

16 July 2020: Maternity Focus Group - Online engagement session

Facilitator	John Boyman – Head of public relations, Strategic projects	Engagement Team	Wendy Landreth
Speakers	John Boyman – Head of public relations, Strategic projects		
Registered participants	12	Participants on Zoom	10
<p>Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]:</p> <p>Graded scale from high risk to low risk to better represent the choices available to women. Much improved integrations between maternity and mental health services.</p>			
<p>Questions/Comments raised during online event:</p> <p>QUESTION FROM SPEAKER - How you find health services in your experience as new mums. Did it change between babies?</p> <p>COMMENT: Two babies two years apart in RHCH. Pool room for one baby and not for the other. My experience was quite different. My care and experience was wonderful. Space and privacy was great.</p> <p>COMMENT FROM CO-FACILITATOR: We are more interested in environment rather than care.</p> <p>COMMENT: Practiced hypno-birthing for second child which was well supported in Winchester. Environment that I was in meant I was very mobile. Lots of room, mood lighting, birthing pool and supported with music she wanted. Great facilities. Not always the same facilities for everyone. First baby had to change hospitals as BNHH were full. If there were a wish list it would be 1) regardless of whether birth centre or hospital to have a pool available in every room 2) space to walk around, flexibility, lighting, facilities to support the way you want to birth. 3) Wireless telemetry so you can be monitored while mobile or get in the water and still be monitored.</p> <p>COMMENT: Baby loss. It is difficult going in to an environment with women that are still pregnant. Separate entrance so that loss and grief are better respected.</p> <p>COMMENT: Experienced all manner of services and care at BNHH. PTSD diagnosed so third pregnancy was different. Need side rooms and privacy.</p> <p>COMMENT: Often get bounced around because it's so busy. Could do with more private side rooms for high needs, trauma patients etc. If you have a mental health need you can be fitted in with others that don't have similar needs. Private spaces so as to avoid telling</p>			

your story in front of other people. Difficult to go to women's health / new baby wards following baby loss. Must be kept separate. Will the new build have all of BNHH and RHCH services there? Experience of a bereavement group which can't always get in to the bereavement suites. Consider increasing the number of suites available. Dedicated spaces for therapy/counselling. Consider where OOH antenatal monitoring is done.

COMMENT FROM CO-FACILITATOR: It's all about flow and the importance of how people go through an area i.e. not through maternity wards. Coming in and out of the building without encroaching on pregnancy. Could we have multi use rooms?

QUESTION FROM SPEAKER – How was the mental health care received?

COMMENT: Maternity psychology team managed care. Long waiting list. Delivered by Southern Health and it was a fantastic service.

COMMENT: Flow of traffic and people. Fertility services. Please keep separate. Difficult to walk out of consultation and be faced with pregnancy. Similar with pregnancy loss, recovering with ladies with babies. Breastfeeding room was downstairs, couldn't visit room and breastfeeding team weren't allowed to visit ward. Had to wait until discharge. Breastfeeding support needs to be on the ward.

COMMENT: Had to stay in RHCH for an extended period. Not the best care in RHCH. Poor support for breastfeeding. Not very welcoming and accessible for partners. Made to feel unwelcome. Need more space for multiple births. Had to walk quite a long way to use facilities which is difficult following a c-section. Unmanned nurses' station with office out the back with the door shut. Need to make staff more accessible especially for medication purposes. Can you now access via a locker?

COMMENT: Locate special care baby unit close to postnatal ward. Particularly critical in multiple births if only one is in special care. The facilities are dated and not user friendly. Make them more homely. Making these areas accessible and user friendly is very important.

COMMENT: Mental health unit Mulberry Lodge is not fit for purpose. New hospital should have a facility for mother and baby. Mental health in pregnancy is really important. Bring the mental health services in to the hospital as there is a rise in women who have mental health issues.

COMMENT FROM CO-FACILITATOR: The cost of a lack of mental health care during pregnancy is ultimately picked up at a later date. Special care unit needs to be next to postnatal ward. If there were a room in special care that a person could stay in with a partner and well baby (in the case of multiple births) then could present a different outcome. It's about the flow without separating. Multiple floors are not ideal..

COMMENT: From a partner's point of view, the care side of things you feel part of it. At the moment, with one visitor only you feel a bit pushed out to the side. Important to note that partners are still important in the process as support. It can be difficult when you can't give the support you need to. When designing, don't get carried away with digital showers and fancy things. People need a simple shower that they can turn on and off and a simple bath that they can get in and out of easily. Drinking water taps through the hospital rather than water coolers and a decent coffee machine.

COMMENT: Postnatal care in the early hours of being a mother with a newborn, space would be helpful. Next to bed cribs would help during the first night. Improve the technology. Current monitoring often drops off. Need some more modern mobile monitoring.

COMMENT FROM CO-FACILITATOR: When new beds are sourced, ensure that they can have 'next to' cribs. Proven to help with breastfeeding and especially helpful after c-section. Also ensure the need for space around beds for partner.

COMMENT: Sometimes even decent space ends up being a small space with drips and wires etc. Partners often feel in the way. Need doors that swing both ways to avoid touching and make the best use of space.

COMMENT: As a breastfeeding peer supporter, we go on to the wards to assist. We would like to have chairs so that we could sit next to rather than stand over when providing support. It is often 45 mins to an hour to help a mum and baby and ideally don't want to kick the partner out of the chair. Partners are incredibly important in the birthing process, especially after a c-section. It's important to make partners feel like they have a place.

COMMENT: Wish list would be 1) better breastfeeding support as there is not great support from the midwifery team. Maybe use paid breastfeeding experts rather than rely on volunteers. 2) Mental health services to continue longer. After a year, no longer eligible for perinatal mental health services. PTSD can take up to 5 years to show itself. Mental health integration of services as currently there are two teams (perinatal mental health team and perinatal mental health midwifery team). Need to integrate to ensure you are referred correctly. 3) The term high risk makes you feel like you and your baby are in danger. There is a need to give mums a full range of choices but often mums are presented with easier birth choices. Needs to be a sliding scale between high risk and low risk. Not box ticking.

COMMENT: Would love there to be a midwifery led birthing suite next to Basingstoke hospital. Birthing suite and hospital to be more homely and pleasant. Need large rooms, privacy, ideally a side room for everyone.

COMMENT: Induction - happening on an antenatal ward with sleeping women while in early labour is difficult.

COMMENT: Would travel half an hour for the right environment. Water/pool available in every room rather than not being allowed because "too high risk". Make the rooms homely. Need different places for different issues i.e. not admit to labour suite 3 weeks after birth.

COMMENT: Hospitals are dilapidated. Encouraged to have a home birth due to state of estate. Need more rooms for partners.

COMMENT: Pool rooms are good. Birth rooms are small and claustrophobic and can induce anxiety. Open the space up. There is a need for women to feel normal and not trapped. More spacious. Ideally have a midwife led separate unit.

COMMENT: Postnatal midwife station, you feel like you're interrupting. Light and windows are important postnatally. Make the environment feel nice and bright. Showers/bathing area needs to be bigger.

COMMENT: Private rooms for baby loss. Increasing 'paid for' private rooms but giving priority to baby loss mums. Winchester feels like a maze. Make it obvious where you are.

COMMENT: next to me crib important as there are currently no facilities to co-sleep.

COMMENT: High beds are a danger. Low beds are more representative of home.

COMMENT: Women want access to choices

QUESTION FROM SPEAKER – If you had to travel further for a facility where you could have both a midwife led unit collated with an obstetric unit. How far would you travel?

COMMENT: Happily travel an extra half an hour to have a better facility. For a planned birth would happily travel for the service.

COMMENT: 30 minutes maximum

COMMENT: Would have considered travelling for better care.

COMMENT: You would need to ensure you also had an alternative non-M3 route.

COMMENT: Car parking – need to be able to park.

COMMENT: Car parking is important.

COMMENT: Outside spaces. Thinking of what you would do during a homebirth and try to get that. Outside space where you could labour. Or postnatally take your baby.

COMMENT: Outside space is important for mental health. You are not allowed to take your child out of the hospital. Need space to take your baby for a walk. Given the impression that you weren't allowed to leave with your baby.

COMMENT: Could there be designated walking routes round the hospital so you could go for a walk.

COMMENT: Security on the ward. Husband couldn't get back in. Could there be a card system rather than buzzer.

Chat download anonymised

Good water pressure!

Good drainage system too, side room 'wet room' flooding after every shower

Yes I completely agree with this. On antenatal there was one CTG machine that we all refused to use because it was completely unreliable!

A breast feeding support room on post natal ward maybe - with a range of chairs, a bed, to support different positions

This why the new maternity psychology team is so vital
 Co-facilitator: Bring mental health services close to the other maternity facilities
 Make doors two way so we don't need to touch them. People are getting bigger, rooms and cubicles need more space
 could all the pre & post natal support teams e.g. community midwives, breastfeeding support, health visitors, mental health teams be based in the new hospital, to support communication between the teams. as this is very poor
 Co-facilitator: It is all about flow... privacy, larger rooms
 I'm so sorry I'm going to need to leave now. Just wanted to say thank you for the opportunity to contribute
 Co-facilitator: Special area for induction
 Co-facilitator: double beds in a co located birth centre with pools in all rooms
 Co-facilitator: Obstetric rooms need to look as homely as the low risk rooms... stop using high and low risk, all parents deserve a lovely room
 Co-facilitator: Aspire to have rooms that all look like the pool rooms at Winchester
 Co-facilitator: postnatal midwife station, staff tucked away so parents feel guilty accessing support
 Co-facilitator: Natural light
 Co-facilitator: New beds in a new unit MUST ENABLE NEXT TO ME COTS!!!!
 the view from my room at B'stoke was all the bins/ hospital rubbish! & I was there about 2 weeks
 I think windows and a view is very important
 Co-facilitator: water coolers - waste of money... have drinking water taps instead
 Small point but the birth balls are really needed to stay mobile...they need some space and need to be kept pumped up! Partner brought a pump in to keep ours topped up, 30 minutes on average probably
 agree around 30mins as Frimley is 20mins away, B'stoke 20m and Winch 30m
 I would chose a birth centre 30 mins away over an obstetrics unit 15 minutes away
 You don't want to labour in the car for too long!
 big enough car park spaces, so pregnant ladies can get out of the car & you can put babies into the car
 I think there would need to be good M3 alternatives and 30 mins should be the absolute max on the alternative route. Ideal distance would be 15 as a max.
 Co-facilitator: car park spaces, enough, and wide enough
 Co-facilitator: walking areas for women in labour, routes to encourage walking in early labour especially if people arrive early as the unit is further away
 agree, being able to access outside for a nice walk day or night.
 Co-facilitator: An outdoor garden accessible for parents, relaxed
 Yes, love the idea of a nice outdoor space
 Also Costa is important to me. Possibly favourite part of Basingstoke hosp
 BIG WISH - Ban the word 'allowed' from maternity care!
 absolutely agree! a takeaway coffee.
 Sometimes you can't get out either!!! Which is horrible!
 Co-facilitator: How do we work out security so people aren't stuck outside trying to get let in...
 Thanks for the opportunity
 Good to be part of the conversation. Thank you!

Report written by:

Wendy Landreth

