Experiences of Maternity Services in Camden

Executive Summary

It is no doubt that women's experiences during their pregnancy, giving birth, and after giving birth stay with them for a lifetime and can shape their (and their partners) views on healthcare services. NHS England stated in their National Maternity Review that their vision for England's maternity services

> "Is for them to become safer, more personalized, kinder, professional and more family-friendly; where every woman has access to information to enable her to make decisions about her care."[1]

Studies have also shown that factors for positive pregnancy and birth experiences include continuity of care, communication, respectful care and a good relationship with healthcare staff. Women who have a positive experience feel empowered as mothers and emotionally strong during the transition to motherhood, whereas those with negative experiences are at a higher risk of adverse mental and physical health outcomes.

The Better Births strategy recommended that women should be offered a personalised care plan. The plan will give women the chance to record more about their choices and what is important to them. It will cover the time while women are pregnant, during the birth of their baby and for a short time after. Healthwatch Camden wanted to gather insight from local women and their experiences of using maternity services in Camden and giving birth at University College London Hospitals NHS Foundation Trust and Royal Free NHS Foundation Trust. We wanted to use this research as an addition to the Better Births strategy, and to identify gaps and put forward recommendations to support the well-being of women giving birth in Camden.

Healthwatch Camden held interviews with nine women who gave birth since 2020. This report explores the experiences of these women during their pregnancies, labour and giving birth, and after giving birth. We also interviewed four midwives from Camden's maternity wards, to explore their experience on the wards and paint an overall picture of life in a maternity ward.

Recommendations

We understand that the NHS works tirelessly to provide maternity care services, however feedback from the women we interviewed shows that there is still room for improvement. The following recommendations mirror those put forward by the North Central London Integrated Care System and other national initiatives, which focus on improving communication, equality and inclusion, and personalisation of care. These recommendations are from our interviewees directly, and we propose the following based on their experiences.

Continuity of care

- We echo the recommendation from the NHS CORE20PLUS5 initiative, where 75% of patients by 2024 should have one point of contact, such as one midwife, throughout the care cycle.

Appointments

- There should be a choice given to patients for face-to-face or virtual appointments to prevent access barriers such as childcare, transport, or language.
- Maternity wards, where possible, should communicate in advance to patients of changes in appointments and notice of who will be picking up appointments.

Birth plans

- Every woman should be given a birth plan during her pregnancy, and plans must be completed before average premature dates (32-34 weeks pregnant) to ensure that mothers have birth plans even when the births are premature.
- Staff should take time to explain what a birth plan is and their options, as some women are not aware of it and therefore denied their own informed choices.

Communication

- Staff within the hospital should work towards better communication between themselves on the decisions that are being made and their roles and responsibilities to avoid confusion and delays in patient care. This should also include managing expectations with expectant mothers around birth plans; birth can be uncertain which can make it difficult to follow a stringent plan, but this needs to be managed well and effectively communicated.
- Maternity care staff should work towards better communication with patients as many feel as though there is a gap in communication, e.g., the decisions being made for their care.
- Improved training is needed that focuses on addressing a patient's medical concerns. A system should be implemented that deals with complaints to ensure both peace of mind to patients and that nothing of concern is missed until later stages.

Race/ ethnicity

- Robust and mandatory training should be given on anti-racism and cultural safety for all staff. This should be run at least annually and develop clear standards on what constitutes racism and discrimination in the workplace and service provision.
- Pain narratives and expectations surrounding women, particularly BAME women, must be addressed as it can cause negative care experiences.
- In line with the national report by Birth Rights, we recommend the following:
    - Review the Maternity Incentive Scheme (CNST) to routinely capture ethnicity data at booking and address ethnic inequalities in maternity outcomes as core safety actions.
    - Revise the Birthrate Plus tool to include ethnic and social need data in calculations for staffing need e.g., to allow for potential extra time due to language barriers and cultural and social needs and put Black and Brown women and birthing people in control of their care and respect their dignity, choices and concerns.

Staff wellbeing

- Although peer support is important for staff morale, and safeguarding leads within staff proves useful, formal staff support should be outsourced to alleviate the need for midwives to have to organise their own care when their time is limited.