

Kingston Hospital NHS Foundation Trust Maternity Service Response to Healthwatch Richmond
Draft Antenatal Care Survey Report
17th August 2018

	Actions
<p>1. Kingston Hospital are asked to explain why women disproportionately report not having named midwives and explain what they are doing to improve this.</p>	<p>Quality improvement work streams have been in progress since April 2017 to improve continuity of midwifery carer in both the antenatal and postnatal period. This facilitates the woman knowing her named midwife and the other members of the midwifery team within the community area that she lives. This improvement work is linked to the SWL Local Maternity System Maternity Transformation programme and Maternity & Neonatal Safety Collaborative NHS Improvement.</p>
<p>2. Kingston Hospital should also give consideration to the poor feedback in relation to people's birth experience as they relate largely to incidents that could and should be avoided.</p>	<p>The remit of the survey was to gain women's views of the antenatal care which they had received. The survey questions were designed and agreed to focus upon antenatal care which consequently causes difficulties in making recommendations for the labour and birth comments as there is no context or further details around this data, e.g; "Felt that I should have been given earlier intervention. Left too long in labour (86 hours). A scan during labour would have shown that a C-section was necessary". Without further medical details it is not possible to make a recommendation as a full medical opinion is required with the woman's history and labour details to know if this comment is largely preventable or avoidable, therefore it is not possible to draw conclusions from most of the comments made around labour and birth. If these comments pertaining to labour and birth remain in the report they could be included in an additional comments section, but it is not possible to provide recommendations without further context.</p>

	Actions
<p>3. Both Kingston Hospital and West Middlesex Hospital are asked whether they agree with the finding that women report experiences and less problems when they self-refer. If this is the case than we ask them to support us in calling NHS colleagues across South West London Hospitals and CCG to promote this effectively.</p>	<p>The process of self-referral appears to be an efficient electronic system for both the woman and the maternity administration team resulting in a high percentage of women receiving their first antenatal booking appointment within the recommended time frame.</p> <p>The main drawback would be for women where English is not their first language and there may be communication issues if the woman is asked to self refer in which case the G.P route would be the best option for the woman.</p>
<p>4. We ask Kingston and West Middlesex Hospitals to consider how more and better information about feeding can be given sensitively to women at an earlier stage.</p>	<p>Kingston Maternity service has been implementing the recommendations from UNICEF Baby Friendly Initiative (BFI) and is being assessed for Unicef Stage 2 BFI standards on 22nd and 23rd August 2018. One of the main areas of focus has been the information given to women in their pregnancy and following the birth in regards to feeding the baby which aims to sensitively support women in their feeding choices.</p> <p>All infant feeding literature and resources for women to ensure clear messages are being given is reviewed by maternity service users through the Maternity Voices Partnership group.</p> <p>All maternity and neonatal staff receive infant feeding training.</p>