

Antenatal Care Project Executive Summary

What we did

Healthwatch Richmond gathered the views and experiences of local women who had received care during pregnancy (antenatal care). This work corresponded with plans, both local and national, to improve the provision of maternity services. Healthwatch representatives carried out semi-structured, face-to-face discussions with individual women to gather their feedback. Feedback was also collected via an online survey that was mainly promoted through the Healthwatch Richmond website.

The project and the choice of questions used were discussed with local hospitals and partners. The online survey was accessible from 20th March 2018 to 23rd April 2018. The one-to-one discussions took place between 14th March 2018 and 24th April 2018.

The report highlights where services are working well and makes recommendations to the commissioners and providers of antenatal care at Kingston Hospital, West Middlesex Hospital and any other local hospitals. It will be shared with commissioners and providers of maternity care services in order to help make improvements.

Who responded

One hundred and one local women responded either through the online survey or by taking part in one-to-one discussions (47 and 54 respectively) between March and April 2018. Respondents came from across the geographical spread of the borough. For about half of respondents this was their first pregnancy.

The due date of women spanned from August 2015 to May 2018. The majority of women had very recent experience of pregnancy

Due/birth date	% of women surveyed
<6 months from the date of data collection	70.3%
<12 months before the date of data collection	84.2%
<18 months before the date of data collection	95%
>18 months before the date of data collection	5%

What people told us about care while pregnant

First contact when pregnant

When they first became pregnant, the majority of women contacted a GP, while a significant number self-referred to hospital. Women generally referred to these experiences positively however responses regarding self-referral were generally more positive than referral to GP.

A small number of women described their GP as not being caring or described problems with referrals being lost between their GP and hospital. In comparison there were no negative comments related from those who self-referred relating to staff attitudes and self-referring removes the possibility of referrals being lost between GP and the hospital.

Choice and location of birth

The vast majority of respondents were able to choose where to give birth (78%) or gave birth in the setting of their choice (80%).

Of the 22% of women who were not given a choice of provider, around half reported that they had self-referred. This was either their preferred choice or they were not aware that they could choose another hospital or didn't feel that they had a real choice.

The most common reason for choosing a hospital was location (56%) followed by 46% of respondents who provided a narrative response explaining their choice. Respondents cited other reasons around half as frequently with Previous experience (26%), Recommendation (24%), Type of birth experience (22%) and Reputation (22%) all receiving similar numbers of responses. Women could give more than one reason for choosing a hospital and so the totals add up to more than 100%.

West Middlesex University Hospital slightly differed to the norm as fewer women reported choosing it on the basis of its reputation or recommendation compared to other hospitals.

Antenatal Check ups

There were significant differences in the way that providers were rated by patients in relation to antenatal care.

At West Middlesex Hospital, a significant majority of women reported having a named midwife they could contact (82%). However this did not translate to good experiences of care. Most women (55%) reported they did not feel they had enough contact with their midwife and only 27% rated the hospital as being 'Easy' or 'Very Easy' to contact.

This is a notable contrast to Kingston Hospital where only 50% of respondents said that they had a named midwife but most felt they spent enough time with a midwife (88%) and found it 'Easy' or 'Very Easy' to contact the hospital (75%). Kingston Hospital told us that work is underway to improve the number of women with named midwives.

Information

The majority of women said that they received the right amount of written (77%) and verbal (80%) information, that this was given at the right time (93%) and was understandable (90%).

The area where most women reported not receiving enough information was in relation to feeding their babies. Of those who did receive information about feeding from Kingston Hospital, 26% reported that they did not receive sufficient information about feeding their baby until during or after the birth of their child. Across the sample a minority talked about unwelcome pressure in relation to breastfeeding.

Whilst some improvements could be made to information provision earlier in pregnancy, ensuring that information is appropriate and consistent, this was not a priority for most women.

Emotional Wellbeing

Overall, 72% of women were told about emotional changes to expect during pregnancy, with more women reporting this at Kingston Hospital (75%) than at West Middlesex Hospital (62%). Few women had used the emotional wellbeing services however, and the feedback about them was mixed.

Overall experiences of care

The majority of people rated the overall care that they received as very good (44%) and good (42%). Narrative responses enabled some analysis of care within our main hospitals.

Kingston Hospital

At Kingston people spoke positively of the administration of their appointments and of the quality of care that they received. *“The booking of appointments is good and I know what is coming up and when seeing the obstetrician”*

The majority of women spoke highly of the staff that cared for them, describing staff as *“lovely midwives”* and praising the *“positive nature of staff”*.

Labour and birth were not within the scope of this review so it is difficult to draw firm conclusions or to make formal recommendations on the basis of this information. Kingston Hospital provided us with assurance over patient experience of labour and birth:

“The Trust has assurance from the 2017 Maternity Picker survey that the care provided by the Kingston Maternity Service is rated very positively by women in regards to the care they received during their labour and the birth of the baby [higher than the national average].

This is also reflected in the high levels of satisfaction that women and their families express through the feedback received via the maternity Friends and Family Test surveys.”

A small number of people spoke about postnatal care. Most positive comments referenced postnatal stays as an inpatient in a private room or being supported to stay at home.

West Middlesex Hospital

Feedback about staff at West Middlesex Hospital was evenly split between positive and negative comments. Around half of all statements provided about staff were strongly negative regarding the way care was given or regarding the attitudes of staff providing care. The Hospital provided us with a thorough action plan for addressing this and told us:

“There are really no excuses for rudeness and poor professional interaction. This is not the standard I expect from the team.

This survey will be shared with the teams for reflection and learning. Our practice development team will look at sessions for the clinical leads to enable better monitoring of care within their defined areas.

West Middlesex Hospital

Whilst there were a similar number of, often strongly expressed, positive statements about care we would expect compliments to significantly outweigh concerns. There is therefore a disproportionately negative trend to the feedback which is strongly focussed on the lack of a sufficiently caring approach.

Several people spoke about other problems, including the administration of patient records, which in some cases still occurred despite repeated requests to resolve the errors. **The Hospital accepted this feedback and provided us with specific actions to address the negative experiences of their patients.**

Conclusions

The majority of women were content with their care and are receiving good antenatal care at all local Hospitals (96% rated their care as “Very Good” or “Good”).

Many women highlighted the positive experiences of care that they had experienced in terms of trouble free referral pathways, choice of provider, receiving good care from compassionate staff and getting the right information at the right time.

There were however suggestions for improvements could or in some cases should be made.

There is however need for improvement findings in relation to care at West Middlesex Hospital with both relatively lower ratings of care at the hospital (78% vs average of 96% positive ratings) combined with accounts of staff not being sufficiently caring. **West Middlesex Hospital have acknowledged these findings and have set out a detailed action plan committing them to meaningful improvements to care.**

Administration of patient records at West Middlesex Hospital received criticism from patients. In the case of the individual whose blood group was not correctly recorded on their notes, there is some potential for this to create risk to patients if it continues. **West Middlesex Hospital have told us that they are undertaking work to digitise notes which should improve the accuracy of maternity notes. We remain concerned however that recruitment and staffing problems are a factor that may continue to lead to problems with administration including patient notes.**

West Middlesex have acknowledged the need to make it easier for women to contact their antenatal department. Problems with staffing within the Admin and Clerical department are cited as causes of this. Whilst the cause may have been identified patients need to see improvements and we will follow this up with the Hospital in due course.

Women reported not having enough support and information in relation to feeding their babies across all providers. Whilst this should be addressed it is important that this is done sensitively so that women do feel stigmatised if they choose not to, or are unable to breastfeed. Work arising from the Local Maternity System may help to address this and we ask the Hospitals to report back to us on progress.

Self-referral to hospital leads to better satisfaction and fewer problems than when women initially refer via their GP. It also reduces the burden on GPs. It is disappointing therefore that relatively few women self-refer and that many women report surprise at being able to do so. **We will ask Richmond CCG to ensure that all GP Practices are able to direct women to self-referral to more than one provider.**

The numbers of women with a named midwife at Kingston Hospital is low and we acknowledge that action is being taken to address this. This action however begun in April 2017 and the number of women with named midwives should now be increasing.

We welcome the responses from the hospitals to this report. Overall Richmond patients report very good antenatal care locally. Where people's experiences have identified the need for improvements we are very pleased to see that providers have made commitments to meaningful changes to the care people receive locally.

Finally we would like to thank the people that contributed their experiences to this report. By taking time to share their views these people have helped to improve care for families in the future.