

Using maternity services during COVID-19



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1. Executive Summary

At onset of the COVID-19 pandemic, all NHS maternity services had to make changes to their service delivery in order to protect service users and their babies, to protect staff providing the services and to ensure continued provision of essential care as the wider NHS coped with the impact of the COVID-19 pandemic. The local Maternity Voices Partnerships (MVP), Clinical Commissioning Groups (CCG), Local Authorities and the NHS wanted to understand the impact of the changes that were introduced in the first period of lockdown and local restrictions (March 2020-August 2020) on expectant and new parents and families and so a joint survey was developed. Local engagement was launched in order to gather the views of those using local maternity services at Calderdale and Huddersfield NHS Foundation Trust (CHFT) and Mid-Yorkshire Hospitals NHS Trust (MYHT). This survey went live on 30 July 2020 and was open for 4 weeks.

The survey was targeted towards service users¹ and their partners² who had received care during the pandemic and considered various aspects of the maternity journey; from booking through to postnatal care at home. It consisted of satisfaction measures and open-ended free text questions. Socio-demographic data were also collected to better understand any differences that the changes may have had on our communities.

The survey was made available online and in hard copy and was distributed across Calderdale, Kirklees and Wakefield via the following routes:

- Online link via websites, social media and inclusion in NHS, Local Authority and community newsletters
- Online link and hard copy surveys distributed via the two hospitals, using all their ways of reaching service users – inclusive of social media groups dedicated to maternity services, maternity staff and communication with service users and families
- Children and young people services including health visiting
- Clinical Commissioning Groups' websites, newsletters and social media
- Maternity Voices Partnerships social media and communications to linked groups
- Healthwatch organisations across the area
- Feeding and family support groups
- Community and voluntary sector groups with focus on maternity and supporting service users, including groups that may support service users considered to be more vulnerable

¹ In this report, 'service user' refers to the pregnant or postnatal woman (or man) who has accessed maternity services

² In this report, 'partner' predominantly refers to the partner of the service user but is also used to refer to other support or birth companions

In total there were 606 responses: CHFT 60% (n361), MYHT 38% (n231); for the remaining 14 people who responded, the Trust was not specified. All those who responded, or their partners, received maternity care from 23 March 2020.

The survey covered antenatal appointments (virtual and face to face), antenatal education, ultrasounds appointments, home blood pressure monitoring, baby loss, intrapartum care, inpatient postnatal care, community based postnatal care, infant feeding support. There were a large number of in-depth free text comments throughout the survey, in particular in response to the final question: 'anything else you would like to tell us about the maternity care you have received'. The survey responses were analysed by researchers at the University of Huddersfield and the chair of the MVP for Calderdale and Huddersfield using descriptive statistics for numerical data and content analysis of the open-ended comments.

There were no noticeable differences between the responses from each Trust and therefore data from both Trusts are presented together. The report describes key findings that are identified from the survey as a whole as well the details of feedback in relation to each individual element of care. Many respondents acknowledged the challenges of the pandemic for everyone including families, health professionals and services; some explicitly expressed gratitude and being thankful for the care that was received.

Key messages

- The majority of service users were satisfied with their experience of maternity services and appreciated the care provided during a challenging time. Those that experienced continuity of care felt that they benefited from this.
- Although interactions with individual health professionals were largely described as positive, some service users and partners felt disregarded and lost in the system, as well as let down by the system.
- The impact that restrictions relating to partners and other family members or birthing companions has had on both the service users themselves and their partners was a major area of concern. This was commented on in relation to every element of care, in particular ultrasound appointments and postnatal care.
- Emotional and mental wellbeing support should not be forgotten during this period: service users experienced both the pandemic and the altered care/restrictions that have happened in response to the pandemic as having an impact on their emotional and psychological wellbeing and some felt that mental health had not been addressed.
- Virtual contact is not a substitute for face to face contact, service users wanted more contact and for more of the contact to be face-to-face.
- The pandemic and associated restrictions/changes may compound existing inequalities; service users from BAME communities were less satisfied with the care they received than others.

Recommendations

1. Trusts need to find a way to involve partners more fully in the childbirth journey.
2. There is a need to ensure that emotional/mental health support is not compromised, particularly at a time of heightened need.
3. Enhanced sign posting and clear communication is necessary to ensure that service users do not get lost in the system and that they and their families have trust in the system.
4. Although there is the acknowledgement of the need to restrict some face to face appointments, in some circumstances more face to face contact is needed than has been provided during the first period of lockdown; virtual appointments should not be seen as a substitute for face to face care on a longer-term basis for the majority of service users.
5. Issues of equity need to be considered; there needs to be work to ensure that minoritised groups are not further marginalised by changes, including: how to improve the experience and care of service users from BAME communities; addressing issue of health literacy and digital inclusion; and recognising diverse family forms.

2. Introduction

At onset of the COVID-19 pandemic, all NHS maternity services had to make changes to their service delivery in order to protect service users and their babies, to protect staff providing the services and to ensure continued provision of essential care as the wider NHS coped with the impact of the COVID-19 pandemic. Infection control measures implemented within hospitals and other clinical settings included the reduction of footfall through buildings which led to the introduction of national visiting restrictions. At the end of June 2021, the government delegated decision making around visiting restrictions to local NHS Trusts so that local data around COVID-19 and specific hospital facilities could be taken into account. The local Maternity Voices Partnerships (MVP), Clinical Commissioning Groups (CCG), Local Authorities and the NHS wanted to understand the impact of the changes that were introduced in the first period of lockdown and local restrictions (March 2020-August 2020) on expectant and new parents and families and so a joint survey was developed and involved the following stakeholders:

- The three local authorities (LAs) - Calderdale, Kirklees and Wakefield
- The four Clinical Commissioning Groups (CCGs) - Calderdale, Greater Huddersfield, North Kirklees and Wakefield
- The three Maternity Voices Partnerships (MVPs) - Calderdale and Huddersfield, North Kirklees and Wakefield
- The two hospital Trusts - Calderdale and Huddersfield Hospitals NHS Foundation Trust (CHFT) and Mid Yorkshire Hospitals NHS Trust (MYHT)

All stakeholders wanted to understand the impact of the changes that were introduced in the first period of lockdown and local restrictions (March 2020-August 2020) on expectant and new parents and families and so a joint survey was developed. Local engagement was launched in order to gather the views of those using local maternity services at Calderdale and Huddersfield Hospitals NHS Foundation Trust (CHFT) and Mid-Yorkshire Hospitals NHS Trust (MYHT). This survey went live on 30 July 2020 and was open for 4 weeks.

The primary reason for the carrying out the survey was to understand how service users and their partners were feeling about the maternity care they received during the first wave of the COVID-19 pandemic, and to look at ways in which things could be improved, to support further response during any subsequent responses to the pandemic. It was also to explore whether some things that have changed may be an improvement and might be maintained once the COVID-19 pandemic has ended.

The COVID-19 pandemic has had a huge impact on how maternity care is being delivered and experienced within this country. It has had an impact on overall service availability, as noted by MBRRACE "In the context of the pandemic, health services were advised to plan for staffing levels of between 20-80% and to prepare for what services would look like in those circumstances. This led to dramatic changes in some services, such as perinatal mental health services, community midwifery and

health visiting.”³ In particular there has been a move away from face to face appointments and a restriction on partners attending appointments and being present for elements of the birthing process.

The various organisations involved in this survey wanted to give service users and their partners an opportunity to share their views and experiences. By doing this, those who plan and provide maternity services can understand what is working well and what improvements, if any, can be made.

Pregnancy and becoming a parent are major times of changes for anyone. Experiences in this period can carry impacts that last for many years and across generations. These experiences can be affected by many factors including their personal circumstances, the care that people receive during this time and the support that they have around them. The Babies in Lockdown report⁴ identifies the ‘long shadow’ cast by the pandemic and the ways in which becoming a parent in the pandemic can affect individuals and families. Another area identified nationally is the effect of the pandemic on pregnancy loss and baby loss. We wanted to find out about experiences in our families locally/being cared for at our local Trusts.

Background to the survey

The survey was targeted towards service users and their partners who had received care during the pandemic and considered various aspects of the maternity journey; from booking through to postnatal care at home, it consisted of satisfaction measures and open ended free text questions. Socio-demographic data were also collected to better understand any differences that the changes may have had on our communities. A full copy of the survey questions can be found in Appendix 1.

The survey was made available online and in hard copies and was distributed across Calderdale, Kirklees and Wakefield areas via the following routes:

- Online link via websites, social media and inclusion in NHS, Local Authority and community newsletters.
- Online link and hard copy surveys distributed via the two hospitals, using all their ways of reaching service users – inclusive of social media groups dedicated to maternity services, maternity staff and communication with service users and families.
- Children and young people services including health visiting.
- Clinical Commissioning Groups’ websites, newsletters and social media
- Maternity Voices Partnerships social media and communications to linked groups
- Healthwatch organisations across the area
- Feeding and family support groups

³ MBRRACE-UK Maternal Report 2020: https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/MBRRACE-UK_Maternal_Report_2020_v10_FINAL.pdf (page 3)

⁴ Best beginnings: <https://www.bestbeginnings.org.uk/news/the-babies-in-lockdown-report>

- Community and voluntary sector groups with focus on maternity and supporting service users, including groups that may support service users considered to be more vulnerable

The survey was analysed by researchers from the University of Huddersfield, the Chair of Calderdale and Huddersfield MVP and Kirklees Public Health Intelligence unit.

3. Respondents

Overall 606 people responded to the survey. The demographic profile of the respondents is as follows:

- **Maternity service:** 361 (60%⁵) were from CHFT and 231 (38%) from MYHT. Further 14 (2%) respondents did not identify which Trust they were from. There were no significant or noticeable differences in the responses from the two Trusts and, therefore, the responses have been combined for the purpose of this report.
- **Gender:** 584 identified themselves as female, 2 as male, 1 respondent identified themselves as Trans.
- **Age:** 2 (0%) under 18 years, 54 (9%) 18-24 years, 195 (33%) 25-29 years, 230 (39%) 30-34, 92 (16%) 35-39 years, 10 (2%) 40 years or over.
- **Parity:** for 157 (50%) it was their first pregnancy.
- **Pregnancy status:** 317(52%) were currently pregnant, 283 (47%) postnatal and 6 (1%) had experienced pregnancy loss.
- **Planned place of birth (antenatal):** 29 (9%) home, 35 (11%) Freestanding midwifery led unit, 134 (43%) Alongside midwifery led unit, 115 (37%) Obstetric unit.
- **Place of birth (postnatal):** 7 (2%) home, 11 (4%) Freestanding midwifery led unit, 38 (14%) Alongside midwifery led unit, 224 (79%) Obstetric unit
- **Country of birth (respondent):** 563 (97%) United Kingdom, 17 (2%) elsewhere.
- **Ethnicity:** 531 (91%) white, 25 (4%) Asian, 6 (1%) Black, 16 (3%) Mixed/other
- **Sexual orientation:** 542 (95%) heterosexual, 10 (2%) bisexual, 6 (1%) lesbian
- **Benefits:** 74 (13%) in receipt of benefits
- **Long-term conditions:** 32 (6%) identified as having a long-term health problem or disability
- **Unpaid carer:** 13 (2%) stated that they provide unpaid care/support to someone who is older, disabled or whom has a long-term condition.

4. Survey Findings

This section starts with key overall findings which are derived from the survey as a whole. This is followed by more specific feedback relating to the various aspects of the maternity journey; booking, antenatal appointments, ultrasound scan

⁵ The percentage is of those who responded to each question

appointments, antenatal classes/information, blood pressure monitoring, baby loss, intrapartum care, immediate postnatal care, postnatal appointments, emotional support and infant feeding. Please note that quotes from service users and families are displayed as they were written by respondents.

4.1 Key findings

A summary of key findings are captured below, for further direct quotes, please see Appendix 2.

Many respondents acknowledged the challenges of the pandemic for everyone including families, health professionals and services; some explicitly expressed gratitude and being thankful for the care that was received.

‘Thank you for working through the pandemic, for continuing to provide good support, reassurance and service during this time.’

‘Thank you for bringing my baby into the world so safely during a really scary time.’

Overall there remained a relatively high level of satisfaction with the care received (between 67-87% of respondents said that their experience was good or very good for each element of care) however there were a number of issues that clearly caused concern. Throughout the survey service users commented on the benefits of receiving continuity of care.

4.1.1 Feeling disregarded and lost in the system

Although interactions with individual health professionals were largely described as positive, some service users and partners felt lost in the system. It was unclear how much of these were COVID-19 related or pre-existing system issues.

This made them feel forgotten and let down by the system:

‘No one contacted me during lockdown. I think they forgot about me.’

‘I was completely left to my own devices. I was supposed to be being monitored as at risk for postnatal depression but heard absolutely nothing else after that, nobody checked in on me, nothing.’

‘Since birth we have been let down by the system and have had no support.’

Feeling dismissed or disregarded:

‘Someone could have just listened to me. I sat crying in an appointment and the midwife just brushed over it as "over tired mummy of 3"’

‘Being advised to call if I feel down is not the support needed when feeling down! Maybe enabling new mums to bubble with a close family member would be good if local workers cannot offer additional visits.’

Not being able to contact a midwife or care provider:

‘My midwife told me I could contact her whenever, but she never answers.’

‘Every time I ring my midwife it goes to voicemail she never rings back.’

Not being communicated about changes in care provision:

‘I’ve had appointments cancelled many times. I turned up for a scan only to be told it was cancelled.’

‘I feel like communication between the services and the mums needs to be improved greatly, as multiple times I was not informed of important things like cancellations or changes in my care.’

4.1.2 The impact of restrictions on partners

The impact that restrictions relating to partners and other family members or birthing companions has had on both the service users themselves and their partners was a major area of concern. Although there was acknowledgement of the need for some restriction due to the pandemic, concern was expressed in relation to every element of care, in particular ultrasound appointments and postnatal care. It is clear from the strength and frequency of comment that it cannot be over-estimated just how much impact the restrictions placed on partners has had, and continues to have, on service users and partners.

A large number of service users felt distressed and anxious when attending antenatal appointments and scans alone, and described a need for ‘morale support’ from someone by their side.

‘I understand the limitations that coronavirus has imposed but I feel that perhaps the wellbeing and mental health or especially first time mothers was put under consideration. Pubs and restaurants are now open but I am not allowed one person in a mask from my household to attend appointments that cause me great concern and stress.’

‘I felt very anxious and lonely attending appointments and scans by myself throughout the pandemic. I suffer from anxiety and felt very vulnerable on my own without my husband.’

Respondents were concerned about their emotional and mental wellbeing and recognise that partners provide them with essential support:

‘While we understand about covid 19 causing restrictions on hospital visiting and births, my husband feels that he let me down massively while I was in hospital attempting to be induced, which ended up in a c section.’

This was particularly heightened where there were complications in pregnancy or a woman had previously experienced pregnancy loss or baby loss:

‘After a missed miscarriage and threatened miscarriage and not being able to have my husband with me I felt very alone and anxious.’

‘We have had a very difficult pregnancy and receiving bad news on your own is not good.’

They felt as though their partners were not able to share key life-changing events with them potential impacting on ongoing relationships:

‘Partners need to be able to attend scans and appointments. It’s led to my partner feeling very detached from the situation and myself feeling alone.’

‘My partner has been feeling very detached from this pregnancy and has only just started feeling a part of it since I am due in less than 3 weeks.’

They felt it negatively impacted in their partner’s mental health and ability to transition to parenthood and bond with their baby:

‘Partner needed to be more involved for the mental health of himself and the mother and to build a bond with baby.’

Partners felt that they were not able to provide appropriate support/advocacy:

‘Mental health care wasn’t great, my partner rang in worried about my mental health on day 3 or 4 in hospital on my own with baby and I was told by a midwife “it’s just motherhood” and it was dismissed.’

‘As father of the baby (he) felt very removed from the experience and the unknown of having me in hospital for 4 days for induction not able to visit to understand what was going on and didn’t feel like they were able to support me as he did the first.’

4.1.3 The need for emotional and mental wellbeing support

Emotional and mental wellbeing support should not be forgotten during this period: service users experienced both the pandemic and the altered care/restrictions that have happened in response to the pandemic as having an impact on their emotional and psychological wellbeing. Many respondents noted that the pandemic had increased their levels of anxiety. It should be noted that the survey did not specifically ask about antenatal emotional support, only postnatal emotional support, however some respondents did share their experiences in the open-ended comments.

Service users described how at times they felt abandoned, lonely, alone, scared, isolated and this impacted on their mental health and ability to enjoy their pregnancy.

‘I’ve felt unsupported and terrified during my first pregnancy. I don’t have anyone telling me how I am feeling is normal or checking in on my emotional wellbeing especially as I was on antidepressants before I was pregnant. No one has checked in on me knowing my medical history. It’s been so upsetting and scary.’

This was linked to having an impact for bonding – and also linked to limited contact with other pregnant/postnatal service users.

‘I’ve found it hard to be excited or connected with my pregnancy, I think I could have benefited from more interaction with other pregnant women or people in general.’

Some identified their experiences of care as having an impact on their emotional and psychological wellbeing. Service users didn’t always know where to turn for help, and some were concerned about the changes to rules and restrictions and the negative impact it was having on maternal mental health.

‘I have been suffering from postnatal depression and have felt that phone calls have simply not been sufficient to support me during this time.’

‘I cannot fathom some of the rules and restrictions currently in place and the damage this is having on maternal mental health. These need to be remedied as a matter of urgency.’

Service users have noted the impact on their partner’s mental health.

‘He thinks that he should’ve been allowed to stay for longer than the 2 hours provided to support both me and the baby. His mental health suffered as a result of not being close to his baby.’

4.1.4 Virtual contact is not a substitute for face to face care

Although there were a number of positive comments about virtual appointments, overall satisfaction was lower for virtual compared to face to face appointments. The responses suggested that virtual appointments might be appropriate at times (and for some people) but that it was not seen as a substitute for face to face contact in general.

‘Easier than visiting hospital, didn’t have to arrange childcare.’

‘Convenient and got same info I would have face to face.’

‘Telephone doesn’t compare to face to face interaction, but I feel that my midwife was doing the best given the situation.’

A number of service users were concerned about not having physical checks:

‘I have concerns about the lack of early BP and urine checks - I ended up purchasing my own and monitoring independently.’

‘Not overall reassured as they could not do any of the routine checks I.e. heartbeat, urine, blood pressure.’

‘Midwife was excellent. It was the same midwife who I’d had all throughout my pregnancy so I was very lucky. She knew me and also knew the baby and noticed warning signs early on about this feeding so he was rushed back into

hospital at 6 days old with suspected sepsis. There was no way this would have been picked up on a virtual appointment!

There was a concern that telephone calls impacted on good communication and rapport, some respondents suggested that the option of video calls would be helpful:

'Difficult to build rapport over the phone. Could hear other conversations in the office at the time.'

'Easier to talk to someone in person about any issues / questions'

'More video/face to face checks as women often say we're ok but our body language & expressions say otherwise.'

4.1.5 Compounding existing inequalities

The pandemic and associated restrictions/changes may compound existing inequalities; service users from BAME communities were less satisfied with the care they received than others, in particular in relation to intrapartum and postnatal care (BAME service users were significantly **less** satisfied (67%) with their postnatal care than white service users (86%)).

'There is most definitely a negative experience for people of BAME when being treated by staff (this is backed up by national maternity data). Focussing on training/recruiting staff who look like the community you serve will go a long way in improving care.'

There was also suggestion that partners of LGBTQ service users may not have been recognised as parents by services in the same way as other partners

'Wife wasn't allowed on the ward to collect me and our daughter yet other men were.'

4.2 Detailed responses relating to specific elements of care

4.2.1 Virtual Antenatal Appointments

Overall, 67% of respondents stated that their experience of virtual antenatal appointments was either good or very good. There was no significant difference in satisfaction by age, ethnicity or whether it was a first or consecutive pregnancy.

A summary of feedback is provided below, direct quotes can be found in Appendix 3.

What was good

- Virtual appointments meant that they didn't have to travel or arrange childcare and didn't have to put themselves at risk
- Staff were kind, helpful and supportive

- Conversation not rushed, and in-depth conversations happened
- Home visits offered if needed

What could be better

- Many service users stated that they want to have face to face appointments. They commented that telephone consultations do not compare to face to face interaction, and there was concern that service users might say they are ok when in fact their body language and expression would say otherwise.
- There was concern about missing out on important physical examinations such as blood pressure, urine checks, baby's heartbeat, fetal growth measurements
- Feedback suggested that phone calls can be impersonal and for some service users it may be difficult for them to get their point across, especially when they have calls with different midwives, and when they can hear background noise on the phone.
- They would like more structure to the virtual appointments. Service users were not always sure as to the purpose of each appointment and weren't always sure what was going to happen next, or who to phone if they were worried.
- Frustration was expressed over virtual appointments being late and the fact that midwives had not read their notes beforehand. Waiting for a phone call that is late made some service users feel anxious, and a suggestion was made where time slots are given opposed to a specific time.
- Some respondents said they felt that the phone calls were rushed and as a consequence didn't really know what was going on, they felt unsure what questions to ask, and were concerned they wouldn't be taken seriously.
- The option to have a video call was suggested as a useful alternative by a number of respondents. They have said it would help them to better know their midwife and may provide more opportunity for midwives to read body language and facial expressions.

4.2.2 Face to Face Antenatal Appointments

Overall, 86% of respondents were satisfied with their experience of antenatal face to face appointments. There was no significant difference in satisfaction by age, ethnicity or whether this was the first or consecutive pregnancy.

A summary of feedback is provided below, direct quotes can be found in Appendix 4.

What was good

There was a great deal of positive feedback regarding face to face appointments in the antenatal period, nearly double that observed in the antenatal virtual appointment feedback.

- Staff were kind, compassionate and supportive
- Respondents felt safe as social distancing and PPE were observed by staff
- They felt put at ease by the fact they could see a midwife in person and have the necessary tests/examinations carried out
- They felt a sense of normality when attending appointments even though many safety measures had been put in place

What could be better

- Service users want the option to have someone accompany them at their face to face appointments
- When attending appointments, service users commented on the lack of Continuity of Carer, and behaviours of some staff. Service users generally want to be seen by the same midwife and don't want to feel as though they are an inconvenience.
- Concern was raised about the length of time they sometimes were waiting for appointments, particularly in relation to social distancing and other COVID-19 safety measures.
- Some commented that their appointments felt rushed
- Respondents asked that COVID-19 related information with regards to appointments (and reasons behind the decisions) be made more available and accessible— especially with regards to the policies around partners being in attendance at scans, appointments and birth

Making service users feel safer

When asked if there was anything else that could have been done to help them feel safer when attending antenatal appointments, the main response was around the environment in which care was provided and having more social distancing measures in place and regular cleaning.

4.2.3 Home Blood Pressure Monitoring

Home blood pressure monitoring was introduced in one of the Trusts around the time of the first lockdown. This service change was not directly related to COVID-19, the service gave a full explanation about what the expectations were and reassured the woman that if she had any difficulties or problems then to call them immediately. There were not many comments regarding blood pressure monitoring at home but of those who did provide comment, most valued the fact that they didn't have to travel to and from the hospital.

Direct quotes can be found in Appendix 5.

4.2.4 Ultrasound Scans

Overall, 73% of respondents were satisfied with their experience of ultrasound scan appointments. 13% were not satisfied with their experience, the remaining were neutral about their experience. Service users aged 35-39 were significantly more satisfied than other age groups (80%), and service users aged 18-24 were the least satisfied (62.5%). Those for whom this was not a first pregnancy, they were significantly more satisfied than those pregnant for the first time. There was no significant difference in satisfaction by ethnicity.

A summary of feedback is provided below, direct quotes can be found in Appendix 6.

What was good

Positive aspects commented on by respondents included social distancing and cleanliness; there were various other comments that were not specific to the pandemic such as being able to see the baby and the sonographer giving clear information.

What could be better

- The main issue raised, by a large number of respondents, was the wish for partners to be present for the ultrasounds scans, in particular for those who had had experience of previous loss or unexpected news. A number of different reasons for why they found not having partners present distressing include:
 - Partners missing out on the experience to see their baby during the scan
 - Service users feel anxious and alone
 - Service users want their partner there for support just in case something is wrong
 - Service users who had previously experienced baby loss found attending scans alone extremely difficult
 - Service users who are having complications during their pregnancy found attending scans alone distressing
- Respondents wanted clear information about what and what was not possible, for instance they did not realise that it was advised that partners stay nearby just in case anomalies are found during the scan.

4.2.5 Accessing Antenatal Information

Overall, 87% of respondents were satisfied with access to antenatal information. There was no significant difference in satisfaction by age, ethnicity or parity.

Less than 35% service users stated they had accessed antenatal information during pregnancy. Of those who accessed additional information, the majority accessed online sources. Neither Trust provided virtual antenatal education classes, although there was the offer of a free online course which was already available to women in Kirklees and the offer was extended to women in Calderdale, women were less satisfied with this course than other online courses they found (see appendix 15). A number paid for antenatal education and this ranged from £10 up to £320 (which was a combination of an NCT and Hypnobirthing course). There was recognition that some families cannot afford these costs. See Appendix 14 for the full range of services accessed and the level to which these resources met their needs.

It is unclear whether those who didn't access any information were satisfied with this.

A summary of feedback is provided below, direct quotes can be found in Appendix 7

- Respondents stated that they want some form of interaction, with both professionals and other parents. Service users have said that interactive sessions will help them remember things more and will help them to build relationships with the care giver and other parents/partners.
- For some, having access to information made them feel more in control and empowered their decision making, it helped them feel prepared and not scared.
- Some have found that there is conflicting information on the internet which has caused anxiety and would like to be signposted to reputable information.
- There are some service users who struggle or do not like reading leaflets and there is recognition that other methods of sharing information need to be considered.

4.2.6 Baby Loss

For many service users and partners this can be exacerbated by the experience of previous baby loss, whether that be through miscarriage, still birth or neonatal death. This survey did not set out with the main intention of looking at the effects of the COVID-19 outbreak on those who have experienced baby loss, but it is important to recognise how common baby loss is as this needs to be taken into consideration when reading survey responses. An estimated 1 in 4 pregnancies in the UK ends in miscarriage, and an estimated 1 in 250 pregnancies end in stillbirth⁶. On Thursday 5 November, the UK Parliament held a debate on 'The effect of the COVID-19 outbreak on people experiencing baby loss'⁷ the views/experiences shared by those in the debate are not dissimilar to those shared by service users who responded to this survey.

⁶ <https://www.tommys.org/our-organisation/our-research/pregnancy-loss-statistics>

⁷ <https://parliamentlive.tv/Event/Index/7b033a10-426e-44e5-b6b1-0b344af98da0>

Three service users who responded to the survey sadly lost their babies during the COVID-19 pandemic. These service users felt that they did not receive the level of care that they needed. A couple of service users described how they were left to miscarry alone, one of whom had to wait an agonising 14 days to check whether her baby was ok to then be told that she had miscarried. Another woman described how no compassion was shown, and it wasn't until three weeks after the loss of her baby that any offer of support was given.

Please find direct quotes in Appendix 8

4.2.7 Labour and Birth

Overall, 77% of respondents were satisfied with their experience of care during labour and birth, only 2% stated that they were not satisfied. There was no significant difference in satisfaction by age or parity, however, BAME service users were significantly less satisfied (69%) with care during labour and birth than white service users (79%).

A summary of feedback is provided below, direct quotes can be found in Appendix 9.

What was good

- There was a considerable amount of positive feedback regarding labour and birth, including reference to:
- Staff being supportive, caring, understanding, attentive, friendly
- Despite the COVID-19 pandemic, service users stated how during labour things still 'felt normal'
- Good communication: felt as though they were kept informed and that they were listened to
- In general, service users felt safe and well cared for
- They appreciated the fact that their birth partner could be with them during active labour and for a couple of hours afterwards

What could be better

- Whilst many service users stated they were satisfied with their labour and the birth of their baby, there were things that they felt could be improved:
- Partners being allowed to stay on admission in labour.
- Partners being able to stay longer than the (current) two hours after birth restriction
- Conduct of some staff, in contrast to the positive comments, some service users felt that there was a lack of communication, lack of support and did not feel listened to
- Some respondents were of the view they were not able to get the care they needed due to lack of staff or lack of contact by staff.
- The discharge process was slow.

4.2.8 Immediate Postnatal Care

Overall, 79% of respondents were satisfied with their immediate postnatal care, and 11% stated that they were not satisfied with their experience. There was no significant difference in satisfaction by age, but service users from BAME communities were significantly less satisfied (71%) with their postnatal care than white service users (80%) and service users having their first baby were less satisfied than those who had previously had a baby. It seems that many service users had very good experiences during the immediate postnatal period and felt well supported by the staff, however a number felt unsupported and the feedback suggests that not having their partners present compounded this feeling.

A summary of feedback is provided below, direct quotes can be found in Appendix 10.

What was good

- When describing what was good about the immediate postnatal care period, the vast majority of respondents mentioned the staff, especially the midwives looking after them. Service users described midwives as being 'attentive', 'caring' and 'supportive' and valued being kept informed with what was happening.
- Service users who were able to have their own room appreciated this and liked the fact that they had privacy and didn't have to be around people.

What could be better

- Overwhelmingly, the most common issue was that birth partners/close family were not able to stay or visit in the immediate postnatal period. This was felt to both negatively affect the service user and the partners themselves and their bonding with their babies and the sense of support for the service users. A number of service users commented on feeling lonely and 'abandoned'.
- It was identified that due to not having partners present, they needed more support from staff.
- The negative or dismissive attitude of some of the staff was mentioned and there were a number of comments on the lack of consistency in advice and support given. The sense of lack of support was at times compounded by not having their partner present. In particular service users wanted more support in relation to infant feeding.

4.2.9 Virtual Postnatal Appointments

Overall, 65% of respondents were satisfied with postnatal virtual appointments, and 11% were not satisfied. There was no significant difference in satisfaction by age,

ethnicity or parity. There was not as much feedback in this section as some of the other sections

A summary of feedback is provided below, direct quotes can be found in Appendix 11.

What was good

There was very little positive feedback regarding virtual appointments in the postnatal period and it wasn't always clear whether responses referred to midwives or health visitors. The limited positive feedback includes the following:

- Women liked the fact that both they and their baby were being checked upon and it gave them an opportunity to ask questions
- One woman stated that it was easier to have appointments over the phone

What could be better

- The main reason stated for what could have been better about the postnatal virtual appointment was for it to have been face to face, and a number of different reasons was given for this:
- Midwives/health visitors need to see their baby in order to make a full assessment
- Some were concerned about their own wellbeing and felt they would benefit from a face to face appointment
- Some found phone calls to be impersonal and found it difficult to discuss things over the phone, especially when there was a lack of continuity

4.2.10 Face to Face Postnatal Appointments

Overall 93% of respondents stated that their experience of face to face postnatal care was either good or very good. 19% stated that they needed additional emotional or mental support at this time, but only 19% of those that needed more support felt that they received it.

A summary of feedback is provided below, direct quotes can be found in Appendix 12.

What was good

Please note that it's not always clear whether responses refer to midwives or health visitors. Positive feedback includes the following:

- Compassionate, supportive staff
- By seeing someone face to face they felt reassured

What could be better

- They would like postnatal visits to happen at home or at least allow a partner to attend.
- Some were concerned that some babies may be being neglected or abused and that safeguards have disappeared.
- Some were concerned that babies aren't being weighed as much as they'd like, and they want this for reassurance and to check that baby is growing appropriately. Please note that many of these responses are associated with the period after discharge from maternity services.

4.2.11 Infant Feeding Support

Overall, 84% of respondents were satisfied with the infant feeding support they received. There were no significant differences in satisfaction by age, parity or ethnicity.

It was noteworthy that there were many fewer comments about infant feeding support than for other areas covered within the survey.

A summary of feedback is provided below, direct quotes can be found in Appendix 13.

What was good

- In the immediate postnatal period (in hospital for the vast majority) there was a mix of experiences reported in terms of the adequacy of support: some respondents said they got support but wanted more; some said the support they received was adequate or good; some said they had not needed support. It is impossible to interpret whether there is a change or influence here due to COVID-19.
- There were many positive comments about personal interactions with maternity care staff and staff have been described as - helpful, calm, reassuring and knowledgeable. Please note, however, that this wasn't everyone's experience.
- Very few service users had face to face support once home, but of those who received this, it was very much valued.

What could be better

- Some described how staff in the hospital did not appear to have sufficient time to give the support that some service users needed and quite a few service users stated that they wanted staff to regularly check babies latch. A number of service users also commented how some staff have conflicting advice and that this causes confusion/anxiety.

- Many commented on the lack of home-based support. A number of service users have described how they found the breastfeeding telephone support to be inadequate and would have like the opportunity for face to face support.
- Several respondents commented negatively on the withdrawal of the tongue tie service.

5. Summary and next steps

This survey was co-produced by key stakeholders on maternity services in the region, there was considerable engagement and a large number of in-depth responses were received.

- The majority of service users were satisfied with their experience of maternity services and appreciated the care provided during a challenging time. Those that experienced continuity of care felt that they benefited from this.
- Although interactions with individual health professionals were largely described as positive, some service users and partners felt disregarded and lost in the system, as well as let down by the system.
- The impact that restrictions relating to partners and other family members or birthing companions has had on both the service users themselves and their partners was a major area of concern. This was commented on in relation to every element of care, in particular ultrasound appointments and postnatal care.
- Emotional and mental wellbeing support should not be forgotten during this period: service users experienced both the pandemic and the altered care/restrictions that have happened in response to the pandemic as having an impact on their emotional and psychological wellbeing and some felt that mental health had not been addressed.
- Virtual contact is not a substitute for face to face contact, service users wanted more contact and for more of the contact to be face-to-face.
- The pandemic and associated restrictions/changes may compound existing inequalities; service users from BAME communities were less satisfied with the care they received than others.

6. Recommendations

1. Trusts need to find a way to involve partners more fully in the childbirth journey.
2. There is a need to ensure that emotional/mental health support is not compromised, particularly at a time of heightened need.
3. Enhanced sign posting and clear communication is necessary to ensure that service users do not get lost in the system and that they and their families have trust in the system.
4. Although there is the acknowledgement of the need to restrict some face to face appointments, in some circumstances more face to face contact is needed than has been provided during the first period of lockdown; virtual appointments should not be seen as a substitute for face to face care on a longer-term basis for the majority of service users.
5. Issues of equity need to be considered; there needs to be work to ensure that minoritised groups are not further marginalised by changes, including: how to improve the experience and care of service users from BAME communities; addressing issue of health literacy and digital inclusion; and recognising diverse family forms.

Next steps

These findings have been discussed with key local stakeholders and individual place-based action plans are being developed in response. A number of changes have already been implemented at Trust level in response to this survey to make sure that feedback has continued to inform the care and information given to families as part of their maternity services journey.

The report will be made publicly available on each of the CCGs' and Maternity Voices Partnerships' websites.

Appendix 1: Survey

Calderdale & Huddersfield Foundation NHS Trust

The Mid Yorkshire Hospitals NHS Trust

Since Monday 23rd March, the way some Maternity Services are delivered has changed due to the lockdown imposed as a result of the COVID-19 pandemic.

The local Councils and NHS across Calderdale, Kirklees and Wakefield have worked together with our local Maternity Voices Partnerships to create this survey in order to understand the impact of these changes on new mums, pregnant women and families.

We would like to hear from you if you have been in contact with Maternity services during this time, even if your contact was limited or has now finished.

We value your opinions and comments, and they will help us to understand how we can improve the experiences of women and their families.

The survey is confidential and does not include your name or any personal details. It should take around 10-15 minutes, depending on how much you want to say.

If you would like more information or help to complete the survey, please get in touch:

Wakefield: WAKCCG.engagement@nhs.net

Kirklees: NKGHEngagement@northkirkleescg.nhs.uk

Calderdale: kate.heighway@cht.nhs.uk

Please confirm that you have had contact with Maternity Services on or after Monday 23rd March 2020.

These questions are about your Maternity care provider & your circumstances

Which organisation provides your Maternity care?

Please select the statement which applies to you:

When is your baby due? (DD/MM/YYYY)

When was your baby born? (DD/MM/YYYY)

When was this? (DD/MM/YYYY)

Is this your first pregnancy?

Is this your first baby?

Was this your first pregnancy?

Where are you planning to give birth?

Where were you planning to give birth?

Where did you give birth?

If there was a change in your birth location, was this related to COVID-19?

Do you want to tell us a bit more about your change in birth location?

These questions are about the antenatal care you received

Which of the following virtual antenatal appointments have you had since lockdown began?

Overall, how was your experience of virtual antenatal appointments?

What was good about your experience?

What could have been better?

Have you had any face-to-face antenatal appointments in a clinical setting (e.g. hospital, GP practice) since lockdown began?

Overall, how was your experience of face-to-face antenatal appointments?

What was good about your experience?

What could have been better?

Were you made aware of the social distancing protocols / infection prevention measures in place prior to your appointment?

Please say how you were made aware:

When you attended your appointment(s), how safe did the social distancing protocols / infection prevention measures make you feel?

Was there anything we could have done to make you feel safer?

Have you had problems with your blood pressure in pregnancy, requiring additional monitoring?

Were you offered home blood pressure monitoring?

Overall, how was your experience of home blood pressure monitoring?

What was good about your experience?

What could have been better?

Have you had any ultrasound scans since lockdown began?

Overall, how was your experience of your ultrasound scan(s)?

What was good about your experience?

What could have been better?

These questions are about antenatal education classes

Were any of your antenatal education classes cancelled during pregnancy?

Have you accessed any of the following during lockdown...?

Did you pay for any of your antenatal education?

How much did you have to pay?

Did it meet your needs?

Please tell us more about the antenatal education you received (what was it called, what was good, what wasn't so good?):

These questions are about how you would prefer antenatal Maternity services to be delivered in the future

How would you prefer to access antenatal education in the future?

Looking to the future, would you prefer to make initial contact with your Maternity provider by:

Looking to the future, would you prefer to complete your booking by:

Looking to the future, if it is clinically appropriate, would you like antenatal telephone or video appointments to be offered as an alternative to face-to-face appointments?

Which would you prefer?

What has influenced your answer?

These questions are about labour and birth

Overall, how was your experience of the care you received during your labour and the birth of your baby?

Is there anything more that we could have done to support you during this time?

What was good about your experience?

What could have been better?

Prior to labour and birth, which of the following arrangements were you made aware of:

When you gave birth how safe did the social distancing / infection prevention measures make you feel?

Was there anything we could have done to make you feel safer? 89 (100%)

Before you had your baby, how did you feel about your labour and birth during COVID-19?

Was your experience of giving birth during this time...?

Did you have a birth partner?

Before you had your baby, how did your birth partner feel about supporting your labour and birth during COVID-19?

Was their experience of supporting you during this time...?

Is there anything else your birth partner would like to tell us about their experience of your Maternity care?

These questions are about the care that you received immediately after you gave birth

Did you spend time in hospital or at a birth centre after your baby was born?

Overall, how was your experience of the care you received immediately after the birth of your baby?

What was good about your experience?

What could have been better?

Overall, how safe did the social distancing protocols / infection prevention measures make you feel?

Was there anything we could have done to make you feel safer?

These questions are about immediate support with feeding your baby

Following the birth of your baby, did you receive any immediate support with feeding your baby?

Were you made aware of the contact numbers for your Midwife/Hospital?

Who gave you support to feed your baby?

Overall, how was your experience of the support you received?

What was good about your experience?

What could have been better?

Before you were discharged to your community midwife, were you asked questions about your emotional wellbeing?

These questions are about the postnatal care you received

Which of the following virtual postnatal appointments have you had with a Midwife or Maternity Support Worker since lockdown began...?

Overall, how was your experience of virtual postnatal appointments?

What was good about your experience?

What could have been better?

Have you had any face-to-face postnatal appointments with a Midwife or Maternity Support Worker since lockdown began?

Overall, how was your experience of face-to-face postnatal appointments?

What was good about your experience?

What could have been better?

Did you need any additional support with your emotional wellbeing or mental health at this time?

Did you receive the support you needed?

What could have been better?

These questions are about support with feeding your baby at home

Since you've been home, have you received any support with feeding your baby?

Were you made aware of the contact numbers for your Midwife/Hospital?

Who gave you support to feed your baby, and how?

Overall, how was your experience of the support you received?

What was good about your experience?

What could have been better?

These questions are about how you would prefer postnatal Maternity services to be delivered in the future

In the future, if it is clinically appropriate, would you like postnatal telephone or video appointments to be offered as an alternative to face-to-face appointments?

Which would you prefer?

What has influenced your answer?

Is there anything else you would like to tell us about the Maternity care you have received?

These final questions are about you

By asking these questions we are able to better understand how different groups of people might experience Maternity services and to ensure everybody has access to the best quality care. These questions are optional. Your information will remain anonymous and will be stored securely, in line with data protection rules.

What is the first part of your postcode?

What is your gender?

Which best describes your sexual orientation?

Do you consider yourself to be a Trans* person?

How old are you?

Which country where you born in?

What is your ethnic group?

Do you or anyone you live with get any of these types of benefits**? Universal Credit, Housing Benefit, Income Support, Pension Credit – Guarantee Credit Element, Child Tax Credit, Incapacity Benefit/Employment Support Allowance, Free School Meals, Working Tax Credit, Council Tax Benefit

Do you have a long-term health problem or disability that limits your day-to-day activities?

Are you a carer*** ? ***Do you provide unpaid care/support to someone who is older, disabled or has a long term condition?

Thank you for taking the time to share your views

Appendix 2: Additional quotes relating to key issues

Feeling lost in the system

- 'No one contacted me during lockdown. I think they forgot about me'
- 'I was completely left to my own devices. I was supposed to be being monitored as at risk for post natal depression but heard absolutely nothing else after that, nobody checked in on me, nothing'
- 'It's been fine, but would have been good to be kept updated with whether appointments were going to be by phone or in person. I had to ask or was only told very shortly before'
- 'Had to chase to get my Mat 1B form. Chased for appointments'
- 'every time I ring my midwife it goes to voicemail she never rings back'
- 'I was unable to contact my community midwife as her phone was always off and never got back to messages'
- 'I've had appointments cancelled many times. I turned up for a scan only to be told it was cancelled. I was supposed to meet my consultant after my 20 weeks scan but I didn't. As a first time mum I had no idea what to expect so I did not know to chase things up Appointment booking and cancellations needs to be improved!'
- 'I feel like communication between the services and the mums needs to be improved greatly, as multiple times I was not informed of important things like cancellations or changes in my care'
- 'Some could have cared and actually offered support. There is a lot of talk about post natal mental health but no one is actually willing to listen'
- 'I had to seek help from my doctor which I luckily knew I needed unfortunately a lot of mums will be suffering with lack of support (this is also re: parity; expert by experience /listening to self – importance for communicating this)'
- 'Being advised to call if I feel down is not the support needed when feeling down! Maybe enabling new mums to bubble with a close family member would be good if local workers cannot offer additional visits'
- 'It should have been identified that I was suffering and support offered earlier'
- 'No one referred to me Birth Matters till I was desperate'
- 'I've been in touch by telephone but the health visit prior to baby being born and after being born were both cancelled with no telephone follow up either. I haven't been able to express my worries to anyone and have had to call the general health visitor number in sheer desperation of help (unclear if this is re: mental health or other concerns)'

Restrictions on involvement of partners:

- 'Please considered the role of husbands/partners throughout this pandemic - there mental health matters too just because the women is carrying the baby'
- 'Due to complications, my wife often forgot key questions - not allowing spouses to attend even with a mask was extremely prohibitive. Understand the reason for

government guidance but potentially allowing video calling into the session would have been an interim solution'

- 'The ability to bring my partner along to my scan appointments, this was a part where I felt a little more compassion and support was needed. I've been into the MAC unit and felt quite alone and anxious at times. But that is not at the detriment of the midwives caring for me. But the support from my partner in uncertain times would have been welcomed'
- 'I have been an impatient for 7 days and my partner is not allowed to visit me on the ward because my baby has not yet arrived. We have a planned c section date and I am allowed no visitors until that day not even for an hour and it is greatly affecting my mental health.'
- I do think as the restrictions are not as tight outside hospital birth partners should be able to stay and attend all parts of the birth. Not just when in 'active' labour.
- 'Dads are missing out massively in being excluded. We stress the importance of dads feeling included and providing support but it seems they have been forgotten. This varies massively by trust, and is quite disheartening to see that Barnsley have even reinstated visiting for all patients yet dads cannot attend any essential appointments'
- 'Having one other person attend, it made the second parent feel like they were unimportant and not part of the child's life'
- 'My partner is unable to be a part of any of this experience and this can be worrying at times if I've got stuck at an appointment for a long period of time'
- 'I have been asked briefly how I am doing at midwife appointments and nay concerns brushed off as being due to lockdown. Any concerns need to be taken seriously. It has been a tough time for so many people but the thought of bringing a baby into the world we are in is scary and needs addressing for pregnant women and for dad's to be. Dad's to be have just been forgotten about with not being able to attend appointments etc... My partner has been feeling very detached from this pregnancy and has only just started feeling a part of it since I am due in less than 3 weeks.'
- 'The importance of support from father/partner needs to be more recognised. They too need to bond with the child to help promote a more supportive home setting once discharged. The partner also should have the opportunity to learn how to care for a newborn which unfortunately has been stripped from them - this may ultimately result in a breakdown of relationships with both the mother and the baby. It is extremely disappointing that people can gather in public places (within reason) however 2 people who live together are kept separated. For those that don't drive this can come with costs they cannot afford and increases likelihood of missing the birth and a prolonged period if time without being able to support and grow together which is extremely important in in the foundation if family life. It is the 21st century - dads matter too.'
- 'I don't understand not letting partners attend scans and its really upset us'
- 'Not good enough reasons behind partners not being fully involved as usual, worrying about this when in labour/birth of baby when we are able to go social

- places-pub, restaurants, hotels but still limited partner time in hospital. Once he is with me should be able to stay as long as necessary. Does not make sense'
- So sad and stressful that partner could not attend. I understand that partners can now attend the 12 week scan but could not when I had mine. I have my 20 week scan soon which I will have to attend alone which I am very apprehensive about, especially as I will be surrounded by couples attending their 12 weeks scan together. Dads are just as important too
 - 'My partner didn't feel like he was involved or that he could support me through the induction process and after what was a very scary and hard labour, he also feels that he missed out on the first week of his baby's life because he was not able to be with us in the hospital at all'
 - 'He felt like he missed out on a lot of the preparation. He missed out on the start of labour. By the time he was with me I was so scared and upset and needed pain relief that I didn't want.'
 - 'The experience of having my first baby was taken away but the measures put in place due to covid. Couldn't be helped but this was a life changing experience and I missed out on scans and vital appointments and couldn't be there to support my partner when I needed to the most. There were many tears at growth scans and all I wanted was to be there and I couldn't'
 - 'I'm he didn't like I had to go upstairs to be assessed during contractions alone. Nobody came to get me'
 - 'Had to wait in car for 2 hours when I went into labour. When he was finally allowed in head was being pushed out. Also rushed to theatre for manual placenta removal had to leave very soon after I was taken to recovery.'
 - 'Felt very left out. Sent away from the ward unable to return despite baby being in hospital for observations.'
 - 'With regards to not able to attend antenatal appointments with me again felt removed from the experience like he doesn't matter/have a role in our baby's life. Not able to support me in discussions with consultant which resulted in referral for induction and being given medication that could have affected baby but this not made clear at the time, he had questions after my appointment that I hadn't thought of and that opportunity was missed'
 - 'Felt nervous waiting outside birth centre until I was assessed, he wished he was kept more informed'
 - 'While we understand about covid 19 causing restrictions on hospital visiting and births, my husband feels that he let me down massively while I was in hospital attempting to be induced, which ended up in a c section.'
 - 'He thinks that he should've been allowed to stay for longer than the 2 hours provided to support both me and the baby. His mental health suffered as a result of not being close to his baby.'
 - 'He should have been allowed to arrive sooner. My husband found it highly distressing to arrive and see me so scared.'
 - 'He was happy I was in great hands until he was allowed in'
 - 'He did not feel like a spare part, he was made to feel included by the midwives'

Emotional and Mental Well-being

- 'I've found it hard to be excited or connected with my pregnancy, I think I could have benefited from more interaction with other pregnant women or people in general'
- 'In its entirety it was abhorrent. I suffered a mental breakdown and postpartum psychosis'
- 'Mental health care wasn't great, my partner rang in worried about my mental health on day 3 or 4 in hospital on my own with baby and I was told by a midwife 'it's just motherhood' and it was dismissed.'
- 'Overall I think the care has escalated my anxiety and left me feeling really worried, down and confused. I wouldn't rate my pregnancy as a positive experience which is sad and in a large part due to the maternity care so far. I've not been sure where to turn for help and when I have tried to get support it's been poor. Even obtaining prescription exemption and MatB1 has involved lots of chasing and struggling to get through on phone line'
- 'I cannot fathom some of the rules and restrictions currently in place and the damage this is having on maternal mental health. These need to be remedied as a matter of urgency. I also find it telling yeah I have yet to receive a question about my mental health through this given that suicide is the leading cause of death in women postnatally'
- 'I've felt unsupported and terrified during my first pregnancy. I don't have anyone telling me how I am feeling is normal or checking in on my emotional well being especially as I was on anti depressants before I was pregnant. No one has checked in on me knowing my medical history. It's been so upsetting and scary'
- 'I have been asked briefly how I am doing at midwife appointments and my concerns brushed off as being due to lockdown. Any concerns need to be taken seriously. It has been a tough time for so many people but the thought of bringing a baby into the world we are in is scary and needs addressing for pregnant women and for dad's to be'
- 'It is a difficult time to provide such care. The medical staff I have encountered have been great. However, due to the lack of face to face contact I have had since leaving hospital I feel I have unjustly suffered in my mental health and have felt a lack of sufficient support and I believe this has led to me having post natal depression. It is a very lonely time for new mums and I don't think the face to face support should have been stopped'
- 'I have been suffering from post natal depression and have felt that phone calls have simply not been sufficient to support me during this time'.

Appendix 3: Virtual Antenatal Appointments

Things that were good:

- 'Easier than visiting hospital, didn't have to arrange childcare'
- 'In depth consultation over the phone with option of face to face if really needed'
- 'Midwife was very supportive over the phone and explained things very clearly'
- 'No need to worry myself having to go to the hospital for something that could be done over the phone. It puts my mind at ease knowing I can stay at home'
- 'lots of information available over the phone and online'
- 'Midwife was very helpful and informative'
- 'I didn't feel like I was missing anything in regards to information about my pregnancy'
- 'Still really personal and understanding and I know everyone is doing their best under the circumstances so any contact is appreciated'
- 'Midwife explained everything in detail and sounded friendly.'
- 'The fact she rang me and had a bit of a chat, was nice to still hear from her.'
- 'convenience of not having to attend an appointment'
- 'not having to travel'
- 'I like the facebook page introducing all the maternity team and the monthly count of how many babies have been born with photos and comments from new mums'
- 'Very thorough questions and ensured i felt safe despite not having an appointment'
- 'Felt friendly and safe as was right at the start of lockdown.'
- 'Convenient and got same info I would have face to face.'
- 'Didn't feel rushed to get off of the phone'
- 'Didn't have to wait in a hot waiting room'
- 'midwife was really friendly and down to earth and put me at ease'
- 'Had opportunity to ask any questions as all info was sent to me beforehand so I could review it before the calls'

Things that could be better:

- 'Face to face appointments are needed sometimes! I have never met my own midwife and I am 29 weeks pregnant'
- 'Telephone doesn't compare to face to face interaction, but I feel that my midwife was doing the best given the situation'
- 'More information given and meeting my midwife. As it is the first time having a baby it is very overwhelming and scary as it is without the current situation.'
- 'More video/face to face checks as women often say we're ok but our body language & expressions say otherwise'
- 'I have concerns about the lack of early BP and urine checks - I ended up purchasing my own and monitoring independently.'

- 'Not overall reassured as they could not do any of the routine checks I.e. heartbeat, urine, blood pressure.'
- '20 weeks pregnant, community midwife hasn't seen me in person, checked my BMI or blood pressure. Feel abandoned. Believe COVID-19 procedures leave pregnant women isolated and bring other risks such as lack of checks as outlined above.'

Women feel phone calls are impersonal and can be difficult to get their point across:

- 'I don't feel that I have developed a relationship with my midwife as I have never met her. It feels a bit more disconnected than I had hoped'
- 'Phone calls are impersonal, sometimes hard to get your point across'
- 'Difficult to build rapport over the phone. Could hear other conversations in the office at the time'
- 'Lack of continuity, each call was with a different midwife, also it's harder to have a natural conversation over the phone.'

Women would like more structure to the virtual appointments:

- 'During calls the midwife didn't really explain purpose of appts and as a first time mum I found it hard to know what I should be expecting to feel at each stage'
- 'Not much reassurance on when will be next contacted or that you can ring them if you're worried. Always left not knowing when/when to expect next'
- 'Communication in the steps required before taken'
- 'Information given before to then maybe discuss at video apt.'

Women expressed frustration over virtual appointments being late:

- 'Dont give an appointment time as it rarely is on time or give an allocated slot.'
- 'Adhere to appointment date and time, consistent information shared, notes read prior to phone call, keeping in touch phone calls from midwives would have been appreciated'
- 'Felt rushed and impersonal. Waiting around for phone call that was late, made me anxious.'
- 'The call was over an hour and a half late with no apology and they hadn't even read my notes beforehand. Also no notes have been added to the app to clarify what we had spoke about (which was barely anything) I appreciate its a very busy time but some level of professionalism has to occur.'

Women don't want these phone calls to be rushed:

- 'I felt rushed and unsure what kind of questions to ask as this is my first pregnancy, so not too comfortable doing it over the phone as any concerns I felt wouldn't have been taken seriously'
- 'Very brief, felt rushed and tick box'

- 'It was a bit rushed and it was my first appointment so felt like I didn't know what was going on fully'
- 'Was very brief'

Women have stated the option to have a video call would be useful:

- 'Video call to get to know midwife more'
- 'A video call could have been offered as an option instead of a telephone call.'
- 'More video/face to face checks as women often say we're ok but our body language & expressions say otherwise'
- 'Information given before to then maybe discuss at video apt.'

Appendix 4: Face to Face Antenatal Appointments

Things that were good:

- 'Easier to talk to someone in person about any issues / questions. PPE worn by staff. Felt safe'
- 'Covid-secure procedures in place but midwives put me at ease at every appointment. I don't feel my experience was negatively impacted by the measures put in place to keep us safe'
- 'same level of care I would have expected prior to lockdown and the staff were so helpful and understanding in such difficult times as a first time mum without been able to have the support of our families'
- 'Put myself at ease seeing a midwife face to face it being my first child.'
- 'I felt very reassured that my baby is progressing in the right way and is healthy as the midwife could check this physically. Correct PPE was always used so I still felt safe.'
- 'Much better seeing the midwife in person: she was able to sample my urine, do my blood pressure etc.'
- 'I felt really safe and things were well organised eg masks and social distancing in the waiting room I feel all the staff are so lovely and have done their best and smiling lots even under the masks. I have felt well looked after every time I have been.'
- 'Staff at xxx are amazing!! Very informative and the level of care is amazing they can't do enough for you!'
- 'It was lovely to be able to finally see a midwife face to face. It makes you feel so much more reassured and comfortable to ask questions'
- 'It was nice at 28 weeks to actually have a face to face appointment. I had been 21 weeks without one and although I had been able to speak on the phone to a midwife, it was not the same'
- 'very friendly and able to feel excited about the pregnancy. It felt more real'
- 'They seemed pretty much the same as usual, just with PPE'

- 'Very friendly midwives, continuing as normal with extra precautions in place for everyone's safety.'
- 'All very kind, professional, understanding and abiding by strict hygiene in relation to Covid 19 as well as keeping mums and babies safe. They offered a great deal of comfort and understanding.'
- 'Other than masks, did not feel like there was any difference to service'
- 'I was able to talk face to face and listen to baby heart'
- 'I am so pleased that my midwife appointments so far have all been face-to-face - I was expecting these to be carried out virtually. This is so important to build a relationship with your midwife'
- 'Put my mind at ease seeing a professional face to face, I have history of recurrent miscarriage'
- 'Reassuring to have face to face contact'
- 'felt safe with good PPE. Good to be checked in person for reassurance.'

Things that could be better:

Women want the option to have someone accompany them at their face to face appointments:

- 'I had a miscarriage last year so this pregnancy had be scary throughout Iv and not having my husband at scans has added to the stress and fear that something might be wrong'
- 'I was scared and wanted my partner there to support me. We live in the same house so whats the additional risk of infection?'
- 'My husband being allowed to attend. Visiting the appointments alone during a first pregnancy has been scary.'
- 'Quite hard not having partner with at scans and antenatal appointments. We've had 2 previous pregnancy losses and it was hard attending those scans alone.'

When attending appointments, Service users commented on the lack of Continuity of Carer, and staff behaviour/attitudes:

- 'I saw a different midwife nearly every time - zero continuity of care. One didn't even know how far along I was...Two midwives missed my baby being in a breech position, despite palpating my bump on three occasions. I was told I needed iron tablets due to a significant deficiency. It took the midwifery service three weeks to get me a prescription.'
- 'Staff chatting about how quiet and bored they were'
- 'Antenatal appointments at Pinderfields gate 10B, staff came across stressed and made to feel like a inconveniencane when having blood tests.'
- 'There were different midwives each time I had an appointment until I was about 7 months pregnant. This was due to lack of staffing because of lockdown, which

was understandable, but it felt like I didn't build a relationship with anyone for the first few months'

- 'Accidentally booked into consultant instead of midwife clinic at 28 week appt. made to feel like it was my own fault (obviously midwife had booked this for me). Consultant took face mask off, didn't wash hands, was rude. For the first face-to-face interaction in the whole pregnancy (apart from scans) it was disgusting. Couldn't get me out fast enough, quickly did measurements and took blood. Only listened to heart beat for 5 seconds - I've never heard it before! Didn't ask me any questions eg- am I ok, routine enquiry etc.'

A number of service users commented on the length of time they had to wait to be seen and the fact that social distancing measures weren't always being adhered to:

- 'Had to wait for my appointment which put me on edge with being in the hospital'
- 'The set up at Acre Mill didn't make me feel safe. My appointments were right in the height of lockdown and the waiting area meant people walked directly past you, I was sat right outside a consultants door so patients and staff were constantly brushing past'
- 'At the antenatal clinic there needs to be better organisation between the scans, consultant appointments and day unit midwives. I was often kept waiting for many hours being passed from one to the other and the correct paperwork never seemed to be in the right place. It seems a very inefficient process and when we are all trying to limit contact with strangers, especially indoors, it is nerve wracking to be sat in a waiting room for hours on end when not everyone is socially distancing. With my community midwife, I was promised colostrum syringes twice and they kept forgetting them so resorted to buying my own.'
- 'At the hospital the wait times were very very long considering there weren't many people there'

Service users commented on face to face appointments feeling rushed:

- 'I feel appointments are more rushed than when I was pregnant last time (2 years ago). I find the masks very off putting talking to someone about something very sensitive and personal and have found I've not felt comfortable opening up fully about my worries and insecurities as I had a pretty rough labour experience last time'
- 'The appointments have felt rushed. I've had to remind the midwife a couple of times during the appointment about taking my bloods...still not received my mat exemption certificate.'
- 'Too rushed'

Service users have asked that COVID-19 related information with regards appointments (and reason behind the decisions) be made more available:

- 'More communication about the changes maybe a letter to inform where appointments had changed to and explaining all the new rules and regulations regarding giving birth and partners attendance'
- 'Less rush, more information about the new process under covid guidelines. Partner being able to attend scans, and other appointments'
- 'Better communication ahead of face to face appointment re what to expect, who was allowed to attend etc. My experience was ok but I witnessed some upset patients who attended e.g. scans with partners and found they were asked to send partners away but had been told by GP was ok to bring them for support. Was upsetting to witness and created tense atmosphere in waiting room'
- 'Clearer advice from midwife as to what is happening in the hospitals (she didn't seem to know much detail).'
- 'Adapt the setting so pregnant women aren't sat by the door.'
- 'Despite Acre Mills being virtually empty, they had 4 people waiting in a 2x2m sq area. Must have been no more than half a metre between chairs.'
- 'The only thing I noticed that made me feel a little unsafe was the waiting room. This was not staffed and about 90% of the women attending would come in wearing a mask and then remove it once sat down. They put them back on when called to their appointments but i felt that this could have been monitored more to ensure everyone was complying to the hospital rules'
- ' Staff where great, its more other patients who need to understand and stick to guidelines.'
- 'Some men were in the waiting area who shouldn't have been there. I think they should have been asked to leave'
- 'Stopped people standing in walkways while waiting for appointments if possible.'

Appendix 5: Home Blood Pressure Monitoring

Things that were good:

Very few comments received:

- 'Good that I no longer had to attend weekly appointments'
- 'Support from the MAC team has been invaluable, full explanation about what the expectations were and reassured that any difficulties or problems to call immediately'
- 'not having to go into hospital'

Things that could be better:

Very few comments received

- 'My gp was useless and offered minimal support'
- 'Could have been given the machine sooner to measure from home.'
- 'I have constantly had to come back to MAC when the readings have gone high. Sometimes I have felt that this has been pointless and I have been kept longer than necessary.'
- 'Being given more support and this support/advice being consistent'

Appendix 6: Ultrasound scans

Things that were good:

- 'The staff were understanding and made me feel at ease'
- 'Minimal people in the waiting rooms'
- 'Very good safety measure in place, staff were reassuring'
- 'Caring attitude and lovely staff, were able to write down important information for me to go over with my partner due to lockdown restrictions'
- 'being advised of safety measures prior to my first scan'
- 'Staff very supportive as partner not allowed to attend'
- 'Friendly approachable staff who were apologetic my husband couldn't attend'
- 'Hearing heartbeat and reassured babies health is okay'
- 'Friendly sonography who talked me clearly through the process.'
- 'Staff as kind as ever and very quick appointment. Felt very welcome despite the current pandemic.'
- 'Very friendly staff, particularly at my 20 week appointment. Having had a few problems early on and in a previous pregnancy I felt reassured and looked after'
- 'The person doing my scan was very considerate of the fact that I was very anxious about having to go through that experience without my partner'
- 'Professional and reassuring for me. The sonographer empathised with me being by myself and not with my husband'
- 'Felt safe and calm'
- 'Really friendly staff. Free picture which was nice touch when dad couldn't be there' (MY)
- 'Even though I had to attend alone from our 20 week scan all health professionals were so kind and caring, thank you!'
- 'Appointment times were kept to, staff although in full PPE were friendly and there was a relaxing atmosphere despite what was going on else where'
- 'I had lots of scans due to complications in pregnancy and all were on time and very informative'
- 'Good to see baby healthy. Waiting room was well distanced. Safety measures in place'
- 'Was nice being able to see my baby, understood why partners where not allowed in.'
- 'I was advised of COVID protocols ahead of appointment and as partner couldn't attend was given multiples of scan pictures without cost'
- 'The sonographer was aware of how anxious and worried I was and reassured me throughout the scan.'

Things that could be better:

Service users want partners/someone with them at scans:

- 'Partners to be allowed in just for scan only, taking its toll on their mental health'
- 'My husband could have been there, seems ridiculous that we can mingle in restaurants and pubs with lots of other people but my husband can't be there to support me or experience things with me'
- 'Having my partner there for support incase something was wrong. Feels wrong to find out the gender without him. Heartbreaking that he won't get that moment back'
- 'I would have liked my partner to be there. Sometimes I have had discussions with a doctor and been a bit confused about what is being suggested for us. If he had been there he might have helped me ask more questions to understand what was going on'
- 'After a missed miscarriage and threatened miscarriage and not being able to have my husband with me I felt very alone and anxious. I know in other parts of the NHS partners have been allowed to be on FaceTime / videos of scans could be taking but in CHFT all my experiences have felt very jobsworthy - normal rules PLUS Covid rules, where the rest of the world is adapting normal rules to the Covid world. It certainly hasn't felt patient centred'
- 'Partners should be allowed to attend it was very stressful for me due to complications'
- 'Quite hard not having partner with at scans and antenatal appointments. We've had 2 previous pregnancy losses and it was hard attending those scans alone'
- 'I couldn't have the support of my partner making the whole experience feel tainted. Suffer from anxiety about pregnancy due to a previous miscarriage and needed my partners support at these apps'
- 'Allowing my husband to attend to see his child in the scan. This is our second pregnancy following a miscarriage last year. I am understandably anxious and worried and not being able to have him with me for scans is poor and awful. Providing your significant other doesn't have symptoms of Covid, I feel that there was enough room in the scan room to allow partners to attend'
- 'When I had a bleed and was so anxious, I was made to wait another day for an appointment and my partner wasn't even allowed to come to see if the baby was ok. It felt quite inhuman to not let us go through that together, although the staff were lovely for me, it didn't help him sat in the car worrying'
- 'I am disgusted that my husband was made to miss out on making sure our baby was OK. I had alot of bleeding before an emergency scan and my

husband was made to sit in the car whilst I went through so much anxiety on my own.'

- 'Having partner there. There were no other women at the hospital at the time of my scan, we are both from same house hold and it would have eased my anxiety. I know it's for the safety of others but for people in situations like mine having experienced miscarriage it is not good for mental health'.
- 'Attending alone, sitting in a weirdly silent and spaced out waiting room was scary. It was my 20 week scan and I was not advised that I could bring someone to wait in the carpark in case of any issues.'
- 'We have had a very difficult pregnancy and receiving bad news on your own is not good. I didnt take my husband to the hospital at all as I knew he wouldn't be allowed in but to then be asked is your husband here, do you want him to join you for some hard news, was just heart breaking. If theres the chance partners can come in for conversations like this, this should be made clear. I understand there are protocols to follow around social distancing etc but when we live in the same household it just doesn't make sense'.

Appendix 7: Accessing antenatal information

Things that were good:

- 'Empowered my decisions'
- 'The baby academy on Instagram - founder also has YouTube channel where she went yo each stage of labour and what to expect.. felt somewhat prepared and not scared'
- 'I have followed the Katherine graves hypnobirthing, it has mentally prepared me for birth and given me a calmer outlook'
- 'I felt in control of my birth'

Things that could be better:

Service users want some form of interaction, with both professionals and other parents:

- 'It was fine, but having someone say it in person would mean I could remember things more.'
- 'NCT antenatal course. Was great information as I received nothing locally or through the NHS. Being able to meet new expectant mums was invaluable'
- 'Facebook groups and websites, helped but it's not the same as speaking to a professional'
- 'Not so good-cannot interact with other parents and form bonds with local mothers/parents'
- 'NCT, it was great so glad we did it as made some lovely friends and been able to talk to each other everyday during lockdown about our babies and then meet up'
- 'We used 'one born without the drama'. The class was very informative and useful bearing in mind it was an online course. I was disappointed to not be able to go to a physical course as meeting other expectant parents was important to me.'

Service users have found that there is conflicting information on the internet which can cause anxiety:

- 'I've been looking in YouTube but find a lot is contradictive of another video so it's hard what to believe or take away from it'
- 'Being a first time parent I didn't really know what to expect in terms of antenatal education. People and the internet has lots of conflicting views of dos and don't make so although I have attempted to use the resources available I don't feel prepared for giving birth. I have no idea what to do when I go into labour. I completed a baby care course for what to expect when bringing baby home which was informative and time will tell as to whether it was useful or not.'

- 'I had to search out my own information, which still makes me feel a little uncertain as I didn't know if the information I was looking up was from reputable sources or whether it was actual worthy advice'
- 'There is a lot of conflicting advice online. It would have been better to use one directed by the NHS.'

Service users want to be advised as to what's out there:

- 'NA as didn't know about them??'
- 'I wasn't sure what was available during lockdown, there was never really any information given out about what was on offer still during lockdown'

Some service users struggle/don't like reading leaflets and there's recognition that this doesn't provide:

- 'It was so boring to read through, it would be nice rather than doing 'classes' to be able to have a look and read up and do a course on something you might need more information on rather than everything'
- 'We learnt so much that doesn't seem to be available from just reading online info leaflets'
- 'I struggle to learn things by reading so its not really helped me.'
- 'I have had to find my own antenatal advice and support'
- 'I was expected to know a lot more than I did, even though I think information should have been provided by midwives'
- 'I also had to pay for all the classes I have had online to prepare for birth. This is my first baby and I felt it was important even though they were not in my budget. If I hadnt done these classes I wouldn't feel prepared at all.'

Appendix 8: Baby loss

- 'I had a miscarriage at home, they didn't admit me at hospital. When had discharge, they said it's normal, when started bleeding, they left me to it'
- 'I could of been seen in a and e red area with the portable scanner and put out of my misery. Instead I spent 14 days hoping my baby was still alive inside me and after 14 days of crying and my mental health been pushed past it's limits I was told I had miscarries. My blood tests were showing I was still pregnant which meant I could of been having an ectopic and just left to fend for myself in a very traumatic time.'
- 'Shown some compassion and actually spoke to me like a human being'
- 'when i was having my first scan, baring in mind i've had two miscarriages previously i think my partner should've been allowed in for the first scan'
- 'Nhs need to care more about women who have miscarriages, I was made to feel like I was stupid for being upset about losing my 'product of conception''
- 'When I rang the booking line initially I was told I had called too early (despite I had a positive test to say I was pregnant) and that I should check again in a week and call back. This was not helpful given previous miscarriage'
- 'For people who have experienced baby loss to be offered the choice of having someone with them for appointments due to mental health and for all health care professionals including health care assistants to be aware of previous losses (read notes of patient before seeing them) to avoid making uncomfortable/awkward questions. For maternity services to offer the sands stickers to be put on maternity notes for previous loss to expectant mothers so they do not have to tell each person they see their story!'

Appendix 9: Labour and Birth

Things that were good:

Staff:

- 'The midwives were amazing, kind and very tentative. They made me feel very comfortable and safe.'
- 'Midwives at birth centre were amazing! There were complications during the birth and they calmed and supported me and my partner amazingly. They even stayed with me When transferred to the also amazing care in xx hospital labour ward until the safe arrival of my baby despite their shift most likely finishing hours before. The staff in the labour ward were also so attentive throughout the very scary experience of complications I still felt safe and in the best possible hands.'
- 'I had the most perfect birth with my amazing midwife (name removed). Even though my partner had to leave 2 hours after birth I still had the most amazing care from midwives and hcas and the birth centre.'
- 'I had the same midwife throughout my whole labour, and she even asked to be made aware of if I was close when she went for lunch so she could see the baby being born, I felt like she genuinely cared.'
- 'My midwife (name removed) was absolutely incredible stayed with me felt very safe and secure and reassured. She was brilliant in every way possible. This was my 6th baby and the best experience I've ever had.'
- 'The staff were exceptional and made the whole experience so calm and positive. I can not thank them enough.'

Things felt normal:

- 'Wouldn't have known it was a pandemic except having to wear a mask etc'
- 'It didn't feel any different to my first even though there is a pandemic happening. The care was still the same and I felt very well looked after'
- 'The midwives were amazing and apart from wearing masks, it didn't feel any different to having my first baby.'
- 'Felt at ease. No issues or problems and seemed like it was business as usual other than midwives wearing masks.'

Fully informed and listened to:

- 'Midwives were with me throughout. All my needs catered for. I was fully informed about where i was in my labour.'
- 'Midwives listened to me throughout labour and respected my choices'

Felt safe, baby delivered safely:

- 'Lovely experiences midwife, felt safe, good environment'
- 'Amazing staff made sure my son was delivered safely'
- 'Staff all made us feel safe and calm'
- 'The maternity staff were amazing, all took great care of myself, partner and baby, and helped us deliver our baby safely while allowing me to follow my birth plan as closely as was possible, all the staff were very caring and lovely'

Support from Partners:

- '.....I was worried about my husband not being with me but he was allowed in pretty much from the start when we knew I wasn't going home again and it didn't feel rushed for him to leave afterwards, we are so grateful for that'
- 'Excellent care, partner was able to stay whilst I recovered, visiting allowed'

Things that could be better:

Partners being allowed to stay:

- 'You could have let my partner stay to support me postnatally. At one point, my baby was crying, I couldn't move my legs still and I'd dropped the call button so couldn't summon help. You have vastly underestimated the importance of having a partner there before and after birth - the rules seemed arbitrary and lacking in full reasoning and I am extremely angry about it. When the auxiliary dumps my dinner on a table that I can't reach and doesn't move it for me, who is expected to move it closer for me. The midwives? Doesn't seem like a good use of their time. My husband would have been great for that sort of thing. Oh wait, you sent him home after 2 hours despite there being no one else on the ward. Once a partner is on the ward, what difference does it make whether they stay 2 hours or 6, providing they don't keep going out and coming back in. Absolutely no one could give me a clear answer to this.'
- 'Progression of labour could have been assessed sooner so partner wouldn't be allowed in prior to me screaming I needed to push'
- 'Husband had to help me up to MAC which technically he shouldn't have done, would be nice for others to have birth partners help them up or midwife come down if help needed. I would have been stuck in the lift if his and wasn't there.'
- 'When I arrived at the birth centre I had to be alone which I was prepared for, but when I was waiting in a room to be triaged I was left for 10 minutes alone contracting heavily (baby was born 10 minutes later) I was yet to see a midwife and felt anxious and worried during that period'
- 'Having husband to be able to stay for longer'

Conduct of Staff / Lack of staff:

- 'In the maternity assessment unit the midwife didn't introduce herself and sent a student in to assess me without asking if this was ok. She also discussed me with the doctor very loudly for everyone to hear. There were things they were discussing that I could answer for them as I transferred care midway through my pregnancy, I should have been included in this conversation'
- 'They didn't clean up after the birth pool birth or help myself or baby dress'

- 'Almost everything. There was very little 'care'. The service was highly impersonal. I was not listened to or believed. Nothing was properly explained and this has left me with PND.'
- 'The staff were over run and had little time for me'
- 'Some day staff rude and didn't take consideration to my mental health state'
- 'After care, had to stay in for a few days and I felt like I was bothering the midwives/support assistants at times, mostly very good though but I wish they would have checked on me a little more'
- 'The time I was in xx was horrendous, I was alone and placed on triage. No one listed that i was in established labour until the head was coming out. I will never give birth in xx again'
- 'Doctors to be as understanding as midwives in terms of mental health issues'
- 'The last midwives I had were unhelpful. I had been going for around 20 hours when they started their shift, they sat around speaking about fitbits and other irrelevant things for what felt like a long time when i was having strong contractions, they didn't offer reassurance or support unless i specifically asked for it which i barely had energy to do, they kept delaying getting the doctors in to check and made it sound like they were doing me a favour by delaying them, they said i was fully dilated and allowed me to push voluntarily for 30 minutes and an hour of assisted/where they tell you what to do, when the doctor was finally called in she said there was still some cervix there that they had missed. The student midwife did all the work, the older midwife sat back and rarely got involved or offered any reassurance, when she did speak to me I felt like I was being told off. I needed them to be more communicative and concentrate on their job rather than sit around chatting about irrelevant things. I felt completely let down by them'
- 'Better monitoring, quicker thinking from other staff quicker actions i ended up with sepsis due to staff taking too long to make decisions. Also staff telling me to shut.up and get a grip was NOT helpful. It would have also been nice to be told what the emergency button was pressedn4 times for! I had a horrible experience overall.'

Discharge Process:

- 'Discharge could have been quicker. Was waiting a long time due to there only being one person to complete my book.'
- 'Student midwife that looked after me after my surgery needed more teaching on discharge planning. She was more interested in breast feeding rather than arranging my discharge and I ended up getting very upset and asking a qualified midwife to assist in getting Dr to check my baby over and my discharge pain relief medications. I had been in hospital for 5 days and wanted to go home to see my daughter and husband.'

- 'Discharge took a while as not enough staff available - was left alone in a room on labour ward for 6 hours with newborn baby and no support which wasn't ideal but no alternative.'
- 'Discharged at midnight. We weren't aware it could be that late'

Appendix 10: Immediate Postnatal Care

Things that were good:

- 'Quick, efficient, caring and everything was explained fully at every stage. I've never felt better cared for, in all honesty!'
- 'Midwives were very attentive & caring'
- 'They had a room available where they put me so I could get some sleep as they knew I was going home to an under 2 with a new born and no additional help in the form of grandparents'
- 'Everyone was very on the ball, my blood pressure dropped very low when I was showering and they were all very helpful and concerned, I don't think I could have had a better experience'
- 'As a first time mum with no partner allowed and just having had a section the midwives were fantastic in supporting me'
- 'The staff. I was made to feel so safe and looked after. I bonded so well in that 24 hours with my baby. I'm so grateful for that time.'
- 'the staff were amazing'
- 'Midwives made sure that I was happy with feeding and was feeling well in myself. I did not feel rushed to be going home or like covid had any impact on the quality of post-birth support'
- 'Absolutely loved the room with private bathroom and calming dim lights'
- 'Cared for - food, drink. Supported to breastfeed baby. Helped to dress and clean.'
- 'The care received by the midwives on PACU was brilliant'
- 'Well looked after, lots of food and drinks been bought round. Lots of lovely staff looking after us. To be honest I actually liked having a couple of days with no visitors. It felt so much more peaceful and less stressful for me. It would have been nice for my husband if he could have visited but I actually enjoyed the quieter less busy ward.'

Things that could be better:

Partners not able to stay or visit:

- 'I felt quite alone during this stay in hospital and unsure about lots of things, I'd just had my baby during a pandemic, my husband had been sent home...'
- 'It also made my husband feel less bonded to our daughter because he spent the first day of her life separated from her'

- 'Revise your protocols regarding visitors and partners being able to remain with you'
- 'Birth partner had to go home which was expected, but suddenly felt very lonely in a room by myself with baby'
- 'This was an emotionally very difficult time for me which was made worse by not having my husband with me'

The need for more support:

- 'I didn't feel that i was helped as I could have been if my partner was there. It was very upsetting and tiring'
- 'This was my first baby and I didn't have any real support trying to feed her'
- 'I wanted to breast feed but nobody supported and helped me'
- 'It was disappointing that no-one came when they said they would and I had missed the chance to feed when baby wanted'
- 'They seemed stretched and I felt that I couldn't ask for support with anything as they had to kit up for even basic questions like a drink or pain relief'

Lack of consistency and staff attitude:

- 'Mental health care wasn't great, my partner rang in worried about my mental health on day 3 or 4 in hospital on my own with baby and I was told by a midwife 'it's just motherhood' and it was dismissed'.
- 'I was made to feel like I didn't matter and was also asked if I'm an anxious person'
- 'lack of communication, poor standard of care, was treated like another number'
- 'Never met the same midwife twice and sometimes received contradictory advice and info'

Appendix 11: Virtual Postnatal Appointments

Things that were good:

- 'Good to see and discuss issues face to face even if not in person'
- 'Thorough with checking I was alright'
- 'Breastfeeding support was amazing'
- 'I felt like I had exactly the same conversations I would have had if they were here with me. I was also repeatedly told that I could have face to face if I wanted/needed.'
- 'Prompt and frequent calls'
- 'The midwives were very good at giving advice and reassurance, especially (name removed) from the xxx. She was extremely helpful and supportive.'
- 'Took time with calls and gave good information'
- 'Text links to information articles and given some good advice'
- 'Less time consuming, not having to leave home'
- 'Called me everyday to check I am ok'
- 'Clear and helpful'

Things that could be better:

Service users want face to face appointments:

- 'Face to face instead. Complex topics to discuss over phone'
- 'I believe a midwife needs to see baby to make an accurate assessment of their health. I am not a trained healthcare professional; placing reliance on me to say whether my baby is the right colour or whether her eyes look ok (for example) is poor.'
- 'Again as I previously wrote as a mental health nurse I think these appointments should be face to face to monitor a mums mental health. It's not always easy to pick up on a the telephone if you ain't specialist trained in mental health and lock down is already affecting some mums anxiety ect'
- 'I needed to see someone in person'
- 'The telephone call didn't seem too personal and although the same questions were asked face to face support would have been a lot better especially considering the fact I wanted to talk without my partner in the room but during a call they wouldn't know if he's there or not and not able to read any body language'
- 'Someone coming to visit us face to face as it's hard to give advice and support to mums over the phone.'

Appendix 12: Face to Face Postnatal Appointments

Things that were good:

- 'Lots of professional care provided to me and my baby, PPE worn and social distancing observed as much as possible in the home and at clinics'
- 'Felt safe and needed the face to face reassurance of being a first time breastfeeding mum
- 'Midwives were brilliant, knowledgeable and very understanding'
- 'Attended on time, wearing ppe, screening calls before attending, friendly and knowledgeable staff.'
- 'Talked me through many worries and said I could call them any time should I need to.'
- 'Midwife was excellent. It was the same midwife who I'd had all throughout my pregnancy so I was very lucky. She knew me and also knew the baby and noticed warning signs early on about this feeding so he was rushed back into hospital at 6 days old with suspected sepsis. There was no way this would have been picked up on a virtual appointment!'
- 'Checked weight and answered my questions'
- 'midwives were always on time, always friendly and couldn't do more for you'
- 'The support from the community midwives has been fantastic'
- 'The midwives were very supportive especially about My emotional well being and the health of my baby'
- 'Just seeing someone was a huge relief and great comfort at time of such uncertainty'
- 'That I was able to be seen face to face which is reassuring.'

Things that could be better:

Service users would like appointments at home, or at least allow a partner to attend:

- 'Further home visits. Having to attend clinic to get baby weighed so soon after surgery made pain worse Told not to lift anything heavier than baby but having to attend clinic alone meant having to carry extra items impeding recovery'
- 'I had to demand and fight to get someone to visit me at home, despite having undergone major abdominal surgery. This should have been standard, not just because I kicked up a fuss'
- 'Partner being able to come to as I was so tired would have been good to have a second brain to take in information and ask questions'
- 'Face to face appointments actually being offered I only got one because I pointed out that she hadn't been properly weighed since day 5 and her head or length measured since birth! I know we have to be mindful of the virus but I really

worry for any babies that are being neglected or abused, their safeguards have completely disappeared.'

Service users also recognise the benefits of Continuity of Carer and would like this to happen more often:

- 'Seeing different midwives at different clinics which was difficult logistically and not building any rapport with new midwives'
- ' Same midwife each time'
- ' Failed to notice prolonged jaundice due to each visit being carried out by a different and unfamiliar midwife. Would have been more support for me if it had been the same midwife who could have followed my story and was familiar with my baby'
- 'same midwife if possible'

Service users want their babies weighed more often:

- 'It upsets me that I have not been able to have my baby weighed since her 6 week check and attend clinics to chat to professionals and other parents'
- 'I have missed the opportunity to have my baby weighed more frequently.'
- 'Please find a way of bringing back baby weighing clinics. It's not the same on the home scales'
- I felt my baby was in a lot of ways forgotten about. He has been weighed only twice since being born and he is now 17 weeks old. Neither myself or my baby have had good aftercare.
- My baby was 9 weeks premature and has not been weighed in any situation since March/April when she went for immunisations at the GPS. I am beyond disappointed that no health visitors have reached out to check on us new mums during this time! It's a good job I have a helpful mother but some people don't!

Appendix 13: Infant Feeding

Things that were good:

Respondents commented positively on the support that they had which appears to have been face to face:

- 'Great support from (name removed). I couldn't have done it without her. Five weeks on I am now feeding successfully'
- 'Felt very supported by midwives and communication is brilliant with regards to helping breastfeed'
- 'We got a great latch when the lady was there helping us'

Things that could be better:

Service users want more breastfeeding support once home:

- 'I absolutely understand why our breast feeding rates are low because the support isn't there. I have paid privately for support.'
- 'Limited amount of staff unable to support and spend time with the new mums as required. More support with breast feeding'
- 'I would like more feeding support via telephone or online'
- 'I struggled with breastfeeding due to baby having tongue tie and I received no support due to the relevant clinics being closed this forced me to bottle feed which I found hugely disappointing'

Tongue tie – not picked up/clinic not available:

- 'Support regarding feeding has been brilliant. However due to my baby's tongue tie and the service not running due to Covid I feel his needs have not been met. We have to pay privately to have this procedure done which I honestly think is disgraceful as this is preventing my baby from feeding correctly and gaining weight'
- 'My little boy had a severe tongue tie which I had divided privately but didnt take action for 4 weeks. Mainly due to advice that it will be ok. It wasnt ok at all he had awful colic symptoms and struggled to feed due to it. I am glad I paid privately for this. The private procedure was done in full ppe I dont understand why the nhs couldn't do the same. Tiny babies and mums have been abandoned by the nhs during this time'
- 'My son has a bad tongue tie which was unable to be divided so breastfeeding was a massive issue and we very quickly gave up'
- 'I struggled with breastfeeding due to baby having tongue tie and I received no support due to the relevant clinics being closed this forced me to bottle feed which I found hugely disappointing'
- 'This to be available on NHS as baby was tongue tied and this is not treated without FTT in NHS but does still affect mother's mental health and baby's well being and ability to successfully breastfeed. If treatment was available on NHS, people may be more successful at breastfeeding and less likely to feel they are failing at breastfeeding and resort to formula'

Appendix 14: Access to antenatal information

	CHFT count	MYHT count	Total Count
Antenatal education resources online, such as websites and blogs	46	39	84
Antenatal education videos like YouTube or vlogs	29	21	50
Antenatal education via Social Media	32	16	48
Online Hypnobirthing course	28	19	47
Online NCT course	17	15	32
The free online antenatal course provided by Thriving Kirklees/Calderdale (www.thrivingkirklees.org.uk/tkparents)	28	3	31
Antenatal education resources suggested by my Maternity care provider	16	13	29
Other	0	0	0
TOTAL	196	126	321

Table 1: Count of sources of antenatal information accessed by service users, please note some accessed more than one source of information.

Source of Information	Did the source of information meet your needs?			Grand Total	% Satisfied
	I'm not sure	No	Yes		
Online Hypnobirthing course	6		22	28	78.6
Antenatal education resources online, such as websites and blogs	5	1	20	26	76.9
Online NCT course	2	3	12	17	70.6
Antenatal education resources suggested by my Maternity care provider	2	2	5	9	55.6
The free online antenatal course provided by Thriving Kirklees/Calderdale (www.thrivingkirklees.org.uk/tkparents)	8	2	3	13	23.1
Antenatal education videos like YouTube or vlogs		5	3	8	38
Antenatal education via Social Media	2	2	1	5	20
Grand Total	59	36	136	231	58.9

Table 2: Levels of satisfaction