
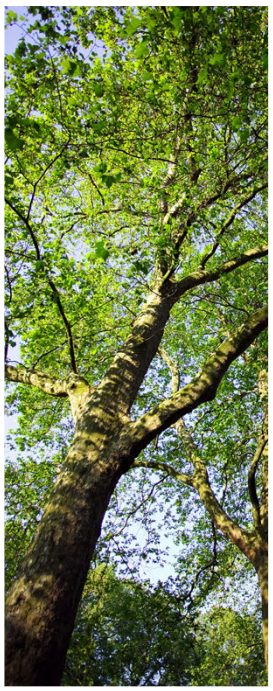


NHS Wirral Maternity Matters Findings Report 2010

Qualitative Findings Report

March 2010

NHS Wirral

Mott MacDonald

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Content

Executive Summary

In January 2009 NHS Wirral introduced improvements to its midwifery services in line with the Department of Health's Maternity Matters initiative.
At the heart of this initiative is the priority to provide a choice of safe, high quality maternity care for all women and their partners. As part of this process women will be offered four choice guarantees in terms of: choice of accessing maternity services, choice of type of antenatal care, choice of place of birth and choice of place of postnatal care.
Mott MacDonald was commissioned by NHS Wirral to carry out qualitative research with mothers who had used NHS Wirral maternity services and had given birth since July 2009.
The main purpose of the consultation exercise was to engage with the service users, gauge satisfaction with the service, explore their experience of the service and identify whether improvements made to the service had been effective.

Antenatal choice

When participants discovered that they were pregnant none knew that they had a choice over who to see and for most, the GP was the first contact with a healthcare professional. For many going to the GP was seen as 'best' way of doing things as some felt that going to a midwife or a consultant would be *"jumping ahead of yourself"*

However, there was definitely some interest in the idea of going either straight to midwife or maternity services for a second or third child. They felt this might be a way of getting the ball rolling more quickly and getting the first scan and "booking in" in place by cutting out this earlier step.

Across the groups there was little sense of being offered options except about where to have the baby. All opted to go to the Arrowe Park hospital because of the location and the good reputation of the hospital.

No participants could recall forming a detailed care plan with their midwife, generally participants knew themselves what they did and did not want to happen during their labour. These ideas were produced from their own informed choices, without any formal input into a care plan for healthcare professionals.

Some were happy with this as in their mind *"what happens…happens"* and they prefer to *"go with the flow"* in pregnancy. It was even suggested that having a plan of exact events that should happen may make mothers panicky if it did not happen that way.

Partner Inclusion

All participants wanted their partners, where present, to be involved in antenatal care. It was felt to be important for partners to be invited by name like the mums are so they feel they have an important role in antenatal care. It was suggested that partner preparation for labour would be beneficial;
"It can be a horrific experience to watch, they are totally unprepared, my husband passed out!"

It was agreed that partners were included in some aspects of antenatal care; although they did not feel that the classes available were what their partners were interested in. They would have preferred more practical classes about bathing and feeding a baby that their partners would have been more actively involved in than the labour classes.

Breastfeeding

During ante natal care breastfeeding was pushed strongly onto participants by midwives. One participant was disappointed and that breastfeeding is overly portrayed as a positive experience for the mother and the baby and that it did not properly prepare mothers for the reality of breast feeding and felt that midwives should prepare mothers properly;
"You're totally not prepared for the reality of breastfeeding its like supply and demand; it's such a drain on your body"

There was little advice given on bottle-feeding, some practical advice would be welcomed to help get babies into a manageable routine rather than the *"patronising"* leaflet about bottle-feeding that some received.

Continuation of care

A large proportion of participants saw 2 or 3 midwives throughout their pregnancy and were happy with this number; a smaller proportion saw more midwives in one case up to 8. Generally it was felt that seeing around 5 or 6 different midwives would be unacceptable.

The few participants who stated to see a higher number of midwives during pregnancy felt this negatively affected their care. They found it hard to build a relationship with midwives as they were always different and each time they went to an appointment it was like *"starting again"* going over their history and background.

Communication

Communications with midwives were mostly verbal with one to one chats, and also with booklets/leaflets. There were concerns over the high use of leaflets alongside the perceived levels of illiteracy in areas of Wirral and whether they are an effective form of communication. Even participants who were confident readers felt that they would keep them but *"never read them"*.

A number of participants stated that they preferred DVD format, as they were given breastfeeding DVDs by their midwife which they found to be very helpful. It was felt that seeing real people doing something was much more informative and helpful than a leaflet.

Birth Experience

The standard of care at the birth was generally thought of as less good than the pre and post natal care. It was agreed that it was often the *"luck of the draw"* in terms of the midwife and the experience you get.

Negative aspects discussed regarding care during birth were:

- Discontinuation of midwives from antenatal care and midwives at birth
- Staff being inattentive to mothers
- Patients having to be proactive to receive high standard care
- Presence of students were sometimes not wanted
- Differing methods of giving breastfeeding support

Postnatal choice

Participants did not feel they had a choice over who looked after them post-natally and all had community midwives come see them at home then passed on to health visitors. They preferred this option for first time mums as it was easier than having to *"organise going out"* although they would prefer more specified visiting times.

There was also little choice over where to receive care; some were offered choice while others were not. Most second time mums agreed that they would be happy to have the choice over whether to visit local health centres to see health visitors instead as gets them out with the younger child rather than having to sit around and wait.

Breastfeeding

Around half of participants' stated that they breastfed their baby. They felt that they breastfed because of their self preference or peer support rather than because of their midwives' influence. There was some suggestion that when mothers actually start breastfeeding the advice and support disappears with participants feeling that midwives view it as if the baby looks like they are feeding then it is assumed that all is fine.

Participants agreed that support on other feeding methods should be made available such as bottle feeding or mixing breast and bottle.

Previous pregnancies

Most participants with more than one baby felt that the maternity experience they had in Wirral had improved for their most recent child.

The following factors were given as reasons for this improvement:

- Attentiveness
- Continuity of staff
- Quality of staff
- Poor previous experience

Overall Perception

Overall participants rated their care favourably because that they *"can't fault it really"*. Their children were all delivered safely and that is what ultimately they base the service on. This outcome indicates the low baseline expectation that participants have for maternity care.

Although choice was not widely promoted amongst these participants, they were still very positive about the care received. An important message to take is that most participants are happy to let health professionals decide who is best to deliver care rather than themselves.

1. Introduction

1.1 Introduction

In January 2009 NHS Wirral introduced improvements to its midwifery services in line with the Department of Health's Maternity Matters initiative.

At the heart of this initiative is the priority to provide a choice of safe, high quality maternity care for all women and their partners. As part of this process women will be offered four choice guarantees in terms of: choice of accessing maternity services, choice of type of antenatal care, choice of place of birth and choice of place of postnatal care.

Mott MacDonald was commissioned by NHS Wirral to carry out qualitative research with mothers who had used NHS Wirral maternity services and had given birth since July 2009.

The main purpose of the consultation exercise was to engage with the service users, gauge satisfaction with the service, explore their experience of the service and identify whether improvements made to the service had been effective.

1.2 Methodology

Three focus groups were carried out in Bidston, Seacombe and Rock Ferry areas of Wirral.

A previous quantitative survey, on the same subject matter, was sent out to 1200 mothers who had given birth in Wirral between July and August 2009. Of these 1200 mothers 252 responded giving a response rate of 21%.

The survey asked if participants would be interested in taking part in a subsequent focus group, 116 stated that they would. Half of the focus group participants, 15 mothers, were recruited from this list of 116 mothers, of which 11 turned up.

The remaining focus group participants were recruited by the local children's centres in each area, which were also the venues for each focus group.

Each participant was paid a £20 thank you for their time and expense to attend the meeting.

The Seacombe group was held of the 11th March 2010 and the Bidston and Rock Ferry groups were held on the 12th March 2010.

1.3 Topic Guide

The topic guide (available in appendix A) was designed by Mott MacDonald staff in conjunction with staff from NHS Wirral. The guides were designed to discuss all aspects of required topics and ensure thorough information was collected for analysis. The focus groups used a skilled facilitator to steer the conversation without introducing bias and make sure that everybody 'had their say'.

1.4 Analysis of data

Each of the focus groups was moderated by Mott MacDonald and audio recorded in order to preserve a verbatim record of responses that could be collated during data analysis. All recordings were treated as confidential including names and addresses of participants. Throughout this report no comments are attributed to individual participants.

The analysis procedure involved thorough scanning of the recordings, drawing out the thoughts, experiences and reasoning of the participants to understand the key themes and arguments of each discussion.

2. Research Findings

2.1 Group Compositions

	Bidston	Seacombe	Rock Ferry
1 child (4 – 10 months)	1	0	6
2 children (2 – 6 years)	6	5	1
TOTAL	7	5	7

2.2 Antenatal care

2.2.1 Initial contact

When participants discovered that they were pregnant none knew that they had a choice over who to see and for most the GP was the initial contact with a healthcare professional. Although for many in this matter choice made little difference as they felt that they would still go to their GP. They felt that this was the best way of doing things and the way that they felt most comfortable.

"It's the right way to get the ball rolling"
"I wouldn't want to do it any other way"
"It's what you do"

For some, who knew their GP well, wanted to start their pregnancy by informing them and felt they trusted them to start their pregnancy treatment more than others.

"I trust he will do it right"
"I go to the same GP and wanted to tell him"

Some felt that going to a midwife or a consultant would be *"jumping ahead of yourself"* and that seeing a GP at the GP surgery was the right starting point for your pregnancy.

However, there was definitely some interest in the idea of going either straight to midwife or maternity ward for a second or third child. They felt this might be a way of getting the ball rolling

more quickly and getting the first scan in place by cutting out the earlier step. Especially as on the second pregnancy mothers report to feeling more comfortable with the process and know what to expect.

Face to face contact with the heath professional was preferred as other methods were felt to be impersonal and unreliable.

"An email might go unread or get deleted; at least if I'm there I can see him fill out forms"

One suggestion, for the general assumption that the GP is the only route of contact, was that on pregnancy tests it says if you are pregnant contact your GP which many agreed to reading and following in their experience.

2.2.2 Underlying health issues

In terms of underlying health issues, one participant stated that they highlighted that they had ADHD and whether they should keep on taking her medication, she was advised not to in case of any side effects.

Another participant highlighted that they were a carrier of 'strep b' to their midwife; they felt that the midwives were really attentive and made sure that the condition was emphasized in their notes so everyone who treated her subsequently was aware of it.

"I was happy about that."

This participant felt that strep b has low awareness and more mothers should be tested for it.

Another example of this was a participant with asthma, she felt that full explanations about how this may affect her pregnancy were given and all concerns were resolved.

2.2.3 Ongoing care

2.2.3.1 Choice over where

Across the groups there was little sense of being offered options beyond where to have the baby. Some participants of the groups were offered a choice between getting their ante natal care at Arrowe Park hospital, Chester hospital or the Liverpool Women's hospital. All opted to go to the Arrowe Park hospital because of the location and the good reputation of the hospital.

Participants were offered other choices for where to give birth e.g. midwife at home, however this was not pushed by midwives with participants stating that midwives often seemed relieved when they opted for hospital births. In fact hospital births were recommended more than any other options;

> *"They did not recommend them for a first birth said not for your first baby"*

2.2.3.2 Choice over who

In terms of who would be caring for them, participants stated that they were *"told rather than asked"* and not given the full options to make an informed decision.

> *"I'm going to be doing your care, are you ok with that?"*

All participants had midwives under their GP or hospital caring for them during pregnancy and were happy with this situation even though they were not given a formal choice over the matter. It was the reasoning that they would receive the same care whoever delivered it and they were happy to leave that type of decision making in regards to who is best to deliver treatment to the professionals;

> *"They're still gonna do the same stuff to you wherever you go"*

One participant was assigned to midwife attached at a children's centre but did not choose this, they went to their GP for care but were turned away. They received no notification or choice over this and would have preferred to choose their GP as a venue due

to their perception that they would be *"better looked after under GP"*.

In contrast some mothers with other young children expressed preference for Children's Centres as the facilities make it easier to manage other children than at the GP surgery.

2.2.3.3 Choice over how

Regarding choice over the type of birth two participants were offered home births. However both declined instantly when the issue was raised and the midwife did not elaborate the pros and cons. Some would consider a home birth now because they have since learnt that all the equipment comes to the home e.g. pain relief and that it is cleaned up afterwards

Three had enquired about water births and were told it depends on availability on the day.

2.2.4 Care Plan

No participants could recall forming a detailed care plan with their midwife, as a result they did not feel that they had a final say in anything regarding their pregnancy.

> *"I didn't have a choice I just went with the flow"*

Those participants who read their 'Yellow notes' viewed this as a type of care plan, but it was not seen as a formalised care plan.

There was evident confusion between care plans and birth plans. A small number of participants did form their own birth plans downloaded from the internet but stated that their midwife was not interested in seeing it or discussing it.

No one was offered information about a Nuchal Translucency (NT) scan, but two participants did receive them privately as a result of their own proactiveness and research on the less invasive option to amniocentesis. Others were very interested and wished they had been given the choice to learn more about

this and would like to be given some information, even though the service is not NHS available.

All participants stated that they had discussed pain relief with their midwives so had an idea of what they wanted but hadn't made any formal decision in advance.

Generally participants knew themselves what they did or did not want to happen during their pregnancy from their own informed choices, without any formal input into a care plan for healthcare professionals.

Some were happy with not having a formal care plan, as in their mind *"what happens…happens"* and they prefer to *"go with the flow"* in pregnancy. It was even suggested that having a plan of exact events that should happen may make mothers panic if it did not happen that way.

2.2.5 Partner Inclusion

On the topic of partner inclusion, all participants wanted their partners, where present, to be involved.

Some agreed that partners were included in some aspects of antenatal care; examples given were labour in motion classes and parent craft classes where the sessions were not aimed at partners but are welcome to attend.

However, participant did not feel that the classes available were what their partners were interested in. They reported that their partners may have preferred more practical classes about bathing and feeding a baby that they could have been more actively involved in.

As the maternity service was felt to be very mother led participants felt that it was important for partners to be invited by name like the mums are so they feel included and have the opportunity to take part. Some felt that through their experience their partner would have benefited from preparation for labour;

"It can be a horrific experience to watch, they are totally unprepared, my husband passed out!"

It was felt by many participants that involving partners may make them more sympathetic to what mothers are going through in terms of exhaustion and mood swings. By engaging partners during the pregnancy phase it will prepare them for parenthood;

"They don't think it is real until it arrives!"

Many felt that the partner has to be proactive to be included fully otherwise they can be left out on the periphery. One participant stated that they were actually discouraged to bring a partner to a class;

"My midwife told me not to take my partner as it helps the mums to gel better"

It was noted that access for partners can be difficult as appointments all seem to be in the working day and it is not always easy to get out of work or other commitments, it was suggested that the service considered offering weekend and evening scans to help include the partners in to pregnancy process more effectively.

2.2.6 Advice

Participants were *"briefly"* given advice on healthy diet and lifestyles during pregnancy but it was not detailed information. A few participants found they looked on the internet to find this out and did not see this as a problem;

"You have some personal responsibility to look for information too"

Some participants recalled being given healthy eating grants of around £100 when they were 25 weeks pregnant, although they were not advised what to spend this on.

In terms of parenting skills they were given some information in bounty packs and had parentcraft classes but no practical advice on basic things in looking after a baby such as sleep patterns and feeding patterns. They stated that the real parenting skills advice they received was from talking to friends or after the baby was born and in many cases *"learn as you go"*.

It was agreed the advice is reactive rather than proactive and they would have liked some practical advice to prepare them during pregnancy and that once the baby is born it is too late to take it all on board properly.

"You've just given birth and your in a daze, the advice isn't sinking in at the time, Id have preferred to have had some real classes beforehand"

One participant had a previous child in Altrincham and found their pregnancy classes really useful. They were very detailed including advice on how to put a seat belt on, advice on sleeping better, pelvic floor exercises and managing work loads. They found that as it was a detailed class they felt at easy asking *"silly"* questions where they may not have been comfortable with at shorter sessions.

2.2.7 Breastfeeding

During antenatal care participants felt that breastfeeding was pushed strongly onto participants by midwives. One participant was disappointed that breastfeeding is overly portrayed as a positive experience for the mother and the baby and that mothers are not properly prepared for the reality of breast feeding and felt that midwives should prepare mothers properly;

"You're totally not prepared for the reality of breastfeeding its like supply and demand; it's such a drain on your body"

There was little advice given on bottle-feeding which was seen as disappointing. When breastfeeding many remarked that *"it seemed to be never ending"* possibly thought their milk was not strong enough to sustain a baby overnight and some noted that

they later discovered that babies who are bottle fed sleep longer between feeds. This practical advice would be welcomed to help get babies into a manageable routine rather than the *"patronising"* leaflet about bottle-feeding that some received.

2.2.8 Continuation of care

A large proportion of participants saw 2 or 3 midwives throughout their pregnancy and were happy with this number; a smaller proportion saw more midwives where in one case a participant saw up to 8. Generally it was felt that seeing around 5 or 6 different midwives would be unacceptable.

Particularly in the Seacombe area, participants stated to have seen a high number of different midwives. These participants were assigned midwives to take them through pregnancy but in most cases did not meet her once. They were given reasons for this, it was due to maternity leave and sickness. In these cases other midwives in the team helped out instead of a single midwife taking over that role for the patient. Participants would rather another midwife had taken the case totally to improve continuity rather than lots of others *"dipping in"*.

"This time round [I've} probably seen same midwife twice."

Continuity in midwives was agreed to be very important in the maternity experience to allow a personable relationship to develop. They felt that if a good relationship was formed they would feel more comfortable going to their midwife with problems and that a midwife may pick up on issues they would be reluctant to discuss.

"Don't feel like a mum I feel like a number. "
"If you know her well, she could say 'you don't look yourself today anything wrong' and you might open up a bit then"

The few participants who stated to see a higher number of midwives during pregnancy felt this had negatively affected their

care. They found it hard to build a relationship with midwives as they were always different and each time they went to an appointment it was like *"starting again"* going over their history and background.

One participant, felt that by seeing a high number of midwives the service became off-putting and that she did not want to engage because of the lack of familiarity with the health care professionals.

"I just ticked along on my own and that was it really"

Another participant who had a health issue during pregnancy had to explain their problem over and over, wasting a lot of time during appointments. It was felt that this may not have been such an issue for those with normal pregnancies but where there are problems it gets very longwinded. This could highlight the need to improve continuation of care for mothers with health issues regarding their pregnancy.

"I felt I was saying the same story 25 times"

Continuity of care was also considered to be important for the partner as some participants reported that it may give all parties a chance to build a positive relationship, improving their experience.

"My husband would feel more comfortable to ask those silly questions if he wanted to"

2.2.9 Communication

Communications with midwives were mostly verbal with one to one chats, and also with booklets/leaflets. Participants were on the whole happy about this; they would be willing to speak over the telephone in some cases but were not comfortable about text or email.

All were given contact numbers for midwives and those who did contact them found it very easy, it was not as issue for most if the midwife contacted was not their specific midwife as long as the call was answered. This ease of contact was thought to be an excellent standard of care.

There were concerns over the high use of leaflets alongside the perceived levels of illiteracy in areas of Wirral and whether they are an effective form of communication.

Sometimes health visitors would go through the leaflets with participants but assumed literacy and good eyesight; it was felt to be important to clarify this with mother as people with bad eyesight/cant read may be embarrassed to admit illiteracy or poor vision.

Even participants who were confident readers felt that they would keep them but *"never read them"*. Because of this, there was a concern about the high volume of leaflets used and the amount of valuable information lost as many mothers admitted to not reading them.

"I put them all in a file but never got round to reading them!"

A number of participants stated that the DVDs were more helpful, as they were given breastfeeding DVDs by their midwife which they felt was very supportive as seeing real people doing something was much more informative and helpful than a leaflet.

Other types of communication participants mentioned were using the internet, particularly the bounty website, baby centre and talking to friends and family to find out more about any concerns they may have had.

Participants could recall discussing subjects during meetings with midwives such as smoking, breastfeeding, alcohol, financial advice and about labour. It was felt that they sometimes had to push for information but this could be seen as appositive as the

midwife is *"not rambling on"* with a lot of information that the patient may not necessarily be interested in.

Information was sometimes repeated but this was found to be acceptable as it gives the opportunity to take the information in again. However it highlights that if there is little continuity of midwives then visits are open to repetition and that communication between different midwives visiting should be more efficient.

To improve the continuation of care participants felt that they would like to see midwives at regular intervals throughout the whole pregnancy as it is a long wait after the 20 week scan until the next appointment.

While the length of time spent with midwifes was deemed ok there was a criticism of constantly late appointments and long waiting times. Although it was stated that as long as they were not rushed through their appointment then participants did not mind waiting a little bit.

"Appointments are always 45 minutes late"
"You're wary of the massive queue of people waiting outside"

There was a split in the group of the younger (teenage) mums receiving different treatment than the older (late twenties thirties mums) in the group. The teenage mums felt that the staff *"looked down"* on them while the older mums felt that most staff were *"lovely"*.

Suggestions for other types of communications:
-A local website for mums was suggested as a way to share advice and find out about local events,
-A DVD received early on in pregnancy with information about aspects of having a baby. Most felt they could watch this and then *"jot down"* questions they wanted to ask their midwife,
"If I got a DVD I would have definitely watched it"
- Make better use of the video screens in many waiting rooms for maternity appointments. It was felt these screens could be

better used to shown parenting advice or breastfeeding advice rather than a source of advertising.

2.3 Birth

The standard of care at the birth was generally thought of as less good than the pre and post natal care. It was agreed that it was often the *"luck of the draw"* in terms of the midwife and the experience you get.

In terms of positive aspects of care, some participants praised staff for their attentiveness and how they treated partners and relatives.

"My partner and mum got tea and toast!"

The negative aspects of the care received during birth are outlined below:

2.3.1 Continuity of staff

On a negative point some participants were unhappy that the midwives during labour were not the same one as the ones they had seen during pregnancy. It was felt that they should be able to at least meet their midwife before labour to form some type of relationship with them or where their regular midwives could visit them in labour.

However, others had no concerns over which midwife was there during birth as long as it all went well, if their midwife was there then so much the better but not a necessity.

"As long as they are professional and explain everything it is fine, at that point it could be George Clooney for all I care!"

2.3.2 Inattentive staff

Examples of inattentive staff were given adding to a negative birth experience had by participants. One participant was having difficulty using the gas and air pain relief but could hear midwives chatting about breaks and cups of tea instead of observing that she was in difficulty.

Another participant was induced but did not go into labour straight away was left overnight in great pain, although he said that she kept calling the nurse they did not check on her. By the morning she was 7cm dilated and had no pain relief despite calling the staff numerous times.

Another example of inattentive staff came from a participant was struggling pushing for 4 hours when a different member of staff came into the room and instantly said she was pushing wrong. The nurse helped her by coaching her and getting *"in her face"* to tell her how to push correctly. The participant felt let down by the staff who had been with her all along as they had not helped her while she had been struggling.

2.3.3 Proactive patients

Participants talked about having to insist for the treatment that they wanted. For example a participant described having a strong desire to push yet the midwife kept telling her not to without checking her. The participant kept telling the midwife that she wanted to push and when she was finally checked she had been ready.

One participant described having to push for their choice was when she had asked to give birth in midwifery unit but went straight into labour ward when they arrived at hospital. She had to push for her choice of the midwifery unit and in the end did get moved there.

2.3.4 Trainees

It was agreed that trainees often observed treatments; however a trainee sewed one participant without being asked permission. The participant was under the influence of pain relief and could hear the midwife giving the trainee instructions. She did not feel comfortable or confident in the situation and wished could have been asked first.

2.3.5 Different methods of breastfeeding support

After giving birth a participant saw five different midwives throughout one night giving different breastfeeding support which was confusing. Another participant had a similar experience and complained that no midwives actually stayed and gave support so she would fail over and over without any real coaching.

"It was horrific"

She also felt that midwives were readily offering the bottle rather than spending the time to persevere with her.

"They would just keep saying do you want a bottle or do you want to top up with a bottle, I was like NO I'm trying!"

2.3.6 Communication

Participants felt that more communication would be beneficial as different people would like different approaches to how they are treated while giving birth, some like to be left alone while others want constant reassurance and coaching. They felt that having a discussion beforehand would have helped;

"I prefer for them to be in your face and telling you what to do but they left me on my own"

2.3.7 Improved preparation

Some participants experienced fast labour and felt unprepared as they were ready for about a 12 hour labour as outlined by their midwives. It was felt that they could have been better primed for the panic of a fast labour.

2.3.8 Length of stay

Length of time spent in hospital ranged from 24 hours up to 4 nights but the most common stay was 2 nights, with some participants having second child only staying an hour or so after birth.

Some felt that they were being urged to leave the hospital and constantly asked why they were not going home. This made these participants quite uncomfortable especially as they were first time mums.

When they asked to stay in longer they found they got more breast feeding support and advice on bathing and paediatric checks the longer they stayed. They felt if they went home the first time they asked they would have missed out on this treatment highlighting the need to be proactive to receive better treatment.

Participants would rather be told you are staying but have the choice to go home if you feel up to it rather than be told you are going home and have to request to be allowed stay.

One participant needed special treatment afterwards and she was on a drip, because she had been transferred to a normal ward her discharge process took 4 hours which was seen as unacceptable.

2.4 Postnatal care

Participants did not feel they had a choice over who looked after them post-natally and all had community midwives come see them at home before they were passed on to health visitors.

They preferred this option for first time mums as it was easier then having to *"organise going out"* although they would prefer more specified visiting times.

There was also little choice given over where participants could receive postnatal care, some were offered choice while others were not.

Most second time mums agreed that they would be happy to have the choice over whether to visit midwives instead as gets them out with their older child rather than having to sit around and wait, although this choice is available it was not widely offered.

One participant felt that if they had the choice they would have *"definitely"* chose to go to the sure start centre as they had a second child to deal with so would find it much easier to go to an appointment than wait for the midwife to come to them at an unspecified time.

Participants said that during their postnatal care they received a lot of advice on healthy lifestyles and breastfeeding from their midwife in the form of leaflets which some found useful. Others highlighted the usefulness of the red book for a lot of information post-natally and that the midwives should perhaps use this resource more than leaflets.

"You can lose leaflets but your red book is always there"

One criticism of post natal care was that many midwives bring trainees or student midwives on their rounds. Some participants felt uncomfortable with them being there with their newborn baby but did not feel confident enough to voice this while the trainee was present.

"You don't feel like you can say no when they are there in your front room. "

They would rather be informed of the inclusion of trainees and be given the choice to approve beforehand, or it was suggested

by participants to have an 'opt out' function at the booking in stage where you could specify your feelings about having students present;

"If they could call before they come and let you know or ask you then would be much better"

2.4.1 Breastfeeding

Around half of participants' stated that they breastfed their baby. They felt that they breastfed because of their self preference or peer support rather than because of their midwives' influence.

Participants agreed that support on other feeding methods should be made available such as bottle feeding or mixing breast and bottle for example one participant found out from a friend formula food takes longer to digest so babies sleep longer so she began giving their baby a formula bottle before bedtime to help her sleep better. Many found this information very interesting and would have liked to have known.

There was some suggestion that when mothers actually start breastfeeding the advice and support disappears with participants feeling that midwives view it as if the baby looks like they are feeding then its assumed that all is fine and support stops.

It was conceded that maternity services need to do more reduce the stigma and guilt from not being able to breastfeed. One participant stated that their midwife was really helpful in this situation as when she could not breastfeed she got really frustrated and depressed, instead of being made to feel guilty the midwife recognised that the mothers wellbeing is just as important to the baby which was felt to be sending a good message;

"She said 'You've got to look after yourself as you're the one giving all the care."

2.5 Previous pregnancies

Most participants with more than one baby felt that the maternity experience they had in Wirral had improved for their most recent child.

The following factors were discussed as reasons for this improvement:

2.5.1 Attentiveness

- More attentive and observant staff checking on mothers, unlike the previous pregnancy where one participant was haemorrhaging and left alone in a room
  "They kept checking me all the time",
- Some stated that they were not pushed to go home early as were the previous time
- Attentive midwives at both ante and post natal care

2.5.2 Continuity of staff

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- Improved continuity of midwives during labour
  "Having the same midwife throughout labour was a plus",
- Able to build better relationships with midwife – one participant had a bad relationship with previous midwife due to her smoking habit

2.5.3 Quality of staff

- Birth experience overall was more calming
- Better listening skills
- Received more empathy
- Received more dignity
  "I had a curtain this time rather than an open door".
- Pleasant and considerate treatment
  "I was made up I got toast and tea afterwards".

2.5.4 Bad previous experience

- Feelings of isolation of being left alone after birth with little support

One participant had given birth previously 6 years ago when she was a very young teenage mother. She felt that the service she received this time around was much less supportive and had been worse than last time. There is a large gap between pregnancies and the participant was very young at the time, as a result the participants could have been viewed as a special case which may be a reason behind the differences.

2.6 Overall Perception

Overall participants rated their care favourably because they *"can't fault it really"*. Their children were all delivered safely and worryingly that is what ultimately they base the service on. This indicates a low baseline of expectation for maternity services.

> *"She is here and she is happy and healthy and that's all that matters really"*

Although choice was not widely promoted amongst these participants, they were still very positive about the care received. An important message to take is that most participants are happy to let health professionals decide who is best to deliver care rather than themselves.

Suggestions for further improvements that could be made:

- Choice in parenting classes during pregnancy, specifically more practical classes
- Choice over stay in hospital without pressure to go home after one night
- Choice over midwife at birth or at least have some contact before hand with the birthing team over how they want to be treated during labour
- Choice over feeding support, including breast and bottle
- Choice over the inclusion of trainees in treatment
- Choice over appointment times with midwives
- Facilitate building a good relationship with the midwife for both mother and partner– this enables greater understanding of the pregnancy for both parties, allows

better exchange of information and allows questions to be asked more easily

- Focus on family inclusion in birth experience
- Ensure named midwives are seen
- Young mums treated the same respect as older mums
- Explore communication routes via DVD provision and rationalise leaflet distribution to only highlight important information

Appendices

Appendix A. Topic Guide

Introductions:
Introduce self and MM an independent market research agency. We have been commissioned by NHS Wirral to do some research about the maternity services offered on the Wirral.
Ask for permission to record and highlight MRS Code of Conduct and Data Protection Act

Background:
Each participant to introduce themselves, work and family:

- How many children have you got?
- When was the most recent born? Where were they born?
- What about the others, when and where were they born?

Let's talk about your most recent baby (July/August 2009)

ANTE NATAL CARE:

Initial contact:

- When you first discovered that you were pregnant, which health professional did you inform/go to first? *Probe: GP, Midwife, Other nurse, Health visitor, Hospital consultant/specialist* Why did you choose them?
- Did you know you had a choice who to inform/go to? *Probe: did you know you could go direct to a midwife?* How did you know? Has it always been this way? When did it change?
- How did you inform them? *Probe: telephone, e-mail, face-to-face etc* - Did you know you had a choice how to inform them? How did you know? Has it always been this way? When did it change?
- Who was your first face-to-face meeting with? Why did you choose them?
- Where was your first face-to-face meeting? (GP surgery, home, Childrens' Centre (used to be Surestart), other community centre)
- Did you know you had a choice about this? How? Would knowing this have changed the choice you made? In what way?

- Did you highlight any underlying health issues with the midwife/team? *Probe: diabetes etc*
- Did you get advice on this? How/in what form? Was this what you wanted?

Ongoing care:

- Were you offered a choice about who would look after you during your pregnancy? (midwife, GP)
- What kind of choice were you offered? How were you offered the choice? By whom?
- How easy did you think it was to make a choice? What made it so? Did you feel comfortable making a choice? Why/not? Did you want a choice? Why/not?
- What help did you get in making the choice? How useful did you find this?
- Who did you choose to look after you during your pregnancy? Probe: Midwife only, GP, Team of health professionals (including midwife and specialist)? Why did you choose these?
- Was your partner offered advice and support through the pregnancy? How important is it to include partners in the process? Did your partner want to be involved? How were they included? *Probe: involved in chats, read information, just sat listening while conversations went on?* How do you think your partner would want to be kept informed?
- Did you receive detailed advice and support on the right diet, maintaining a healthy lifestyle?
- Did you receive detailed advice and support on parenting skills?
- Did you receive detailed advice and support on considering breastfeeding?

Continuation of care:

- Did you always see the same midwife/team during your antenatal care? Why/not?
- How many different people did you see? How did you feel about this? Is that an acceptable number of people to see? What would be the ideal number?

Communication – to be introduced at the relevant point in the group

- How would you describe the communication you had with your midwife/care professional?
- How was communication done? *Probe: verbally, with booklets/leaflets (how many)*
- What sort of subjects were discussed? Did you feel they were relevant? *Probe: smoking, breastfeeding, alcohol use*
- Did everyone you met tell you different information/different subjects? Did you feel information was repeated? How did this make you feel?
- Was communication generally in one-to-one chats?
- Do you think any of the information/communication you received could have been delivered in different ways? How? *Probe: DVD, e-mail, text, telephone chats*

- Were you able to contact your midwife/team when you wanted? In what ways? Were you offered choices? What choices?
- Were your choice requests matched? Why/not?
- Did you feel this impacted on the standard of care you received? Why/not? In what ways?
- What would you like to have improved in your continuation of care? What makes you say that?
- Did you feel you had enough time when you saw/spoke to the midwife/team? Why/not?

Care plan:

- During your meetings with your health professional, did you draw up a detailed plan of how you wanted your pregnancy to proceed? (This may have included where you wanted to give birth or the type of pain relief you wanted to receive)
- How involved did you feel with the production of your care plan?
- Did you feel you had the final say? Why/not?
- Did you feel that actually had choices in your care plan? What choices were you given?

Care plan choices:

- In your care plan did you plan where to have your baby? What choices were you given? *Probe: Midwife at home, Midwife at local midwifery unit, Birth at hospital, Elsewhere, choices about breast feeding*
- Were you offered any of the following by way of choices during your ante natal care? Probe: A blood test, A nuchal scan, A 12 week scan, A 20 week scan, An amniocentesis
- As part of your care plan were you offered a choice of pain relief for use during the birth?

For each choice ask:

- How easy did you find it to make the decisions about your care plan?
- Did you feel supported in these decisions? Who by?
- Were you provided with any info to help you make the decisions? What type of info? How was it presented?
- How clear was the information/explanations you received?
- How did you find it to be involved in the production of your care plan? Did you feel comfortable? Why/not?
- Did you feel listened to?
- Did you feel you were was treated with respect?
- How was the information given to you? Verbally, written? Was this what you wanted? Why/not?

Birth:

Let's talk about the actual birth:

- How did you find the birthing process generally? What makes you say that? Were you sent away because you weren't yet in full labour?
- What were the positives and negatives regarding the service you received? *Probe:*
    - *how informed they were kept, who by, was this the right person*
    - *maintain a relationship with a midwife/key team member? The midwife who supported me during labour was one I had met before.*
    - *was information passed on well? Who by?*

- *did you receive clear explanations of what was happening?*
- *Was your partner involved? Did they feel involved? Why/not?*
- *Did you feel you were listened to? Why/not?*
- *Were questions answered clearly?*
- *The midwives were well informed about my pregnancy*
- *How informed did you feel at the early stages of labour?*

- How long did you stay in hospital after the birth?
- Was this enough time?
- Wait explained to you why you were staying in hospital? Was this clear?
- Were you provided with adequate support when initially trying to breastfeed?

POST NATAL CARE:

- Were you offered a choice about how you would receive care after the birth of your baby?
- What choices were you offered?, e.g. Where to receive your care? Probe: Midwife at home, GP, At a Community Clinic (e.g. a Sure Start centre), Other
- Who offered the choices?
- How clearly did you feel your choices were explained? What information did you base the decisions on? How was the information given to you?
- Were you given advice about healthy lifestyles, breast feeding? How?
- Did you breast feed? Why/not? For how long? Was this influenced by your midwife? In what way?

Overall:

- How would you rate your most recent interaction with maternity services?
- What makes you say that?
- What were the good elements?

- What do you think could be improved?
- How comfortable did you find having options?
- If you could improve three things what would they be?

FOR THOSE WHO HAVE HAD PREVIOUS PREGNANCIES:

- How many of you have had babies on the Wirral prior to this one?
- How long ago was it?
- Where did you have the baby?

Let's think about comparing this pregnancy with the most recent one:

- Can you recall what you think were the main differences between the two births? Thinking about:
  - Ante Natal care
  - the birth
  - post natal care
- Had anything changed from last time to this time? What had changed?
- What had changed for the better?
- What had changed for the worse?

Probes to consider: choices, information, decision making options, location, team/midwife, information to make choices, how info provided