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Community Health Council

# Having a baby in Hywel Dda, what you told US....

November 2021



# **Accessible formats**

This report is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us.

You can download it from our website or ask for a copy by contacting our office.

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# About the Community Health Councils (CHCs)

CHCs are independent bodies that reflect the views and represent the interests of people living in Wales in their National Health Service (NHS). CHCs encourage and support people to have a voice in the design, planning and delivery of NHS services.

CHCs are often thought of as the independent watchdog of the NHS within Wales. There are 7 CHCs in Wales. Each one represents the “patient and public” voice in a different part of Wales.

Each CHC:



**Carries out regular visits to health services to hear from people using the service (and the people providing care) to influence the changes that can make a big difference**



**Reaches out to people within local communities to provide information, and gather views and experiences of NHS services. CHCs use this information to check how services are performing and to ensure the NHS takes action to make things better where needed**



**Gets involved with health service managers when they are thinking about making changes to the way services are delivered so that people and communities have their say from the start**



**Provides a complaints advocacy service that is free, independent and confidential to help people to raise their concerns about NHS care and treatment.**

CHCs hear from the public in many different ways. Before the coronavirus pandemic, CHCs regularly visited different NHS services such as GPs and hospitals to hear from people when they were receiving care and treatment. CHCs also heard from people at local community events and through community representatives such as councillors and politicians.

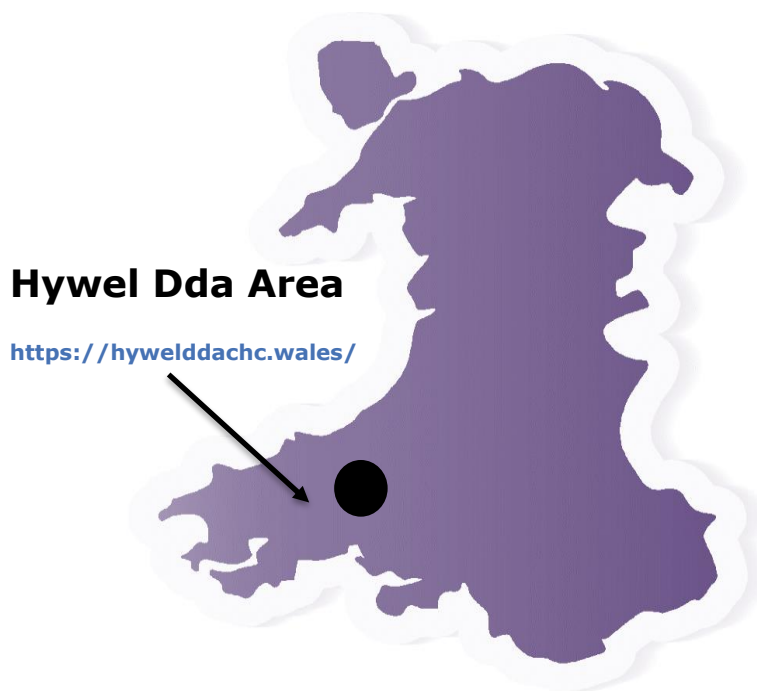
CHCs also had frequent contact with various groups and organisations within the community such as Citizens Advice, schools, voluntary organisations for different charities etc. CHCs also heard from people attending our meetings and making contact with our offices and staff.

Since the coronavirus pandemic, these ways of listening to people have had to change, so CHCs have focused on hearing directly from people in different ways.

Whilst we have not been able to meet people on a face-to-face basis because of the restrictions in place, many people have learned new ways of doing things differently, often using technology. This includes on-line surveys, using different apps on their mobile phones, video-conferencing and social media. We have used these to hear from people about their views and experiences of NHS care.

We know that not everyone has been able to use technology or these new ways of communicating. There may be people finding it harder to be heard under these very unusual pandemic times. To try to overcome this we have still been using more traditional methods such as paper surveys.

Hywel Dda CHC represents the interests of people living within the three counties of Carmarthenshire, Ceredigion and Pembrokeshire.





# Background

Hywel Dda Community Health Council has routinely undertaken work on maternity services for a number of years. We know that having a baby is a life changing experience. Not only are tiny new individuals added to our populations but also people become mums, dads, grannies, grandads, brothers, sisters, aunts, uncles and more; people's lives change forever.



Having a baby can often be a joyous experience and almost every mum, dad or birth partner will usually have a story to tell about childbirth. Within our communities, we become aware of friends, neighbours and family members' pregnancies. Most of us are naturally interested and we ask when the baby is due, whether they know it is a boy or a girl and if they have any names in mind.

Once the little one has been born, we usually want to know that the birth went smoothly, whether it was a boy or girl, what weight the baby was and that mother and baby are well. These good news stories of babies being born are usually things that people welcome hearing and sharing in our families and communities.



Hywel Dda CHC usually only hears from people when their birth experience has not been so good. This is because people contact our advocacy service for help in making a complaint about their care. This means that we don't often hear about the positive and happy stories, only people's experiences when things have not gone well.

To make sure we have a balanced view of local maternity services, we have been monitoring maternity services over recent years to understand what people's experiences are like. We know that in other parts of Wales and the UK there have been significant concerns about maternity services at different times. We want to make sure that we hear from Hywel Dda mums to see what our maternity services are like. This means we want to find out about the care mums have had in Bronglais, Glangwili and Withybush Hospitals as well as in communities where mums have their antenatal care and where some mums choose to have their babies.



## What we did

Traditionally, we have visited maternity units to talk to mums about their care. When we visit, we find that women are usually happy to chat to us before or after their deliveries about their experiences in hospital.

During our visits we have heard many positive comments about having a baby in Hywel Dda hospitals. In our recent survey people told us how their deliveries were well managed and they felt supported and safe.

**“I had a brilliant experience during my pregnancy and delivery”**

**(Home birth February 2021)**

**“The whole experience was great”**

**Glangwili, June 2020**

**“The care I had through my entire pregnancy was outstanding. An entirely unforgettable, positive experience”**

**(Assisted delivery, April 2021, Glangwili)**

When we visit hospitals to speak to mums, maternity units can be busy and it hasn't always been possible to speak to everyone. Mums may be busy trying to establish breast feeding or wanting to rest.

Sometimes mums stay in hospital for only a few hours and are keen to go home, so we don't see them. Others may be unwell or in active labour and it isn't appropriate to talk to them at that time.

We know that some mums need time to think about their birth experience. Having a baby is an emotional experience and some mums feel that they need to recover from the delivery or to compare birth stories with others, rather than giving their immediate views whilst they are in hospital.

In the past we have used mother and baby groups as a way of contacting mums outside of hospital settings, so they could tell us about their childbirth stories. It gave us a good opportunity to hear from mums in the weeks and months after they'd had their babies not just shortly before or after their delivery. But we know that not all mums attend these groups because they may work or have other children or other kinds of commitments.

Just when we were planning our maternity work for 2020, life as we know it in Wales changed. The coronavirus pandemic meant that health care changed very quickly. People had to stay at home. Maternity care had to be different. Lockdown suddenly meant that pregnant women and new mums weren't able to meet others or have the kind of maternity care they were expecting.

We couldn't visit maternity units or mother and baby groups, so instead, we used an on-line survey and paper surveys to ask mums to tell us what their maternity care and childbirth had been like. We had hundreds of replies in a very short time period and this report will tell you what we found.



The response to our survey was fantastic and we also looked at the other information that was coming to the CHC in other ways:

- through enquiries that continued to come into CHC offices by phone, email and post
- by individual stories being shared with the complaints advocacy service
- through contacts with local community networks who could tell us what they were hearing in their local areas
- information from community representatives and groups
- social media discussions on Facebook and Twitter
- by monitoring health board activities and performance reports to see what the NHS was telling us
- comments from an all-Wales CHC survey asking people to tell us about their health care.

These sources gave us more information about maternity care and we have also used that information in this report.

# Our maternity survey

We didn't ask a lot of detailed questions in our survey, instead, we asked mums:

- Where they had given birth
- When they gave birth
- Whether this was their first baby
- Whether their delivery had been normal, an assisted delivery, a Caesarean section or an induction
- What they wanted to tell us about their maternity care/delivery, what was good and what wasn't so good
- What needed to change, or any suggestions they could make

On-line surveys can be easy to use as many women have access to mobile phones, tablets or computers. Mums will often have used technology before and find it very convenient. Paper copies of our survey were also available. Even though our survey has now ended, we are always monitoring maternity services and if you want to tell us what your birth has been like please contact us using the details at the end of this report.

# What we heard

We want to share some of the stories that people have willingly provided us with about their maternity experiences. People have told us about having a baby in our hospitals in Carmarthen, Ceredigion and Aberystwyth. We also heard from mums who had babies in their own homes or sometimes, in unexpected places.

We have overwhelmingly heard many positive comments about giving birth in Hywel Dda. People have told us how fantastic their birth experience was, even sometimes when it was a surprise or very different from their birth plan.

We have heard of individual staff being named and thanked – these were the people that mums relied on during some of their most memorable life-changing moments, the midwives, doctors and other NHS workers who will never be forgotten. It has been a wonderful privilege to hear these joyous experiences.

We have also heard negative stories. Times when mums were expected a wonderful birth and transition into motherhood but it wasn't the happy experience that they hoped for. Some of these negative experiences may have involved losing a child during pregnancy or birth, having a baby with unexpected health problems or experiencing medical complications before, during or after delivery. Our hearts go out to parents who have experienced these events and still took the time to tell us about their difficult stories.

Other negative experiences arose from poor communication, unhelpful attitudes, inflexible processes and other factors. These are all things that can be changed. This is why it is important we hear about these, so that our report can tell the Health Board what needs to change to make things better.

We have not been able to include everyone's comments but we have read every single response that we have received.

## **... the positive comments**

**March 2021 – Glangwili**

**“Excellent from the beginning. Regularly saw consultant and midwife through my pregnancy. Care on Dinefwr ward was brilliant during my four day stay for induction and support from everyone during and post delivery was more than I could have asked for.”**

**July 2020 - Glangwili**

**“Exceptional the staff were so caring and made time to ensure I was OK. Antenatal and postnatal, I was cared for exceptionally.”**

**April 2020 –  
Withybush**

**“My experience in Withybush was absolutely amazing.”**



It has been really heartening to hear that so many people said that midwives listened to pregnant mums about what they wanted and respected their wishes:

**September 2020 – Glangwili –**

**“Brilliant and relaxing (as it can be) experience. Midwives were amazing. Very helpful and eased me through every step of the way birthing my 9lb 13 baby with no pain relief! I was made to feel at ease even though covid restrictions were in place. I can't thank the midwives enough for what they did for me and my boy.”**

**August 2020 -  
Bronglais**

**“All went well,  
can't complain  
about  
anything.”**

**April 2021 – Glangwili –**

**“My birth preferences were respected and I had the birth I wanted despite having pregnancy complications.”**

**Oct 2020 – Glangwili - (Caesarean)**

**“It was excellent, from the moment I arrived, all of the staff were helpful, calm and clear. They told me exactly what to expect and made me feel at complete ease.”**

**April 2020 – Glangwili**

**“Absolutely amazing from arriving at the hospital to the moment I was discharged.”**

**March 2021 - Glangwili**

**“My night midwife was amazing. It was like having your best friend on shift.”**

The word “amazing” was one that appeared in so many comments in our survey. We also heard that staff were “supportive” and “reassuring”.

**Nov 2020 – Glangwili –**

**“In labour ward, staff were incredible, quick thinking as I had to go to theatre. Very supportive and talked me through everything before it happened.”**

Other positive comments we heard focussed on things such as:

“... excellent care during labour from the midwives and medical team. Felt completely supported during labour” October 2020, Glangwili

“...the midwife there was amazing she really cared and that’s what made me feel ok” April 2021, Glangwili

**April 2021 - Withybush**

**“Amazing lovely staff, made my experience as nice as it could be...I could not have asked for a better experience, they were so efficient and reassuring during my labour. The facilities at Withybush are brilliant and made me feel very comfortable. I was confident throughout my labour that I was in the best place.”**

## ... the negative comments

Whilst it is good to hear the positives, the negatives were equally important. We looked at our responses and found that there were some themes that we heard very frequently in the stories that people were telling us:

- **The covid restrictions** and how this impacted on access for partners. It left mums feeling worried and anxious because they faced having no support at a time when they really needed it. Many mums told us that this had a very big impact on their pregnancy and this is covered in more detail in a later section of our report.

**"I'm not having any more babies I don't think and so it spoiled it for me. I feel robbed."**



- **Lack of continuity of care.** Mums felt that not only were they sometimes having less care because of the pandemic but they were having to see many different people. This meant that they had to repeat their pregnancy story every time they were seen, so they didn't always feel that they had a good relationship with the health professional they were dealing with.

### May 2021 - Glangwili

**“Not sure what the point is in having a named midwife when you hardly ever get to see them or speak to them. I found myself having to explain my circumstances repeatedly because when I did ring my midwife it would get redirected to someone different everytime.”**

- **Lack of breastfeeding support** was distressing for mums when they struggled to breastfeed. Many feel that early support in hospital could have made a big difference.
- **Insufficient support immediately after delivery**, left mums feeling helpless, struggling to look after their baby. Absence of partners meant mums felt no one was caring for them.
- **Negative comments or criticisms** and being made to feel like a nuisance, particularly for first time mums and those who'd had Caesarean deliveries. They felt that some staff comments were unhelpful.
- **Not having some basic needs catered for** such as meals or an appropriate diet or menu choice was upsetting for tired mums who were trying to recover from their delivery and establish breastfeeding.

# Delivering in a Covid world

From our survey we heard that the pandemic had made things really difficult for pregnant women and new mums.

For the most part, women understood and appreciated the care that they received under these difficult circumstances. They knew the restrictions were intended to keep everyone safe but they also felt that this impacted on their pregnancy and delivery.

**April 2020 – Glangwili**  
**“Amazing care, felt extremely safe despite covid being around and staying in for 5 days.”**

A few felt that the covid restrictions being in place had ruined the whole experience of pregnancy. They felt that this was a time which should have been memorable and exciting. Instead, for a couple expecting a baby, it felt like less of a shared experience. Many felt that more exceptions should have been made for pregnant women and their partners. They told us that:

**“The whole covid situation... putting a downer on people’s birthing experience...I struggled to enjoy my pregnancy.”**

The two main comments we heard from almost every experience were about

- the limitations on partners being involved in the antenatal care and birth
- restrictions on visiting

**September 2020 - Glangwili**

**“Not having my husband with me for scans or on the ward after giving birth was very traumatic and hard. He could have gone to the pub with friends but not be with his wife and unborn child! Maternity care has been neglected during the pandemic and the mental health of women was not considered in the making of the rules.”**

**September 2020 - Glangwili**

**“...It was so difficult having a baby in the current situation and it still gets to me and upsets me now.” [First time mum]**

Mums told us that being alone during appointments and scans was difficult. Some found it hard to attend appointments on

their own because they were worried about what they might be told and how much they might need to remember.

In particular, mums with specific needs such as hearing loss, or language issues found it more challenging to attend on their own. They felt overwhelmed and vulnerable because there was no one there to help “translate” for them.

One mum told us that her partner had not been allowed in for 12 and 20 week scans. This meant that he was not present at the moment that she was told that they were having twins – something unique which she feels they missed out on and which would not happen again.

Others who had previously experienced stillbirths, miscarriages or where babies had been found to have abnormalities found it really scary to go into hospital appointments alone. They worried that they would be told bad news again and that they would have to tell their partner or families.

Mums felt that the rules about attending for scans were overly restrictive. They were told that they could not film the scans on their mobile phones to help partners feel more involved. We heard that the absence of partners in scans or appointments felt like a backwards step to the 1950’s when partners hadn’t routinely been involved in pregnancies or the birth of their children. This was a big change from the way that birth has been a shared experience for couples in more recent years.

**January 2021 - Glangwili**

**“I understand that restrictions were in place but this is the biggest thing women go through. I'm so glad it's changing as I wouldn't want any other woman to go through what I have. I have suffered with PTSD and PND as a result.”**



When women came into hospital alone to deliver their babies, this was also difficult. It was not the way that pregnant women had anticipated they would give birth. Instead, they had expected to have support from their birth partner throughout the whole labour. The pandemic meant that birthing was very different.

**“The covid restrictions meant my husband was unable to attend any scans or appointments with me which was very distressing. I had experienced a miscarriage in 2019 and I found attending scans alone a lonely and anxious experience. I was also admitted to Glangwili early with preeclampsia and spent a week in hospital...although I received excellent care.....I was not allowed any visits from my husband who was meant to be my birth partner. He also nearly missed the birth...and had to leave me and my daughter as soon as we left the delivery room... we then stayed for 2 days in hospital...and we could not see him until discharged...I felt it unfair that other health boards had less stringent measures in place despite the same guidance from Welsh government.”**

Women felt that their partners had often missed out significantly on precious time with their new baby or the shared experience of pregnancy. In some instances, partners had not been able to attend any appointments during the entire pregnancy. This caused distress and anxiety for families.

**May 2021 - Glangwili**

**"I was moved back to the maternity ward within an hour of giving birth my partner missed the birth then had no time with our daughter or I as they had 4 other women going into labour and they needed the beds. I felt rushed, emotional and extremely overwhelmed. My heart went out to my partner who got to hold our daughter for the time it took for me to have 5 stitches before being shipped out, we didn't have any family bonding time and I felt I had little emotional support due to this."**

**April 2021 - Glangwili**

**"Letting partners be part of it all just as much as mums. It was OUR baby but I felt so alone."**

**One dad filled in our survey to tell us how he didn't get to hold his son for the first week of his life due to lockdown rules.**

We heard that the rules were changed if babies became unwell and had to go into the special care unit. One mum told us that:

**June 2020 – Glangwili**

**“...think birth partners should be able to see their babies. My husband wasn’t allowed to see our daughter for 3 days until she went to SCBU. This was horrific for my mental health and also horrible for him not being able to look after or care for his little girl and wife.”**

We also heard that women felt that there was some inconsistency in the way that the rules about partners was being enforced with different people:

**July 2020 – Glangwili**

**“After baby was born I was put in a bay where because of covid my partner could not be with me, only to have two ladies in the bay with me who both had theirs. I’m sure there was an explanation for this I just felt really alone and uncomfortable and don’t think I should have been with them.”**

One mum told us that her partner could only see his son through the doors and midwives pushed the crib to the doors, so that he could see the baby better but he wasn’t allowed to hold him.

Some mums had discussions with senior staff to negotiate some kind of better access for partners because they knew they were staying in hospital for longer time periods. It was good to know that staff were making decisions on an individual basis but it potentially did create some confusion for other women who did not have the same allowances made for them.

Some women were also unfortunate to suffer from covid when they were pregnant or to have a positive covid test. This was a frightening time because there was so much that was unknown about covid and its impact on pregnant women. NHS staff were also learning how to care for people with covid for the first time.

#### **May 2021 GGH**

**“I had a horrendous experience when I was admitted to the same hospital because I had Covid, in April 2020. I was 30 weeks pregnant and had been moved around various wards, one particular ward I was placed in and was told I had to pee in a plastic bedpan placed on a chair because they could not source me a commode. Then when I wanted to leave the room I had to knock the door because it was locked on the outside, because it was not a proper room. It was the ward’s treatment room.”**

**“Partners not allowed during induction which was difficult as you’re in a lot of pain and in a room with women who are not in the same situation. Having to keep mask on whilst sat in bed / going to the toilet when you’re in a lot of pain after just having a baby and then having staff members lecturing you when taking it off in bed. Whole experience felt lonely and not having partner there for support was hard.”**

Although we consistently heard that mums wanted their partners with them, often they felt that the midwives went “above and beyond” to make them feel ok and safe on their own. This level of care was much appreciated as it showed that midwives understood the worries that mums had.

What was clear in our survey is that mums were able to distinguish between having a good birth and having the right care. We know that many of the positive experiences will have been from mums who had good births and good care. Other mums might have had difficult births but have had good care before and after delivery and may still regard it as a positive experience. Others with good deliveries may feel that their care was poor and that this impacted on their overall experience.

Although we cannot set aside the impact that the pandemic has had on women, we also heard some themes from other elements of their stories and the rest of our report will focus on these.

# Antenatal care

When women find out they are pregnant, they have antenatal care from midwives and sometimes consultants to help them have a healthy pregnancy and baby.

Antenatal care is all about the time before the baby is born, when pregnancy is confirmed, scans are taken and blood tests are done. Women get to meet their midwife and where needed, a consultant. Their plans around birth are discussed in these appointments.

This can be a very exciting time for most women but it is also a worrying period. People are keen to make sure that scan findings are normal and that their baby is growing properly. For the vast majority, antenatal care will give them good news and reassurance. But for some, this may be a time when they hear unexpected news which may affect the rest of their pregnancy and their delivery plans.

For first time mums, antenatal care is an entirely new experience. Whilst it should be a joyous time focusing on their new baby, some mums are often not sure what is happening to them, particularly where they have to see a number of different health professionals.

**November 2020 - Glangwili**

**Ended up in consultant clinic in Glangwili and felt this was quite rushed, not much information given at appointments, very much in and out.**

We heard mums tell us that where there were concerns such as issues about their baby's growth, that they were checked weekly and it felt that the care was "so thorough". Yet not everyone shared this view.

Mums who'd had previous pregnancies under normal non-covid circumstances felt that they were getting less care that they'd experienced before. They felt that this wasn't such an issue for them but recognised that this might be really challenging for first time mothers in particular.

Some mums were frustrated at the way that antenatal appointments were run and felt that appointments took too long or that they didn't get any continuity of care. For first time mothers, this meant that they didn't always get a chance to ask all the questions they needed.

**September 2020 - Glangwili**

**"Midwife appointments were always 30min + late. I'm not blaming the midwife. And then I felt bad to ask too many questions as a FTM [First time mother] because I knew there were people waiting."**

**October 2020 - Glangwili**

**"....lack of continuity of community midwife meant I felt like I had to repeat my history at each visit."**

Some pregnant mums who completed our survey, hadn't had their babies yet and so were not in a position to comment on their baby's birth but already felt that their ante-natal care was 'non-existent'. Several mums felt it was unhelpful having to repeat their pregnancy story every time they saw someone new.

**"I did not enjoy my experience of maternity care...partially due to unavoidable covid restrictions. My partner was unable to attend any appointments, this was our first and only child, so it was disappointing... it would have been preferable to see the same midwife or the same 2 or 3. That way, more personalised care could take place. This would have avoided me trying to explain a complex mental health situation repeatedly."**

**February 2021 - Glangwili**

**"It was very difficult not having my husband be able to support me during some difficult appointments... especially challenging having to attend...for a scan due to a suspected miscarriage alone. Issues detected at my 12 week scan required a referral to Cardiff... allowances should have been made for partners to be able to attend appointments when there are complications. It was very difficult to attend these types of appointments alone when feeling extremely worried and vulnerable."**



Some women received bad news in their antenatal care and found this much harder to deal with as they had to attend appointments on their own because of the covid restrictions.

**“Professional and kind sonographer in epu (Early Pregnancy Unit) made sure I understood what was happening and what to do next when I was scanned to confirm a miscarriage. I repeatedly rang antenatal to be told I needed to be in severe pain to be seen by the early pregnancy unit. I was having severe bleeding which only got worse and after several days the pain became extreme. I eventually rang my own midwife who got me a scan the next day. I had to attend the scan completely alone to find out I had lost the baby but hadn't actually passed the baby yet. Having to go out and tell my husband was horrific.”**

Women also told us that the absence of ante natal classes had been a worry. Some women had no experience of pregnancy, labour or babies previously. They felt that they needed this information to be able to cope well, particularly if having to manage their appointments or their whole pregnancy on their own.

Often, these feelings were made worse because people felt that there was a limited time in appointments to ask questions. Sometimes this meant that they felt that they were not being listened to in their appointments.

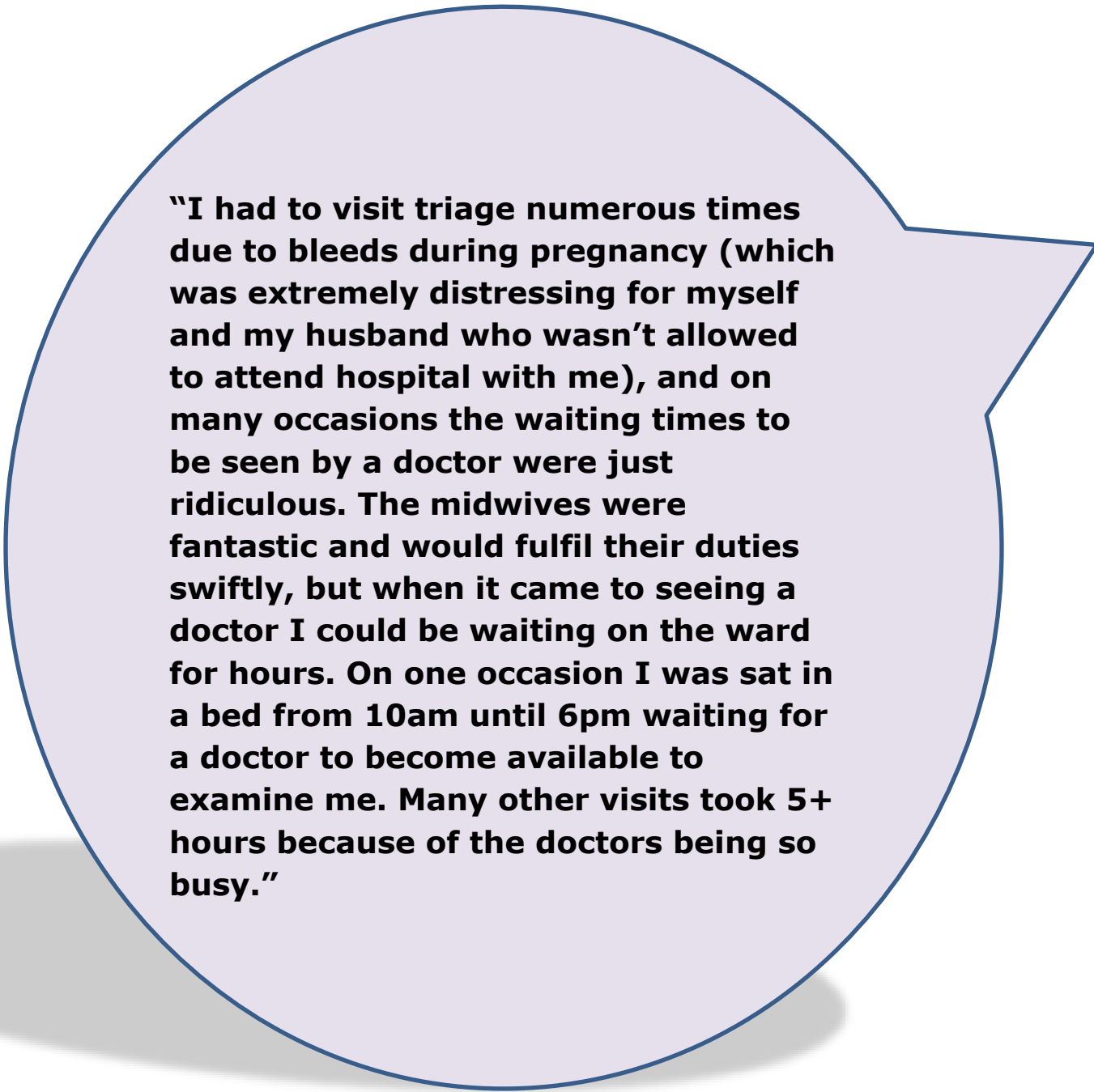
**Jan 2021 Glangwili-  
"Birth wise I genuinely felt the need/desire to keep women out of the hospital until the last possible minute meant that I wasn't actually listened to."**

**"The only drawback about the appointments are that they are much too quick. I know it was not the intentions of the midwives but I always felt very rushed and that they didn't have very much time for the appointment."**

**September 2020 - Glangwili**

**"I felt quite isolated without antenatal classes. Online ones were provided but I didn't feel very confident about what would happen during the birth until I spoke to my midwife a week before my due date."**

**"I booked an antenatal online course (comprising of 6 sessions) separately. This helped me and my husband tremendously, and it is a shame that there will be some women who do not have the funds to pay for additional antenatal classes."**



**“I had to visit triage numerous times due to bleeds during pregnancy (which was extremely distressing for myself and my husband who wasn’t allowed to attend hospital with me), and on many occasions the waiting times to be seen by a doctor were just ridiculous. The midwives were fantastic and would fulfil their duties swiftly, but when it came to seeing a doctor I could be waiting on the ward for hours. On one occasion I was sat in a bed from 10am until 6pm waiting for a doctor to become available to examine me. Many other visits took 5+ hours because of the doctors being so busy.”**

Mums recognised that there was information provided on the Health Board’s Facebook page which was specifically for pregnant women and new mums. We heard that this was “a great page!” But it was also noted that there are many women

who do not use Facebook and it was felt that alternative ways to distribute information could be useful.

**March 2021 – Withybush**

**“Unfortunately the maternity care in Withybush was poor. Ridiculous waiting times appointments being delayed by 3+hours but the waiting room was empty. Never able to see the same consultant twice which caused issues as different consultants had different opinion.”**

Some mums were not sure what was affecting their maternity care and making it different. One mum told us that she felt that she barely saw the community midwives in her pregnancy. She didn't know if this was because of Covid, or if it was because this was her second pregnancy or if it was because she was having a planned Caesarean section. She felt that she was having to chase up appointments for herself and this wasn't very reassuring.

## Home births

We also heard from women who had given birth at home. This was really helpful for us because we don't often hear about home births at all. Although under normal circumstances we visit maternity units and wards, we don't go into people's homes when they have had their baby there.

### **December 2020 – Home birth**

**“Fantastic maternity care & birth experience. I felt supported through all aspects of pregnancy, birth & postnatal period, received continuity of care, the whole experience was very positive.”**

### **May 2021 – Home birth**

**“The home birth was phenomenal.”**

Sometimes having a home birth was a deliberate choice, it was where mums wanted to give birth. We also heard that some mums didn't want to go into hospital because of covid or because they couldn't have the birth of their choice in hospital.

### **Aug 2020 - Home birth**

**“We really enjoyed having a home birth but wasn't our first choice (I intended on having a water birth in the MLU like I did with my first) but it would be nice to be able to provide more information about home births...”**

Even though home births may not have involved hospital care, women were still having contact with midwives in their own homes. They still found that the impact of covid was something that impacted on their home births:

**Aug 2020**

**“Very good, felt I was in really safe hands... I’d have liked to see the midwives faces, felt less personal but understand that wasn’t possible.”**

**July 2020**

**“It all went well and I was looked after superbly, from growth scans and consultant meetings to the birth and aftercare...My partner not being present to attend consultant meetings or scans ... was partly the reason I decided on a home birth, so he could be present throughout...this was not just my mental health but his as well..”**

Some mums unexpectedly ended up with a birth which they hadn't always planned for:

**Dec 2020**

**"I wasn't impressed with the midwives persuasive language, if I wasn't already aware of my right to decline medical care, I would have been persuaded into medical intervention I didn't want, the midwife that attended my birth didn't listen to me when I told her my labours speed up very quickly and she left when I was transitioning in labour, this was my 4th baby and I know my body well. Which ended in a BBA (born before arrival) and in our opinion wasted NHS resources having to call an ambulance. Thankfully baby was well and the aftercare was great."**

**April 2020**

**"Excellent, never expected to have a home birth, much more pleasant experience from my first child in hospital."**

# Normal deliveries

For mums with normal deliveries we mostly heard positive stories. Normal deliveries were those where mums didn't have to have additional interventions and had vaginal deliveries.

**December 2020 - Glangwili**

**"Yes absolutely fantastic care from start to end."**

**November 2020 - Glangwili**

**"Community midwife care was excellent and birth experience was very good."**

We heard how mums with birth plans found that these were supported by midwives. In one example, a mum had wanted to birth mainly alone with her partner and she was allowed to do this, with midwives only getting involved when she started to push.

**Dec 2020 - Withybush**

**"I was lucky enough to have a straight forward water birth in Withybush MLU. I was cared for by two of the loveliest midwives. There was a time limit to being there due to covid, which we were made aware of, but never felt like we was being pushed out.**

**The after care was also amazing!!"**



We sometimes heard mums telling us that they felt that staff hadn't listened to them or that they had been left in pain for too long or only offered paracetamol without any explanations. Others felt that they had been left alone for too long and had not been able to use a buzzer to call anyone for assistance.

We heard many positives and mixed experiences:

**October 2020 - Glangwili**

**"The midwife was fantastic . However I felt the anaesthetist did not listen to my concerns and was talking down to me and the midwife, insisting the epidural had worked."**

**January 2021 - Withybush**

**"Excellent care throughout and despite a pandemic nothing was too much trouble and I felt no less cared for than when I had my first baby in 2018. Staff would always make time and you never felt rushed in appointments. Postnatal check up also, midwives fantastic. Would definitely recommend friends to give birth in Withybush if they get the opportunity."**

# First child

Having a baby for the first time can be an overwhelming experience. Pregnancy is new and there are lots of things for mums to learn. Labour is something which mums will naturally be looking forward to and maybe worried about at the same time. Finally and most importantly there is a new tiny human being to take charge of and look after.

Again, overwhelmingly we heard about amazing staff, even in situations where mums were dealing with unexpected pregnancy complications.

## **Glangwili**

**"My maternity experience was next to none. I had pre-eclampsia so had a c section at 34 weeks and the staff were amazing."**

## **Bronglais**

**"Yes. All care was amazing and the care after by the community midwives really helped me when I struggled with breastfeeding and low mood. I was made to feel like nothing was too much trouble."**

Some first time mums told us that they did not feel so well supported in their hospital stay. They felt that staff were not caring and could have done more. In particular women missed support from their partners at this time:

**June 2020 - Glangwili**

**“While in labour the midwives were amazing but I wasn't impressed with the after care. I had to stay in for two days with no help and most of the time when I pressed my buzzer for help with the baby I was sent a student who looked at me stupid when I asked them to do something. Also one of the senior midwives made me cry and feel like a terrible mother when I expressed my feelings on wanting to go home. Also my original pad and gown were not changed for a whole day after giving birth.”**

**Nov 2020 - Glangwili**

**“First time mum, without any support, in so much pain due to induction and the staff did not care. My room was right next to their staff room and the staff on night shift were so loud it was not possible to even attempt to sleep.”**

**August 2020 - Glangwili**

**“Postnatal care was terrible, told me I was doing things wrong when I was a first time mum having to learn everything on my own with no help from family or partner.”**

We heard that sometimes the manner of staff with first time mums was unhelpful. Mums said they sometimes felt that they were being told off for things that they didn't know.

Some described how their pregnancies had been complicated by new conditions such as diabetes which they were also trying to deal with. This made it more worrying for first time mothers, they felt that staff didn't always seem to understand.

Mums were also frightened sometimes by the terms being used to describe them for example, when they were described as high risk this made them more anxious during pregnancy and labour.

Some mums described situations where there seemed to be disagreements between staff, for example between trainee midwives and more senior staff. They found this unhelpful when they were in labour and did not make them feel safe.

First time mums also found it worrying when a number of health care professionals all suddenly appeared for the delivery. It made them feel as if something was going wrong. They felt that this should have been explained, so that it wouldn't have caused so much concern.

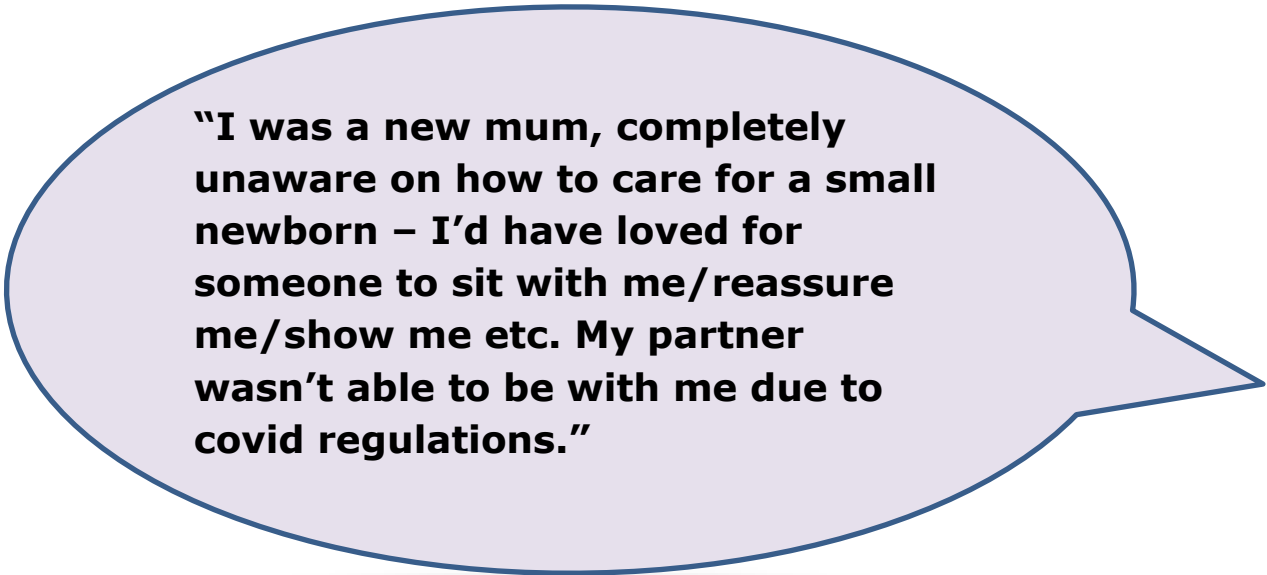
Other first time mums felt that their birth experience was traumatic.

They told us that they were left bleeding without any explanations, dealing with catheters and drips and a new baby and they did not know what was happening next.

Mums described themselves as feeling vulnerable after having their baby because it was all new to them. They did not feel that they received the level of care expected. For the most part we heard that the "staff were lovely" but mums felt that the wards were understaffed. At times we heard that staff were perhaps less patient with first time mums maybe because they were so busy and this left mums feeling upset or foolish.

Mums felt that they didn't really know what they were supposed to do if they wanted a shower or to go to the toilet and if they should take their baby with them. Although these were simple matters, no one really explained how the maternity wards worked. Mums were concerned about being told off for doing the wrong thing.

First time mums also told us that they were worried when they were left on their own, without partners or a member of staff.



**"I was a new mum, completely unaware on how to care for a small newborn – I'd have loved for someone to sit with me/reassure me/show me etc. My partner wasn't able to be with me due to covid regulations."**

First time mums who had experienced more complicated or unexpected deliveries felt that they would liked to have had explanations about the need for an assisted delivery or a Caesarean. Some recognised that they may have had some explanations at the time but because they'd had so much pain relief, they didn't really remember what they had been told.

As the maternity staff appeared to be very busy, some mums felt it wasn't appropriate to ask questions. Others felt that they were worried about asking questions because maybe they should have known.

Some mums said that they were not clear about discharge arrangements and again felt that staff could have been more helpful. One mum told us that she was getting ready to leave because one person had told her she could but she was then told off by another nurse because the baby had not yet been seen by a paediatrician.

**March 2021 – Glangwili**

**“It was scary being on my own in that much pain and not having the support of anyone to breathe through the contractions. When the midwife did return and it probably wasn't that long to her but felt like a long time to me, she examined me and I was 9cm. I was quickly taken to a labour room and my husband allowed in.”**

Other first time mums felt that they were not always being heard or listened to. This made their labour and postnatal care very difficult and left them with negative memories. Some mums said that it had put them off the idea of having any more children.

**October 2020, - Glangwili**

**"I would love to expand our family more but my anxiety of going through the same traumatic experience again is stopping us."**

We have heard how first time mums have felt they have had little aftercare and support after leaving hospital. They had expected ongoing support from health visitors after they left hospital. This was particularly needed because family members and friends couldn't always visit because of the covid restrictions.

**April 2020 – GGH - [Caesarean section]**

**"...Health visitor, we have hardly seen her."**

# Inductions

Some mums need an 'induction' to have their baby. This is where there is some assistance given to starting off labour. About 1 in 5 labours are induced in the UK.

There are a number of reasons why a labour might be induced for example if the mum is in poor health or if the baby is overdue. There are a few ways of doing this for example a membrane sweep may be done and then a gel or pessary inserted into the vagina, but the aim is to start off contractions.

Inductions are planned in advance, so mums usually know roughly when they are going in to have their babies. However each woman's body will respond in its own way to an induction and therefore it is not guaranteed to result in a delivery within a few hours and can therefore take quite some time.

From our survey, we heard from some mums that there was a calm atmosphere and that they were given plenty of information and their questions about induction were all answered. This experience is good as we know that when people feel informed and updated, it means that they worry less.

Some women identified that having the same staff with them in their induction and afterwards was really helpful. We also heard of times when women felt that their midwives went out of their way to provide support and care



**“I was in hospital for 4 days and I was lucky enough to have the same midwife throughout my whole induction period. This continuity of care really made a massive difference. I felt supported throughout and given the difficult circumstances I was fully satisfied with the care given to me...When taking into consideration the difficult circumstances I felt the staff remained incredibly supportive and professional. From admission through to discharge I didn't feel lonely, was always kept up to date with my care and procedures and the midwives and hcsws [health care support workers] showed great empathy.”**

This continuity of care helped in circumstances when partners could not be there. However, women being induced felt that they should have been able to have their birth partner with them far longer than the restrictions allowed. They found that some simple things were harder to do and these may have been things that they didn't always want to ask a midwife to help them with:

**June 2020 - Glangwili**

**“It was hard being in slow labour without my husband for support to help me especially getting in and out of bed, bath etc.”**

Being alone during the early stages of labour was not something that most mums had prepared for but despite this there was still good feedback:

**August 2020 - Glangwili**

**"I couldn't have asked for better. I was made to feel like I was the only patient on the ward, although I'm well aware everyone was so busy. Nothing was too much trouble, they really empathised with me having an induction and not allowing anyone with me. I never once felt alone or scared."**

Mums recognised that staff were exceptionally helpful and kind:

**April 2021 – Glangwili**

**"The midwife was checking on me all evening she kept running baths for me I think in total I had 5 baths throughout the evening to try and ease the pain."**

Others told us that when partners left, staff tried to make sure that mums were helped, recognising that usually visitors would

be there to help settle the baby. This was more evident in mums who'd had more complex deliveries and who were less mobile.

Others found that their experiences were negative, some of this they felt was because of the covid restrictions:

**January 2021 - Glangwili**

**"Extremely stressful being induced alone and my husband not being allowed there until I was in active labour. After then being an Inpatient for 3 days with no personal contact this has really affected my husband and myself."**

We heard that there were times when women didn't really want to be induced but felt that they were able to discuss their concerns with midwives and doctors and that they were listened to. They felt that they were given plenty of information about what would happen and the care they could expect.

In contrast, some women told us that their concerns and worries were not listened to and that they were being pressured into having an induction that they didn't really want:

**July 2020 - Glangwili**

**"I didn't want to be induced. I was pushed into it with scaremongering of having a stroke, I had borderline high blood pressed consistently linked to a known anxiety of hospitals. Drugs for induction were ordered without me having consented."**

Others felt that there was a lack of privacy in the induction suite and that the environment in which they were being induced was not appropriate.

**March 2020 – Glangwili**

**"I felt the induction suite on the labour ward was like a cattle market. The beds etc were too close together with only a curtain separating you from the next person. There is absolutely no privacy in those early stages of labour..."**

# Caesarean deliveries

Some mums had Caesarean deliveries. A Caesarean birth involves the baby being born in an operation where a surgeon makes a cut in the mum's tummy so that the baby is delivered through the opening on the tummy. Around a quarter of babies are born by Caesarean delivery.

There are many reasons for a Caesarean delivery being done. Sometimes it is because the baby is large or not in a good position for a vaginal birth. Or, there may be risks to the mum and baby if a vaginal delivery takes place and so a Caesarean is then a safer option.

Some Caesareans are planned in advance, this is often called an elective caesarean. The mum knows when to go into hospital to have the baby. Often a spinal or epidural anaesthetic is used so that the mum can be awake for the delivery but have pain well managed. Usually birth partners are able to be present for an elective Caesarean delivery.

On occasion, a Caesarean delivery happens as an emergency. This may be when a normal birth is becoming problematic or the baby is becoming distressed. This may be an emergency and a general anaesthetic may be used and so the mum will be under anaesthetic when the baby is delivered and the birth partner will not usually be allowed to be present.

Yet again we heard many positives from women who had undergone Caesarean deliveries even when they were unplanned and worrying experiences. We repeatedly heard that staff were supportive and provided excellent care with lots of reassurance:

**May 2020 - Glangwili**

**"Really good experience with my third child I tried for a natural birth but had a c section in the end the team of midwives and doctors were amazing they did a fantastic job and really looked after me and my baby...was such a scary time with having Covid around but they made me feel so at ease."**

**April 2021 - Glangwili**

**"Care was excellent, everyone made a hard experience easier."**

**August 2020 - Glangwili**

**"Excellent care, couldn't have wished for better."**

We heard that mums were really nervous if they had to have planned caesarean sections but that staff were calm and friendly.

For some mums they had never been into hospital or had an operation before and they were feeling quite anxious about all of this but felt that they were soon put at ease by staff who were kind and reassuring.

### **April 2020 – Glangwili**

**I had a planned c-section so was given a time to arrive at the hospital, on arrival I was given a bed straight away. I then met a couple of midwives, an anaesthetist and a surgeon, all of who were very informative and reassuring as well as personable. The anaesthetist in particular was great and made me laugh throughout the whole c-section. The midwife on duty after the operation was great and very knowledgeable, she helped my baby latch on to feed after he was born. My partner was able to stay with me after the surgery for a period of time which was comforting. I was discharged quite promptly the following day after being assessed and having my baby assessed. The experience during the actual operation was calm and joyful, the anaesthetist was so funny I laughed throughout and didn't worry about anything.**

We frequently and consistently heard that when mums had to have unplanned Caesareans, they felt that all the staff worked together like a team making it a very smooth experience despite it being an emergency. Mums told us that staff were reassuring and able to give lots of information and explanations, making a scary situation far more tolerable.

### **March 2020 - Glangwili**

**As a whole my experience was so reassuring. Considering the complications I had which led to a Caesarean...all of the staff were very calming and helped me understand that it's all going to be ok and that I was in safe hands even though we were days into the first lockdown...I did plan a water birth however due to covid they were stopped so I was frightened and a little anxious...The midwives really did check on me quite often and always, always made sure I was OK and progressing the way I should have been ... I felt very safe knowing that they knew where I was and what was the best way forward. Even if I was shouting and swearing "cut him out of me now" (I do apologise)**

We were told that mums felt that the support for them after they'd had their Caesarean was less consistent. They felt that they were sometimes left to struggle alone and this did not make them feel confident or help them recover.



**April 2021 – Glangwili**

**“...felt very alone, no support, no thought taken to placing food/helping while still bed bound after Caesarean but trying to breast feed/comfort baby. No one checked on me through the night despite knowing I was struggling to settle baby and had been breast feeding for 3 hours. Made to feel terrible for asking for formula when my baby was still hungry despite being on my breast for hours.”**

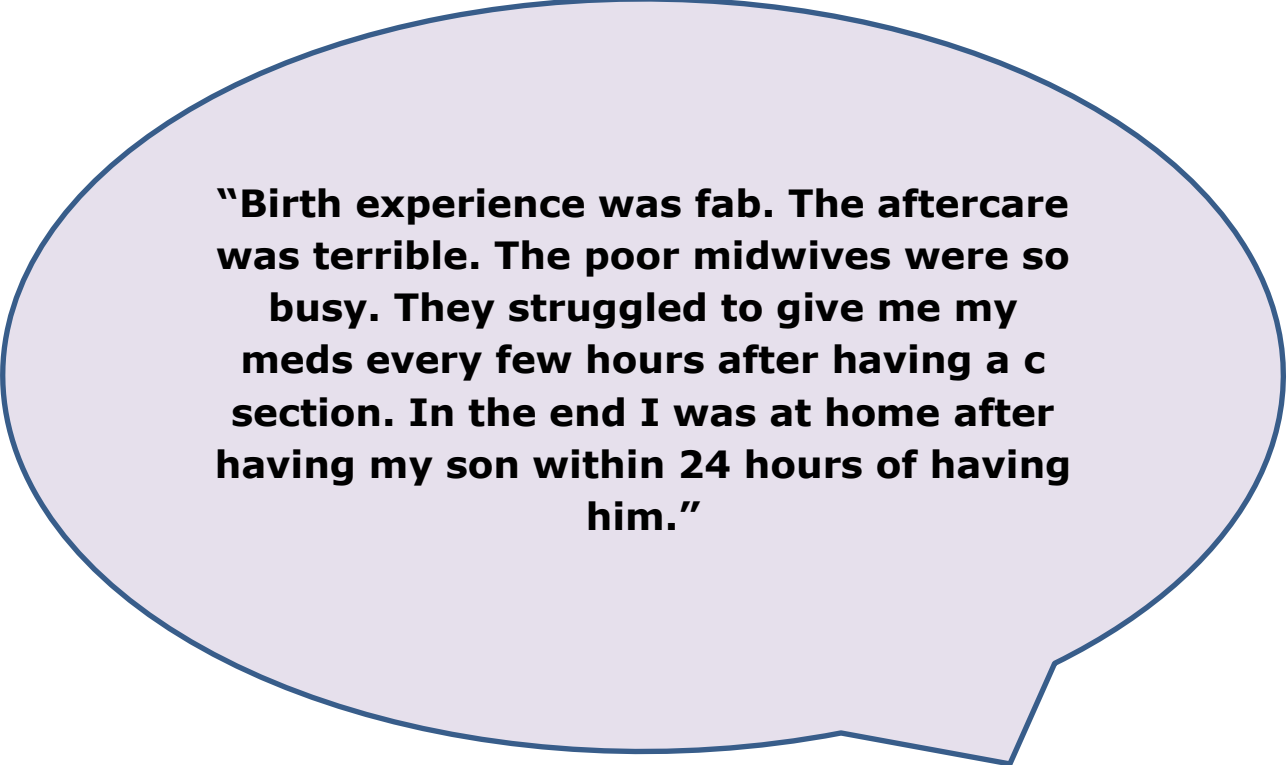
Often mums felt that staff were not understanding of their particular needs after having a caesarean section and that more help could have been available. Mums knew that they were often less mobile but staff did not seem to take this into account. We heard that mums were sometimes “expected to get on with it” and the absence of partners and visitors made this challenging.

Mums felt that they had to repeatedly ask for help and this was not always given willingly. This included help in getting washed, removing blood stained garments, having catheters emptied and being made to look and feel comfortable immediately after the delivery.

### **April 2021 – Glangwili**

**“Throughout my pregnancy I saw different midwives each time I had an appointment. There was no consistency. My concerns were not listened to. When I went into the hospital after being awake and having pain and being sick for 36 hours (when phoning you can only go in once contractions are regular) I was put on an assessment ward. Then I was left in a cubicle on a busy ward in pain and being sick. I had no one with me as due to restrictions I had to be in my own until I was in established labour. Eventually I was moved as my husband was allowed in. At this point I was so ill and dehydrated after just being left alone and being sick. After a few hours my babies heart rate kept dropping and it was decided the best option was a caesarean. After my caesarean early in the morning my husband had to leave as I was being moved to a ward. I was put on a ward where I did have some help to dress. After a few hours I was moved to a ward further down the corridor. I was the only one on the ward. No midwives came to check in me and I just had to sit in the chair as I could not get into the bed without help. I was not offered any food and I had to ask the catering lady if I was able to have any food as she said there was nothing for me as I had not ordered anything. Luckily, she was able to make me something. I was all alone on the ward after having an emergency c section and I felt so helpless.”**

New mums were worried at the speed of being discharged from hospital after a caesarean section. We heard from mums being discharged the next day and being anxious about this. They felt that this was very soon and that a longer stay would have given them more reassurance.



**“Birth experience was fab. The aftercare was terrible. The poor midwives were so busy. They struggled to give me my meds every few hours after having a c section. In the end I was at home after having my son within 24 hours of having him.”**

Some told us that the discharge arrangements didn't seem well co-ordinated. For example one mum went home without the injections she needed and no one realised this for some time. Another wasn't given any pain advice when she left hospital and had to sort out her own arrangements for medication. Another mum was discharged on a Friday, 24 hours after a Caesarean, and then didn't see a midwife until the following Tuesday because the paperwork had not been completed properly. This made new mums feel more nervous about going home so soon after their Caesarean deliveries.

Some mums felt that their Caesarean births had been traumatic and had affected their mental health. Often this was mixed with disappointment because they had wanted a normal delivery

**July 2020 – Glangwili**

**“Birth experience was disappointed as I had to have an emergency caesarean. Care of me and baby was amazing.”**

Mums told us that there had been issues with timely pain relief during labour and their birth plan had not always been followed. This meant that some mums have a number of challenging memories of their deliveries rather than happy ones.

Where mums have traumatic or unexpected deliveries, it is possible to have a ‘debrief’ session with a midwife to make sure questions are answered. This is not just for mums who have had Caesareans. Some mums find these helpful as it allows them to understand and process what went on during their delivery. However we also heard that;

**November 2020 – Glangwili**

**I’ve requested a birth debrief since the birth and still have not had one**

# Assisted deliveries

An assisted delivery is one which may be a little bit more complex than a normal vaginal delivery as the mum may need a bit of additional help to deliver the baby. This may mean using a ventouse device or forceps and it can sometimes mean having the baby in an obstetric theatre instead of in a delivery room.

We heard that many women were not anticipating an assisted or complex delivery and may have felt somewhat disappointed and shocked at the time:

**April 2021 – Glangwili**

**“Care was excellent. Birth not so great as needed assisted delivery but that is not a reflection on the standard of care I received.”**

Mums explained how they felt disappointed or deflated by not being able to have a normal vaginal delivery but the majority felt that the midwives had been supportive, caring and compassionate. Some mums felt that an assisted vaginal delivery was still an improvement on their previous experience of a Caesarean section:

**July 2020 – Glangwili**

**“My birthing experience was very good. Was so relieved to have natural birth after a previous c-section. Was happy to be able to go home within hours of having baby. The midwives this time were amazing and excellent at supporting me throughout my whole labour.”**

**June 2020 - Glangwili**

**“My maternity care was excellent. I had a difficult birth but couldn't have got through it without the wonderful staff.”**

# Breastfeeding

We heard a great deal about breastfeeding in our survey. It is recognised that breast-feeding is the best nutrition for babies and the majority of mothers are keen to try breastfeeding initially. However, we consistently heard a number of negative comments from mums about the amount of help that they had in learning to breastfeed and in dealing with breastfeeding issues:

**November 2020, Glangwili**

**"I didn't have an easy start with breastfeeding. However, I left hospital with a plan A to exclusively breastfeed but no plan B or C so when it fell apart at home I didn't know what to try next. No discussions on different ways to feed I.e combi or pump."**

**May 2020 - Glangwili**

**"Support with breastfeeding after labour very limited and felt rushed and not effective."**

**March 2020 - Glangwili**

**"I was desperate to breastfeed. Unfortunately I received next to no support in hospital. No feeds were observed and when I was asking for help I was given formula. I spoke to the midwife who visited me after my birth (not the midwife I had during pregnancy) who didn't offer breastfeeding advice or observe a feed. Baby wouldn't latch and had poor weight gain, just advised formula. I had to seek help on my own and thankfully have managed with a lot of difficulty to breastfeed for 14 months and still going."**

Some mums also felt that the visiting restrictions were unhelpful also as they might have been able to turn to their family or friends for support with breastfeeding.

**September 2020 - Glangwili**

**"No help with breastfeeding in the hospital (no help which was needed due to not allowing visitors)."**



Mums could recognise for themselves that they were struggling with breastfeeding technique but no one seemed to be available to help. Instead they were left alone and some ended up giving up feeling that they could not do it.

Even where support was available some mums told us that it felt rushed and they didn't have enough time to gain the confidence they needed to continue with breast feeding and for some this had a long term impact:

**May 2020**

**"After having my little boy I think I suffered from post natal depression , I was scared to tell anyone , I gave little hints to the health visitor but wasn't offered any sort of help , my little boy is nearly 1 and I was put on medication for depression. My main reason I feel this was because I couldn't breast feed , felt like I was a failure , I tried at home all alone on my own , twice the second time I had blood from my breast so for my own health I gave up."**

We heard that earlier breastfeeding support would have been helpful so that new mums could get breastfeeding established before they went home.

One mum of twins told us

“I would’ve appreciated a full breast feeding assessment and referral to Infant Feeding team quicker than what it was provided. It wasn’t mentioned until day 6 by which point babies had already lost weight, had jaundice and needed to be admitted”

Some mums felt that particular staff were not as helpful as they could have been. One mum said that the midwife on duty at night wouldn’t help her to get the baby to latch on and told her to bottle feed her baby instead. Another mum also had problems in getting support at night and was buzzing for assistance in tears.

**...in the meantime support for breastfeeding unfortunately was not good. The midwife & nurse didn't seem to know much about breastfeeding or how to support us to get a good latch from the beginning. As a result we had a tough time establishing breastfeeding. However we did get to see a breastfeeding consultant a few days later, which helped us carry on.**

### **December 2020 - Glangwili**

**“The health care support workers on the ward were excellent but despite this it was extremely isolating and overwhelming. The lack of knowledge and support on breastfeeding is worrying. I was extremely determined to breastfeed but often struggled with the baby latching on but the staff on the ward were happy as they could see the baby did latch onto both sides although the position and latch wasn’t great. I wasn’t offered to be referred to the breastfeeding staff but another mother was, even though she wasn’t breastfeeding but wanted to consider it. More support is needed in the hospital as well as the community on breastfeeding especially at the beginning. When speaking to my community midwives about the struggles with breastfeeding their advice was to try and carry on. The only person who was able to offer support and good advice was the health visitor but by the time we were seen by her my baby was on the bottle which to this day I find upsetting as I wanted to breastfeed my baby for more than 1 to 2 weeks.”**

We did hear a few positive comments about breastfeeding support. Where mums had been able to get help in establishing breastfeeding in hospital, they generally felt this really was good in sorting out some of the initial difficulties they experienced and it gave them confidence to continue with breastfeeding. However, these positive comments were few in number:

**May 2021 Glangwili**  
**“Breastfeeding advice was excellent and feel with feeding was great.”**



## Postnatal care

Postnatal care covers the time after a baby has been born. This can be the time immediately after delivery, in hospital as well as time at home, in the community.

We have heard about some postnatal experiences already in this report from mums who had normal deliveries, inductions, Caesareans and assisted births. There were numerous positive experiences and we heard how mums generally felt safe and cared for.

**November 2020 – Glangwili**

**“The best care I received was post natal, when I really needed help, the midwives were so fantastic.”**

However, it was also an area which received a great deal of criticism from new mums. We heard that mums felt unsupported and that there were not enough staff to help them and give them the care that they needed.

Many mums told us that because of the covid situation they would have benefitted from their birthing partner being able to stay with them for longer, after the delivery. They felt that under normal circumstances, their birth partner would have stayed to support them and therefore midwives might not usually provide this kind of assistance.

**September 2020 – Withybush**

**“The care for me and my unborn child was excellent. But however the care afterwards wasn't the best.”**

We also heard some instances where the care was unacceptable. Mums told us of not being helped to feel clean after delivery or not having any help to freshen up, often after a long labour or an unexpected and traumatic birth. This meant that they felt embarrassed and undignified in public. They felt that staff should not have left them in this situation and should have had more compassion:

**Glangwili**

**I think that I was quick to be discharged - 9 hours after the birth of my twins I went home and didn't go to postnatal ward. I was happy to do this at the time as the prospect of being on my own with newborn twins was daunting however looking back I would've preferred them to advise that I went to postnatal ward to help establish breastfeeding which could've prevented a readmission on day 6**

**August 2020 – Glangwili**

**“Being left in pools of your own blood when you cannot walk or move even after you have told multiple midwives is embarrassing and degrading. I was taken down to a scan covered in my own blood because ‘I would miss the scan time’ and sat in a public waiting room.”**

**October 2020 – Glangwili**

**“On labour ward after delivering baby I was basically left to it, no help whatsoever! I was exhausted as I hadn’t slept in over 3 days, luckily my partner was there as I was too tired to even hold my baby! Eventually a new midwife came to me, I asked if I could have a shower as I was covered in blood, she said no that I could have one on dinefwr ward!...she would help me once on dinefwr! No she basically dumped me there and that was it I was left barely able to walk and to go for a shower with my newborn baby! ...”**

There were several negative comments about lack of shower facilities in Glangwili hospital and this seems to have been something that impacted on a number of new mums. We asked the Health Board to look at this matter urgently as our survey results were coming in.

We often heard that the postnatal ward felt understaffed and that everyone was always busy. This meant that there wasn't always the time for new mums to ask questions. First time mums felt this had a big impact on them. They were often left not knowing what they were supposed to do and then feeling that they were being told off by staff at a later stage.

Others told us that they felt that there had been too much emphasis on getting women out of hospital quickly and this may also have been a situation arising from the pandemic:

**Jan 2021 GGH**

**"...by having another child everything is presumed you are managing, that you know what to do, you will reach out if you need anything. This is not true. The situation with COVID-19 has been tough for everyone, especially anyone who has had to manage pregnancy and care for a new born with the anxiety of the virus impact on the baby and yourself but also without the visits, help and support from your family."**



We heard from a few mothers who told us that the arrangements for postnatal care when they had left hospital was not always ideal. Some mums seemed to have been 'lost' with very little contact after delivery and discharge home.

In particular, we heard that many women felt let down by the absence of health visitor support that they had experienced during the lockdown restrictions.

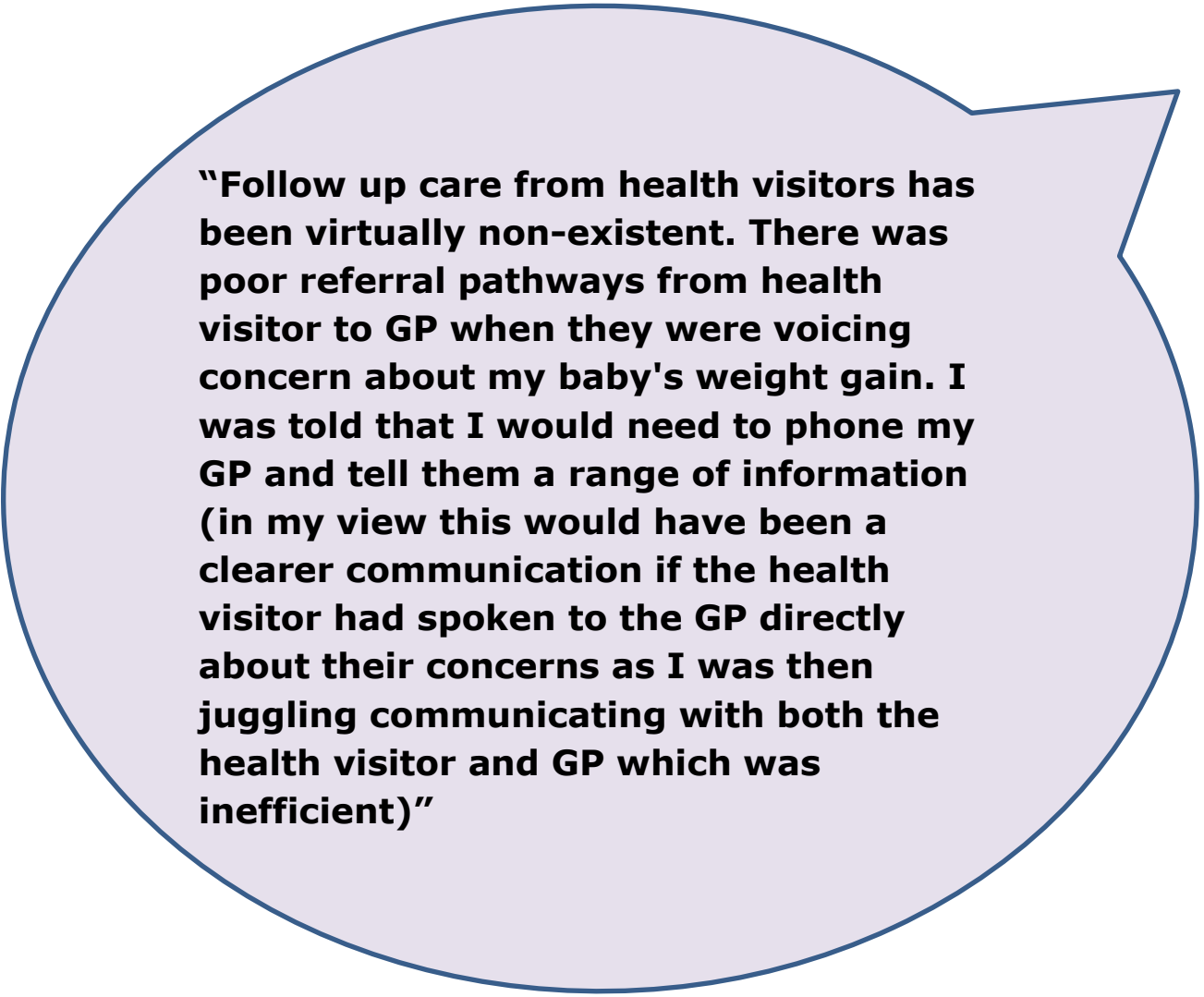
**March 2020**

**"Just feeling let down after as only seen the health visitor once at 6 months, baby is 13 months now and won't see her till 15 months, and that's with a baby that has a medical condition which I'm left to deal with on my own"**

**March 2020**

**[Caesarean section] ..."It was very difficult not being allowed health visitors to visit during covid. I wish they'd have still been able to come to the house".**

We heard that mums were expecting to see a health visitor and had expected some ongoing support where they could have discussed traumatic deliveries etc. Others felt that they had to negotiate things for themselves and did not always feel confident about it:



**“Follow up care from health visitors has been virtually non-existent. There was poor referral pathways from health visitor to GP when they were voicing concern about my baby's weight gain. I was told that I would need to phone my GP and tell them a range of information (in my view this would have been a clearer communication if the health visitor had spoken to the GP directly about their concerns as I was then juggling communicating with both the health visitor and GP which was inefficient)”**

Mums told us that as they had already missed out on antenatal classes because of the pandemic, this meant that they didn't have all the information they needed to deal with tiny babies at home. They had expected health visitor support to help fill this gap. Often mums did not have networks of other new mums or their families to fall back on and felt that this had been forgotten.

**"This was my first pregnancy and everything was/is new and scary to me"**

## **Special care and complex pregnancies**

We heard that sometimes babies had to go into the Special Care Baby Unit (SCBU) and this meant that needed to be in hospital for longer. We heard about some mixed experiences here, some good and others were worrying.

**May 2021 – Glangwili**

**"I would like to say how good the staff were in the special care unit they made me feel at ease and explained everything to me. I couldn't have asked for more from them."**

Some mums told us that they felt that they had a lot of support from staff when their babies were taken to SCBU but what they really wanted was for their partner to be with them. They could understand the need for restrictions to be in place but felt that this was particularly challenging as this was a time when they needed a lot of support and reassurance from their birth partner.

**"... Staying a week in hospital while my baby was in SCBU and not being allowed any visitors, including my husband, was awful. I don't understand why we weren't allowed to be in SCBU with our baby at the same time, surely that wouldn't have increased any risk given that we were both going in one after another. Finally, it would have been helpful if on the baby's first night in SCBU, someone could have explained to me what his stay would entail - I didn't even realize I was allowed to take him out of the incubator and hold him for a day or two."**

#### **December 2020 - Glangwili**

**"...birth was straight forward however my daughter had to have some support after delivery and required transfer to special care, they were querying whether she had sepsis, the staff in special care were very good, however during my time on the maternity ward I was left in a side room alone with no support the only conversation I was having was when the domestics would come in to empty my bin or bring me food.**

**Left in side room of maternity ward for a few days, limited contact with anyone, my anxiety was bad due to my daughter being taken from me into special care, my partner wasn't allowed in."**

We also heard some very touching and poignant accounts from mums whose pregnancy outcomes had resulted in losses. The bereavement midwife was commended on their sensitivity and SCBU staff on their kindness:

**Every experience of our care during our 6 days there were extremely positive and we can't even thank everyone enough. Please can our thanks be passed on to everyone we met during our stay. And also be made known to senior hospital staff so everyone is aware how brilliant the maternity service is. Have never been more grateful and proud of our healthcare service**

## Attitudes

We heard that the attitudes of staff was something that could make a big difference to people's experience of maternity care. We heard many accounts where despite challenging births and complicated pregnancies, named staff were described as wonderful and how they had really made such a difference to mums.

We heard how mums, partners and new families were so grateful for the care they had received at a time when the covid world was creating so many unknowns for everyone.

But, we also heard how sometimes the attitude of some staff was a cause of concern and worry. Mums remember how they had been spoken to by the staff they had met during their pregnancy, labour and postnatal care:

**“The consultant I was under made me feel like I couldn’t talk about my issue of giving birth as I had a phobia of giving birth and I got laughed at every time I mentioned it. Thankfully my midwife was super supportive and really helped sort this for me.”**

**January 2021 Glangwili**

**“Not being believed when my waters broke (told me I peed myself) & then as I swabbed myself they didn’t realise there was meconium in my waters until I got to the labour ward.”**

First time mothers often told us about the attitudes of staff and the way they spoke to mums, sometimes in a patronising manner or as if they were telling them off. This did not give

them any reassurance or build their confidence as they stepped into new roles as mums.

This issue about staff attitude was not exclusively always linked with first time mums' experiences. Others who had previously had children and who knew more about pregnancy and delivery said that they felt criticised by the staff or they were pushed into doing things such as swaddling their babies when they hadn't really wanted to.

Some mums felt that the midwife that they encountered was not really approachable and didn't really want to be there. Others told us that there was a lack of empathy and that doctors were not listening to patients. Some wondered whether these attitudes were evident because mums were attending maternity units and appointments alone. They wondered whether staff would have been more polite had there been another person present or the usual numbers of visitors on the wards.

We also heard that mums found it very unsettling when different health care professionals were giving them different messages or in some instances openly disagreeing with each other. We heard mums feel this was unprofessional and unhelpful.

Some mums told us that they felt as if there was disagreement about their birth plan and as if the staff disapproved of the choices they had made or as if it was inconvenient.

Some specific requests such as having the baby on mum's chest for skin to skin contact after a caesarean was not done. One mum remembered that her request for delayed cord clamping was disregarded. In summary this meant that mums did not always feel that their choices were listened to.

**June 2020, Glangwili**

**"... Be respectful of informed consent. I was aware of all the risks of going overdue. The consultant at Glangwili used extremely coercive language and brought up my previous stillbirth (due to genetic condition) as a reason to stop me leaving to continue my homebirth plans, even after telling her I was aware of the risks and had spent months deciding."**

**"The night staff made me feel like helping me do things like getting things out my bag or bottles were too much of a issue, I was made to feel like a burden and as I had a c-section I couldn't do the usual things like lifting my bag and going toilet on my own I was made to feel like an issue."**



## Feeling safe

We also heard from mums who understood that their pregnancies or deliveries were not routine and perhaps out of the ordinary. A number of mums in this situation felt that their care had been tailored to their specific needs and that they had felt fully supported and that they were getting exactly the care that they needed.

Some mums told us that there were times when they were sometimes worried about the care that they were receiving, as they didn't always have confidence in staff. We heard that mums felt that they were worried about having breech babies because staff didn't always seem to have the consistent knowledge about what this meant. Another mum told us how some staff did not recognise a tongue tie in her baby which would have complicated breast feeding.

A number of mums with gestational diabetes (GD) responded to our survey. Gestational diabetes is a condition which some pregnant women develop and it usually goes away after birth. It creates a situation where the mum has a high level of blood sugar and is usually managed by diet, medication or sometimes insulin.

Mums told us that staff did not always seem to know much about GD or were contradicting each other about how babies should be tested after delivery. We heard that there were diabetic midwives available who were very friendly and helpful but that consultants seemed to focus heavily on the risks of GD and possible outcomes and some mums found this scary. This was often unhelpful when mums were already dealing with a new condition in their pregnancies

**“The staff have been amazing and although the hospital do not cater for gd diets or at times on the antenatal ward after being there for numerous hours not being offered food as they only do on certain times . I have been disappointed, as my sugars have dipped due to no fault of my own so now I know to take my own food ”**

**“The food menu was just full of carbs and sugar, as someone who had gestational diabetes throughout pregnancy and was meant to be careful afterwards too it made eating healthily very difficult for the 2.5 days I was in.” November 2020 Glangwili**

# The Environment

When we routinely visit NHS premises to talk to expectant or new mums, we usually hear about issues to do with premises, such as the ward or labour room. This time, mums were less concerned with the environment they were delivering their babies in.

We heard about a few environmental worries such as showering facilities in Glangwili, which we reported to the Health Board immediately so that these could be checked and put right straight away

**June 2020 GGH**

**“...gave birth in the early hours of the morning after 3 days of induction and wasn’t offered anything to eat until 7 hours after the birth. There wasn’t any room on the postnatal ward, the shower attached to my room was broken, and they wouldn’t let me leave the room to shower elsewhere (even after giving birth during a heatwave).”**

We also heard some other concerns:

**“Try to avoid having so many people sharing a room, it was so difficult trying to sleep with no one to help when sharing a room with other babies that are crying, mums that are snoring...”**

We also heard some mums unhappy that other mums were also talking on their phone at unsocial times. This was disturbing for them and meant that they could not get the rest that they needed when they were tired after their deliveries.

**“I also think the environment of Withybush is so cramped and not private at all. Whilst I was there I saw 2 ladies separately being wheeled in to the scanning room in tears. Poor women have to go past all of the other ladies in the waiting area. Also, to be the area where sweeps are offered!!!! I felt so uncomfortable.”**

## Suggestions from mums

Some mums were easily able to say what would have improved their birthing experience

**"Staff to be more considerate and follow birth plan."**

**"More understanding and to tell us what's going on. Sometimes I didn't see a member of staff for hours."**

**"Restrictions needed to have changed with the current situation rather than staying locked down throughout. I feel like I would have been able to enjoy my pregnancy more."**

**"More care for the mum especially when no one can come and visit. A very emotional time and I felt like a burden to them. Glangwili need to offer A LOT more support for breastfeeding."**

**“I really think you need to invest in mobile monitoring for when ladies are induced, it’s a disadvantage to women not having that as an option.”**

**January 2021 - Glangwili**

**“I found it incredibly disheartening that at the point 'eat out to help out' was in full swing, my partner was still not allowed in with me to see his child on the scans, never mind to support me.”**

**“More gender inclusive language. Less assumption of a heterosexual partnership”**

# Learning from what we hear

The CHC has a role in making sure that the NHS listens to people's experiences about NHS care. We want to make sure that when people need NHS care, that their good experience is shared so that this can expand. Where people have negative experiences, we want this changed and put right.

During 2020, we knew maternity care had changed suddenly and so we wanted to hear from mums who had experience of the changed style of maternity care that they had received. During this time we also specifically asked Hywel Dda University Health Board to tell us more about some aspects of maternity care. For example, we asked about:

- The practical arrangements for partners attending appointments and scans and those providing birth support during labour so that pregnant women could have the best experience they could under the pandemic.
- The support available for new mums who could not access family or community support easily after having their baby and who might be struggling alone with a new baby.
- The capacity within the midwifery services recognising that the impact of the pandemic could lead to critical shortages of staff and how this might impact on home births in particular.
- Visiting restrictions/guidance and what the arrangements were for women having babies during this time.
- Women's mental health, recognising that mums may have had isolated pregnancies and may have not met other new mums who they could use for support.

# Recommendations

Based on what we have heard and found out we know that many women have good experiences of having babies in Hywel Dda, nevertheless we wish to make recommendations to Hywel Dda University Health Board based on the comments we have received.

**01**

Try to identify ways in which women can have more continuity of care so that they are not repeatedly explaining their pregnancy and medical history each time they are seen.

**02**

Revisit maternity arrangements for first time mothers to identify if there is scope to provide more information or support. In particular, identify ways of addressing some of the smaller information needs that can cause a lot of unnecessary worry such as ward routines and what to do with your newborn when you need a shower or when you have a catheter or a drip etc.

**03**

Consider additional ways in which women, particularly first time mums, can have sufficient time with an appropriate professional to address their questions during their pregnancies, in hospital and after they have had their babies. For example is there scope for virtual 'drop in' sessions or small group meetings or webinars?



04

Remind staff that clear, consistent and kind communication with women is needed throughout their pregnancy, delivery and postnatal care from all healthcare staff they encounter. This will help them know what is happening, when things are changing and what options they may have.

05

Identify ways that mums can receive more general support after delivery that enables them to feel clean, dignified and cared for. With partners being limited on postnatal wards, there is a gap that needs to be filled for new mums. The impression for mums is that midwives are already very busy and therefore there may be ways of providing this support from other staff.

06

Review existing breastfeeding support arrangements as these do not appear to be working effectively for a significant proportion of women. Consider undertaking some in-house evaluation on a regular basis to see if this area is improving.

07

Review the catering arrangements to identify if specific dietary needs such as gestational diabetes can be better managed.

**08**

Consider whether mums need more information about discharge processes and arrangements, whether this is for mums with normal deliveries or more complex births.

**09**

Identify if there are ways of providing more dignity and privacy in the induction area in Glangwili.

**10**

Make sure that mums are aware of the opportunity of having a debrief session after delivery and ensure that there are sufficient resources to enable mums to have these at an appropriate time.

**11**

Consider whether health visiting can be strengthened and provided more consistently across the area as this was identified as a gap by new mums.

**12**

Regularly review the ward environment to ensure that facilities are in working order

## What next...?

We want our findings to be seen and we want them to act as a starting point for making improvements for people. Our report will be shared with Hywel Dda University Health Board so that they can understand the experiences of people using our local maternity services.

## Thanks

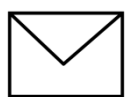
We thank everyone who has taken the time to share their views and experiences with us about their maternity care during the pandemic. Your views and stories have been invaluable in helping us explain to understand what you went through during this strange time.

We hope that the contents of this report will help make positive changes for the women who will use the maternity services in Hywel Dda in the future.

Please continue to share with us your stories and experiences of NHS services. The link to our general survey is below. You can click this if you are reading our report on-line or you can copy the link and paste it into your browser

Link to survey: <http://ow.ly/ezsy50ER6ZG>

## Contact details



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Tracey Masters  
Business Manager  
Hywel Dda Community Health Council  
By email: [tracey.masters@waleschc.org](mailto:tracey.masters@waleschc.org)

Dear Tracey

Thank you for your email of 19 November 2021, in which you enclosed Hywel Dda Community Health Council's Maternity Report.

Please find attached Hywel Dda University Health Board's Action Plan, produced in response to your recommendations.

I trust this is satisfactory but should you have any further queries, please do not hesitate to contact us once more.

Yours sincerely

**Steve Moore**  
Chief Executive

# Recommendations

Recommendation		
1. Try to identify ways in which women can have more continuity of care so that they are not repeatedly explaining their pregnancy and medical history each time they are seen		
Action	Responsible Officer	Timescale
<p>Throughout the Covid pandemic maternity services have continued with no interruption to choices available. All birthing areas remained staffed and available including the Freestanding Midwife Led Unit in Withybush and all homebirth services throughout the health board.</p> <ul style="list-style-type: none"> <li>• Continuity of Carer is a key All Wales since 2019. Due to Covid issues work within this priority was temporary suspended. Community midwives have recommenced booking visits and all women will have had a face to face visit by their 16 week appointment.</li> <li>• We do recognise that Bronglais has excellent continuity from a midwifery perspective from our audit.</li> <li>• We aim to have buddy midwives in the community to cover each other, where possible from April 2022.</li> <li>• Obstetricians will have Junior doctors linked to each consultant to promote continuity of carer.</li> <li>• Document name of lead carer clearly in notes.</li> <li>• All staff to clearly print their name in the hand held records and record any recommendations and reasons for doing so, to enable robust discussions, and ensure evidence based care is supported.</li> </ul>	<p>Head of Midwifery &amp; Women's Services Consultant Midwife Consultant Obstetrician /Clinical Lead for Women &amp; Children's</p>	<p>April 2022</p> <p>May 2022</p> <p>January 2022</p>
Recommendation		

**2. Revisit maternity arrangements for first time mothers to identify if there is scope to provide more information or support. In particular, identify ways of addressing some of the smaller information needs that can cause a lot of unnecessary worry such as ward routines and what to do with your newborn when you need a shower or when you have a catheter or a drip etc.**

Action	Responsible Officer	Timescale
<p><b>Maternity services have continued to provide visiting for partners for all ante, intra and post natal women despite recent restrictions within the rest of the Health Board.</b></p> <p><b>Maternity Voices partnership has recommenced and we have a service user as the chair.</b></p> <ul style="list-style-type: none"> <li>• <b>Ward manager has recently updated written information informing women on how to ask for assistance and day to day information including meal times /ward rounds Add information to the current post natal ward welcome letter to include laminated signs encouraging women to ask to speak to a midwife privately if they wished to share personal information.</b></li> <li>• <b>Clinical Supervisor for Midwives will be instrumental in ensuring this message is circulated and feedback to all staff regarding the findings of the survey.</b></li> </ul>	<p><b>Head of Midwifery &amp; Women’s Services Consultant Midwife Consultant Obstetrician /Clinical Lead for Women&amp; Children’s</b></p>	<p><b>October 2021</b></p> <p><b>January 2022</b></p>

**Recommendation**

**3. Consider additional ways in which women, particularly first time mums, can have sufficient time with an appropriate professional to address their questions during their pregnancies, in hospital and after they have had their babies. For example is there scope for virtual ‘drop in’ sessions or small group meetings or webinars?**

Action	Responsible Officer	Timescale
<p><b>Community midwives are now undertaking the booking visit and lead on supporting women’s choices for labour and birth from the first contact.</b></p>	<p><b>Head of Midwifery &amp; Women’s Services Consultant Midwife</b></p>	

<ul style="list-style-type: none"> <li>• There has been a significant rise in the number of women birthing outside of guidelines and the discussion and plans in place are highlighted by the community midwife and then made jointly with the woman, her named midwife the consultant midwife and the consultant obstetrician/paediatrician.</li> <li>• There are several new virtual meetings advertised on our facebook pages.</li> <li>• There are currently invitations to attend information sessions on planning home births.</li> <li>• Having successfully bid for a Womens experience midwife who will start her post in December and as part of her job description there are plans to amalgamate all health board face book pages and look at ways on how to best engage with the women and their families, and in what format this is preferred.</li> <li>• Review the feasibility to recommence facee to face antenatal classes April 2022. This will depend on what Covid measures are in place.</li> <li>• There is a link for women to have virtual antenatal education using a link that was shared across South Wales.</li> </ul>	<p><b>Consultant Obstetrician /Clinical Lead for Women&amp; Children's</b></p>	<p>April 2022</p>
<p><b>Recommendation</b></p>		
<p><b>4. Remind staff that clear, consistent and kind communication with women is needed throughout their pregnancy, delivery and postnatal care from all healthcare staff they encounter. This will help them know what is happening, when things are changing and what options they may have.</b></p>		
<p><b>Action</b></p>	<p><b>Responsible Officer</b></p>	<p><b>Timescale</b></p>
<p>All health care professional leads will be involved in formatting the recommendations from this survey and are responsible for implementing them.</p>	<p>Head of Midwifery &amp; Women's Services Consultant Midwife</p>	



<ul style="list-style-type: none"> <li>• Survey results will be sent to all staff with recommendations included.</li> <li>• Clinical Supervisor of Midwives will be instrumental in providing evidence of this sharing of information.</li> <li>• Audit results from how women felt undergoing induction has been shared on various forums and lessons learned.</li> <li>• Birth rights training day for staff has been supported by the RCM and is free for midwives to attend. This is fully booked for December 2021 with plans to roll this out to all health care professionals once we have had feedback from the participants.</li> <li>• Consent and choice is discussed in all forums. Further work is necessary to improve on our use of language and how we discuss perceived risk with each individual woman. Consultant midwife to undertake virtual session on human rights and choices in pregnancy.</li> </ul>	<p>Consultant Obstetrician /Clinical Lead for Women&amp; Children's</p>	<p>January 2022</p>       <p>April 2022</p>
<p><b>Recommendation</b></p>		
<p>5. Identify ways that mums can receive more general support after delivery that enables them to feel clean, dignified and cared for. With partners being limited on postnatal wards, there is a gap that needs to be filled for new mums. The impression for mums is that midwives are already very busy and therefore there may be ways of providing this support from other staff.</p>		
<p><b>Action</b></p>	<p><b>Responsible Officer</b></p>	<p><b>Timescale</b></p>
<ul style="list-style-type: none"> <li>• Ensure there is written information in all areas.</li> <li>• Practice development midwives to highlight concerns raised in mandatory update days that all staff must attend.</li> <li>• Revisit HCSW roles and responsibilities including reviewing Birthrate plus staffing requirements.</li> </ul>	<p>Head of Midwifery &amp; Women's Services  Consultant Midwife  Consultant Obstetrician /Clinical Lead for Women&amp; Children's</p>	<p>April 2022</p>

Recommendation		
6. Review existing breastfeeding support arrangements as these do not appear to be working effectively for a significant proportion of women. Consider undertaking some in-house evaluation on a regular basis to see if this area is improving.		
Action	Responsible Officer	Timescale
<b>Breast feeding support midwives available across all 3 areas of the HB.</b> <ul style="list-style-type: none"> <li>• Facilitate discussions with Breastfeeding support midwives on ways to improve advice and support ante/intra and post natally.</li> <li>• Better signposting to support available in the community such as LLaeth mam breast feeding support groups.</li> <li>• Breastfeeding clinics are available.</li> <li>• Increased Breastfeeding support via TEAMS –mothers are rang in the post natal period</li> <li>• Review feasibility to reintroduce breast feeding volunteers to the ward late SPRING and when safe to reintroduce following Covid.</li> </ul>	<b>Head of Midwifery &amp; Women’s Services Consultant Midwife Consultant Obstetrician /Clinical Lead for Women &amp; Children’s</b>	January 2022           April 2022

Recommendation		
7. Review the catering arrangements to identify if specific dietary needs such as gestational diabetes can be better managed.		
Action	Responsible Officer	Timescale
<ul style="list-style-type: none"> <li>• Ward Mangers will review catering arrangements with Hotel services lead</li> </ul>	<b>Head of Midwifery &amp; Women’s Services</b>	January 2022
Recommendation		

<b>8. Consider whether mums need more information about discharge processes and arrangements, whether this is for mums with normal deliveries or more complex births.</b>		
<b>Action</b>	<b>Responsible Officer</b>	<b>Timescale</b>
<ul style="list-style-type: none"> <li>Ensure there is written information in all post natal areas in relation to discharge process.</li> </ul>	<b>Head of Midwifery &amp; Women's Services</b> <b>Consultant midwife</b> <b>Patient experience</b> <b>Midwife</b>	February 2022
<b>Recommendation</b>		
<b>9. Identify if there are ways of providing more dignity and privacy in the induction area in Glangwili.</b>		
<b>Action</b>	<b>Responsible Officer</b>	<b>Timescale</b>
<b>As above</b> <ul style="list-style-type: none"> <li>Provide written information for women to ensure if concerns re privacy then to ask and arrangements for this documented in the notes.</li> <li>Anonymous survey for staff to respond to the potential reorganisation of the clinical areas has been completed and shared with staff.</li> </ul>	<b>Head of Midwifery &amp; Women's Service</b> <b>Consultant Midwife</b> <b>Patient experience</b> <b>Midwife</b>	December 2021

<b>Recommendation</b>		
<b>10. Make sure that mums are aware of the opportunity of having a debrief session after delivery and ensure that there are sufficient resources to enable mums to have these at an appropriate time.</b>		
<b>Action</b>	<b>Responsible Officer</b>	<b>Timescale</b>

<p><b>Debrief paperwork has been reviewed and redesigned.</b></p> <ul style="list-style-type: none"> <li>• All women to be offered the opportunity to discuss her birth prior to discharge.</li> <li>• All women who have had complex pregnancies or births including emergency caesarean section and assisted vaginal births to meet with an obstetrician prior to discharge.</li> <li>• Information forms have a language aid to assist with debrief avoiding words that can add to distress and feelings of failure.</li> <li>• Share information with the community midwife and is aware of the discussion and can continue this into the postnatal period, and assist with clarifying any confusion that may still be present.</li> <li>• Consultant midwife will arrange to meet with women who are pregnant and wish to review their previous birth and help to support plans in place for this labour and birth.</li> </ul>	<p><b>Head of Midwifery &amp; Women's Service Consultant Midwife Consultant Obstetrician /Clinical Lead for Women &amp; Children's</b></p>	<p>January 2022</p>
<p><b>Recommendation</b></p>		
<p><b>11. Consider whether health visiting can be strengthened and provided more consistently across the area as this was identified as a gap by new mums.</b></p>		
<p><b>Action</b></p>	<p><b>Responsible Officer</b></p>	<p><b>Timescale</b></p>
<p><b>Met with the Health Visitors when we were planning to redesign our Face Book pages.</b></p> <ul style="list-style-type: none"> <li>• Plans in place to signpost to the Health Visitor web page once they have it in place.</li> </ul>	<p><b>Health Visitor Lead</b></p>	<p>April 2022</p>
<p><b>Recommendation</b></p>		
<p><b>12. Regularly review the ward environment to ensure that facilities are in working order</b></p>		

Action	Responsible Officer	Timescale
<p>Phase 2 has had significant delays due to technical difficulties with the structure.</p> <ul style="list-style-type: none"> <li>• From April 2022 the labour ward will have an area where women with complex history or require additional monitoring pre and post birth will be cared for in this area. This will reduce additional workload on the ante and post natal ward freeing up midwives to provide extra support as required.</li> <li>• Birthing pool will be available to enable access for all women to use water as an analgesic in line with latest national guidelines.</li> <li>• Reorganisation of present clinical areas underway at present with full staff engagement via anonymous study.</li> <li>• Weekly walkaround the environment with Hotel services/supervisors of midwives/estates</li> </ul>	<p>Head of Midwifery &amp; Women's Service Consultant Midwife Consultant Obstetrician /Clinical Lead for Women &amp; Children's</p>	<p>April 2022</p> <p>January 2022</p>

# **Community Health Council**