

A photograph of a family is shown in profile, overlaid with a teal tint. A man is on the left, looking towards a woman on the right who is holding a baby. The baby is looking towards the camera. The text 'Better births in Devon' is overlaid on the image in white, bold, sans-serif font.

Better births in Devon

Local Maternity System
engagement report
2018

Introduction



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Chair of Devon Maternity Voices Partnership



Over 12,000 babies are born in Devon every year, but if you consider how many people it involves bringing a baby into the world you would find four times that amount of people involved in the journey.'

'Mothers, fathers, siblings, grandparents and health professionals all play a big part in a baby being born - bringing together experience, expectation, anticipation and excitement.

'It's important that people have the opportunity to share their experiences, so that we continually learn from those.

'What we have heard through the Better Births work gives us a great starting point and we will continue to build on this by encouraging more people to share their experiences through the Devon Maternity Voices Partnership (MVP)'.
'

Background

Over the summer of 2018, the Local Maternity System in Devon, consisting of NHS and health care organisations undertook 8 weeks of intensive engagement to gather the thoughts, experiences and views of parents and families about births in Devon. The engagement ran from 19 May – 14 July 2018.

2,267 people gave their feedback and this has already started to help shape the priorities for maternity services in Devon.

During the engagement we explored the recommendations of NHS England's Better Births review. This national review focuses on personalised care, continuity of carer (i.e. seeing the same health professionals), postnatal and perinatal mental health care, digital medical records and the wider planning of maternity services.

Before developing the maternity transformation and implementation plan around these recommendations, we felt it was important to understand the views of parents and families.

In this report we describe the engagement approach we took and present the themes from what people shared with us. The findings of which will be used to inform the work that will be undertaken by the Local Maternity System (LMS) for Devon.

Better Births in numbers

- **12,500 births** per year in Devon
- **1,370** people completed an online survey
- **29 focus groups** were held across Devon
- **78 children's centre events** attended over 8 weeks – reaching **324 people**
- **438 engagements** on the dedicated 'Better Births in Devon' **Facebook** page (use insights on most talked about topics)
- In total **2,267 people** gave their feedback –
- Engagement ran from **19 May – 14 July 2018** (8 weeks)
- Involved over **60 children's centres** and voluntary groups across Devon
- Over **300 people** registered their interest in being further involved in the development of maternity services

1 Our approach

We worked closely with the almost 60 children's centres across Devon, as well as community and voluntary groups to shape the engagement approach.

There were three key elements to the engagement,

'Go to them' events. This placed parents and families firmly at the centre of the design – so rather than asking them to attend additional events and meetings we looked for as many opportunities as possible to reach them at places that they already go to. Stay and play, music and rhyme, breastfeeding support, healthy baby clinics are just a few examples of the types of groups attended. The key objective of our approach was to reach as many mothers, expectant mothers, fathers and wider family members as possible. The best place to reach them was at the already well attended groups that exist across Devon. We didn't want to ask parents, who are already busy and under pressure to make any further commitments.

Every group we attended we spoke to as many parents and family members as possible and took anonymised notes, but with some basic monitoring information to help us with our analysis at the end. The focus was on understanding the experiences of maternity services and identifying any key themes that arose.



For the **face to face** conversations we had the support of our colleagues in children's services and the voluntary sector who run local children's centres and we were able to attend a variety of sessions being run across Devon.

Social media. After looking at the data for births in Devon and the profiles of parents, we could see that there was likely to be an active cohort of parents using social media, in particular Facebook. Social media channels like NetMums and NCT already have huge following, and there has been a significant increase in the quantity of 'mummy bloggers', for example. We identified that a driver for this was because these channels offer 24/7 access to peer support, chat, advice and information sharing. Parents are often up late or through the night, and these platforms provide a place of sanctuary and support.

To facilitate **online dialogue** we made use of our existing CCG Twitter account and set up a dedicated Facebook Page for Better Births in Devon.



We knew that having an active presence online would be key and providing a place where those parents who might be grabbing sleep in the day and not attending a group, had the opportunity to talk to us and also see what we were doing so they could be part of it as well.

To ensure that we were (a) engaging, (b) informative and (c) authentic in our approach we posted daily and often. The people who facilitated the Facebook page and interacted on it were the same people out talking to parents and families face-to-face. They shared pictures of the venues and events attended, quotes from parents, snippets from the conversations that took place and thanked the health and care professionals they had met.

There was a decision taken not to photograph parents and their children as the importance of us being there was on the conversations, we didn't want people to feel intimidated or on show. The conversations and what they said were the absolute focus.

An **online survey** was designed that combined qualitative and quantitative questions and a company called ICE creates was commissioned to provide the analysis of responses and a report on the findings. A dedicated email address was also set up for people to provide feedback, or to ask questions about the process.

The approach was supported by a **communications plan** that was supported by a clear brand. The range of media used included; Twitter, Facebook, websites (Devon STP, NEW Devon CCG and South Devon & Torbay CCG)



Behavioural insights. The focus of our engagement was to reach as many mothers, mothers to be and wider family members as we could. Anyone who had a view or experiences to share, we aimed to hear it. In addition to this we asked ICE Creates, a behavioural and social insights organisation to help us with some deeper understanding about the choices people make, their motivations and decision-making processes and what they place most importance on. They do this by spending time listening to small **focus groups** of parents talking about their experiences.

ICE were commissioned to conduct 6 insight focus groups across Devon. The nature of a focus group is for it to be small and enable deeper conversations to happen and for common themes and key learning to emerge. For this reason we never had more than 10 per session.



They conducted the qualitative research to explore 5 key topics:

1. Choice – personal care plans
2. Continuity of care
3. Digital provision of information
4. Postnatal and perinatal mental health care
5. NHS personal maternity care budget

To ensure that we had effective reach for our messaging, we worked with a wide range of partners that included:

- Health and social care heads of communications – from across the NHS and local authorities
- CVS in Devon
- Healthwatch in Devon, Plymouth and Torbay
- Specific stakeholder groups and individuals
- The CCG community representatives

As the figures from our engagement activity show, the system wide approach has been particularly effective. For example, Tweets and Facebook messages reached more than 5,000 people.

The approach taken has created a platform that we are now starting to build on, alongside the Devon Maternity Voices Partnership (MVP).

More than 300 people requested during the engagement to be further involved in the development of maternity services. They will now be able to help us in the co-creation of local services, working as part of the Maternity Voices Partnership and alongside the LMS.

Top ten key themes

1. Choice of birth

Motivations for choosing **home birth** were:

- Less clinical environment
- Known environment
- Less stressful

Motivations for choosing **birth in a freestanding midwifery unit** were:

- Closer to home
- Less clinical environment than hospital but greater clinical input than home
- Recommendation of others
- Perceived to provide better perinatal care
- Concerns about a lack of support if things went wrong at a home birth
- Distance that they would need to travel to seek help if things went wrong at home birth
- Positive feedback about stepdown care at FMUs
- Motivations for choosing **a hospital birth** were:
 - They felt they needed a higher level of clinical care
 - It was recommended by a clinician because of a specific health need
 - Earlier birth experiences dictated a need for a hospital birth
 - They had not considered other options
 - Anxieties arising from previous 'difficult' births
 - Distance that they would need to travel to seek help if things went wrong
- **No clear mandate for more home births** from Mum's

2. Continuity of care:

- Lack of continuity of midwife
- Geographical differences Torbay/South Hams good continuity (midwives) rest of Devon less continuity
- Having to tell distressing story over and over
- Missed tests/appointments
- Having to chase postnatal care appointments with health visitors and midwives
- Most Mum's said that they would prefer to see the same midwife/health visitor

3. Information and practice (cross boundary/service)

- Conflicting advice (especially around breast feeding)
- Conflicting information (especially about when to go into hospital)
- Conflicting practice (e.g. Co-sleeping)

4. Breastfeeding

- No breast feeding support
- Difficulties with breast feeding dismissed
- Feeling that they were being 'forced to breast feed'
- Feelings of inadequacy when breast feeding doesn't work
- Support/lack of support leading to mental health issues

5. Antenatal Classes

- Antenatal classes irrelevant and 'useless'
- Antenatal classes not meeting specialist needs (e.g. Mum's of multiples, teenage Mum's)
- Antenatal classes not being offered to second (or more) time Mum's

6. Choice of location for and type of birth

- A woman's history e.g. previous difficult births, age as first time mum, existing medical condition, over riding Mum's birth plan
- Developing conditions (e.g. gestational diabetes) over riding Mum's birth plan
- Complications affecting choice at birth e.g. breech over riding Mum's birth plan
- Mum's health over riding Mum's birth plan

7. Continuity of care:

- Lack of continuity of midwife (not seeing the same one)
- Geographical differences Torbay/South Hams good continuity (midwives) rest of Devon less continuity
- Having to tell distressing story over and over
- Missed tests/appointments
- Having to chase postnatal care appointments with health visitors and midwives
- Most Mum's said that they would prefer to see the same midwife/health visitor

8. Quality of care

- Staff not listening to Mum's. In particular, when they feel there is something going wrong.
- Mum's being left alone after giving birth and having difficulty attracting the attention of staff able/qualified to help.
- Missed essential tests or treatments (e.g. Anti-D for rhesus negative Mum)
- Staff attitude
- Not being allowed to stay with baby in NICU/SCBU
- Staff intimating something's wrong going off to check then not coming back leaving Mum in highly anxious state
- Late diagnoses of conditions (Mum and baby)
- Lack of explanations/information
- Not sharing key information (e.g. baby's sepsis)
- Poor provision of mental health support
- Lack of information and support to access mental health support

9. Staff busyness:

- Lack of staff in hospitals resulting in difficulties for Mum's accessing the support they need
- Mum's experience lack of care and attention due to busyness of staff

10. Clinical care:

- There was praise for the professionalism, care and compassion shown by clinical staff when a pregnancy or birth did not go as planned.
- Praise for care of sick babies.

Recommendations

Some of the recommendations from families included:

- More shared decision-making and better communication between families and health professionals.
- Consistent information is needed regarding safety, this is a big part of the decision-making process for families when deciding where to have their baby. They should be given all relevant information regarding safe birthing options before they are asked to decide where they want to deliver.
- Birthing plans are a personal decision taken by families, however a strong recommendation from families was regarding post birth - when a birth has not gone to plan. They would like a de-brief, offer of further support if they are struggling (this could be counselling or support groups, for example), and the chance to talk it through with a health professional.
- For families to personalise their care they would like consistent information, for example on feeding choices, equipment and interventions, multiple births (more tailored information) and pain relief. More shared decision making on some of these topics would also be preferred.
- In terms of perinatal and postnatal mental health, families felt there should be better support for those who have experienced a traumatic birth. They also want to see better community support and more peer-to-peer groups. It was felt the reduction in postnatal groups could have a significant impact on families and women, as the opportunity to come together in the community to socialise, support each other through feeding and developmental milestones is highly valued.
- Families who live in very rural locations, often between healthcare organisations reported that they slipped through the net. Better support and early identification of these families is needed, so that health professionals can work together to support them.
- Many other recommendations came out of the engagement and they will be available in the final Better Births in Devon engagement report, which is due to be published and shared in April 2019.

Quotes from parents at the events

All North Devon Events:

Barnstaple – multiples group – Tuesday 19th June:

“My health visitor told me off for logging my babies activities i.e. poos, wees, feeds, sick etc. I did this because every time someone came to visit me they asked me what my baby had done and I wasn’t able to remember. I was sleep deprived and all over the place. The health visitor said I shouldn’t be concentrating on this and should be focussed on latching my baby on as often as possible”.

Bideford – health clinic – Wednesday 20th June:

“Enough guilt already when you are a parent – you can sometimes be made to feel guilty about the early choices you make for your child”.

Bideford – stay and play – Wednesday 20th June:

“I attended the free antenatal clinics at the children’s centre in Bideford and they were not good at all. My husband is a teacher and getting out of school for things in the day is very hard. There is nothing in North Devon in the evenings, the latest was at 4pm. I am sure there are plenty of other dads who couldn’t make this time, so in my view the whole approach is set up to exclude dads and partners who work”

The information provided at the antenatal sessions was not good. It didn’t really help prepare people.

“If it is hurting then you must be doing it wrong, it shouldn’t hurt – this feels like the wrong message to be giving people”.

“I could see the midwives were so overstretched in NDDH – one midwife left at 11pm one night and was back in the morning at 5am because they were so short staffed.

“The demand on the service is huge and it’s clear for everyone to see when they are on the ward post-delivery”.

“I fear that in North Devon services will be taken completely if people complain about them. Don’t take the negative feedback and take away our services, if anything we need a labour ward and a birthing unit. We need more not less’.

Ilfracombe – health clinic – Tuesday 19th June:

“You appreciate the small stuff, like the midwives sitting with me after the birth to reassure me and answer my questions”.

Southernhay United Reform Church – Friday 15th June:

“Midwives really deserve more recognition; because what they do... what is more important?”

All Plymouth Events:

Chatterbox – The Barn – Plymouth:

It’s really important to have continuity of care because otherwise you have to tell your story over and over again and even when you do the people you tell don’t really understand all the background. I think that’s dangerous.

Four Greens Community Café – Friday 1st June:

“If I have another baby I would like to be at home as I did not enjoy being in hospital at all – everyone is just too busy – people were ‘in and out’ of the room all the time, particularly for my second child. I felt ‘left to get on with it’.

Four Greens Community Trust – Whitleigh – Thursday 31st May:

“With regard to breastfeeding, no one wants to hear that they haven’t done the best thing for their baby”.

“I used to be a family support worker at the children’s centre in Tavistock. A lot of mums who are interested in having babies at Okehampton FMU make the decision not to when they are told that if something goes slightly wrong or they need further or on-going care they would be transferred to RD&E by ambulance. For many mums who live in Tavistock this is a problem because that means they are very far from home and family, especially if they end up needing to stay in hospital. If there was an AMU at Derriford it would probably be extremely welcomed, the one at RD&E is lovely and gets great reviews. Mums in Tavistock would probably feel less anxious about losing the FMU at Okehampton if this facility was available”.

“More mums might choose home births if there was more information about it available. Some mums opt for this because they know they will get weekly visits from the midwife and two on one care during delivery. They want more assurance. More mums opt for a hospital delivery because they want the security of knowing they are in the right place if things go wrong. So many stories that circulate of when things do go wrong, people want the reassurance of being in the right place.

Manor Street – Plymouth:

“NHS Services saved my life. My placenta got stuck and I had five days of slow labour”.

Popin Children’s Centre – Friday 1st June:

“People forget that the NHS is free and an underfunded resource. Without extra money we have to think about doing things different, maybe changing things that don’t run smoothly like administrative processes/procedures”.

St Chad's – Whitleigh Green – Wednesday 30th May 2018:

“Every time I see an expectant mother with her pregnancy notes I get a warm feeling”.

The Barn, Barne Barton Children's Centre – Tuesday 29th May:

“Intensive Care (NICU) – they were a fantastic team and really don't get enough praise for what they do”.

“I saw a different midwife at every appointment, it took until the third midwife before it was identified that my baby wasn't growing in the womb. If I had seen the same midwife from the start then I am sure this could have been picked up quicker”.

“I feel the support during the early stages of pregnancy is crucial, babies don't come with a manual and as a first time mum you can be anxious – it eases you in having professionals there for help”.

The D.E.L.L Children's centre:

“I think introducing digital records for staff would help with continuity of care, even if you couldn't have a continuity of carer”.

All Mid and East Devon Events:

Culm Valley Children's Centre – multi bump and baby – Tuesday 3rd July:

“I insisted on going to hospital for injections after having a C-section - they reluctantly agreed to this but every time I went in I was made to feel like I was a burden”.

“I was pregnant with twins and the first thing the consultant said to me was, when shall we book you in for a C-section?”

Exeter – RD&E:

“I saw the male health visitor, Tom. I wasn't sure to begin with what he would be like and I thought because he was a man, ‘what does he know about having a baby and being a women’ – he was actually really good, he has four children himself and is very logical. He doesn't make you feel guilty for the choices you make, like some do”.

All West Devon Events:

Ivybridge health clinic:

“With more mobile families like ours it would be really helpful to have digital records as then we wouldn’t have to start from scratch every time we move. In Gibraltar, the midwives kept the notes and I liked that because it was easier than remembering to take notes with you everywhere you went and they were safer from loss or damage”.

Okehampton health clinic:

“I think it’s a shame the Okehampton unit is suspended, it’s such a waste of money, they’re not even old resources, they’re new! One midwife said the suspension was because they wanted to encourage families to have home births”.

“When I went into Derriford they said my contractions weren’t established and they were going to send me home at 2:35 am in the morning. I explained that it was at least an hour’s drive home so they told me just to go for a walk around the hospital and I had to come back from my ‘walk’ quite quickly and my baby was born at 2:54am. I had the baby in the toilet.

“Health services need to listen to Mums more and know the mothers birthing history. My other children were born quickly too”.

Dartmouth Milton Lane Health Clinic:

“I think one thing that sums up the hospital midwife’s attitude towards me and my family was when she saw my baby’s baby grow was soiled, she just ripped it off saying that needs changing and threw it in the corner of the room. That baby grow was special as all my children had worn it”.

Dartmouth Sparklers baby and toddler group:

“It’s not that they’re choosing not to care, it’s that they are so stretched they can’t”.

Seamoor Children’s Centre – South Brent:

“If it wasn’t for one health care assistant in particular I wouldn’t have been able to breastfeed and would have stopped. The midwives were okay, just too busy and cannot give you the support you need”.

Tamar Folk Weigh and Play 31st May 2018 and Cattedown Health Clinic 1st June 2018:

“Wasn’t made aware of growth scans required and missed them”.

“Ambulance service was flawless and amazing”.

All South Hams Events:

South Hams Hospital – health clinic – Tuesday 26th June:

‘If breastfeeding is hurting you, then you are doing it wrong’. She feels this is a very damaging thing to say to a new mum.

Daisy Play – Health Clinic:

“The midwife must have worked over her shift time. That really touched me that she decided to stay”.

“I was really shocked that after such a positive birthing experience I had postnatal depression, it was a bolt out of the blue. It wasn’t something anyone had discussed with me antenatally”.

“The birth was fast and fine. I didn’t have massive expectations around perinatal care and as I had a straightforward birth, I guess I got the standard care”.

“I was really impressed how everyone reacted and behaved at a time of crisis for my baby”.