had a named midwife or midwifery team. For most women, this did not seem to affect them as they still said the quality of





care given at the hospital is of a very good standard. Where this was an issue it was stated that **'I kept getting seen by different midwives which was a little frustrating because I kept having to give my information repeatedly to each one because the information wasn't being passed on to each midwife'**.

Of the women that did contact their midwives during their pregnancy a majority reported that the service they received was **'very helpful'**. In particular, some expectant mothers with high risk pregnancies expressed that *'the staff were really helpful every time'*. Likewise, another expectant mother stated that

'I had gestational diabetes during my pregnancy and the team were really helpful with advising me on what to eat and what type of exercises I should be doing so that was helpful'

Did you attend birthing/antenatal/parent education classes?

When we inquired about expectant mothers' antenatal class attendance 67% stated that they did not engage with antenatal classes. The cause of this included factors, such as non-eligibility for non-first time parents, and a general lack of perceived necessity of the classes. For the 32% of mothers that did attend antenatal classes, in particular those held at The Hillingdon Hospital, mothers said that classes *'were very helpful'*.





Did you feel involved in the choices and decisions made about your care?

We asked mothers whether they felt that they were involved in the choices and decisions made about various aspects of their pregnancy. The table shows that across many areas expectant mothers highlighted they believed that they were involved and given a choice concerning various aspects. Though our feedback shows that expectant mothers at the hospital are being offered choices, there is more work that can be done to help ensure there is a reduction in the number of mothers who did not feel they had a choice or their choices were not adhered to.

Keeping Women Involved and giving choice	Yes	No
Where to have the antenatal classes	48	11
Where to have screening checks	145	16
The birth plan	120	39
Where to give birth	124	32
What kind of birth to have	129	32
Positions in which to give birth	122	39
How to manage the pain of labour	134	26

Please tell us what went well?

When asked about the helpful factors that made their antenatal experience the majority stated they were very happy with the overall care given by the hospital and community midwives. The Hillingdon Hospital Maternity staff as well as Children Centre staff in charge of antenatal support (such as bump and beyond practitioners). In addition to this, for women who stated that they experienced complications during their pregnancy they specified, that generally staff effectively managed and assisted them throughout the pregnancy giving appropriate support when required.

“I developed gestational diabetes and the antenatal team were really reassuring and told me what I should and shouldn't be eating and how to stay healthy”

“My wife decided that she wanted a home birth and was very happy with the antenatal care we were given by the home birth team”

“antenatal care had great monitoring, I had pre-eclampsia in my previous and recent pregnancy, when pre-eclampsia symptoms started arising again they admitted me into hospital for a week...”



Please tell us what did not work?

Overall, Mothers expressed their satisfaction with the care provision they received. However, there were 63 mothers that expressed their dissatisfaction concerning some areas of their antenatal care service. In particular, 25% commented on excessive waiting times, discomfort and overcrowding in waiting area, 20% in a lack of consistency with health professionals seen, and 30% general lack of effective communication between patients and the hospital.

With regards to waiting times, mothers said that they are rarely seen at their appointed times, with waiting times being more than 2 hours long. In many instances mothers state that there was no communication given to them explaining the cause of the delay or providing information to help estimate waiting time.

For women who had previously delivered at the Hospital many stated that waiting times were significantly worse in comparison to their previous experience. A small minority perceived this change to be due to the influx of women following the closure of Ealing Hospital. Service users described that due to not being seen on time, there were frequent occasions that the antenatal waiting area became excessively crowded and uncomfortable due to the arrival of new appointments clashing with pending appointments. This not only had a negative impact on women's comfort but for some disrupted work schedules and/or child care arrangements. Women who required the accompaniment of a spouse, family member or friend to help with language translation - predominately Ealing/ Southall mothers - said that this often compromised their 'translator's' availability to accompany them, which meant they did not fully understand what was said to them.

“I don't think that the structure of the antenatal care ward is right, it gets really overcrowded at times because of the long waiting times and it's hard to want to get up and go for a walk because you're scared to miss your appointment. It's a bit frustrating because after waiting hours for your appointment when you are actually seen you're only there for 10/15mins”

“The amount of information I was given seemed fairly limited in comparison to some of the information my friends told me they got, I got given a lot via leaflets would've preferred being spoken to”



A problem associated with these excessive waiting times for a very small percentage of women was the decrease in their desire to attend hospital appointments as they were reluctant to dedicate a whole day for appointments.

A lack of consistency with health professionals seen by expectant mothers was shown to have a negative impact on the information given to them and their continuity of care. Mothers specified that this lack of consistency, inadequate note taking and breakdown in communication between staff caused a discrepancy with the information given to them by the various health professionals.

“Lack of consistency with the midwives and staff that I saw so I had to repeat information over and over to different staff”

Please tell us what would have made the experience better for you?

When asked to comment on areas of improvement within the antenatal pathway (excluding the requests for a reduction in waiting times and better communication) a few expressed the desire for the hospital to incorporate text messages or alerts that notifies them when they are going to be called in for their appointments. They stated that this would provide them with the opportunity to walk around or wait in a more comfortable environment, if they wished to. Furthermore, mothers explained the desire to be given information verbally concerning issues such as birthing plans, options of pain medication, where to go for antenatal classes provision and what types of birth they could have as opposed to just leaflets. Though these documents contain the relevant information, mothers (particularly first time mothers) stated a preference of speaking through these options with their midwives. Some women explained the frustration of having to wait until subsequent appointments to discuss elements of their care and birth that they had, after reading the literature at home.

“a lot of information was given to me by leaflets and booklets but would've liked a bit more verbal information”

“would've preferred to have the various options explained to me rather than just given booklets and leaflets”



Labour Care

At the start of your labour, did you contact your midwife, hospital or birth centre for advice? If yes, please tell us about your experience when you contacted them?

Mothers were asked whether they contacted the hospital triage or their midwife at the start of labour. Of the 164 responses 58.5% stated that they did and 41.5% stated that they did not. The reasons for not contacting medical advice at the onset of labour varied. A few reasons included; pre-scheduled inductions and personal decision. For the 51 women who told us of their experience of contacting triage, many stated that they had a very positive experience as triage responded to their queries in a timely manner, provided relevant information and admitting them into hospital when needed.

“Triage were great very informative”

“Triage were amazing, I came in multiple times throughout my pregnancy and they were great every time”

However, approximately 35% fed back that they were unable to access medical advice within a reasonable time- period, many saying that they were left on hold for approximately 30 minutes or more before getting through to triage. This resulted in them coming straight to the hospital. Women also spoke about impoliteness of triage staff, a lack of acknowledgement of the patient’s judgement and delays in receiving medical attention.

“pretty helpful, once I got through to them but that was after waiting on the line for about 30mins”

Though women highlighted their awareness of the current NHS pressures and increasing demands placed on staff, some felt that triage did not have the adequate resources to support them in active labour. This made some women’s experiences quite challenging with 10 saying they did not feel fully supported with pain management whilst waiting in triage.

“I had a very bad experience. I was left waiting in triage without being attended to. I was given no pain medication to assist just gas and air plus it was not very comforting when you’re in labour and others around you are just there for appointments”



For a small minority of women, they believed that having a negative experience at the onset of labour had a negative impact on the rest of their maternity experience.

If you had a birth partner, were you both happy with the way they were involved with the birth? Please let us know the reason for the answer.

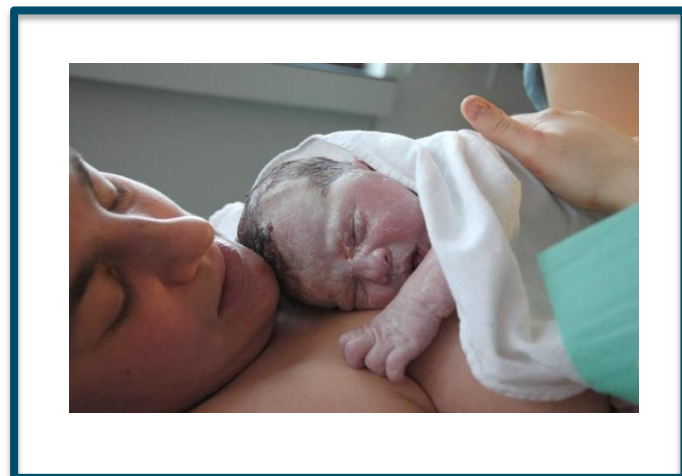
For women who had birthing partners present during their birth they expressed that health professionals were very efficient with ensuring that both parties were involved with the birth at every stage. 88% of respondents stated they were pleased with the level of involvement that staff gave to the birthing partners.

“Because I was in a lot of pain I couldn’t really understand everything I was told so it was reassuring that they spoke to my boyfriend and gave him the same amount of detail that they gave me so he knew what was going on with me and the baby”

“They were extremely nice to him and supportive of us both”

Did you have skin-to-skin contact with your baby shortly after the birth? If no, was there a reason.

In line with NICE guidelines, 84% of women who delivered at THH had skin-to-skin contact with their babies shortly after the birth. Out of the 15% of women who did not have skin to skin contact a large proportion attributed it to delivering via caesarean section or experiencing medical complications during or after the delivery. In most cases this meant that the new born baby had to be taken away from the mother.





How do you rate the support you received in each of these areas?

Women were asked to rate their experiences on some areas of their maternity care. This included; breastfeeding advice, emotional support, food and drink and advice/ information given after birth. With the exception of breastfeeding, all areas received positive responses with approximately 70% satisfaction rate. In the case of breastfeeding, 59% of women stated that they had a positive experience and received adequate support with the breastfeeding advice given at Hillingdon hospital. Though it is evident that Hillingdon Hospital are currently providing a very good breastfeeding service we believe that some improvements can still be made. The two areas of dissatisfaction that were highlighted were firstly, the inconsistency with breastfeeding information provided by maternity staff created confusion for mothers attempting to learn how to breastfeed. This was particularly daunting for first time mothers as it left them feeling very unsettled and uncertain. Secondly engagement with some mothers, mainly first time mothers, highlighted the desire for more support provided by midwives on the postnatal wards after delivery.

“the midwives at the hospital were giving slightly different information about how to breastfeed, however one thing that I didn’t like was that I was made to overly needy because I actually wanted the midwife to stay with me for an extra few minutes to ensure that I am breastfeeding correctly. My baby latched once and then they were of, they didn’t stay so I didn’t get a chance to explain that breastfeeding was actually becoming extremely painful”

“one midwife was really emotionally supportive especially because my baby had jaundice and I was really scared, she really did go above and beyond to put me at ease”

After giving birth, how did you feel about your length of stay in hospital?

Overall 67% of women were happy with their length of stay in hospital after delivery with most stating that they were ‘*ready to go home*’ and others highlighting they were even given the option to stay longer if they wanted to. However, 19% specified they would have preferred to stay in longer with many explaining that they felt rushed out due to



limited bed space. On the other hand, 13% felt their discharge from hospital was too long with a few stating they were waiting to be officially signed off by medical professionals. Others were unaware of the cause of the delay. In quite a few instances women have self-discharged from hospital because of delayed discharge.

“I want to be discharged but I have to wait for a doctor to sign me off. I’ve been waiting for hours now..”

“we really weren’t there for very long at all after I had my baby maybe just a few hours but baby and I were fine so it was perfectly fine and I was asked if I was happy to leave”

“Midwife that was working on my discharge documents went home and didn’t transfer my notes so took a total of approx. of 12 hours to finally discharged”

“I don’t feel rushed like I did with my first pregnancy. They are letting me go at my own pace”

12% of women rated their experience on the postnatal ward as poor. Some said that due to the lack of staff availability and support they preferred to be discharged home as they believed that they would receive better support at home.

Please tell us what did work?

Generally, women stated gratitude towards the Hillingdon Maternity staff for their support throughout the labour process and their empathetic care. For some women, the support of staff was the key contributor that enabled them to cope with stresses of labour. Many women highlighted that on the postnatal ward most midwives provided very good support with helping them learn how to take care of the newborn, which was particularly helpful for first time parents.

“was meant to have a home birth but things didn’t end up going to plan because my wife became very dehydrated. The home birth team were amazing, can’t fault, they made the decision that we should go into hospital and everyone on the labour ward were great”

“This was the best part of my care. From triage to delivery midwives put my fears of having a C-section



completely at ease. When I told her I'd do anything she'd ask me to do but have a C-section she told me that that was perfectly fine and was extremely positive throughout”

“I was really appreciative with the emotional support I received because, I really needed it to cope with my baby being born prematurely”

“Staff were friendly, and I was happy with the overall experience”

Please tell us what did not work?

The majority of the 84 responses of women's experience of labour and postnatal care within the hospital were very varied. The predominant themes were, staffing levels, breastfeeding and impoliteness of staff. For pain relief 12 women said they did not feel their needs were met during labour. 15 women commented on a lack of staff on the postnatal ward saying, staff were extremely busy and rushed. They felt this compromised the quality of their care with 5 women saying that they felt alone or ignored.

“on postnatal ward staff seemed very busy and didn't give as much support as they did during labour”

One of the biggest concerns from the 15 women who raised breastfeeding was the confusion that came from being advised differently by health professional on the ward.

“I struggled quite a bit with breastfeeding, it became even more difficult and emotionally distressing because midwives kept giving me different information”

12 women also commented that they felt staff had been rude to them. We noted that this was equally split between triage and the postnatal ward.

It is also worth noting that a distinction was made between the service provided on the postnatal ward between the day and night staff. With a few women saying night staff were less attentive.



A few women we spoke to in the hospital felt that some members of staff that interacted with them, were slightly culturally insensitive. The focus groups we held with the BME communities in Southall and Hayes Town, for women who had given birth in the last year, also highlighted some similar insensitivities. Although small in number, these women told us that this did negatively affect their experience.

‘I felt that my culture (eastern European) was not respected and I was spoken down to’

These women also explained that they felt there was a lack of accommodation for women who had difficulties with speaking and understanding English. Some saying they mostly used a personal translator (e.g. spouse or family member) to communicate with staff. However, once that person was required to leave the ward they felt they were unable to seek assistance until their translator returned. They also felt that due to the language barrier some staff members were hesitant in attempting to communicate with them.

Please tell us what would have made the experience better for you?

As previously stated feedback in this section is very varied and is covered in the main by the evidence previously laid out in this section. To summarise, feedback highlights that generally women are receiving very good care during labour, however, it revealed some areas that could be improved. Women and their spouse’s feedback requested an increase of hospital facilities in various areas such as more staff and more amenities such as birthing pools. Patients highlighted the desire for more regular checks to reduce the amount of time that women are left unattended or kept waiting, especially in triage. For Ealing women who experienced language barriers they expressed the desire for the creation of language facilities, like those that were provided at Ealing hospital. Women also stated that they would have appreciated it if there was greater uniformity with regards to information given to women and families by members of staff.

Community Postnatal Care

Were you told who to contact if you needed advice or information once you were home with your baby?

Over 80% of women and mothers said that they had a positive experience of various areas of their postnatal community support services such as; midwives home visit, midwives at children's centre and Health visitors. On average, women also stated having a high satisfaction rate with the standard of information and advice they received 6 weeks post-delivery.

Were you given information about the emotional changes you might experience after the birth; such as tearfulness, depression and anxiety?


With regards to perinatal mental health information provision, over 90% of women said that they had received information concerning these services in some form. However, approximately 48% of women stated that this information was given via leaflets and booklets. They said that these leaflets were included in their discharge package but staff never spoke through the information with them. For some women, this was not a problem and they were fine with this format. However, quite a few stated that they would have preferred if information was spoken through with them as opposed to merely receiving literature. Women expressed the overwhelming amount of information given in the discharge packages made it difficult to process.

Please tell us what went well?

On numerous occasions women voiced their appreciation of many services provided by children centres, as these facilities provided essential support and advice. In particular, breastfeeding support was very welcomed by women who had not felt adequately supported when they were in hospital. They expressed their gratitude of children centre staff creating sufficient time to have one to one consultations with them ensuring that women are completely supported.



“Community support for breastfeeding was great, you can tell that the midwives at the hospital are very busy so maybe cannot have that one on one time with you”



“The midwife that came to see me at home was great, I have been given all the help and support I needed, I’m very happy with my postnatal care”

“We were under the home birth team and had all our community care from them and they were perfect couldn’t fault them they gave us all the information we needed and more”

Please tell us what did not work?

We recognise that tongue tie is rare, as it affects only 4% of new-born babies. However, 5 of the mothers we spoke to advised that the condition was not identified whilst they were in hospital and it was not until they searched for special help, after experiencing a long duration of difficultly breastfeeding, that the tongue tie was not detected. They told us that it would have been useful for information to have been given to mothers about tongue tie whilst in hospital.

The area where the most dissatisfaction was expressed was with regards to a lack of continuity of care with health professionals seen, TB vaccination and problems surrounding a lack of information and uniformity when contacting direct hospital postnatal departments. For women who contacted the hospitals postnatal ward after they were discharged home many experienced difficulties with obtaining comprehensive, uniform advice. Women explained that in some cases they were constantly being referred to different professionals without any resolve.

“when I went home I was feeling quite a lot of pain in my stitches and when I called into the hospital to ask what to do I felt that I was a bit dismissed and just told to take pain medication, like I hadn’t already done that”

“I felt that the postnatal care was quite poor especially because everyone would give different information”

Some women, particularly those from Ealing, expressed their concern, and dissatisfaction, that their baby did not receive a TB vaccination at the hospital. Many had received this before at Ealing hospital and were told that this was very important due to where they live, being a high-risk area.

In addition, we found that women were being given different and confusing information about where to get the vaccination. Some were told to go to their GP, who then referred them back to the hospital. GPs were also referring women to private sector providers, advising that the vaccination was not available on the NHS.

“my baby didn’t get any BCG vaccinations and my friend who had her baby at West Middlesex did, I’m being told I have to do it privately which I really can’t afford”

Though Hillingdon mothers seem content with the number of available postnatal community facility options in the borough, Ealing mothers (who delivered at Hillingdon) do not feel the same. A small minority of Ealing mothers said that they experienced some difficulty accessing what they felt to be limited postnatal community facilities within the area.

“The only clinic that I was told was available to me for postnatal checks with a midwife was Jubilee Gardens, though the midwife there was very helpful and the appointment was fine it is still quite far for me to get to and takes me 2 bus journeys, when Ealing was open I could just walk to my appointment, which is what I did with my first pregnancy”

Perinatal Mental Health

The 2016 National Maternity Review and NHS England's independent Mental Health Taskforce stated that:

'There should be significant investment in perinatal mental health service in the community and in specialist care'

The 2016 National Maternity review further adds that:

'Maternity services should ensure smooth transition between midwife, obstetric and neonatal care, and on-going care in the community from their GP and health visitor'

Our engagement with service professionals and service users highlighted that implementing these recommendations are key to women's wellbeing during pregnancy. Patient feedback concerning the current perinatal services indicated the importance and usefulness of the perinatal services. With women indicating that the supportive service was a pivotal factor in them having a successful pregnancy.

"Given a lot of support throughout the pregnancy which was very helpful given that I had mental health conditions. Perinatal mental health team were very supportive as well as support workers"

"If it wasn't for Sarah Finnis I don't know how I would have gotten through this pregnancy, I had suffered a still birth a few months prior to falling pregnant again and was in a terrible mental state, I felt borderline suicidal at times and was definitely depressed, but Sarah gave me much support and techniques which helped me through it I honestly cannot thank her enough"

"Sarah (Finnis) put on my notes that should've had a private room but it wasn't adhered to and it was really difficult hearing all the other women's babies when I didn't have mine at the time"

The quality of care and service provision received unanimous positive reviews from the mothers and expectant mothers who have used the



services. Quite a few women stated that they wanted to use the perinatal mental health service and explained that they were unable to, owing to the extensive waiting list. In most cases this would mean not being seen until post-delivery. For these women, they described the alternative option provided - Talking Therapies - however, they did not believe this provided adequate support.

“Given that I had a history of mental health issue (depression, anxiety) I didn't like how I wasn't able to see the prenatal mental health specialist when I said I wasn't coping well with taking care of my baby, they said that they would put me on a waiting list but I never got seen, luckily I was able to find groups to go to on my own but I really don't think this was helpful at all because if it wasn't for the groups I went to I would've had an even worse time than I was already having and the talking therapies line that I was referred to was pretty useless if I'm honest.”

Health professionals described the immense difficulty they have with providing a service to Ealing women, given that currently there is no clinical pathway to them. In addition, professionals stated they are seeing more women and the waiting list for perinatal services is getting longer. With no increased capacity, the pressure on the service is rising and this compromises the service's ability to adequately meet the NICE quality standards³.

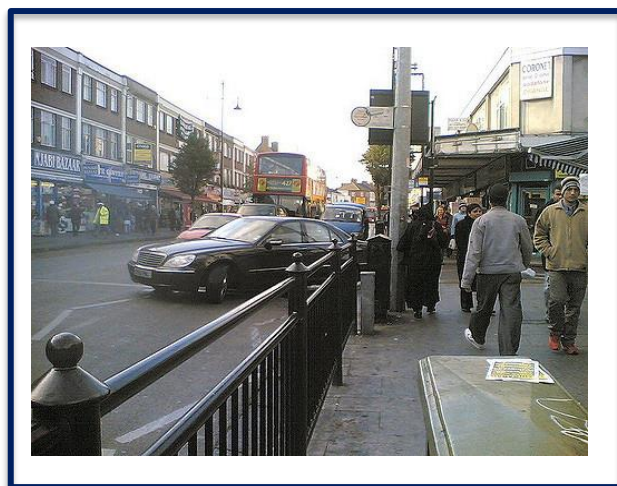
³ www.nice.org.uk/guidance/cg192/chapter/1-recommendations#providing-interventions-in-pregnancy-and-the-postnatal-period-2

Focus Groups

In attempts to have a holistic view of the impact of the Ealing closure, we conducted 3 focus groups. These were targeted at gathering the experiences of women within various BME communities.

In total, 54 women attended the focus groups that we held. 21 women attended our focus groups targeted at Ealing women who used Hillingdon maternity services. Approximately 95% were members of the BME community. For this focus group, much of the feedback given echoed what we had previously received during our engagement programme. This included anxiousness concerning lack of BCG vaccination provision, lack of language support, wanting to receive more verbal information as opposed to only literature and around accessing the hospital. A majority of Ealing women also said they felt that there was a limited midwifery presence within their local areas. Though all were assigned children centres where they were seen by midwives, some expressed the desire to have more options.

Many of the women in this group explained the difficulty they experienced with getting to the hospital in time for their appointments due to distance and traffic. For many of the women from low income families they said that the extra travel costs were



challenging. We can fully understand this frustration because during our engagement programme we experienced severe traffic delays when commuting to women in the relevant Ealing areas from Uxbridge, particularly within the Southall region.

Though many residents are aware of the no control that the hospital has concerning this issue, they explained that better thought should have been taken to understand the impact that the closure would have on Ealing women. Due to these challenges, many of the Ealing women we engaged with deemed that the closure of Ealing maternity hospital was a bad idea.



Two of our other focus groups engaged with women from the BME and Eastern European communities, totalling 26 women. During these sessions, women spoke about their personal experiences of the maternity pathway within the past 12 months, in addition to the experiences of others within their social network and of similar ethnic origin. Approximately 60% of these 26 women expressed their dissatisfaction with what they felt were culturally insensitive statements made by maternity staff. While others stated that they felt that clinical staff were very dismissive of their views, and believed that many of their opinions weren't fully acknowledged. Some thought that this may have been because of language barriers whereas others said it was due to a lack of patience from clinical staff. Though a proportion of the feedback expressed a range of dissatisfaction amongst BME women within the Hillingdon and Ealing borough, some members did state that they received good comprehensive care from the maternity department at Hillingdon Hospital.





What professionals said.....

We spoke with various healthcare professionals that work within the maternity department and children centres who engage with expectant and recent mothers. This included community midwives, breastfeeding support workers and children centre staff. We gathered their views on the impact of the Ealing closure and its effects on the service provision at Hillingdon Hospital.

Feedback from the community midwives showed that overall, they believed that the change had not affected the antenatal care provision on a community level. Nevertheless, they believed that there is an overall lack of staffing throughout the whole maternity department. In addition to this, some mentioned that because their colleagues on the postnatal ward tend not to have enough time to fully attend to women after delivery, they discover during home visits that some women are quite ill informed or lack confidence in certain areas due to limited support received during hospital stay, especially with regards to breast feeding. They described that, in the case of breastfeeding, if adequate support is not provided prior to women being discharged, if they encounter difficulties they resort to bottle-feeding. This then increases the difficulty with mother's returning to breastfeeding. Some breast-feeding support workers at children centres described experiences of supporting mothers with babies under 10 days old because some midwives had told new mothers that is where they could get support. However, some of these professionals' state that breastfeeding support for babies of that age should be given by the midwives, as children centre workers have limited knowledge and ability to provide comprehensive support and identify exceptional cases that require special intervention such as tongue tie.

Members of staff within Ealing borough children centres highlighted the inconsistency of Midwives that visit the centres increases the variation of information passed to themselves and patients. They explained the decrease in midwifery presence in South Southall and suggest that this is because of a lack of knowledge of facilities' in the area. They believed that this was triggered by the dispersion of Ealing midwives who were more knowledgeable of facilities within the area. This has resulted in a deficiency of local choices being offered to women in the Ealing borough. It was raised that before maternity facilities were a walkable distance for many Ealing based women, some women now have to take approximately 2 to 3 buses to get to their appointments which is not convenient, especially with women with other small children who have no other mode of transport. They explained that this is problematic for this group of women because a very high proportion of women in Asian communities suffer from pregnancy complications such as gestational diabetes which means they require specialist attention, and more hospital visits. In addition



to this, the travel adds additional cost to women who already have limited financial resources. They explained that a very high percentage of women that live in South Southall are from the BME community and come from low income families. Many of these women are still facing on- going immigration problems so having more transport expenses is added pressures especially given that they have no money coming in.



Area's to Note

Late Antenatal Booking

Late bookings (13 weeks or above) for women's first antenatal appointment was an area of concern identified by the hospital because of the potential risk it carries. Our research revealed that the main reason for late booking was patient availability, and late pregnancy diagnosis.

Antenatal Parenting Classes

Our engagement discovered that only 32% of women and families attended birthing/ antenatal/ parent education classes. Though the majority of the non-attendance was due to choice, many women were not eligible for these classes as they were not first-time mothers. In most cases this was not an issue for mothers however, some of those ineligible mothers expressed their desire to take up antenatal classes and felt it would be beneficial for them and their families to be able to access antenatal classes (e.g. women who have had large time gaps between pregnancies).

Choice of Provider

Though it is evident that limited choice provision is not a key issue at the hospital, evidence would suggest that more work needs to be done with GP's to ensure that women are given the information required to make informed choices.

TB Vaccination

It was brought to our attention by some women that their new-born had not been offered the TB immunisation. This was a concern to them because it had been routinely available at Ealing hospital, due to prevalence of TB within Ealing. We understand that historically The Hillingdon Hospital have not given the TB vaccination to new-borns due to the low risk of TB in the Hillingdon borough.

Now that Ealing women are giving birth at Hillingdon we suggest that the administration of this vaccine be addressed owing to the high risk of TB in the Ealing borough and bordering Hayes area.

Tongue Tie

5 mothers we spoke to advised that their child was diagnosed with tongue tie after they had left the hospital. Although this is small in number given that only 4% of new-born babies are affected by tongue tie, we feel it has a relevance. For these mothers it was a stressful time not understanding why their child was having difficulty breast feeding. These women told us that it would have been useful for better



information to have been given in the hospital about this condition and it is something the hospital may like to consider to improve women's experience.

Triage

Although women's experiences of Triage were relatively good, in comparison to other areas satisfaction rates dipped. Our report has evidenced a number of areas within Triage which if addressed will improve women's experience of maternity care.

We are aware that the hospital has already noted Triage as an area they are looking to enhance and consideration of our evidence will add to the framing of this work stream.

Conclusion

Our engagement programme has provided us with comprehensive feedback. It has given us the opportunity to hear the experiences and views of women, their families and staff, and form a conclusive understanding of our local maternity services.

Healthwatch Hillingdon would like to congratulate The Hillingdon Hospital Maternity department on the results of our engagement. Our evidence clearly shows that the maternity department is providing an excellent service. We especially want to commend them for the supportive and empathic care given to women and their families throughout their maternity pathway and their excellent skin- to- skin rates.

We believe that generally, the maternity department has effectively adjusted to the changes made by the Shaping a Healthier Future re-configuration. They have managed the transition well and as our evidence shows the care of women has not been negatively impacted during this period.

We acknowledge the work carried out by the Children's Centres. Women told us that they really valued the services and support provided to them and their families. Especially the sympathetic support given to help them with breast feeding.

We would also give a special mention to the Perinatal Mental Health Team. Our feedback identifies the excellent support they are providing and the great benefit this has been to women.

We recognise that not all women have received excellent care, some have not felt fully supported during the pregnancy and not all women have said their experience was positive. It is quite likely from our evidence, that an Ealing women would certainly argue that even if the care is good, the closure of Ealing's maternity unit has definitely impacted negatively upon their personal experience.

Engaging with women and their families about their experiences of maternity care has given us the opportunity to hear about what is important to them. We have been able to listen to their suggestions on what they would like to see change and give them the chance to tell us their ideas of how things can be done differently.

Having analysed all the information received, we have identified 8 recommendations, which we consider will help to make the maternity service even better and improve the experiences of women and their families.

Recommendations

Recommendation 1

An overwhelming number of women explained that they were happy with the amount of information they received and the time it was given. However, our engagement highlighted that a number of women would have preferred for this information to also be explained to them verbally.

- *We propose that there is a review of how information is given, so women are provided with verbal information in addition to receiving printed literature.*

Recommendation 2

We heard from women and families who have difficulties speaking and understanding English. They explained that the language difficulties caused challenges between them and health professionals with understanding and communicating information to one another, unless the women had a personal interpreter (usually a family member or friend) present.

In line with the Clinical maternity standards under The Shaping a healthier future initiative that states:

‘During labour, birth and immediate postnatal care, all women who do not speak English or women with minimal English should receive appropriate interpreting services’

- *We recommend that a review is undertaken of interpreting services, to support women who do not speak or have little understanding of English to improve the experiences and safety of these women.*

Recommendation 3

The feedback we received showed that only 35% of women had a named midwife or midwifery team. Overall, this had little effect on the quality of the care provided, but a number of women highlighted that not being seen to by the same health professional at each appointment did impact on their experience. This was due to variances in the information they received from different professionals.

The National Maternity Review highlights that:

‘Improving continuity of carer is not an optional luxury. If we are to improve quality, we must improve this’

- *We therefore suggest that to help decrease the variance in information that women are receiving that the maternity department review the continuity of care between women and their health professionals.*

Recommendation 4

Although we note that smoking is not prevalent amongst the women we engaged with, there were a small number of women who felt they were not adequately supported to give up smoking during their pregnancy. Evidence would suggest that the referral process between the hospital and The London Borough of Hillingdon - who provide the smoking cessation service- could be made more efficient.

- *We recommend that there is a review of the referral process between the hospital and The London Borough of Hillingdon smoking cessation service to help increase the proportion of women and their unborn child benefitting from this service.*

Recommendation 5

Women advised that one of the negatives of their experience was waiting in a crowded antenatal department, where there were not always enough seats available and waiting times could be long, without information of when it would be their turn.

- *We would recommend that the hospital consider introducing a similar pager system to that previously used in out-patients Pharmacy. This allowed patients to leave the waiting area and be called back when their medication was ready. By adapting this system for use in the antenatal department, women would have the choice to wait elsewhere, which would alleviate the overcrowding and improve their experience.*

Recommendation 6

Women tell us that when seen by the perinatal mental health team the service provided is excellent. We have however recorded a concern from some women that they are waiting a very long time to access the service.

We know that it is a challenge for the service to meet the high numbers of referrals with its current resource. We discovered during our research some instances where Ealing women were being referred to the Hillingdon service rather than the service provided in Ealing. We also noted that there was a lack of knowledge of the provision in Ealing and there was no pathway in place to refer to that service.

- *To manage the demand on Hillingdon’s perinatal mental health services we recommend:*
 - a) that there is a review of the referral pathway for Ealing residents.*
 - b) that in line with NHS England Mental Health Forward View that the Hillingdon CCG review the perinatal mental health service in Hillingdon to see how future provision can be met in line with NHS England Mental Health Forward View and NICE guidelines⁴*

⁴ <https://www.nice.org.uk/guidance/cg192/chapter/1-recommendations#providing-interventions-in-pregnancy-and-the-postnatal-period-2>

Recommendation 7

Highlighted in the feedback that we received, over 50% of women indicated that they were not given choices of where to deliver their baby. In most cases this was GPs routinely referring them to Hillingdon Hospital.

The Better Births Review states

Women ‘should be able to choose the provider of their antenatal, intrapartum and postnatal care and be in control of exercising those choices...’

- *We recommend that all health professionals, particularly GPs, ensure that all women are provided with the relevant information and opportunity to make an informed choice of the maternity services they wish to use.*

Recommendation 8

Our engagement revealed that although Ealing women received a good quality of care within the hospital, the satisfaction rate of their overall experience was lower than Hillingdon Women. Ealing women expressed dissatisfaction with the difficulties accessing Hillingdon hospital due to traffic, the increased distance and limited direct public transport.

Though the service they received at their antenatal and postnatal community appointments were of a good standard, Ealing women told us that the availability of clinics had reduced following the closure of the Ealing maternity department, and this was limiting their options.

- *We understand that the NHS have no control over the transportation issues that some of these women face. However, we recommend that the Hillingdon CCG work with the Hospital and the ‘Shaping a Healthier Future’ team to review the provision of antenatal and postnatal clinics for Ealing women, to ensure that their needs are met.*



healthwatch
Hillingdon



**Have
your
say**



**Talk
to us...**



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