

17 June 2020: Maternity focus group

Facilitator	John Boyman - Head of Public Relations – Strategic Projects	Engagement Team	GC SE
Speaker	Mindy Noble – Chair, Hampshire Maternity Voices Partnership		
Registered participants	15	Participants on Zoom	11
Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]:			
N/a			
Questions/Comments raised during the focus group:			
<p>Bit of a weird experience because my first birth was three years ago with a consultant and my second was three days before we went into lockdown. It was very different because of the circumstances (Covid-19) and I think I also felt that there is an assumption that with a second baby, that you kind of remembered stuff and knew what you were doing. So potentially a bit less of involvement there and nothing against the midwives who were amazing, it's more just general. I had both at Winchester. Postnatally the experience was different – obviously with Covid-19. I have found it very difficult not being able to see a health visitor in person. Obviously that's the circumstances. So that can't be helped at the moment. I have struggled with that. I feel like I had more focus from the midwives the second time and less so the first time. But that potentially is because of my history, because I had PND the first time. I feel like the gap between when it goes from midwife to health visitor is a little bit scary. It's a bit of a jump.</p> <p>Mine was an elective caesarean. Both times I was consultant-led; the consultant appointments the first time round were over in Winchester and second time around were in Andover, which was quite helpful.</p> <p>I had my baby in 2017 at the Royal Berkshire in Reading because of the midwife-led unit. We moved to Basingstoke and I was anxious because I wanted the same holistic experience. It was frustrating because I didn't know which hospital / unit to go to.</p> <p>I had my son in 2017. We live just outside Basingstoke but the midwife was in Andover. Parking is really bad in Basingstoke and Andover. My partner missed a scan because of it. A new hospital has to have proper parking.</p> <p>Maternity parking in Basingstoke is small and other hospital users use it. I also don't think it's fair to have to pay parking when you have to stay in hospital.</p> <p>It's important to emphasise the concept of choice. I had my first baby in London and for this pregnancy I'm living near Winchester. I want to choose a home birth but I was told the consultant would decide. You need communication on the ground so that people know what choices they have. And you need to make sure women know they can choose. I would be prepared to travel to a unit further away.</p>			

I had twins so I had lots of hospital appointments. With the Covid-19 changes, could we keep more remote access?

Winchester parking was terrible especially when I had lots of appointments, sometimes I was there all day.

I've really appreciated the health visitor text message service - much easier than calling. Great to have these options.

I live in Eastleigh. I had appointments and scans at Winchester. Parking was a nightmare as I was spending all day there. I was high risk so had an 8 day stay. Other patients get a day pass for visitors parking but not maternity.

A new building is OK but streamlining and better communication is important. You need better use of technology as I have to have the same conversations with different people.

ANSWER: there is an ongoing project regarding digitalisation of maternity notes so that whoever is involved in your care would have access to all notes.

If a new hospital is built, air-conditioning is key. There's a real problem in Winchester. A midwife-led unit linked to a hospital would be popular. It's something that Hampshire is missing.

The Blossom Team is very popular at the moment and their rates are just skyrocketing, which is brilliant. So I think getting them involved is really key.

I think breastfeeding services are really important to consider right from the beginning of designing any potential maternity services. Space should be allowed for breastfeeding.

I was at Andover where it was so cold that midwives had to bring in oil heaters *[problem last year now fixed]* It was a water birth with no heating. And the tap was dripping constantly. It was so cold walking down the corridor to the toilets. Then I was transferred to Winchester where I couldn't sleep as it was like a sauna.

The toilets weren't big enough, the cubicles are too narrow. It is an uncomfortable experience.

When you arrive at Winchester it is so unwelcoming. There's no obvious reception and it's old and dated. When there is no one greeting you when it's a stressful situation, it can be the start of a traumatic journey.

The care provided by maternity services has always been excellent but the combination of maternity services and other services means that there's one entrance for all. They need to put another entrance as some people may not be there to deliver a healthy baby so shouldn't use the same door as those with healthy new-borns - it can be traumatic.

Neonatal unit - the lifts were broken so I couldn't go with my son down to the neonatal unit as I'd had a c-section.

My son was in a room with some very poorly babies, whereas mine was there for observation. It's a difficult balance between monitoring babies and those who are seriously ill. Maybe the seriously ill ones should be in a separate room as parents may need the space to be near their babies.

I was lucky enough to go on a maternity tour of the hospitals before lockdown. Basingstoke had some curtains missing from some delivery rooms. Winchester was welcoming and had curtains on all the windows.

I ended up in Basingstoke where it was boiling. It was 32 degrees in the room. I was given a side room but the windows would only open a tiny bit so the only way to get air in the room was by opening the door. I ended up in Basingstoke because I was consultant-led. I was automatically sent there and wasn't allowed Winchester but in the end I was happy at Basingstoke.

I don't drive so it would be much harder if the unit was further away.

Neonatal - would be so much easier if it could be on the same floor as maternity as I couldn't get there without midwife help. I had an emergency c-section then was put on a ward afterwards where all the mums had their babies and I didn't have mine which was upsetting.

The windows and blinds in Basingstoke rattle which is annoying when you are in for a long time. I wanted to go to Winchester but it was so old it felt like an old school, not a hospital.

If babies are in a neonatal unit, there is nowhere for partners to have a shower, especially if you're in for a long time and you live a long way away.

Travelling - this is difficult if you only have one car and my partner uses it for work. Public transport is not possible as we live quite far out. 20 minutes travel would be OK. I had twins so it was difficult not having my partner there - although there was miscommunication about whether he was allowed to stay or not. Having said that, I would feel vulnerable if there were only curtains and I was surrounded by men.

Why do these units have to look like a maternity ward? Is it so hard to create something that looks and works well? What strikes me often about birthing centers or home from home birthing environments is that quite often they don't look any different from a maternity ward except for they've got a pool inside. And I can't get my head around that. I don't understand why from a design aesthetic perspective, they have to still look like a maternity ward. Why do they still have to have a big clunky plastic beds? Why do they still have to have, you know, awful prints that look like that out of your granny's house from the nineteen eighties? Is it so hard to create something that looks and functions well?

When I see some of the maternity centres in America, I know it's a different set-up there, but they get rooms like hotel rooms and it was like a home from home environment. There are examples of this within the NHS. Chelsea and Westminster have an amazing centre, I think. Is it West Midlands is where they have one double bed that comes out of the wall? So people can stay with you and then fold them away. And they've got lovely decor inside. There's not an avocado suite in sight.

You know, how important that sense of arrival is, where you're going when things are going well. But also when things aren't going well. You want to be warm, you want to feel safe, you want to have the right environment, and that helps you.

I think one of the mums said it's difficult if you don't drive or only have one family car. We're in the same situation. We have one car. We live out in the sticks. So if it wasn't for the fact that we did have a vehicle, then access to these hospitals would be increasingly difficult because public transport in the area isn't favorable even for us to get into Andover.

There's a bus that runs three times a day from one of our villages. So to make an appointment on time would be near impossible, especially with other factors like other children and work commitments as well. If centralised, you'd be actually making it very difficult for families to get to a centralized location.

I was basically going to echo what XX said. We drive and my work is really flexible. I work for myself so I can work around stuff. But it is about access for everyone.

Also, a question on how we're reaching all the groups, to make sure everyone is involved?

POLL on ZOOM:

How far would you be prepared to travel for to access an alongside birthing and obstetric unit?

20 minutes	3 responses	30%
30 minutes	6 responses	60%
40 minutes	1 response	10%
More than 40 minutes	0	0%

Chat comments/questions (anonymised)

- I'm not sure if John is aware of the services that are provided on the Anthony Letchworth Ward in Winchester. To clarify I had a baby who was born on ALW He was a late miscarriage. Although care was excellent the experience of having to go through that with new-born babies, seeing people arriving for their appointments though my window, leaving alongside parents talking about their new born babies was a really traumatic experience. Simply having a separate entrance and rooms overlooking a different side of the building would have made a really big difference.
- Good point about partners, the chairs at Winchester for them to sleep in are absolutely awful. My partner was also denied a pillow and sheets. You can stay but its made very difficult and uncomfortable but I absolutely needed help with twins as I could barely move after my section
- Going back to the last question – similar to XXX, the EPAU in Basingstoke is a horrible place, you have to go in elevators with women who are in labour or heavily pregnant/ head upstairs towards the labour ward. If you go after 8m you are actually placed opposite the labour ward. It makes it much more traumatic when

going through miscarriages or ectopic pregnancies. All follow up is done on the women's health unit on the same floor as people giving birth

- IN Winchester the EPAU is at least down a different corridor but in Basingstoke you are right in the middle of people giving birth and bringing home babies
- There is a lot of focus on labour and giving birth (understandably) but post natal space is really important too, particularly a decent kitchen and plenty of toilets. Walking down a long corridor after a section to use the toilet is very painful – also feeding space to prepare bottles.
- A system where maternity notes are online would be great – a friend in Scotland had this and it was so much more efficient than carrying papers round
- When I had my consultant appnts I wasn't ever given an option to birth anywhere other than RHCH I I didn't realise I had a choice (this applies to both pregnancies)
- Physical visibility is really important
- On designing areas to fit partners in, when you are only separated by a curtain. A lot of women would feel very uncomfortable having men around especially all night. Its not very appropriate unless private room.
- The Basingstoke Unit is visually very run down this was very off putting for both myself and other mothers when choosing which hospital to birth at.
- The age of Andover is very off putting in my opinion
- Really good points made – taking mental health impact into the design of hospital space is vital
- What is being done to ensure Black/brown/women of colour are included in discussions such as these? What is being done to make sure they feel safe in the Trusts? The most vulnerable women, what is being done to ensure their birthing outcomes and childbirth experiences take a paramount focus?

- I would have been happy to have travelled further in a centralised space. May improve comms between consultant and midwives too
- Travelling further would have been hugely problematic with the amount of appointments I had – sometimes weekly and not having access to a car during the week.
- I would be willing to travel for improved services, however I am fortunate to have a car. For those who do not have private transport, this I feel could be discriminatory in regards to time, cost and stress of travelling whilst on public transport
- I'm happy to travel if possible but it would be difficult for those that don't drive. How would this affect post natal care too? So even for those who have high risk birth it would be good to have the option to transfer to a facility with better post natal care, especially if you are in for a while.
- People also need to know where neo is placed in hospitals
- If one centralised facilities then more facilities required for families to stay. Partners staying is key to support. Breastfeeding etc.
- First birth was an elective section and we had son at 4pm (they just squeezed us in) By the time the meds had worn off and we were moved to a post natal ward. Husband was kicked out within the hour (visiting rules). I found this incredibly difficult. Perhaps need to consider how long partners can stay for post delivery
- Would agree re signage RHCH. I get lost every time I am there and I'm there frequently
- Very much agree with XXX's point about trying to get to places without your own car. Transport in Hampshire is problematic and not everyone can afford taxis/ access to these in an emergency anyway
- Shuttle bus is a good idea

- Also consider that people with the biggest transport issues are not likely to be contributing to consultations (disadvantaged groups)

Write-up by: SE