



**Northern, Eastern and  
Western Devon**  
Clinical Commissioning Group

# *BETTER BIRTHS*

Research into expectations and experiences of maternity services in Devon

*Specially prepared for you by team* ice

## *Background*

NEW Devon CCG are conducting engagement activities to explore the recommendations of NHS England's Better Births – Five Year Forward View. This will inform the development and implementation of services.

ICE have been commissioned to analyse a recent survey that was developed by NEW Devon CCG to explore experiences of using maternity services in Devon and how these services may be improved.

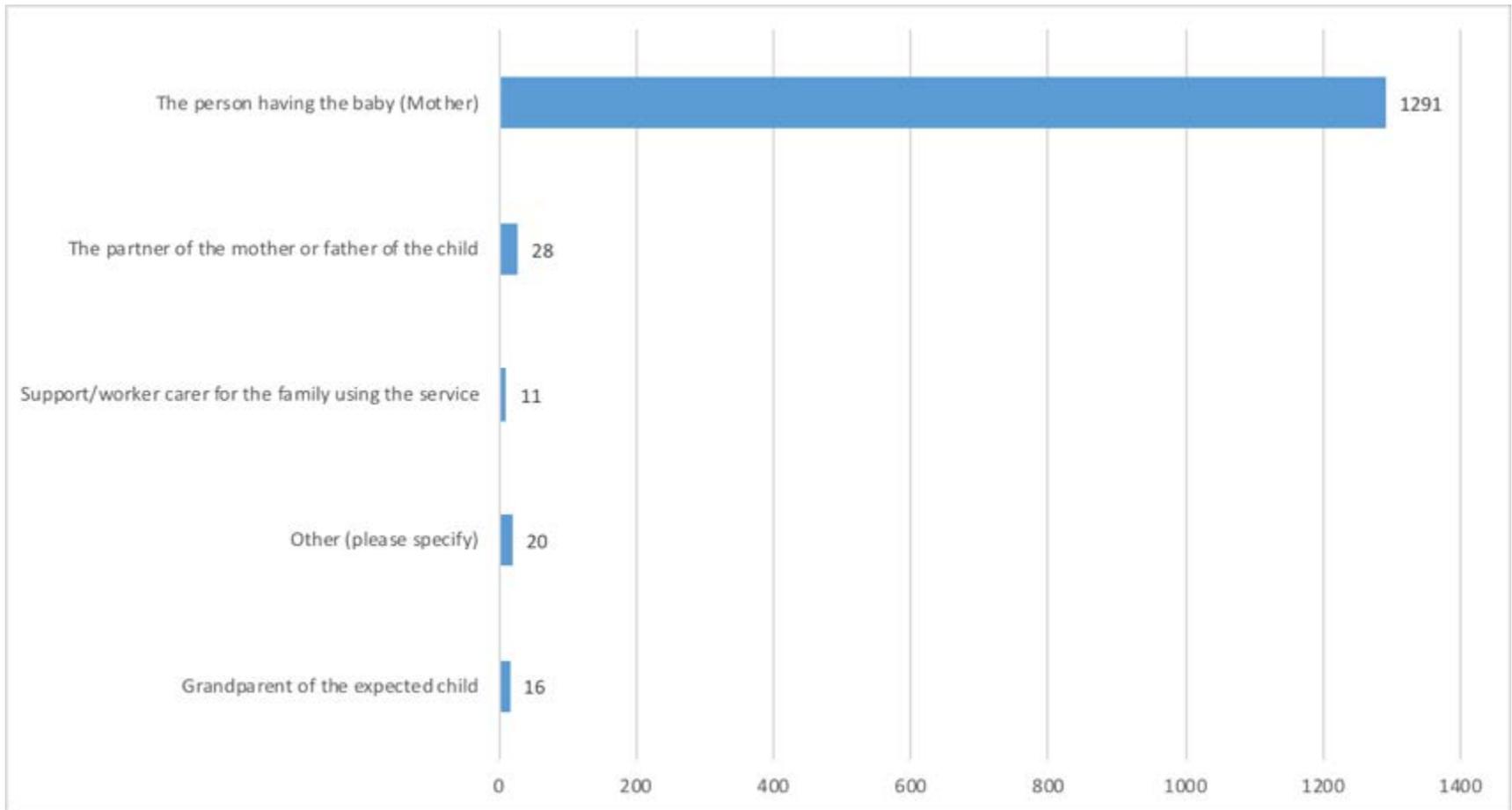
The survey included a wide range of open ended questions that required thematic analysis to explore the key themes that were important to service users.

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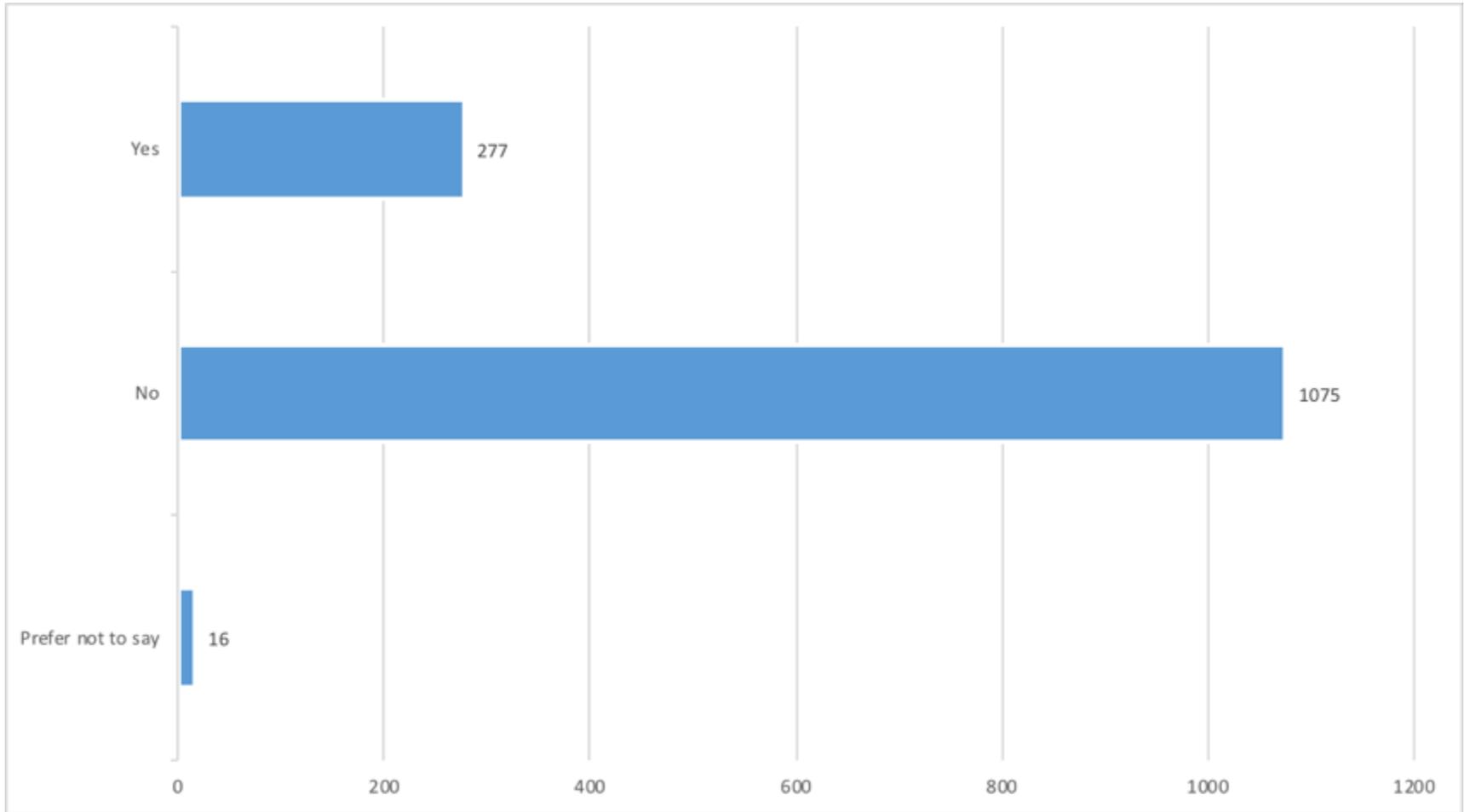
# *Survey findings*

# *Demographic Questions*

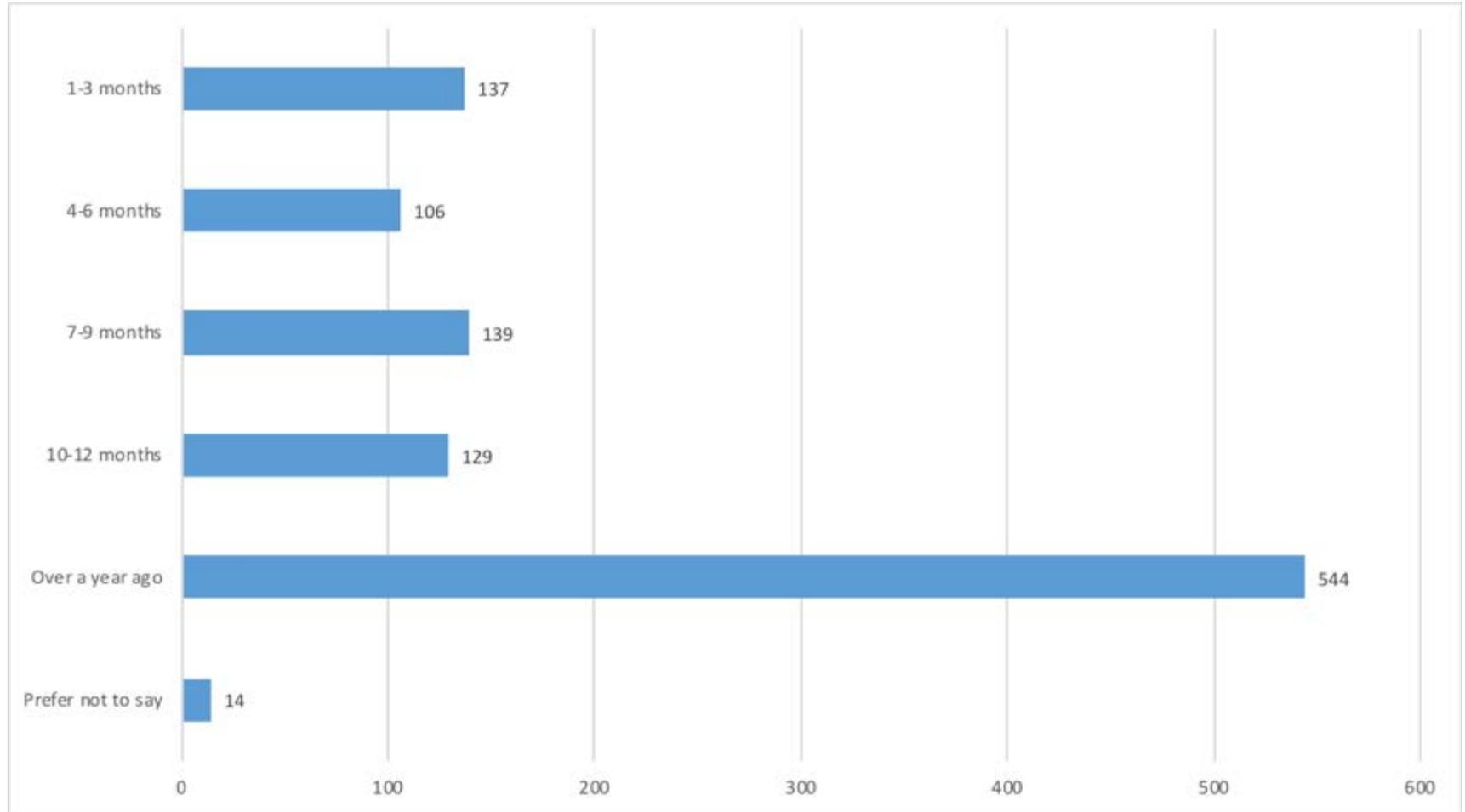
# Q1 Who are / were you?



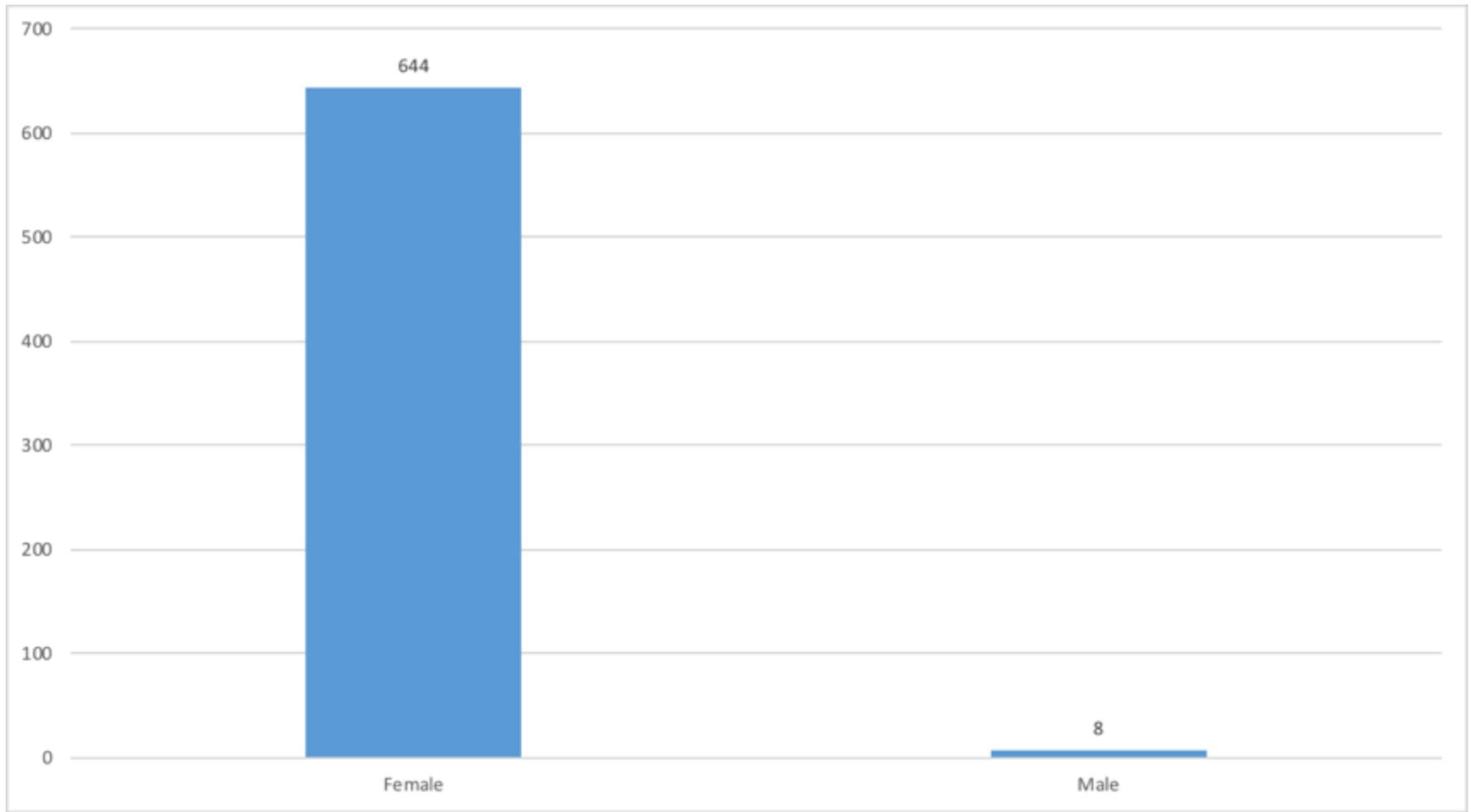
# Q2 Are you currently using the maternity service?



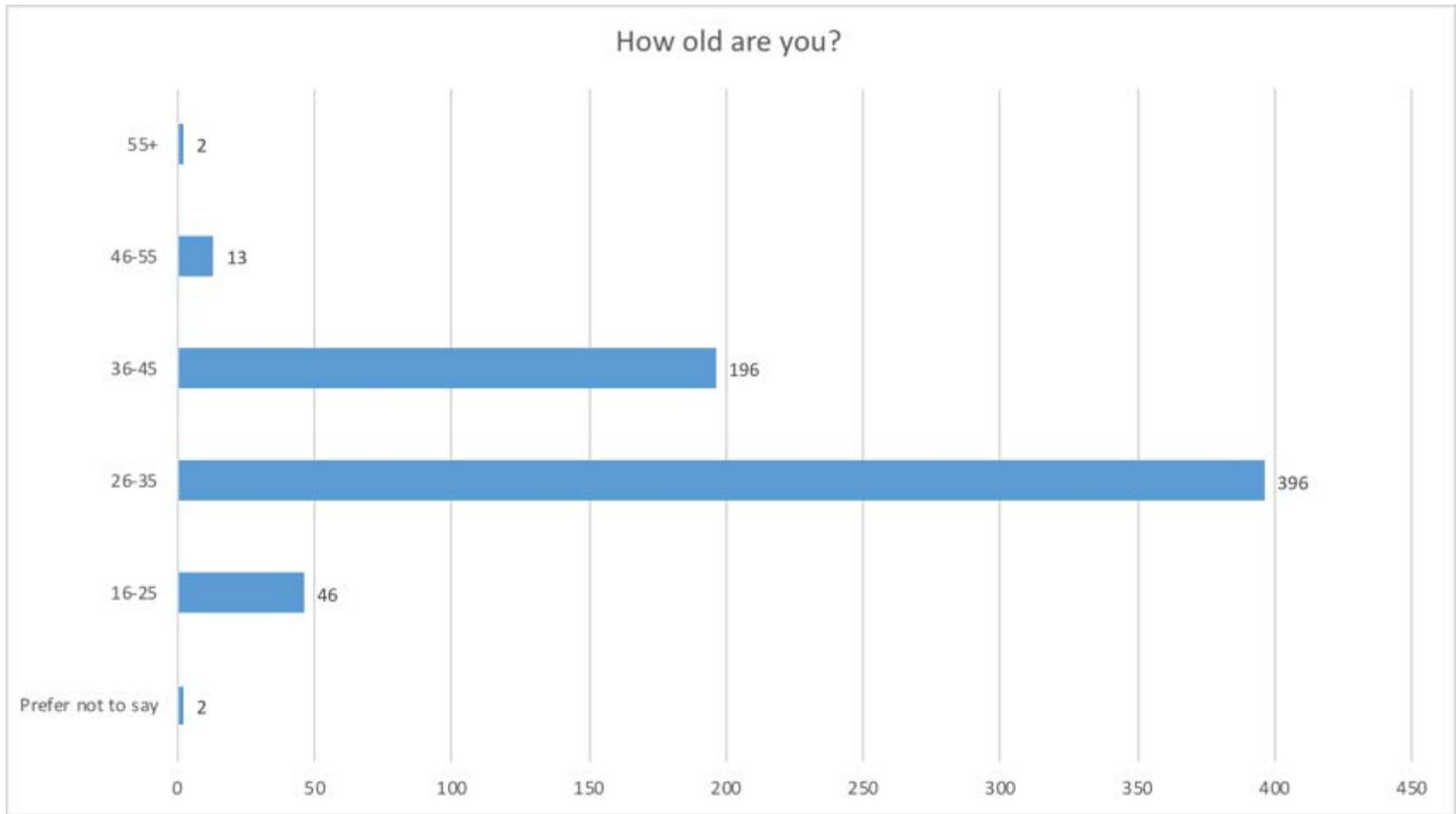
# Q3 - If no to Q2 – How long ago did you use the service?



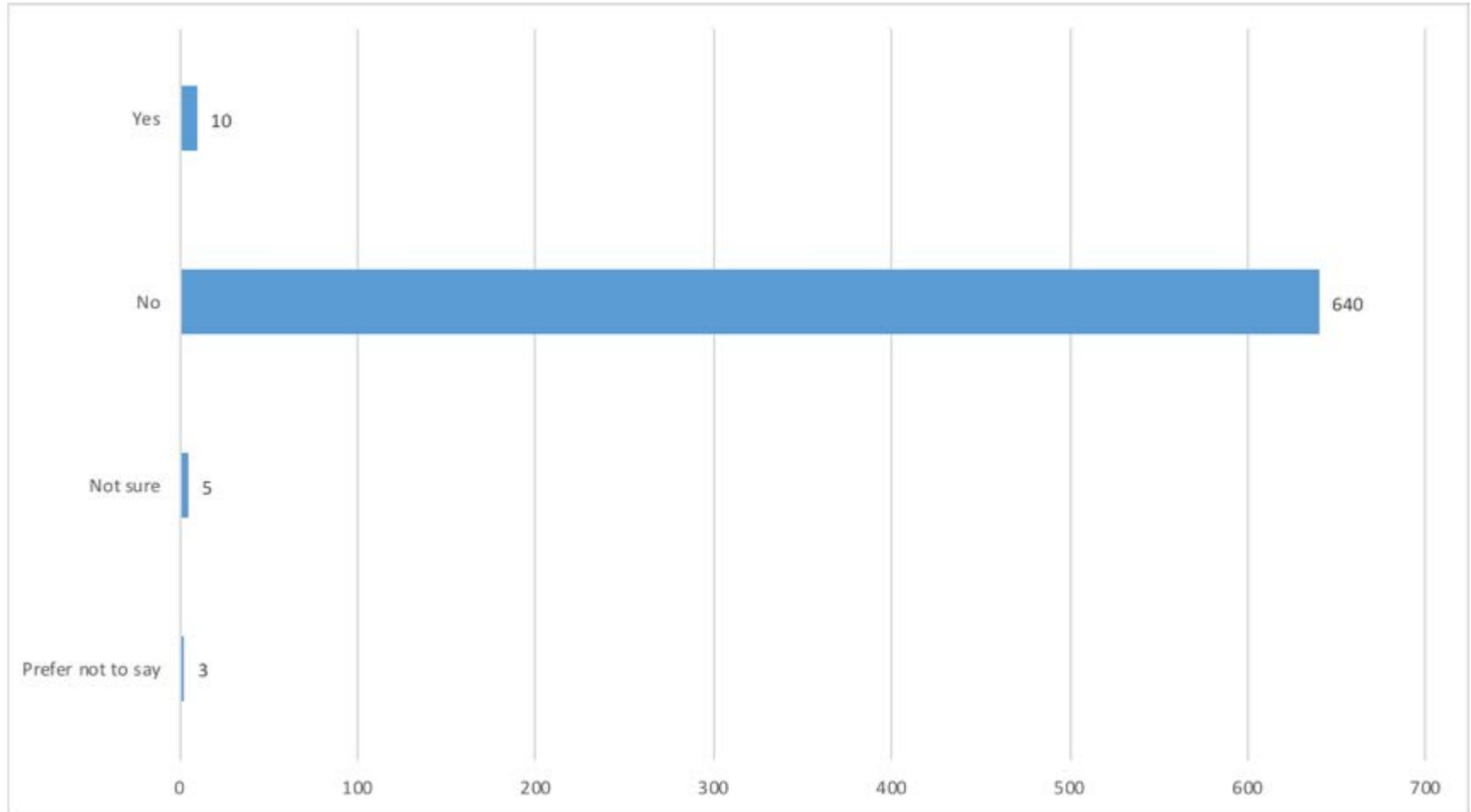
# Q36 – Are you female or male?



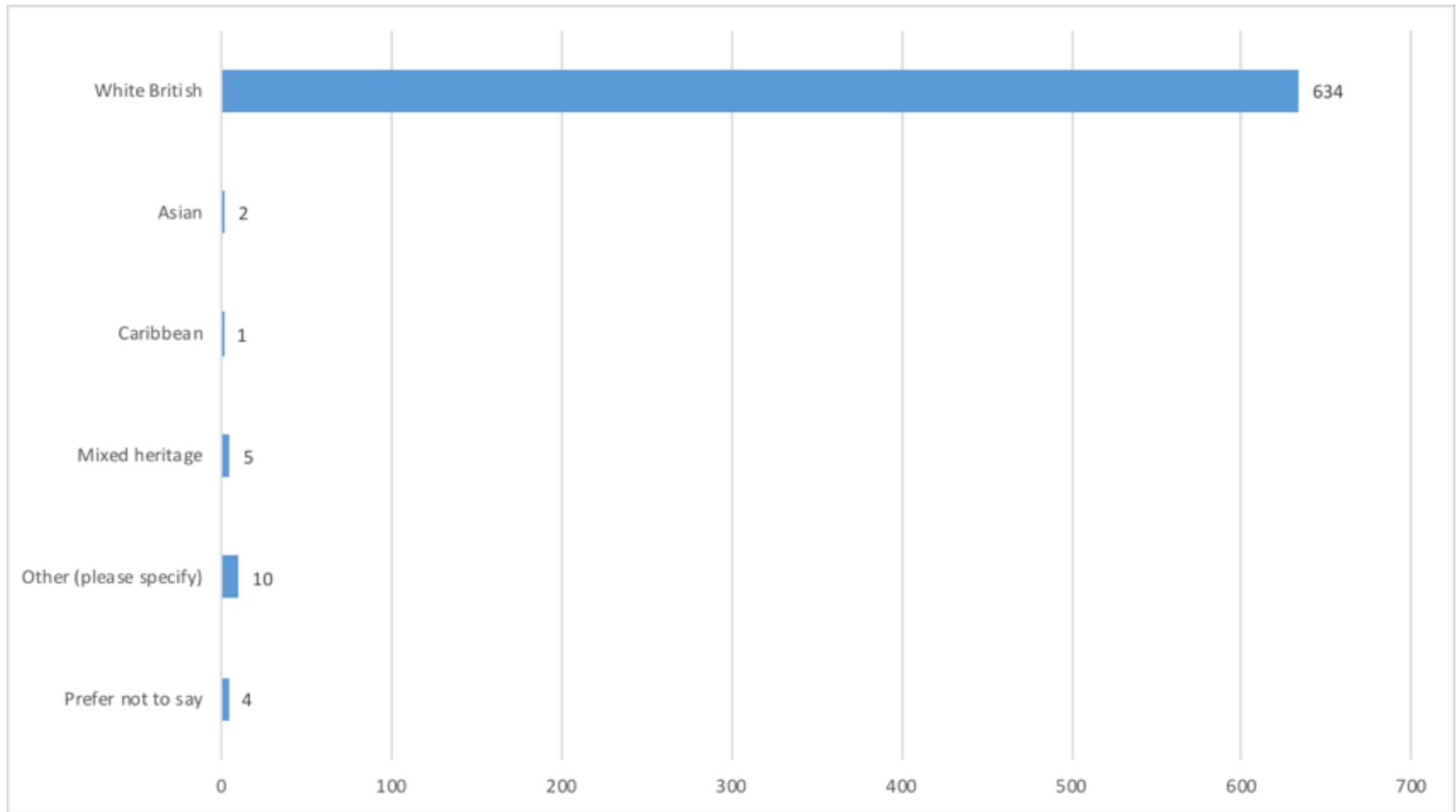
# Q37 – How old are you?



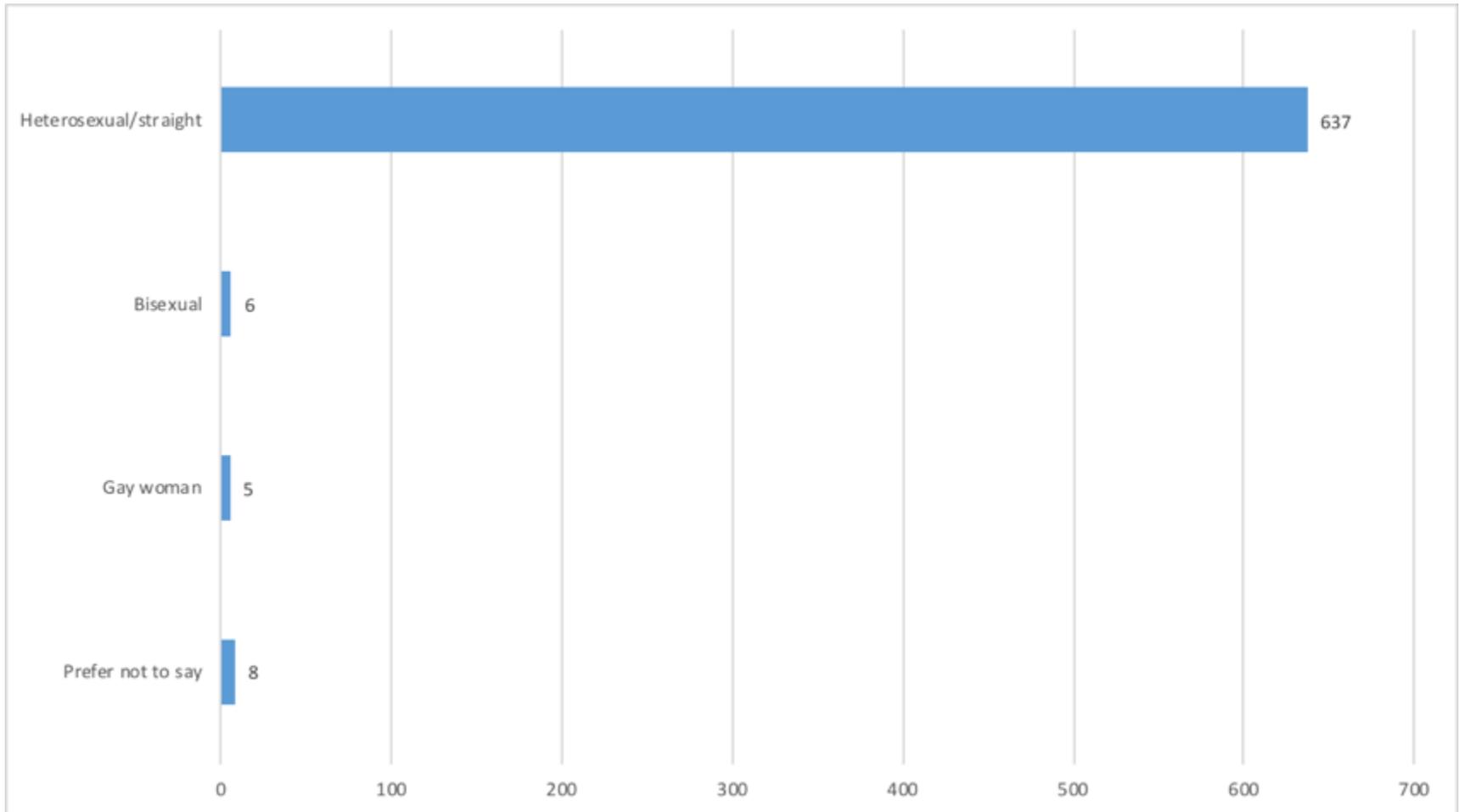
# Q38 – Do you consider yourself to have a disability?



# Q39 – How would you describe your ethnic background?



# Q40 – How would you describe your sexual orientation?



# *Antenatal Care*

# *Experiences of antenatal care*

## We want to understand...

- Was antenatal care provided in the right place?
- Preferences for where antenatal care is provided
- What was good about the experience?
- How might the experience have been better?

# Was antenatal care provided in the right place?

- The vast majority of respondents (**91%**) reported that antenatal care was provided in the right place
- For those who received antenatal care in “other” locations 1 in 4 respondents believed their care was not in the right place (see notes).

Q4 - Where was care provided?	Q5 - Was this the right place? (n (%))			
	No	Yes	blank	Total
Community Centre	23 (11%)	193 (89%)	1	217
GP	22 (6%)	353 (94%)	0	375
Home	1 (2%)	44 (98%)	0	45
Hospital	21 (8)	254 (92%)	0	275
Other (please specify)	20 (23%)	67 (76%)	1	88
<b>Total</b>	<b>87 (9%)</b>	<b>911 (91%)</b>	<b>2</b>	<b>1000</b>

# Where would you have preferred to receive care?

If respondents did not believe that they received antenatal care in the right place they were asked where they would have preferred to receive antenatal care.

- Preferring antenatal **care at home was selected by 33%** of the individuals who did not believe they received care in the right place - suggesting women wanted the option to receive care at home.
- **37%** reported that they would **rather receive care at their GP or in a hospital** (see following slide for reasons why)

Q4 - Where was care provided?	If no to Q4, Q6 - Where would you have preferred to receive care?					
	Community centre	GP	Home	Hospital	Other	Total
Community Centre	x	13	6	4	0	23
GP	6	x	8	6	2	22
Home	1	0	x	0	0	1
Hospital	4	3	10	x	4	21
Other (please specify)	3	3	5	3	6	20
Total	14	19	29	13	12	87

# Q7 - Why would you have preferred x?

Preferred location	Reasons why	Example responses
<p><b>Home</b></p>	<p><b>Convenience</b> – This was the main reason given for why respondents would have preferred to receive antenatal care at home. Reasons included <b>overcoming issues with childcare, reducing travel times</b> and overcoming <b>issues with mobility/other medical issues</b>. For some, the reduction in travel time was stated as necessary due to their ongoing condition.</p> <p><b>Environment</b> – Many respondents would have preferred to receive antenatal care at home as it would be <b>more private, non medical</b> and they would not be in an environment with sick/ill individuals. It was also noted that care at home would have felt more <b>“personal”</b> and this was considered important as it would reduce stress/anxiety. A number of respondents made reference to community centres that did not feel clean or private enough for antenatal care.</p>	<p><i>“Less travel, community centre isn’t the nicest building”</i></p> <p><i>“It was fine at the clinic but would have been easier and less stressful if done at home (especially with an older child to take care of)”</i></p> <p><i>“A more comfortable and relaxed environment where I would feel more able to talk openly with the midwife. Getting to the hospital, parking and waiting for the appointments was quite stressful. “</i></p> <p><i>“Less medical environment would have been better.”</i></p> <p><i>“I didn't feel like I was cared for as a mother while in hospital, I felt like just a sick woman”</i></p> <p><i>“Felt uncomfortable being in a GP surgery when not ill.”</i></p>

# Q7 - Why would you have preferred x?

Preferred location	Reasons why	Example responses
<p><b>GP or Hospital</b></p>	<p>The reasons for preferring the GP or a hospital were largely the same.</p> <p><b>Environment</b> – Many respondents stated they would prefer care at a GP or hospital due to it being a <b>medical environment and having access to equipment</b>. This suggests they believe it would be a safer option. A number noted that they would feel like they were being monitored/watched more in this environment.</p> <p><b>Continuity of care and Relationships</b> – respondents believed they would have <b>greater continuity of care</b> in these locations which would enable them to develop relationships with their HCPs</p> <p><b>Information provision</b> – respondents believed that they would get <b>access to information from experts</b> in these locations. A number of respondents stated that they didn't receive the information they wanted at a community centre</p> <p><b>Convenience</b> – The GP was preferred over hospital for some due to <b>reduced travel times</b></p>	<p>“See same Midwife through pregnancy and after or 2/3 Midwife’s so they know you and your history to get a connection”</p> <p>“To be in the surroundings of the hospital where you are to give birth and receive your care”</p> <p>“Would have been nice to meet midwives who helped me also give birth”</p> <p>“To be in the surroundings of the hospital where you are to give birth and receive your care”</p> <p>“Community centre very run down and not an ideal welcoming setting, very amateur set up and extremely poor/old facilities”</p> <p>“I felt at times that the community centre wasn't private and when I needed to have any personal checks I didn't feel at ease. This was not the midwives fault it was the environment.”</p>

# Q7 - Why would you have preferred x?

Preferred location	Reasons why	Example responses
<p><b>Community centre</b></p>	<p><b>Environment</b> – The individuals who stated they would prefer to be seen at a community centre described it as a <b>friendly, non medical</b> environment.</p> <p><b>Information provision:</b> It was also suggested that this would enable an individual to link up with health visitors and <b>learn more about breastfeeding</b></p> <p><b>Relationships</b> – respondents believed they would be able to <b>build relationships</b> with other mothers in this environment.</p> <p><b>Convenience</b> – It was perceived that a community centre would be <b>more convenient</b> to access and have <b>shorter waiting times</b></p>	<p><i>“Because going to the doctor made it feel as if I was ill. I would have preferred care somewhere either associated with families or less medical.”</i></p> <p><i>It would have linked in with health visitors and breastfeeding support.</i></p> <p><i>“Always ran late at GP surgery”</i></p> <p><i>“So I could have met other expectant mothers”</i></p>

## *Key findings – Preferences/choice (Q4-Q7)*

- A key factor in choice is the **convenience** of the location for care – particularly important if individual has existing health conditions that limit travel or other children (childcare)
- Many respondents differed in terms of the types of environment they wanted to receive care in. Whilst many wanted **medical environments with access to experts and equipment**, many others wanted a more **personal, friendly environment that was non-medical**. This demonstrates the importance of giving mothers a range of choices for their care.
- Receiving **continuity of care** was also a key factor that influenced choice of location for care

# *Good antenatal care...*

- Good experiences were characterised by **positive behaviours from HCPs** (being caring, friendly, supportive) and **good two way communication** with HCPs – this drove perceptions of “quality care” because it felt **personal**
- **Building relationships** was an important desired outcome for service users – both with HCPs and other mums
- **Continuity of care** played a key role in building relationships – demonstrating the importance of continuity of care to producing positive experiences in antenatal care

# Q8 – What was good about the antenatal care received?

Theme	Overview	Example responses
<p><b>Health Care Professionals Positive Behaviours</b></p>	<p>The highest occurring theme related to antenatal care was the <b>Positive behaviours of Health Care Professionals during interactions with the patient.</b></p> <p>There were a number of similar/overlapping positive behaviours identified. The following were the most common:</p> <ul style="list-style-type: none"> <li>• Friendly</li> <li>• Caring</li> <li>• Knowledgeable</li> <li>• Supportive</li> <li>• Professional</li> <li>• Helpful</li> </ul> <p>respondents clearly related these behaviours of HCPs to the positive aspects of care they received. This is grounded in the <b>relationship</b> respondents build with their health Care Professionals.</p>	<p><i>“Excellent information and friendly services”</i></p> <p><i>“Midwife at G.P surgery was friendly approachable and knowledgeable”</i></p> <p><i>“All the midwives kind and caring”</i></p> <p><i>“The midwives were all very helpful, knowledgeable and friendly”</i></p> <p><i>Midwife was so kind, professional &amp; just amazing!</i></p> <p><i>“Midwife was fantastic, supportive and helpful”</i></p>

# Q8 – What was good about the antenatal care received?

Theme	Detail	Example responses
<b>Continuity of Care</b>	The second highest occurring theme related to good antenatal care was the <b>continuity of the care</b> . This often related to the seeing the same person throughout, but also recognised that continuity of care could be provided by a range of health Care Professionals. What was important was having a consistency of experience.	<p><i>“The same midwife saw me/my daughter each appt, which I valued as continuity of midwife antenally and postnatally is crucial for safeguarding of children, a trusting relationship for the mother and for job satisfaction for the midwife”</i></p> <p><i>“Continuity of care with a small group of midwives based in the gp practice”</i></p> <p><i>“It's nice to meet as many midwives in the team as possible for continuity”</i></p> <p><i>“One to one care from trusted midwife whom I knew throughout pregnancy”</i></p>

# Q8 – What was good about the antenatal care received?

Theme	Detail	Example responses
<p><b>Building relationships</b></p>	<p>The third highest occurring theme that was indicative of positive experiences was <b>building relationships</b>. Two types of relationships were important. The majority of responses within this theme discussed <b>relationships with Health Care Professionals</b>. However, the ability to build <b>relationship with other parents</b> was also identified as indicative of good experiences.</p> <p>This theme highlights the importance of personal relationships to service users. It may be seen as an outcome of the key theme of positive behaviours from HCPs and is facilitated by continuity of care.</p>	<p><i>“Good relationship built with midwife, well planned and felt supported</i></p> <p><i>“I had the same midwife with the original jubilee Home birth team and built up a good relationship with her”</i></p> <p><i>“Great relationship with the midwife was developed”</i></p> <p><i>“Get to share feelings with other parents”</i></p>

# Q8 – What was good about the antenatal care received?

Theme	Detail	Example responses
<b>Two way communication</b>	Both <b>being listened to</b> and the <b>ability to ask questions</b> were identified as common themes of good antenatal care. This is indicative of two-way communication.	<i>“My midwife listened to me and treated me as an individual”</i>  <i>“Ability to ask questions to a trained midwife in a safe space”</i>

# Q8 – What was good about the antenatal care received?

Theme	Detail	Example responses
<b>Quality of Care</b>	<p>A <b>high quality of care</b> being received was related to good care – with HCP behaviours playing a key role in the quality of care received. As well as a general high quality of care being reported as key to good care, a high quality of care was described as being:</p> <ul style="list-style-type: none"> <li>• <b>Thorough</b></li> <li>• <b>Personal</b>, and</li> <li>• <b>Responsive</b></li> </ul>	<p><i>“Fantastic midwife care that I had at every step of the way”</i></p> <p><i>“Thorough examinations and observations”</i></p> <p><i>“Personalised good quality care”</i></p> <p><i>“Responsive when extra help needed “</i></p>
<b>Convenience</b>	<p><b>Convenience</b> of both the <b>location of the service</b> and the <b>accessibility</b> of the service were a further key theme indicative of good experiences. This is consistent with the fact that a lack of convenience and accessibility were key drivers of a perception that the wrong service was chosen.</p>	<p><i>“Lovely midwife and very convenient being at my gp which is really close to me”</i></p> <p><i>“Accessible at gp and in community</i></p> <p><i>“It was convenient and local“</i></p>

# *How might antenatal care be better...*

- **Improve HCP behaviours:** Improvements in HCP behaviour with a focus on being more **caring, personal, professional** and **knowledgeable** was identified as a key way in which antenatal care may be better. This further demonstrates the importance of HCP behaviours in driving positive and negative experiences of care and will relate to how HCPs make service users feel like they care about and understand them.
- **Increase continuity of care:** The importance of continuity of care was further demonstrated by the fact that it was identified as a key need for antenatal care to be better. Continuity of care is key to driving positive relationships between HCPs and service users - a key desired outcome for service users.
- **Improve information provision and communication:** Improvements in information provision were a key theme that emerged. Information exchange is critical to ensuring that service users make informed choices. Communication between HCPs and service users was also identified as an area for improvement – with communication playing a key role in information exchange that may encourage service users to be more involved in decisions regarding their care.

# Q9 – How might antenatal care have been better?

Theme	Detail	Example responses
<p><b>Continuity of Care</b></p>	<p>Continuity of care and the consistency of Health Care Professionals (i.e. seeing the same small group of HCPs) was the most reported reason for how antenatal care could be improved.</p> <p>This is consistent with the findings from question 8 which demonstrated that continuity of care was a key factor in good antenatal experiences.</p> <p>Participant responses also described continuity of care in terms of HCPs communicating between themselves across the pathway. This prevented people from having to repeat their story.</p>	<p><i>“Seeing the same midwife, continuity of care”</i></p> <p><i>“Actually seeing your assigned consultant”</i></p> <p><i>“Continuity of care, I rarely saw the same midwife twice”</i></p> <p><i>“There was poor continuity of care with lots of different community midwives, poor communication between them meant things were missed”</i></p>

# Q9 – How might antenatal care have been better?

Theme	Detail	Example responses
<b>More information</b>	<p>The <b>provision of information</b> was identified as a key area where antenatal care could have been better. While the type of information people wanted to be provided with varied common areas were:</p> <ul style="list-style-type: none"> <li>• Feeding</li> <li>• Local support groups</li> <li>• What to expect through pregnancy, and</li> <li>• Mental Health</li> </ul>	<p><i>“No meaningful info on breastfeeding but huge expectation after birth”</i></p> <p><i>“Maybe not being quite so pushy on the 'breast is best' (yes I know it is) but perhaps explaining more about expressing as this can give the father valuable time to bond and the mother a much needed break!”</i></p> <p><i>“More signposting to local support groups, especially as home births are not that common these days and I didn't know anyone else who was planning on one to talk to.”</i></p> <p><i>“better mental health promotion”</i></p>

# Q9 – How might antenatal care have been better?

Theme	Detail	Example responses
<b>Improve HCP Behaviour</b>	<p>Given that positive experiences were characterised by positive HCP behaviours, it is unsurprising that individuals stated that <b>antenatal care would be better if HCP behaviours were improved</b>. While there were a range of behaviours that people identified the common behavioural themes that could have been better were:</p> <ul style="list-style-type: none"> <li>• Caring for patients</li> <li>• Being more Personal</li> <li>• Being Professional</li> <li>• Being more Knowledgeable</li> </ul>	<p><i>“my midwife only saw me four times, she forgot to arrange a glucose resistant test and despite knowing I was vomiting constantly throughout my pregnancy, didn't respond to any calls or arrange any additional support for me and she failed to turn up for three appointments citing diary issues.”</i></p> <p><i>“I didn't feel as much like my care was important”</i></p> <p><i>“If they looked at the patient as a person and individual”</i></p> <p><i>“First midwife was unprofessional and should have known policies”</i></p>

# Q9 – How might antenatal care have been better?

Theme	Detail	Example responses
<b>Communication</b>	<p>A range of <b>improvements in communication</b> were reported as necessary to make antenatal care better. These may be group into three sub themes:</p> <ul style="list-style-type: none"> <li>• Improved communication between HCPs</li> <li>• Improved communication with HCPs</li> <li>• HCP listening – ensuring the service user feels like they have been listened to</li> </ul>	<p><i>“I would have liked to have had the same midwife throughout my pregnancy but this changed which meant I’d have to explain previous conversations on ongoing problems.”</i></p> <p><i>“That they actually listened to me and believed what I told them”</i></p> <p><i>“The midwife did not communicate with me at all”</i></p> <p><i>“If information was shared better between midwives”</i></p>

# *Birth*

# *Experiences of birth*

We want to  
understand...

- Was the birth at the right place?
- Preferences for birth location
- What was good about the birth experience?
- How might the birth experience have been better?

# Was the birth at the right place?

- The vast majority of respondents (**91%**) reported that the birth was at the right place for them – meaning fewer than 1 in 10 births were taking place in a location considered to be the wrong place to the service user
- For those who gave birth at hospital **10%** felt this was not the right location (see notes).

Q10 – Where did the birth take place?	Q11 - Was this the right place? (n (%))		
	No	Yes	Total
Community Hospital	0 (0%)	19 (100%)	19 (2%)
Home	1 (2%)	48 (98%)	49 (5%)
Hospital	74 (10%)	703 (90%)	777 (85%)
Midwifery led unit	2 (3%)	60 (97%)	62 (7%)
Other (please specify)	2 (100%)	0 (0%)	2 (<1%)
blank	1 (100%)	0 (0%)	1 (<1%)
<b>Total</b>	<b>80 (9%)</b>	<b>830 (91%)</b>	<b>910</b>

# Where would you have preferred to have the baby?

If respondents did not believe that they gave birth in the best place they were asked where they would have preferred to give birth.

- 93% of those who felt they didn't give birth in the best place, gave birth in hospital, with 34 preferring to have given birth at home and 51 % preferring to have given birth in a Midwifery led unit

Q10 – Where did the birth take place?	If no to Q10, Q12 - Where would you have preferred to have the baby?					
	Community Hospital	Home	Hospital	Midwifery led unit	Other	Total
Community Hospital	x	0	0	0	0	0
Home	0	x	1	0	0	1
Hospital	7	25	x	38	4	74
Midwifery led unit	1	1	0	x	0	2
Other (please specify)	0	1	1	0	0	2
blank	0	0	0	1	0	1
<b>Total</b>	<b>8</b>	<b>27</b>	<b>2</b>	<b>39</b>	<b>4</b>	<b>80</b>

# Q13 - Why would you have preferred x?

Preferred location	Reasons why	Example responses
<p><b>Midwifery led unit</b></p>	<p>The reasons for preferring a Midwife Led Unit were:</p> <p><b>Environment</b> – This included a range of factors such as <b>comfort</b>, <b>calmness</b>, and it being <b>more relaxed environment</b></p> <p><b>Less Medicalised</b> – People felt giving birth in a Midwife Led unit would have meant the birth would have been <b>less clinical</b>, and <b>more natural</b></p> <p><b>Location</b> – The location was an important factor in this preference, with many people mentioning <b>convenience</b> or distances / time they had to travel</p> <p>In all but one instance the comparison was being made to Birth in Hospital</p>	<p><i>“More relaxed atmosphere. I did the majority of my labour there but got moved for last bit due to time it was taking.”</i></p> <p><i>“Calm place with which I was familiar”</i></p> <p><i>“I think it would have been more relaxed and less medically led”</i></p> <p><i>“My birth became very medicalised in a way that I didn’t feel was necessary”</i></p> <p><i>“Closer to home, calmer environment”</i></p> <p><i>“It was only a six mile trip from home compared to the 22miles I had to endure”</i></p>

# Q13 - Why would you have preferred x?

Preferred location	Reasons why	Example responses
<p><b>Home</b></p>	<p>The main reasons why people would have preferred a home birth are as follows:</p> <p><b>Environment</b> – Its an environment that provides, comfort, less stress and they associate with being more relaxed</p> <p><b>Safety</b> – Some people said they would have felt safer having a home birth because it was in their own environment</p> <p><b>Convenience</b> – The convenience of both the location and being convenient for other members of the family was a factor in participant’s preference for a home birth</p> <p>In all but one instance the comparison was being made to Birth in Hospital</p>	<p><i>“I feel like I would've been more comfortable and would have felt better”</i></p> <p><i>“Because its where I felt safest and most comfortable after already birthing 2 baby's at home”</i></p> <p><i>“Instinctively feels safer”</i></p> <p><i>“No need to travel during labour. Familiar safe environment”</i></p>

# Q13 - Why would you have preferred x?

Preferred location	Reasons why	Example responses
<p><b>Community Hospital</b></p>	<p>The main reasons people would have preferred to give birth in a community Hospital were as follows:</p> <p><b>Convenience</b> – The convenience of the location was a key factor in this preference</p> <p><b>Environment</b> – the main factor relating to this was that a community hospital would be calmer</p> <p>In all but one instance the comparison was being made to Birth in Hospital</p>	<p><i>“Preferred to have delivered at local community hospital rather than travel 30 odd miles”</i></p> <p><i>“Closer to home. Less people. Less noise. Consistency with midwives from appointments “</i></p>

## *Key findings – Preferences/choice (Q10-Q13)*

- **91%** of respondents perceived the place of birth to be the **right place**
- For those who would have preferred to give birth elsewhere (all apart from 5 of these had given birth in hospital), the **birth environment** was a key factor in choice of preferred alternative location – with respondents wanting **less medicalised, calmer, relaxed** and **comfortable** environments
- The **convenience of location** was identified as a factor in preference, with respondents mentioning travel times, ability to travel and the rural nature of the communities where they live making it inconvenient to travel to hospital

# *Good care during birth...*

- Good experiences were characterised by **positive behaviours from HCPs** (being caring, friendly, reassuring, professional) and **good two way communication** with HCPs – as with antenatal care this drove perceptions of “quality care” because it felt **personal**
- **Communication of what is going on and why from HCP to patient is critical to good birth experiences** – Explaining what’s happening gives reassurance but it also helps individuals to make informed choices as they arise.
- **Continuity of carer** (e.g. dedicated midwife) was reported as positive when it occurred but this was most likely to happen in non-hospital environments.

# Q14 – What was good about the care you received during the birth?

Theme	Detail	Example responses
<p><b>Positive HCP Behaviours</b></p>	<p>The highest occurring theme was identified as the <b>positive behaviours of Health Care Professionals</b>. There were a number of behaviours identified, but the following were the most common:</p> <ul style="list-style-type: none"> <li>• Caring</li> <li>• Friendly</li> <li>• Professional</li> <li>• Reassuring</li> <li>• Knowledge</li> </ul> <p>respondents clearly related these factors of HCPs to the positive aspects of care they received. This is grounded in the relationship respondents build with their health Care Professionals. Which is another of the common themes that emerged</p>	<p><i>“The midwifery team are lovely and caring. The midwife I got to deliver my baby was one of the only good things about having my baby in Torbay. She was an experienced midwife who listened to me”</i></p> <p><i>The midwife was really caring and kind and made me feel safe and looked after”</i></p> <p><i>“Friendly relaxed staff</i></p> <p><i>“Friendly reassuring staff”</i></p> <p><i>“Lots of reassurance, explaining &amp; listening to my views”</i></p> <p><i>“The midwives were utterly professional, respectful and hands off/on as needed”</i></p>

# Q14 – What was good about the care you received during the birth?

Theme	Detail	Example responses
<b>Relationship with HCP</b>	The responses of respondents demonstrated that <b>relationships with HCPs</b> were a key factor in good birth experiences. This enabled the respondents to be at ease and do things in their own time as they felt comfortable in the environment.	<p><i>“The midwife who attended my birth was absolutely amazing! I was really pleased that it was one who I had already built a relationship with as well. She was very supportive and allowed me to do things in my own time and was hands off which was great.”</i></p> <p><i>“Felt at ease with the midwives and the surgeon”</i></p>

# Q14 – What was good about the care you received during the birth?

Theme	Detail	Example responses
<b>Communication</b>	The responses demonstrated that <b>how information was communicated</b> and ensuring that service users felt they were <b>being listened to</b> was key to positive experiences. Giving birth is an emotional and exhausting experience and <b>reassurance</b> and <b>understandable explanations</b> played a key role in positive experiences.	<p><i>“I was extremely anxious prior to my planned section and everything was explained to me step by step, and it was really reassuring”</i></p> <p><i>“Calm, professional but friendly, they listened to me and we’re fully aware of my previous birth history and preferences”</i></p>
<b>Quality of Care</b>	Respondents described a <b>high quality of care</b> as a key factor in positive birth experiences. The responses suggested that perceptions regarding quality of care are personal with positive behaviours from HCPs a key factor related to a high quality of care.	<p><i>“Even though busy, were never left waiting and high quality prompt treatment”</i></p> <p><i>“Okehampton hospital is a small hospital with staff that are amazing the care I received was fantastic.</i></p> <p><i>“I was then transferred to a smaller midwife only led unit, Tiverton. The care and support that I received here was invaluable.”</i></p>

# Q14 – What was good about the care you received during the birth?

Theme	Detail	Example responses
<b>Continuity of Care</b>	<p>The responses demonstrated that for many respondents having a <b>continuity of care</b> throughout the birth was an important factor that influenced good experiences (e.g. having dedicated midwives for the birth)</p> <p>Individuals who had a home birth were those most likely to report this, which is to be expected given that within a hospital setting it is rare that one midwife would supervise the whole birth.</p>	<p><i>“I had excellent continuity of care, my midwife was supportive of my wishes”</i></p> <p><i>“Dedicated midwives for the birth, who I already knew from antenatal appointments”</i></p>

# Q15 – How might the care during birth have been better?

Theme	Detail	Example responses
<b>Improve Health Care Professional Behaviours</b>	<p>The biggest area where people felt care during birth could have been better was regarding the <b>behaviours of Health Care Professionals</b>. The behaviours that were reported as needing to be improved were similar to those being demonstrated during good experiences, again demonstrating the importance of these behaviours to the respondents experiences. This included being:</p> <ul style="list-style-type: none"> <li>• More caring</li> <li>• Less rude</li> <li>• Compassionate</li> <li>• Professional, and</li> <li>• Supportive</li> </ul>	<p><i>“My midwife (allocated from when became pregnant) I had was more interested in writing her notes during my labour than caring for me”</i></p> <p><i>“I was also told that they were busy due to people having sex at Christmas parties and next time to wait for a different time of year to fall pregnant. We had been trying for 5 years and had 2 failed IVF attempts.”</i></p> <p><i>“Respect, patience and compassion from hospital staff”</i></p> <p><i>“The midwife I had for the majority of labour was awful. She had no control, support, guidance”</i></p>

# Q15 – How might the care during birth have been better?

Theme	Detail	Example responses
<b>Communication</b>	<p>The respondents reported that their experiences could have been better with <b>more communication</b> (so they would know what was happening and why), feeling like they'd been <b>listened to</b> and <b>HCPs communicating better between themselves</b>. All of these factors related to the overall theme of improving communication.</p>	<p><i>“Listened to me, I knew my body needed to push, from the minute I was induced”</i></p> <p><i>“Midwife could have listened to me more rather than assumed they knew what was going on”</i></p> <p><i>“More communication. I was left not knowing what was happening a lot of the time“</i></p> <p><i>“midwives had clearly not read my notes, absolute shambles”</i></p>

# Q15 – How might the care during birth have been better?

Theme	Detail	Example responses
<b>More Staff</b>	<p>Respondents felt that their care was effected by the <b>staffing levels</b> they experienced during birth.</p> <p>This theme often linked to a <b>lack of continuity of care</b>, or <b>people feeling they were being rushed</b>, or not receiving personal care</p>	<p><i>“The staff were run ragged. They were stretched to the limit.”</i></p> <p><i>“More staff. There were periods of time where we were left alone for a long time”</i></p>
<b>Environment</b>	<p>respondents also reported that the environments and facilities available during birth needed to be improved. This theme was almost exclusively seen for individuals who had a hospital birth only. The environment being <b>too clinical</b> and issues with <b>noise</b> from other service users and a <b>lack of cleanliness</b> were reported.</p>	<p><i>“Cleaner facilities, blood on floor and seat all day and bowls of urine left in toilet room all day”</i></p> <p><i>“in the bed next to me was a woman in labour screaming and ranting how much pain she was in during the night”</i></p> <p><i>“More personal atmosphere, felt clinical”</i></p>

# *How might care during birth be better...*

- **Improve HCP behaviours:** As with antenatal care, improvements in HCP behaviour with a focus on being more **caring, supportive, compassionate** and **professional** was identified as a key way in which care during birth may be better.
- **Improve communication:** The behaviour of HCPs plays a key role in how HCP and patient communicate – with patients less likely to ask questions or become involved in decisions if HCP behaviours do not support this. The respondents reported that to be better the care needed to ensure they were provided information regarding what was going on and why. To be better it also required HCPs to ensure patients feel listened to. Patients need to be informed to make informed choices as they arise, which again relies on effective two way communication to facilitate an information exchange.
- **Increase continuity of carer:** respondents wanted their experience to be more personal and when they were left alone for long periods or had a lack of continuity of carer their experience was poorer and they perceived this to be related to staffing levels.
- **Environment:** Although 91% of individuals reported that they gave birth in the right place, improvements to the environment to make them feel less medical, cleaner and more private were reported.

# *Postnatal Care*

# *Experiences of postnatal care*

We want to understand...

- Was the postnatal care at the right place?
- Preferences for care location
- What was good about the postnatal care experience?
- How might the postnatal care experience have been better?

# Was postnatal care provided at the right place?

- The vast majority of respondents (82%) reported that their postnatal care was at the right place.
- Only 7 in 10 of those who attended hospital believed hospital was the right place
- 42% who had postnatal care at the Community Centre felt this wasn't the right place and

Q16 – Where did the birth take place?	Q17 - Was this the right place? (n (%))		
	No	Yes	Total
Community Centre	36 (42%)	50 (58%)	86 (10%)
GP	6 (21%)	22 (79%)	28 (3%)
Home	11 (3%)	395 (97%)	406 (47%)
Hospital	21 (31%)	172 (69%)	249 (29%)
Other (please specify)	21 (30%)	49 (70%)	70 (8%)
Specialist Care Unit	0 (0%)	19 (100%)	19 (2%)
<b>Total</b>	<b>151 (18%)</b>	<b>707 (82%)</b>	<b>858</b>

# Where would you have postnatal care to take place?

If respondents did not believe that their Postnatal care took place at the right place, they were asked where they would have preferred to give birth.

- 94% of those who felt they didn't have Postnatal care at the best place would have preferred to receive it at home.

Q16 – Where did the birth take place?	If no to Q17, Q18 - Where would you have preferred to receive Postnatal care?					
	Community centre	GP	Home	Other (please specify)	Specialist Unit	Total
Community centre	x	1	33	0	1	35
GP	0	X	4	2	0	6
Home	2	1	X	0	1	8
Hospital	0	3	66	6	1	76
Other (please specify)	0	1	19	1		21
Total	2	6	122	9	3	146

# Q19 - Why would you have preferred x?

Preferred location	Reasons why	Example responses
<p><b>Home</b></p>	<p>By far the biggest reason for people preferring Postnatal care at home was the <b>Convenience of the location</b>. This mainly related to distance or time taken to travel, but also included factors such as ability to drive, and availability of public transport.</p> <p>People also expressed the opinion that home would have been a preferred location due the <b>to impact travel may have on recovery</b>. Some respondents felt pressured into travel that they felt was not appropriate for them or their baby so soon after giving birth.</p>	<p><i>"I don't have a car so getting to the community centre the day after giving birth was hard"</i></p> <p><i>"It was a 2-2.5 hour round trip to get to Tiverton (not enough staff at Crediton)"</i></p> <p><i>"Traveling to children's centre 3 days post section with twins, I was very difficult and challenging was made to feel couldn't refuse to travel"</i></p> <p><i>"I was unwell - would have been more appropriate for midwives to visit but they refused."</i></p> <p><i>"I had a c section and getting to and from hospital with new born was difficult, exhausting and painful"</i></p>

## *Key findings – Preferences/choice (Q16-Q19)*

- The findings suggest that home is the preferred location for **postnatal care**
- The **convenience of location** was the key factor in this preference – no travel and didn't require use of public transport or ability to drive
- A number of respondents reported that they felt they were pressured into travel too soon after giving birth and thought this had a negative **impact on their recovery.**

# Q20 – What was good about the postnatal care received?

Theme	Detail	Example responses
<p><b>Positive Behaviours of Health Care Professionals</b></p>	<p>Good postnatal care was related to <b>positive behaviours from HCPs</b>. The factors described by respondents related to a range of behaviours that they felt had been displayed and were positive in relation to the postnatal care received. The most common behaviours described were being:</p> <ul style="list-style-type: none"> <li>• Supportive</li> <li>• Friendly</li> <li>• Caring</li> <li>• Helpful</li> </ul> <p>These behaviours are linked to a range of other factors, including the continuity of care, quality of care, and supporting individual choice</p>	<p><i>“Our community hospital midwives were very supportive and caring”</i></p> <p><i>“The midwife was incredibly supportive especially with my choices”</i></p> <p><i>“The midwives were very friendly and apologetic that it couldn’t be done at home”</i></p> <p><i>“Same health visitor as with my first baby. Felt like she cared.”</i></p> <p><i>“Midwives were helpful and I got appointments at the hospital for checks when I explained that waiting in all day with a 2 year old was torture!”</i></p>

# Q20 – What was good about the postnatal care received?

Theme	Detail	Example responses
<b>Quality of Care</b>	<p>A high quality of care was indicative of good postnatal care. <b>Quality of care</b> is linked to HCP behaviours, with <b>positive behaviours</b> driving a perception of a high quality of care. Good quality care was described as being:</p> <ul style="list-style-type: none"> <li>• Supportive</li> <li>• Thorough</li> <li>• Informative</li> </ul>	<p><i>“I had the support I needed and the rest to recover from a traumatic birth”</i></p> <p><i>“Good amount of attention and they were very clear with everything so I always knew what was happening”</i></p> <p><i>“Thorough and thoughtful care provided”</i></p>
<b>Convenient Location</b>	<p>Good care experiences were also related to the experience occurring in a <b>convenient</b> location. In particular when this location was at home.</p>	<p><i>“Local midwife came to my home it was lovely”</i></p> <p><i>“Visited the house at a mutually convenient time and happy to answer any queries.”</i></p> <p><i>“Midwife/health visitor came to see us at home &amp; phoned ahead to say they were coming”</i></p>

# Q20 – What was good about the postnatal care received?

Theme	Detail	Example responses
<b>Support regarding feeding</b>	A large number of participants reported that their postnatal care was positive when they were offered <b>support to establish feeding</b> . This factor mostly relates to support to establish breastfeeding.	<p><i>“Excellent breastfeeding support from Honiton in first 24hrs allowed me to successfully establish feeding.”</i></p> <p><i>“Great feeding support.”</i></p> <p><i>“The midwife was lovely. Great advice given about feeding as I have as struggling to breast-feed”</i></p>
<b>Continuity of Care</b>	As with other stages of the process, <b>continuity of care from HCPs in postnatal care</b> was considered to be indicative of <b>good postnatal care</b> .	<p><i>“Same health visitor visited home each time”</i></p> <p><i>“My midwife that I had seen all through pregnancy visited me at home.”</i></p> <p><i>“Same midwife that I had had before which put me at ease as I experienced a lot of post natal issues.”</i></p>

# Q21 – How might postnatal care have been better?

Theme	Detail	Example responses
<p><b>Support Feeding</b></p>	<p>Individuals who received what they considered to be <b>good feeding support</b> reported that this was indicative of good postnatal care. Therefore it is unsurprising that when good feeding support was not received it was identified as a key factor that might have been better.</p> <p>Of note, while the majority of these responses referred to <b>support people felt they needed to establish breast feeding</b>, other responses related to the feeling that staff were <b>judgemental</b> and <b>not supportive</b> of <b>people who were not breastfeeding</b></p>	<p><i>“Better breastfeeding support. I was given so many mixed messages and I was given incorrect advise and left to muddle through”</i></p> <p><i>“more advice and help with breastfeeding would have been useful.”</i></p> <p><i>“I think that it if parents decide to bottle feed they should be allowed to do so with no judgement, as some mums find it difficult to breast feed and automatically feel like failures”</i></p> <p><i>“I would have liked more support with breastfeeding”</i></p>

# Q21 – How might postnatal care have been better?

Theme	Detail	Example responses
<b>Continuity of Care</b>	A <b>lack of continuity of care</b> was identified as a factor that might have been better. This theme linked clearly to other themes such as <b>communication</b> and <b>quality of care</b> , with a lack of continuity of care resulting in poorer communication and a perception that the quality of care was also worse.	<p><i>“Continuity in care, I had different midwives EVERY time, and I felt as if I was a tick-box exercise since no one knew me”</i></p> <p><i>“Health visitors were not consistent and therefore didn’t know me or my child well”</i></p>
<b>Quality of Care</b>	Respondents stated that the general quality of postnatal care they received could have been better. Within the responses that added more detail as to why the experience might have been improved, the responses suggest a <b>lack of person centred care</b> and <b>personalisation</b> .	<p><i>“Standard of general nursing care was poor and staff seemed uninterested”</i></p> <p><i>“For me it was quite hands off, no one checked stitches, or any of my obs, for instance.”</i></p> <p><i>“Postnatal care on the ward in the RD&amp;E was poor. I felt utterly abandoned”</i></p>

# Q21 – How might postnatal care have been better?

Theme	Detail	Example responses
<b>Convenient Location</b>	<p>Respondents reported <b>requiring more convenience</b> in the locations for postnatal care. In particular many noted experiences wherein they felt they had to <b>travel too soon</b>, had to <b>travel to numerous locations</b> or believed they should of <b>received this care at home</b>.</p>	<p><i>“I was asked to go to the hospital the day after birth for routine tests - I think these could either have been done at home or have waited a bit longer”</i></p> <p><i>“I had to travel half an hour away for our day three appointments which was difficult - I had a third degree tear and a car journey like this was difficult.”</i></p>
<b>HCP Behaviours</b>	<p>Respondents reported a need to <b>improve HCP behaviours</b> and typically gave an example of the behaviour of HCPs that they were not satisfied with. Unsurprisingly, the behaviours lacking were the same as the behaviours that others felt were good when they were experienced including being:</p> <ul style="list-style-type: none"> <li>• More supportive</li> <li>• More professional</li> <li>• Less rude</li> </ul>	<p><i>“I feel the midwives should be able to support mothers who are having problems for a little longer.”</i></p> <p><i>“The first midwife I saw after the birth of my baby was very cross and abrupt with me, - my partner and I are were really quite shocked at how hostile she seemed to be.”</i></p>

# *Key findings – What was good about, and what could have been better about postnatal care (Q20-Q21)*

- Whilst 91% of respondents stated that they received care in the right place for antenatal care and care during birth, **only 82%** of respondents reported that they received postnatal care in the right place. Whilst still high, given 4/5 perceived to be in the right place, this suggests more individuals feel like postnatal care is not in the right place as compared to other stages in the journey.
- A key factor in choice is the **convenience** of the location for care – with a preference for **care at home** and many respondents reporting feeling **pressured to travel too soon** after giving birth.
- When **positive behaviours were experienced** this appears to have **improved perceptions of postnatal care**. This is further evidenced by the fact that many respondents stated that postnatal care might be improved if their HCPs behaviour was more positive. Important behaviours included being **professional, supportive, thorough and informative**.
- **Continuity of care, communication and quality of care** were all related to the behaviours experienced. Continuity of care resulted in **care feeling more personal** and a perception of improved communication and quality of care.

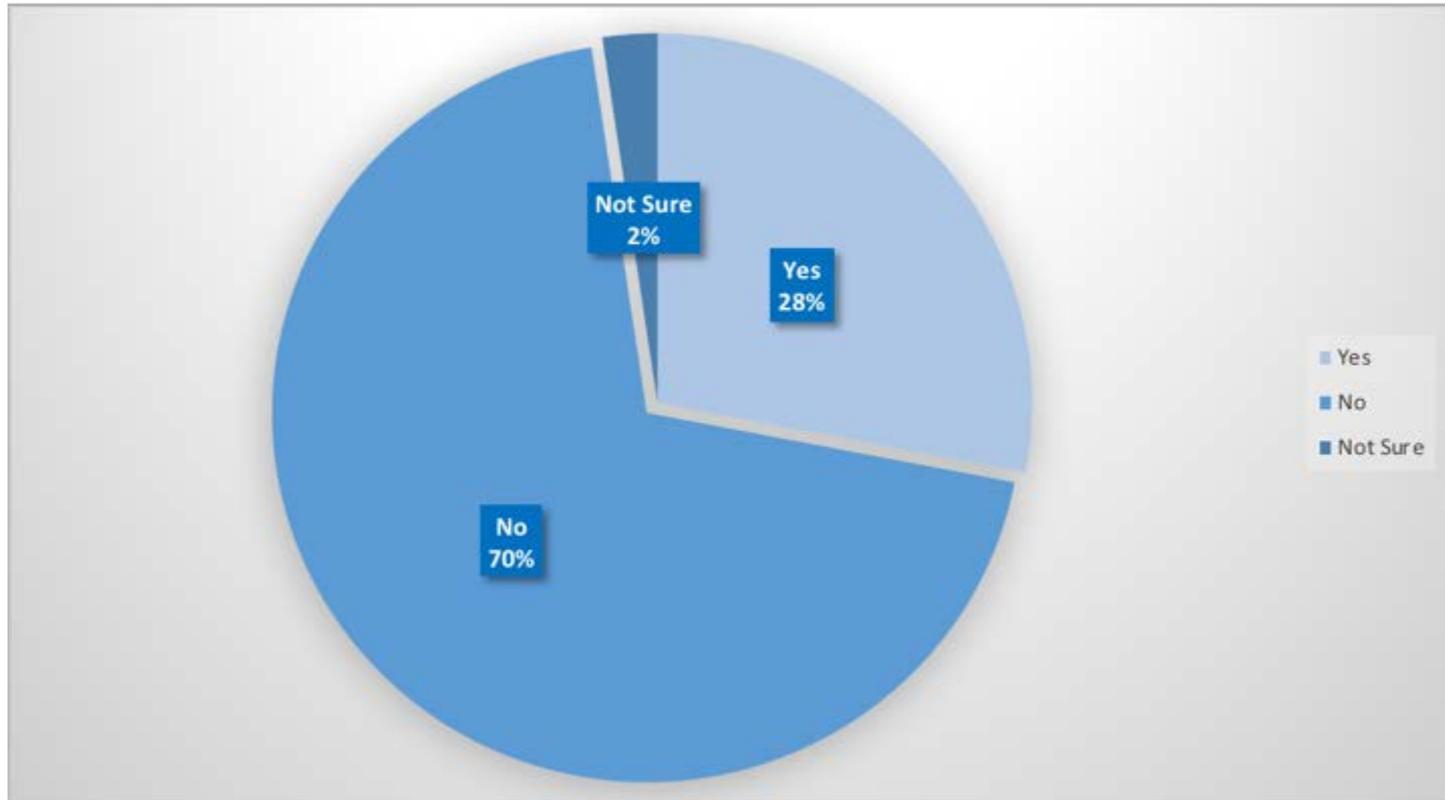
# *General Questions*

# *Continuity of care*

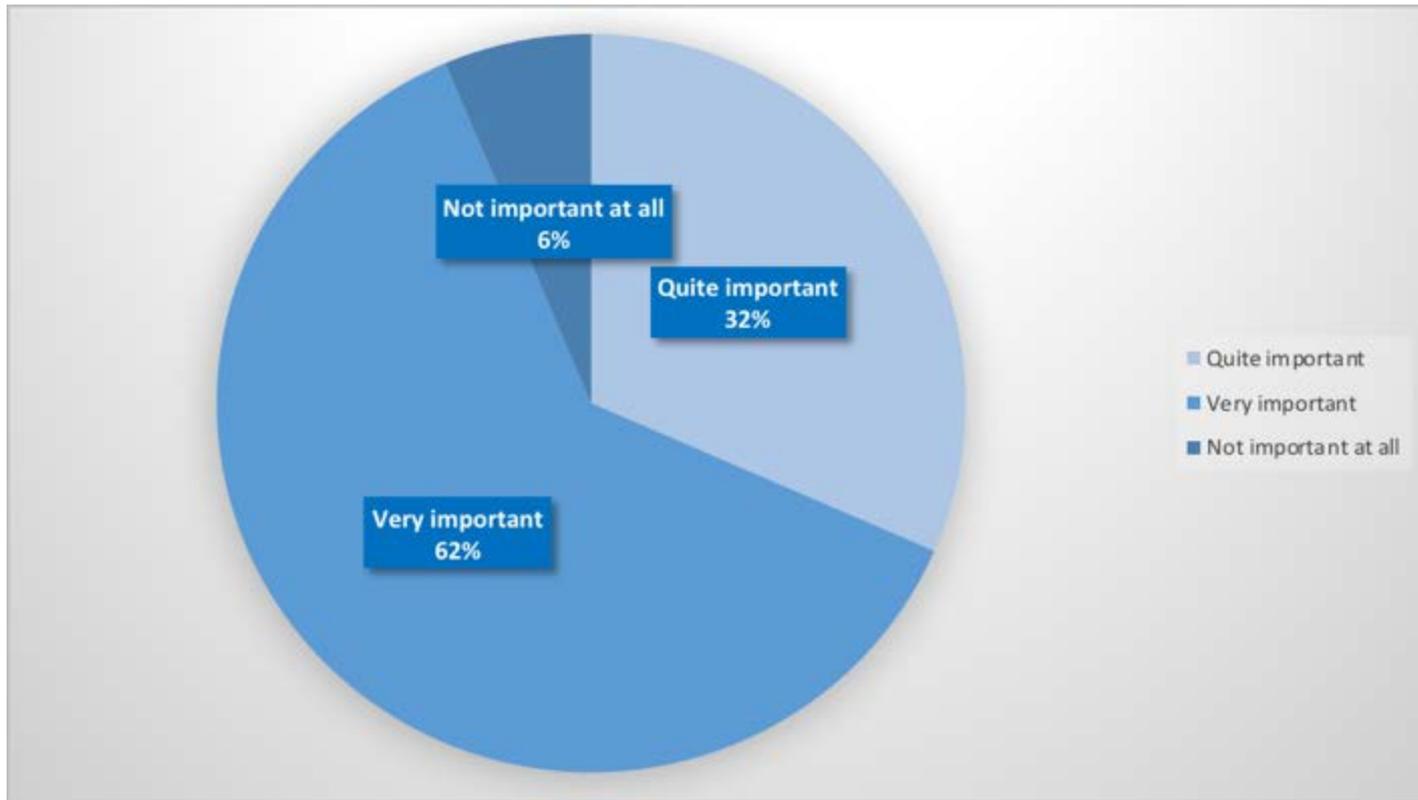
## Key questions

- Was one healthcare professional seen throughout pregnancy?
- How important is having one healthcare professional providing care all the way through a pregnancy?
- For what part of a pregnancy is having one healthcare professional most important?

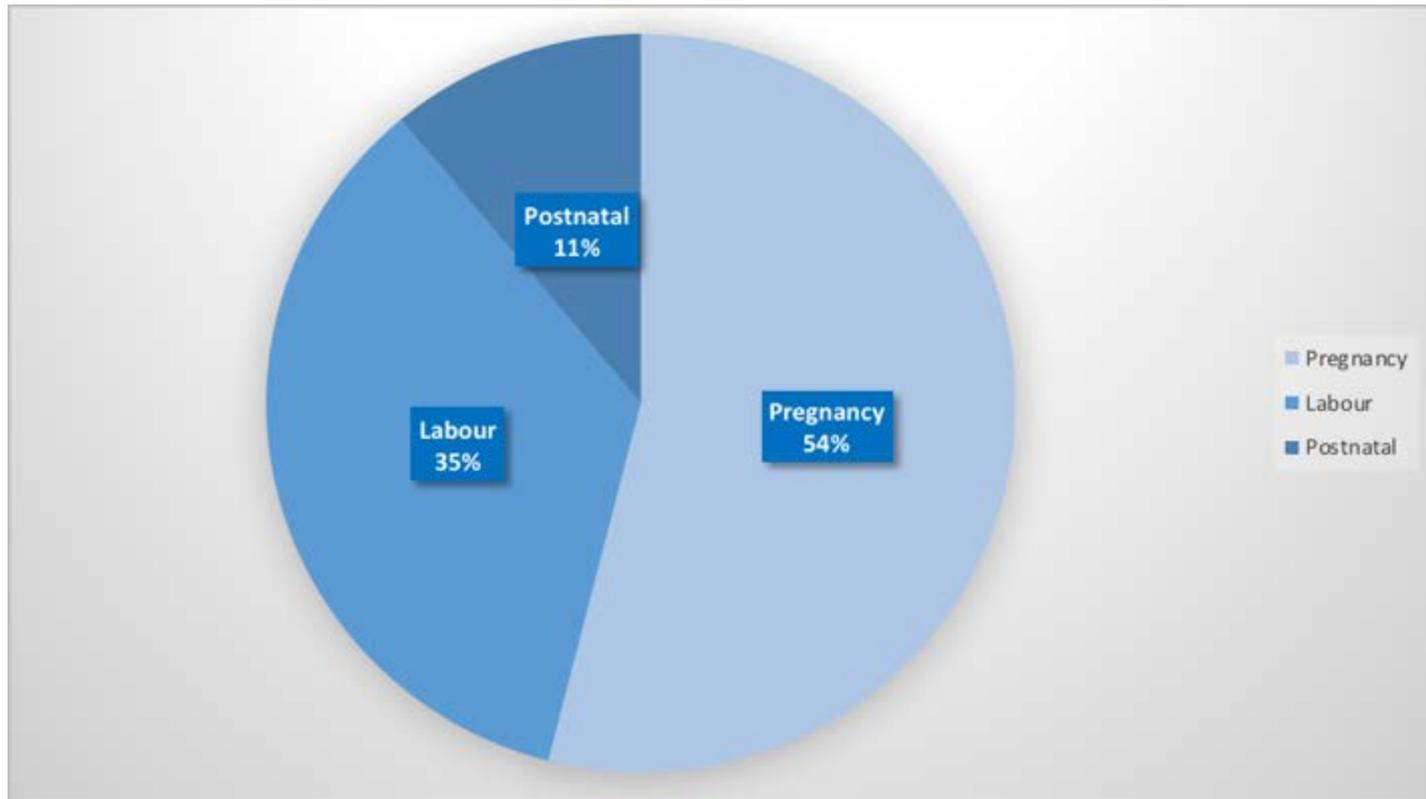
# *Q22 - Was there one HCP seen throughout pregnancy and birth*



# Q23 - How important do you think it is to have one HCP through pregnancy



# Q24 - For what part of pregnancy is having one HCP providing your care most important?



# Key findings – CONTINUITY OF CARE (Q22-24)

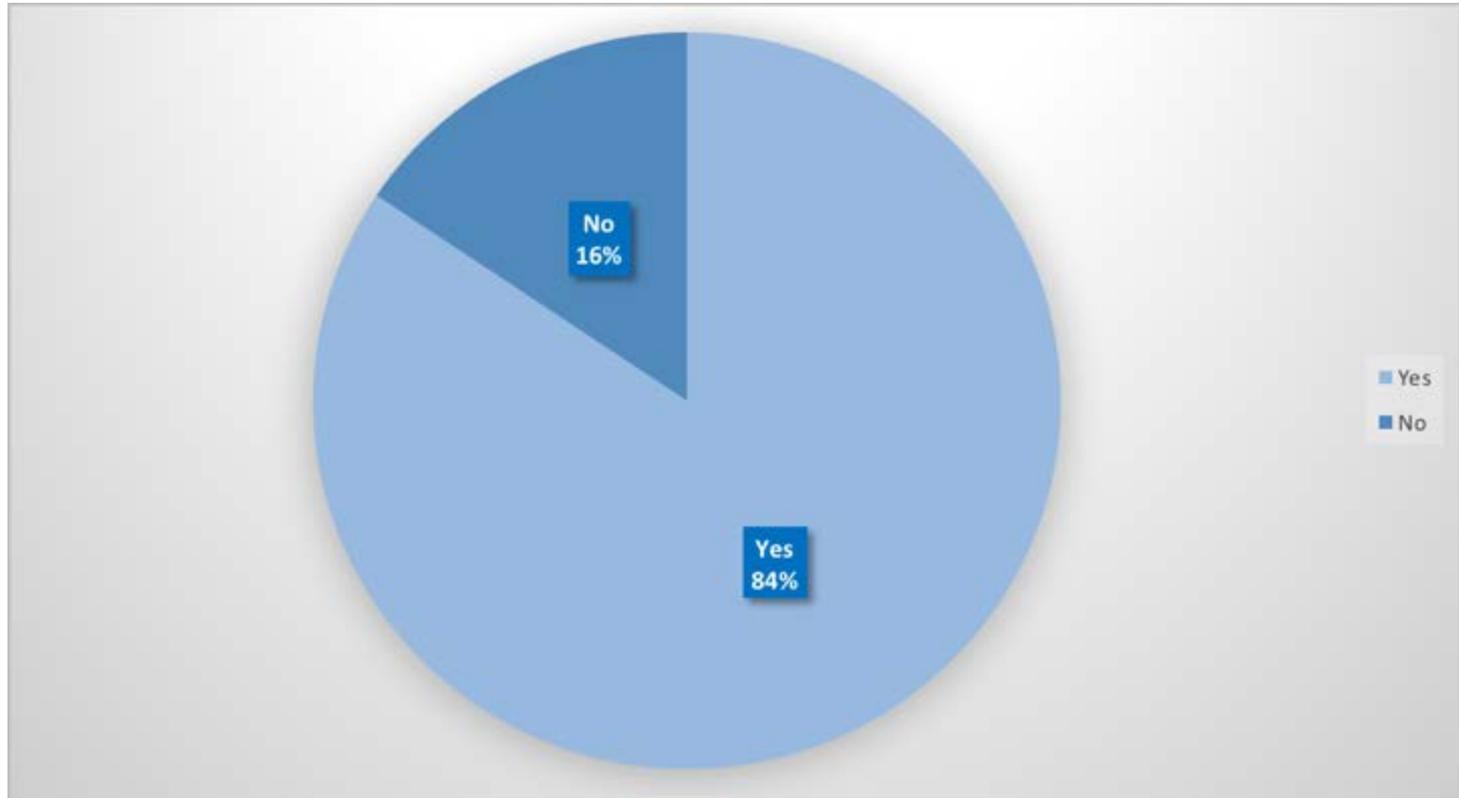
- Only **28%** of respondents said there was **one HCP seen** throughout Pregnancy and Birth – suggests few individuals experiencing continuity of care
- 94% of respondents said seeing one HCP was either **quite important (32%)** or **very important (62%)** – demonstrates the importance of continuity of care to respondents
- **Pregnancy (54%)** and **Labour (35%)** were reported as the most important times for continuity of care
- Better births recommends that care be provided by a **small team of midwives** who work closely together and share information – this was deemed acceptable during the qualitative research

# *Information provision*

## Key questions

- Did you feel informed during pregnancy?
- How might information have been provided better?
- Was information provided at the right time?
- Would electronic notes be beneficial?

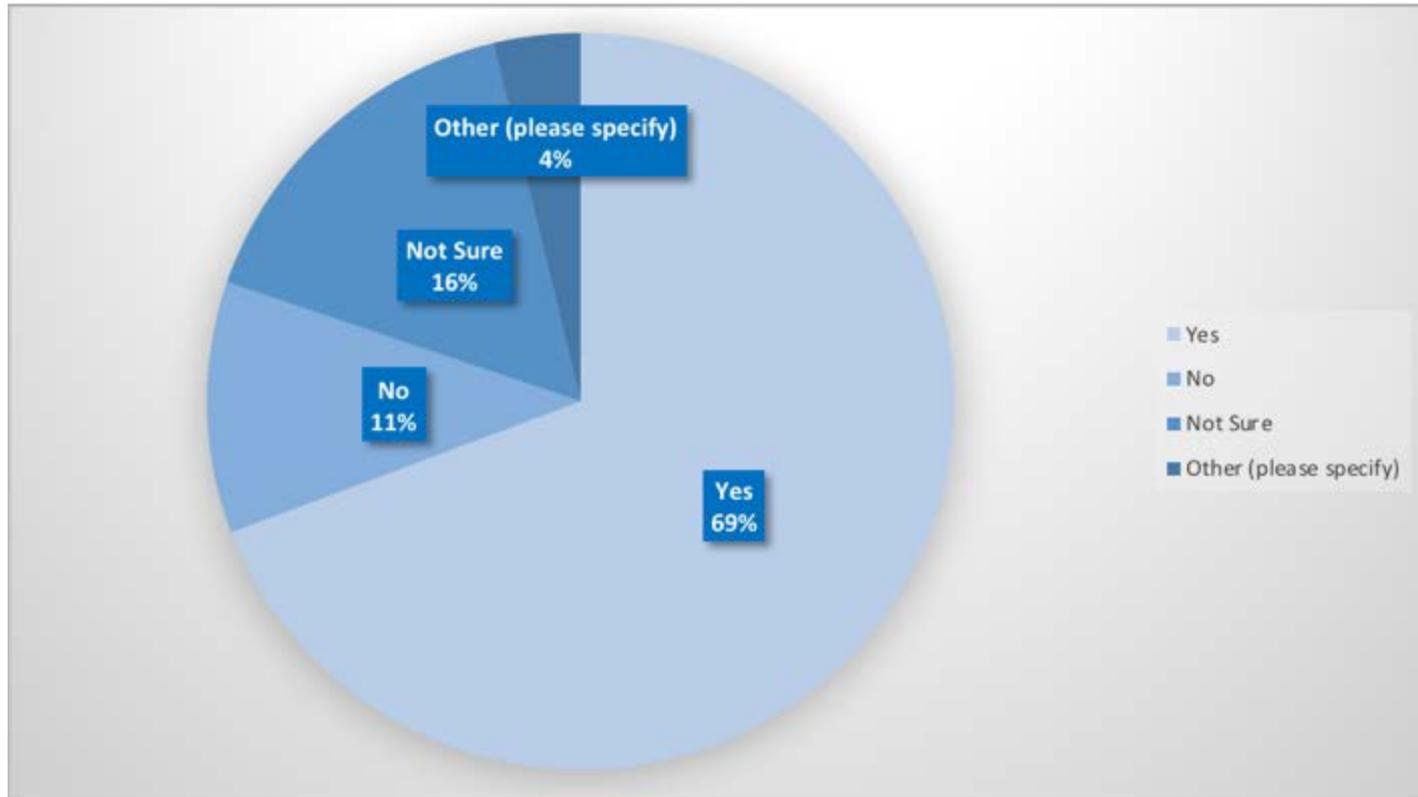
# Q25 - Did you feel informed during pregnancy?



# Q26 – If no to Q25 - How might this have been done better?

Theme	Detail	Example responses
<b>Two way Communication</b>	People felt they would be more informed during pregnancy through two way communication. This includes the ability to ask question, HCPs listening, and communication back from HCP. Also linked to this is HCPs making less assumption about what people already know.	<p><i>“they spend more time asking about your experience and feelings”</i></p> <p><i>“That they listened to me so I could've been properly informed about MY pregnancy”</i></p> <p><i>“Less assumption that I already had the knowledge”</i></p>
<b>Continuity of Care</b>	The lack of continuity of care meant some people felt less informed about their pregnancy.	<p><i>“As I saw too many different midwives several things were missed”</i></p> <p><i>“I saw multiple midwives I didn’t build a rapport to open up”</i></p>
<b>Longer appointments</b>	People felt they could have been more informed if appointments with HCPs had been longer, people stated they felt rushed and impersonal, and therefore they were unable to discuss everything they needed to	<p><i>“Appointments felt rushed and impersonal. Time should be spent before seeing the patient reading their notes to understand how they are getting on”</i></p>

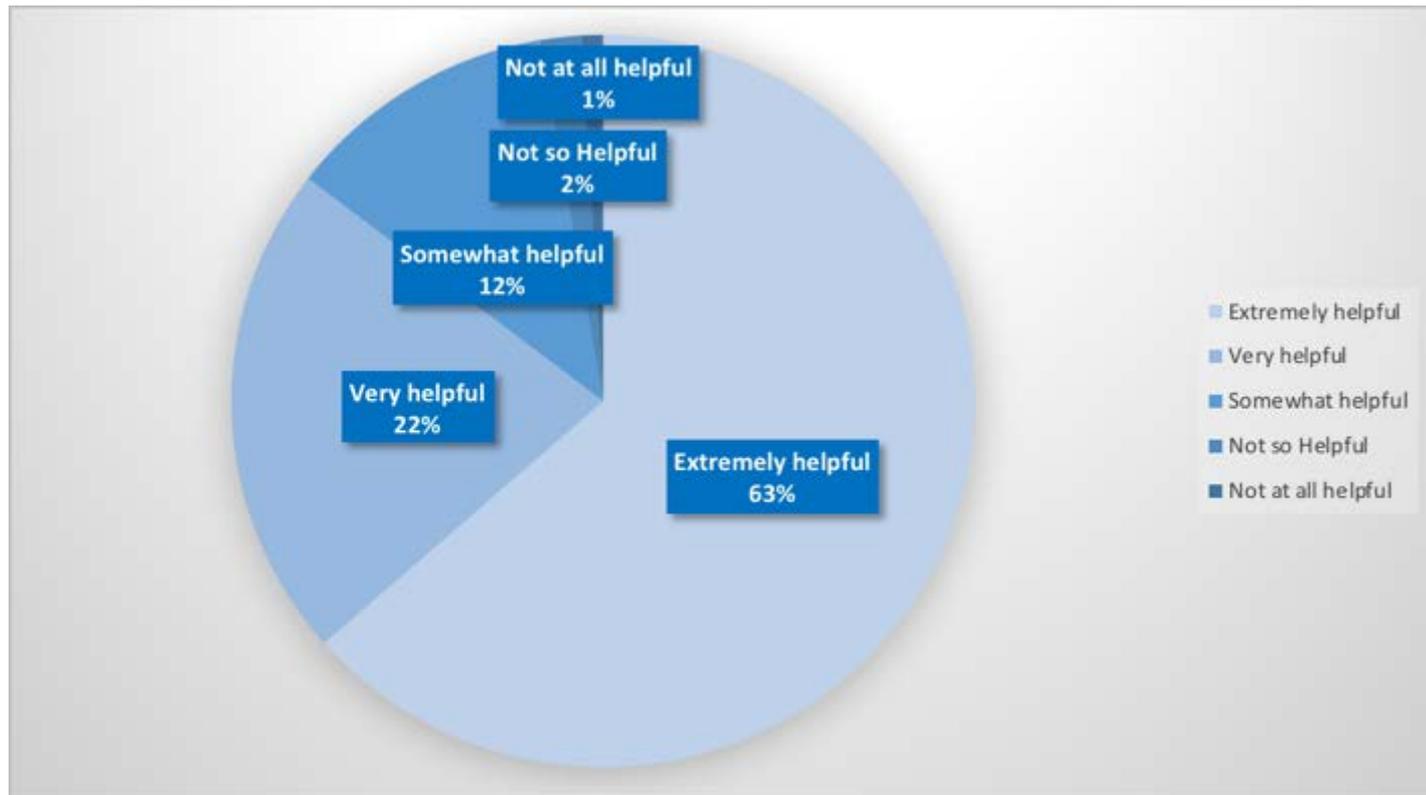
# Q27 - Did you feel information was given at the right time?



# Q28 – If no to Q27 - What information would you have liked and when?

Theme	Detail	Example responses
<b>Timely information</b>	The responses of respondents simply stated that <b>information needed to be at the right time</b> and gave an example of when that time was – A small number reported that information was either given too late or too much information was given at once, at times when it was not yet relevant. This is consistent with qualitative findings.	<i>“Pre birth during NHS antenatal classes”</i>  <i>It all came a bit late! Once I asked about neonatal classes I eventually was booked onto my first session which ended up being AFTER I gave birth.”</i>
<b>Birthing Options</b>	More informed about their <b>options regarding the birth – earlier in the pregnancy</b> . This effectively limited their ability to make informed choices.	<i>“More information about my birthing options earlier in the pregnancy”</i>  <i>“Information about considering a birth plan and the options at an earlier stage”</i>
<b>What to expect</b>	Respondents wanted to know “what to expect” (e.g. during birth). Without this information respondents were limited in making informed decisions an being prepared for different eventualities.	<i>“More information on the birth and what could happen. More info about what to do with a new born / what to expect”</i>

# Q29 - How helpful would holding people's notes electronically be?



## *Key findings – One Health Care Professional (Q25-29)*

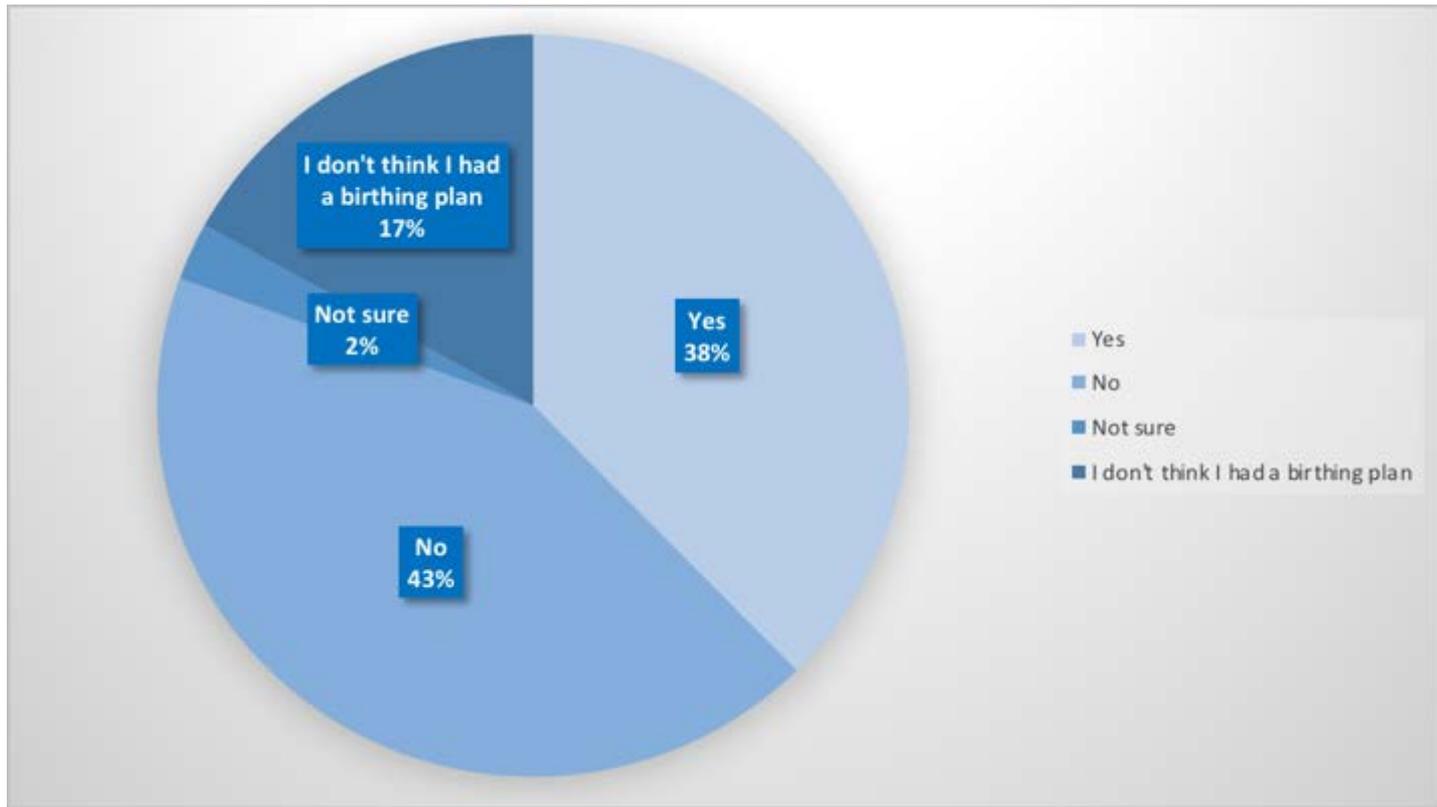
- The vast majority (**84%**) of respondents said they felt **informed**
- **69%** of respondents felt information was **given at the right time**
- A lack of timely and relevant information **limits decision making** regarding the choices respondents must make
- **85%** of respondents felt electronic records would either be **extremely helpful (63%)** or **very helpful (22%)**

# *Birth plan*

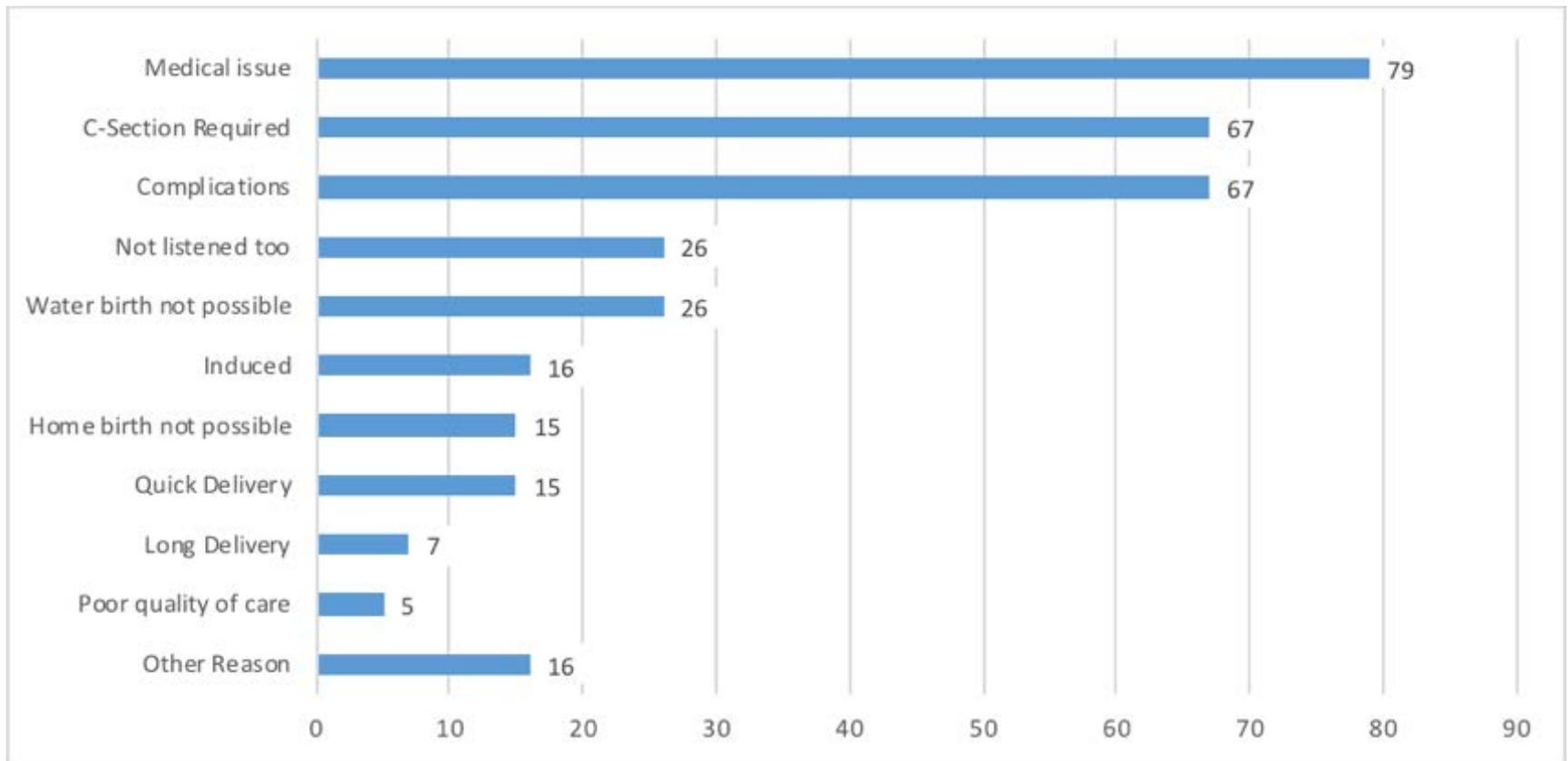
## Key questions

- Did care go according to the birthing plan?
- Did you and your family receive support to cope with this?
- What support would you have liked?
- How did this experience affect you and your family?

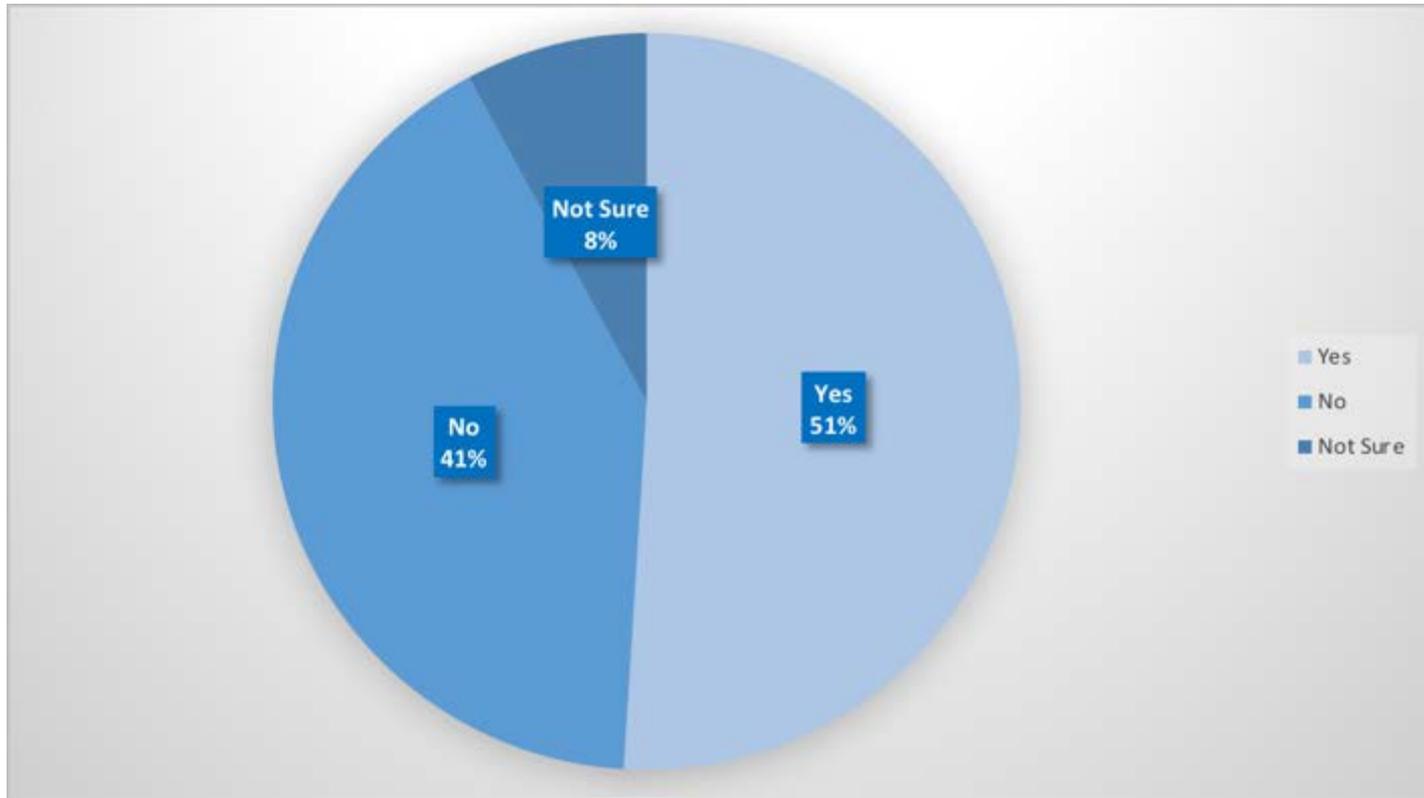
# Q30 – Did pregnancy care go according to the birthing plan?



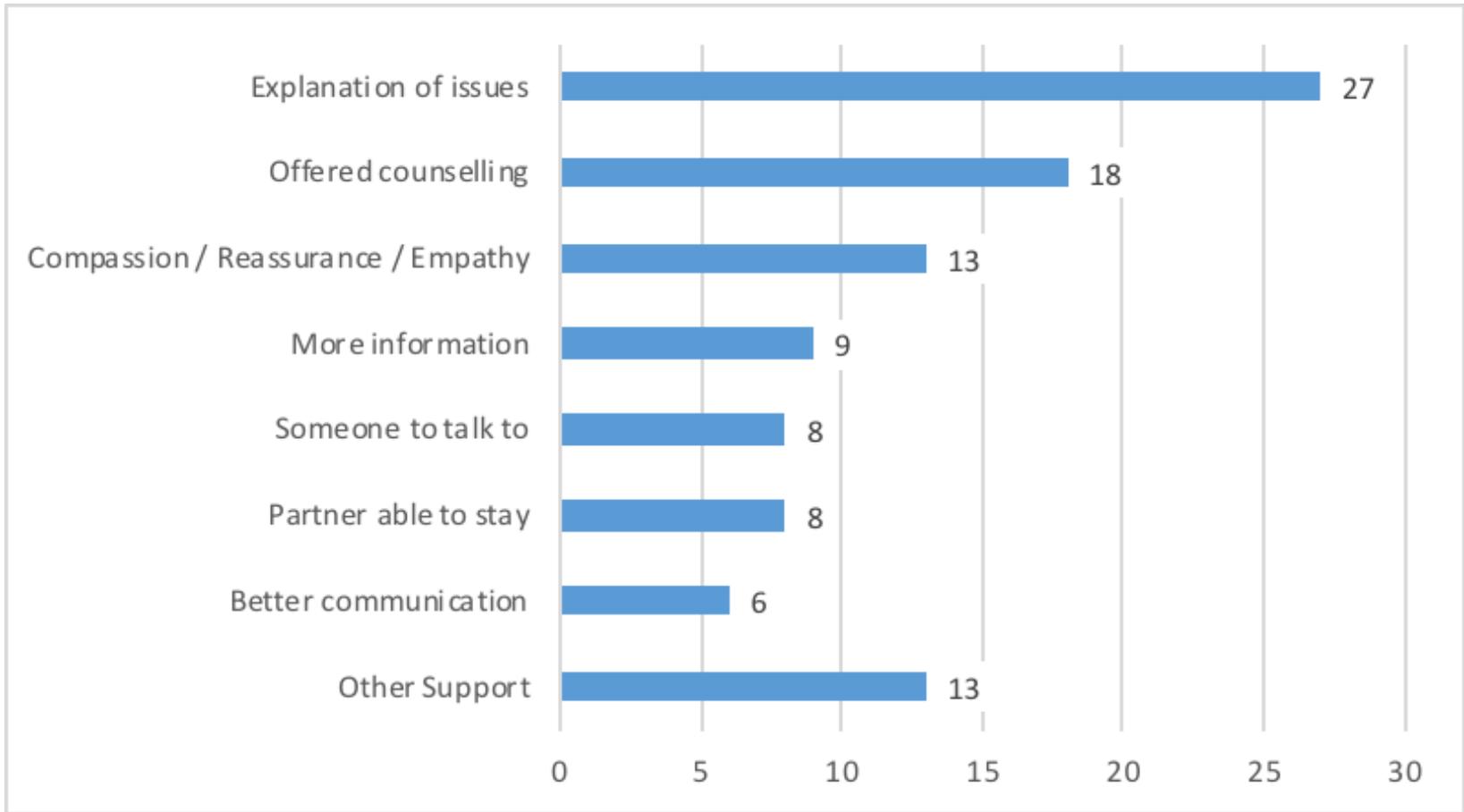
# Q31 – If no to Q30 - If the pregnancy didn't go as planned, why was this? Key themes



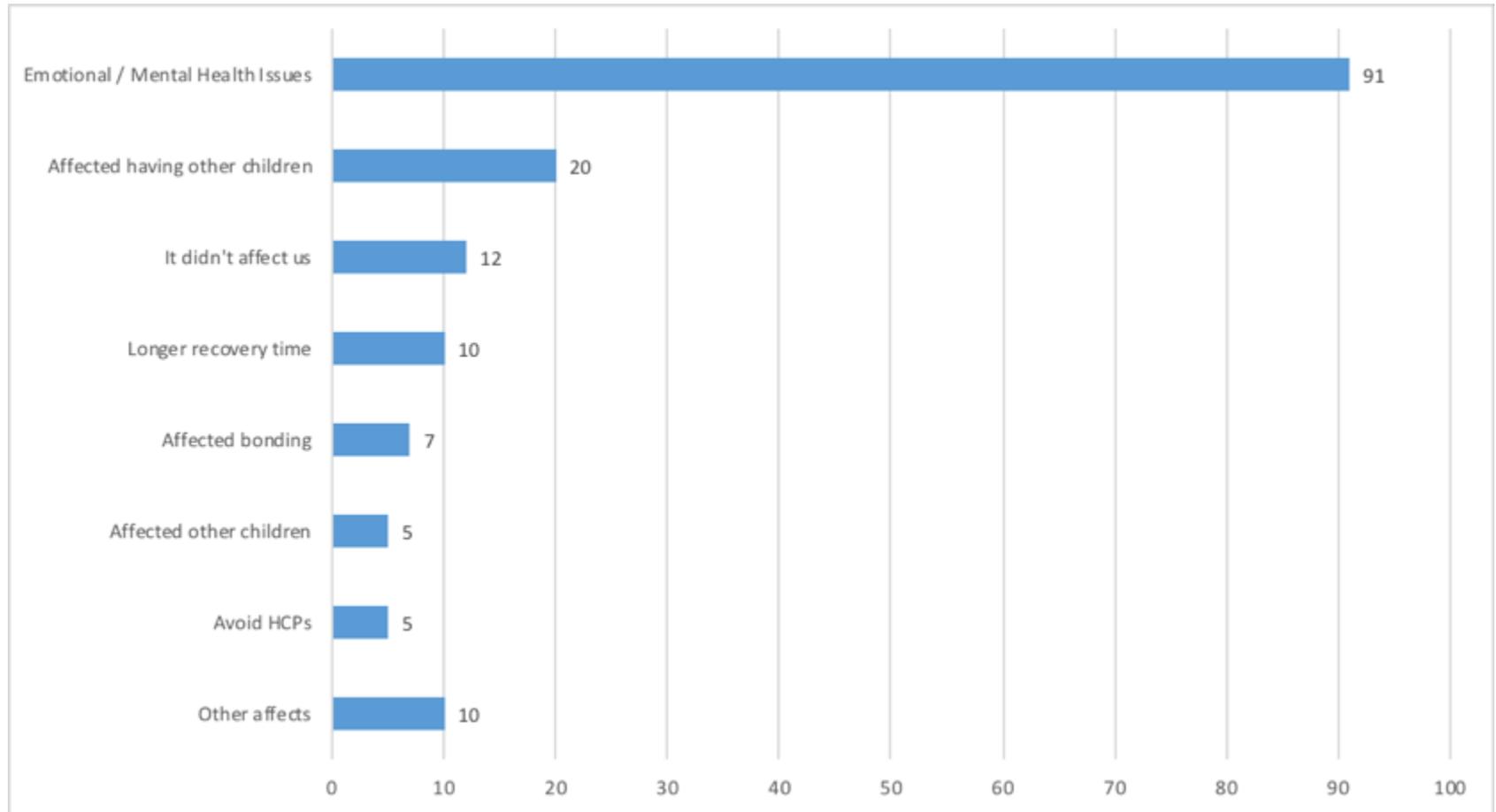
# *Q32 – If no to Q30 - Did you and your family receive support to cope with this?*



# Q33 – If no to Q32 - what support would you have liked?



# Q34 – If no to Q32 - How did this experience affect you and your family?



# Q34 – If no to Q32 - How did this experience affect you and your family?

Theme	Detail	Example responses
Emotional / Mental Health Issues	Many respondents said their experience had an adverse affect on their emotional or mental health. Issues included PTSD, PND, stress, and anxiety for them or their family	<p><i>“PTSD has made me struggle to care for my children, lose my job and threatens my marriage.”</i></p> <p><i>“Ended in myself having PND and will always haunt me and my relationship with my Son”</i></p> <p><i>“I ended up with PTSD and PND”</i></p> <p><i>“My husband went on to have a nervous breakdown, triggered in part by the trauma of the birth”</i></p>

## *Key findings – Birth Plan (Q30-34)*

- Only 34% of births followed the birth plan, with 17% not sure if they had a plan
- The main reasons for births not going to plan were medical issues 79, complications 67 and C-Sections being required 67.
- 91 people said they or their family had emotional or mental health issues as a result of their experience

*thank you*

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