



Oxfordshire LINk Maternity Services Review

Postnatal Maternity Services in Oxfordshire August to December 2012

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Your Voice on Health & Social Care

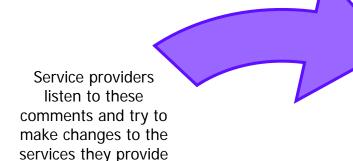
Oxfordshire LINk

The Oxfordshire Local Involvement Network (LINk) was set up in April 2008 to give everyone an opportunity to say what they think about local health and social care services. The LINk is independent of the local council and the NHS.

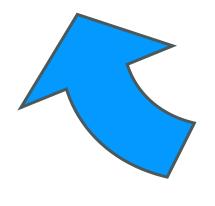


The LINk listens to what local people say about their needs and about their experiences of services whether they are provided by the NHS, a local authority, charities, or a private company or voluntary organisation under contract to Social and Community Services. Social and Community Services is the part of the County Council which is responsible for adult social care.

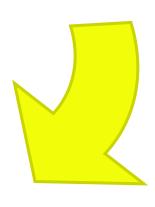
The LINk wants to know what is working well and what is not so good and to give people an opportunity to monitor and check how services are planned and run. The LINk feeds back this information to the people in charge so that things can change for the better. LINk also has powers to ask the NHS and Social Services for information and to make recommendations.



People in Oxfordshire receive health and social care services and share their opinions with Oxfordshire LINk



Oxfordshire LINk ask people their views and experiences of their services and pass on comments to the service provider







Your Voice on Health & Social Care

Maternity Services Review Introduction

Through engagement work carried out by Oxfordshire LINk, we received various comments relating to maternity services in Oxfordshire. On request, LINk presented a scoping document to Oxfordshire Joint Health Overview and Scrutiny Committee (HOSC) to judge the level of support for taking these comments forward and forming a project group. This was supported and work began to undertake more research in order to obtain a comprehensive, up to date picture of how people feel about their maternity services. As with all Oxfordshire LINk projects, the outcomes and recommendations are shared with the relevant service providers & commissioners with a request made for responses to the issues raised and, if appropriate, an action plan developed. The timescale was set for the majority of current LINk project work being completed by the end of December 2012.

What had LINk heard?

Comments received from previous engagement work:

What works well

- Midwives and Health Visitors are excellent (Bicester)
- The Maternity Ward at the JR was fantastic
- Maternity services are excellent at JR
- JR maternity care excellent team very caring
- Maternity care is good
- Midwives were wonderful

Areas of concern

- Reduced Maternity service at the Horton
- Need consistency with midwife service one or two midwives to see you through pregnancy, rather than lots of different ones.
- Midwives put new Mum's under pressure to breast feed
- More Midwives needed at the JR there are staff shortages
- Health Visitors could be more helpful and supportive
- Felt pushed to breastfeed
- Left overnight after birth with no obs
- Sister in Leeds has 2 hour DVD's, special visits before birth! Why can't we have the same?
- Poor care at JR maternity
- JR Maternity really good with the birth, but don't give any advice about looking after the baby, this is left to the Midwife. Community Midwives are under too much pressure to do everything and the service is stretched you may not see a midwife for a week 2 weeks after birth. Should have more training / information available in hospital before you leave with your new baby.
- Inconsistent advice post birth.
- Too much pressure on new Mums to breast feed
- Discharge after birth too soon
- Continuity of maternity care is not good unusual to see the same person twice
- Post Natal depression was not taken seriously (x2)
- Lack of Midwives only one for the whole area. No holiday cover.
- Takes ages to get an appointment (Thame)





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Response received from Oxfordshire Primary Care Trust regarding comments received

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Topic	Comments Received:	Response May 2012
a) Staffing:	 Need consistency with midwife service – one or two midwives to see you through pregnancy, rather than lots of different ones. Continuity of maternity care is not good – 	Staffing levels have improved since 2010/11and OUHT do not currently have any midwifery vacancies. OUHT recognise that continuity of care is an
	 unusual to see the same person twice More Midwives needed at the JR – there are staff shortages Lack of Midwives – only one for the whole area. No holiday cover. Takes ages to get an appointment (Thame) Health Visitors could be more helpful and supportive 	important issue to service users. A review of community caseloads has been undertaken and every effort is made to ensure continuity of carer wherever possible.
b) Breast Feeding:	 Midwives put new Mum's under pressure to breast feed Felt pushed to breastfeed Too much pressure on new Mums to breast feed 	All midwives will are encouraged to support women in their chosen method of feeding. However we recognise that women, whilst given the choice, are actively encouraged to breast feed where possible, as there is strong evidence supporting the positive benefits of breast feeding for babies. The service recognises the need to ensure that an appropriate balance is struck, and that staff are sensitive to those women who may feel unduly pressurised.
c) Information	 Sister in Leeds has 2 hour DVD's, special visits before birth! Why can't we have the same? JR Maternity – really good with the birth, but don't give any advice about looking after the baby, this is left to the Midwife. Community Midwives are under too much pressure to do everything and the service is stretched – you may not see a midwife for a week – 2 weeks after birth. Should have more training / information available in hospital before you leave with your new baby. Inconsistent advice post birth. 	Parent Education is currently being reviewed in order to meet the Department of Health recommendations in 'Birth and Beyond'. These sessions will involve a multi-agency approach and will ensure that care of the baby is covered in both the ante-natal and post natal period. This will improve the level of education and information provided to mothers. Every effort is made by staff to ensure consistency in the advice that is provided.
d) Quality	 Poor care at JR maternity Left overnight after birth with no obs Reduced Maternity service at the Horton Discharge after birth too soon Post Natal depression was not taken seriously (x2) 	All women are risk assessed by the service and an appropriate individual plan of care is put in place. This plan will include for example the required level and frequency of observation, and discharge planning needs. We are not unaware of any reduction in the maternity services at the Horton to which one comment refers.





Your Voice on Health & Social Care

Maternity services in Oxfordshire are grouped into three areas;

- Antenatal Services services used during pregnancy including; ultrasound, pregnancy tests and screening, antenatal clinics, day assessment units, Silver Star service, community midwives.
- <u>Maternity Units</u> services used during birth including; consultant led maternity units at the John Radcliffe and Horton hospitals, midwifery-led maternity units including Oxford Spires.
- <u>Postnatal Services</u> services used after birth including; breastfeeding clinics, newborn screening programme, neonatal unit, Special Care baby unit (SCBU), birth afterthoughts, community health visitors.

Through consultation and discussion with the Joint Health Overview and Scrutiny Committee (HOSC), LINk agreed to focus research and project work on Postnatal services.

Oxfordshire LINk looked at ways to gather comments and views from the public, including questionnaires and research gathering via the following avenues:

- Facebook
- Twitter
- Oxfordshire LINk website
- Family support websites e.g; Netmums Oxfordshire
- Local press and media
- Existing LINk contacts
- Other support organisations including voluntary sector
- Children's Centres
- Mother and Baby groups & toddler groups

Organisations or groups with whom Oxfordshire LINk worked, or shared information, included:

- Oxford University Hospitals Trust
- Maternity Service Liaison Committee
- Oxfordshire Primary Care Trust
- Oxford Health
- Locality Clinical Commissioning Groups
- Voluntary Sector
- National Childbirth Trust
- Joint Health Overview & Scrutiny Committee
- Children's Services Scrutiny Committee





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Example questionnaire used to gather views

Oxfordshire LINk Maternity Project Questionnaire

Do you have any comments to make about any area of your postnatal care (after the birth) in Oxfordshire?

Areas of postnatal care you might want to tell us about include:

- Your stay in hospital after the birth
- Breastfeeding Clinics
- The Birth Afterthoughts service
- Neonatal units
- The Newborn Hearing Screening Programme
- Support around your choice of feeding

Thank you for your contribution to this project

- Home visits from Midwives
- Health VisitorsSupport after the home birth

Please can you tell us the month and year you gave birth?
Which area of Oxfordshire do you live in?
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Comments Received

Positive Experiences

- The hearing programme is very good.
- Home visits from the midwives were also good, they were all very helpful.
- The midwife in the delivery suite was excellent, supportive, patient and very sensitive.
- I attended the JR breastfeeding and they were superbly supportive.
- The midwives who have visited us at home have been excellent.
- Breastfeeding clinic (at the JR) excellent, thanks to Sally and her team
- Hearing Screening lovely and efficient
- Breastfeeding clinics excellent
- Hearing screening excellent
- I came home straight after having my baby so didn't stay in hospital. However, I had some concerns after going home and therefore phoned the Spires Unit and they were very helpful and gave me advice which was reassuring.
- The Birth Afterthoughts service after a very traumatic 2nd birth with lots of complications after the birth this service made sense out of it all. My husband and I found this very helpful.
- Banbury SCBU staff really kind
- The Newborn Hearing Screening programme good
- Special Care Baby Unit and Intensive Care Baby unit are fantastic and so supportive.
- I am very pleased and satisfied about the Birth Afterthoughts services and in particular breastfeeding, health visitors and breastfeeding advisor Margaret are exceptionally helpful and give me great support, it is a work with a lot of respect, many thanks and keep helping mums!
- Stay in hospital very caring even after I went home. Had a little postnatal depression which was picked up and I was looked after with the correct support networks.
- Midwives were very helpful in hospital and once I returned home.
- My local Children's Centre is full of information and a place to come for a chat and a cup of coffee.
- Overall very happy with all sections (of postnatal care)
- The staff at the JR (John Radcliffe) post birth were great and very supportive.
- I have found our health visitor very approachable and knowledgeable.
- Once my baby was 4 weeks we started attending the Eynsham Children's Centre which
 I found to be excellent, the support for breastfeeding was excellent.
- Breast feeding clinics and children's centres in Oxfordshire are excellent I felt very supported in this area.
- The midwives before and during the birth of my son were excellent.
- Hearing screening very helpful that done at hospital
- Midwives at home excellent (Marie Blenheim team)



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- I had help learning to bathe my baby and in the night it was reassuring to have someone there when he was struggling with fluid (from the birth) preventing him breathing. I personally found the stay overnight in hospital was the best choice for mewhen you are a new mum the first night/day is the scariest!
- I had two difficult pregnancies and with both pregnancies I was under Silver Star service at JR but the care and expertise I had from Chipping Norton was EXCEPTIONAL. Midwives had an amazing positive impact during both births when I had to be transferred to the JR 1st was undiagnosed breech and 2nd was 6 weeks premature birth. I transferred back to Chippy and the care I received was first rate. I could not have succeeded with breastfeeding (which I continued for 13 months) without the time, patience and expertise of the Chippy midwives. With my 2nd baby I had complications and was in JR and then Banbury when I did get home the midwives were great in looking after me until the health visitor took over.

Breastfeeding Comments

- While in hospital I asked the midwives for support with breast feeding but they didn't help me, the pain was unbearable and I was forced to stop breast feeding. The response I got from the midwives was it looks like she is latched on fine. In Oxfordshire breast feeding is pushed on you and I was made to feel very guilty about having to stop by one midwife. Who also told me my child would have a lower IQ if formula fed. My child is now 17 months old and is very advanced for her age. She was formula fed 3 days after being born.
- The breastfeeding support I received was HOPELESS my baby did not latch on until, at ten days old, I eventually drove myself (and the baby) to Chipping Norton and spent the day there where the midwife suggested I use nipple shields. I went on to breastfeed until she was nearly 12 months despite suffering from mastitis over the New Year (undiagnosed by my two GPs and a Health Visitor and eventually diagnosed by an out of hours doctor).
- I was encouraged to stay in hospital following the birth of my baby as I had made specific mention in my notes that I wanted help with breastfeeding my baby. A number of different midwives visited me following the birth and helped me to breastfeed all were very helpful and pushing the breast is best message! (one told me I couldn't leave until I did it!). However, I experienced difficulty (as I thought I may) and in the morning one midwife almost 'gave me permission' to stop pushing myself too hard... she herself had similar difficulties and had bottle-fed her baby. Although helpful when asked for assistance, the breast is best message is overdone and I appreciated the personal what's best for you both approach in the end.
- Stay at hospital horrid. Noisy, disturbed and frankly outrageously rubbish knowledge about breastfeeding and childcare.



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- I have coeliac disease and the hospital couldn't guarantee cross contamination of the food so I struggled to eat for the 3 days I was in hospital after my child was born. My husband had to bring me some food in. This was important as I was trying to breast feed and needed the food.
- I would have appreciated more assistance with breastfeeding as I was only shown how to get my baby latched on whilst lying down which meant that within the first 48 hours I had major problems with a poor latch and despite going to the breastfeeding clinic twice, ended up giving up and bottle feeding which I didn't want to do. I found the breastfeeding clinic very good although it seemed a bit short staffed for the amount of mothers who were there needing help. The first time we had to wait several hours before there was anyone free to see us properly.
- Feeding I still cannot believe that health professionals know less about breastfeeding than amateurs with an interest
- With first child difficulty and breastfeeding got wrong info from midwife (home visit)
 More confident with second and third child

Support Comments

- I haven't had as positive experience with health visitors. The few we have seen have told us conflicting things so it is confusing.
- The midwife we dealt with in the assessment suite at the hospital was rude and abrupt.
- The GP we saw for the 24 hour check post delivery was not supportive and I found her insensitive.
- I wanted to have my baby at Chipping Norton but was told my BMI was too high which meant if I developed complications during the birth and needed to be transferred they might have trouble lifting me out of the birthing pool. Which was RIDICULOUS as I weigh just over 10stone which is MUCH LESS than taller women with a lower BMI!!! I went on to have a quick and easy homebirth without a midwife or paramedic in attendance. I was then transferred to the John Radcliffe as I had a retained placenta. I think this was because it took a midwife SO LONG to come to the house that the injection to deliver the placenta was too late.
- I never saw the same midwife or Health Visitor twice one Health Visitor refused to come and visit me at home because she was frightened of cats and dogs (both very placid and friendly) even though I was a single parent and lived in a remote rural area.
- You are left alone with a new baby for long periods of time and I needed my husband to stay with me and that is not allowed.
- I found the home visits from midwives to be fine, however I was asked to go to Witney Hospital after a few days to attend the drop-in there. This is fine but after just having a baby it might have been less stressful to continue to have the midwives visit at home.
- It took longer than I would have liked to be discharged the next day as the paediatrician was very busy. The health visitors were very helpful and reassuring, once



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again we had a very good health visitor who helped us feel confident as parents to be led by what our baby needed/wanted. I was surprised by how many health visits there are in the beginning - no one tells you this pre-birth! I was fortunate to be able to see our local doctors for follow up checks. All in all we had the right amount of support when we needed it and I had a very positive experience.

- Health visitors again a shocking lack of knowledge about feeding, weaning, sleeping arrangements etc. I still have not worked out what the point of the visits was apart from a box ticking exercise
- One issue we did not receive advice on though was how to prevent flat head syndrome, until our baby had it quite badly and I find it frustrating that new parents are not advised on how to prevent this from the beginning. It only seems to be after the event that advice is given. It should be on the various checklists from the very start so that the problem can be prevented in the first place.
- My only other comment is that we saw a different midwife on each of the home visits which as a new mother makes it harder to talk to them as there is no continuity of relationship.
- I felt that the postnatal care was rushed and I didn't get the support I would have wanted. My final appointment was at the JR rather than in my home, which wasn't ideal. I had to book my son for his first review within 72 hours of his birth. However, I wasn't told this until 24 hours after his birth and as it was coming up to the weekend I had to rush to get a doctors appointment the next day. I really didn't feel up to this at the time and thought it could have been handled better. Is there any reason this couldn't be done in hospital after the birth?
- I just wanted to make a point regarding my birth of 4th baby at JR Hospital which ran by the midwives. First of all when I called the reception and spoke to the midwife during my labour pain they didn't believe me. I was in so much pain and 9cm dilated by the time I was checked in. Also I hardly seen the midwives after birth. Just a few chats and information. Also I was with the baby almost 5-6 hours without baby cot and pillow to sleep on. Midwives kept coming in and out of the labour room for some reason and I was ready to go home asap. I never had such uncomfortness for my other 3 children though 2 born in London and 1 in JR Hospital. Very sorry to make this complaint but I feel that I should be heard and childbirth should be with good memories.
- Waters broke before birth, dry birth, not right information
- Children X3 at Horton, 1 induction 2 sections. Quality of stay varied hugely depending on staffing levels.
- Birth Afterthoughts used after 1st child, very good but difficult to get through to and not signposted
- Health visiting very valuable service but feels as though staff levels are low
- Hospital very busy and noisy, no sleep





Project Evaluation and Recommendations

LINk also received several comments and stories that we have not received permission to print in detail but which have been counted towards the evaluation. There are many positive comments and we hope these are encouraging to the service providers.

From our research, the following concerns appear to be the most prevalent:

1) Breastfeeding

- · Receiving conflicting information,
- Strongly 'pushed' as the best option
- Initial promotion not followed up with the right level, or regularity, of support

2) Consistency of support

- Mothers seeing many different health visitors after the birth, which leads to conflicting information being given
- Lack of signposting onto other services means mothers can feel isolated and have to look for services themselves, potentially missing out on support
- This can result in an inability to develop a purposeful relationship with professionals.

Oxfordshire LINk looks forward to receiving responses to the recommendations above from the service providers and commissioners in charge of Maternity Services in Oxfordshire.

Future Commissioning of Maternity Services

LINk is aware of the proposal to change the way in which Oxfordshire Clinical Commissioning Group will purchase local Maternity Services from April 2013, through 'Outcome Based Commissioning' (payments linked to work done). The following priorities are derived from key themes emerging from local and national work. These can be summarised as:

- Choice of where and how to receive Maternity Services
- Continuity of care, especially one-to-one care in labour and birth
- Early access to services and reducing avoidable admissions to neonatal units
- Reducing differences in outcomes between communities and groups (e.g. breastfeeding)

In September 2012, the Joint Commissioning Team (pooled resources between the Local Authority and NHS) started early discussions with local users and representatives on what outcomes would be prioritise. This has provided the following priority areas for women in Oxfordshire:





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- Breastfeeding
- · Maternal mental health
- Continuity of care (especially in antenatal period)
- One-to-one care in labour
- Normal birth
- No unexpected admissions at term (40 weeks)

These areas fall broadly in line with current LINk findings. This review and recommendations will be supplied to Oxfordshire's commissioners to further inform their decision making.

Midwife-Led Units:

During the period of this review, LINk received requests to look into concerns about temporary closures to Wantage and Chipping Norton Maternity Units. The HOSC and LINk have been assured that both units will reopen. The maternity unit at Wantage reopened for births on the 26th November 2012. Chipping Norton will reopen following a review of the service. Further details of the responses from Oxford University Hospitals NHS Trust can be found in the relevant Scrutiny papers on Oxfordshire County Council's website

Local HealthWatch

A new system for Patient and Public Engagement will be introduced from 1st April 2013, under contract with OCC. We will ensure that this report forms part of the legacy which LINk wishes to pass onto the new organisation and we will recommend that actions arising from this review are prioritised in the initial work programme that HealthWatch will deliver. Further information about Local HealthWatch & HealthWatch England can be obtained directly from OCC

Oxfordshire LINk would like to thank everyone involved in this service review for their comments and their time.

Glossary of terms used

HOSC Oxfordshire Joint Health Overview and Scrutiny Committee

JSNA Joint Strategic Needs Assessment

SCS Social and Community Services, Oxfordshire County Council

JR John Radcliffe Hospital, Oxford
PCT Primary Care Trust (until April 2013)

OCCG Oxfordshire Clinical Commissioning Group (from April 2013)

OUHT Oxford University Hospitals NHS Trust