



## **Maternity and Neonatal Voices Partnership Quarterly Meeting with Service Users - Report**

**Date:** Friday, 13 December 2024

**Time:** 10:00 AM – 12:30 PM

**Venue:** Discover Children's Story Centre, 383-387 High St, London E15 4QZ

### **Agenda and Topics**

1. Welcome and Housekeeping – Julie Pal (Healthwatch Newham)
2. Presentation: Introduction to MNVP – Rosie Savitrie (Healthwatch Newham)
3. Focus Group Discussion with Service Users
4. Coffee Break and Light Refreshments
5. Q&A Panel with Barts NHS Trust Representatives and MNVP Chairs
6. Final Comments and Closing Remarks
7. Lunch and Information Stalls

### **Executive Summary**

We are the Maternity and Neonatal Voices Partnership (MNVP), a collaborative initiative comprising service users, midwives, nurses, doctors, and commissioners. Our aim is to assess and shape local maternity care across Tower Hamlets, Waltham Forest, and Newham. Our mission is to amplify the voices of service users from diverse communities and co-produce improvements with Barts NHS Trust, enhancing maternity and neonatal services while addressing health inequalities in these boroughs.

One way we achieve this is through quarterly meetings with service users from all three boroughs. The most recent meeting took place on 13 December 2024 at Discover Children's Story Centre, Stratford.

A total of 54 service users registered via our booking platform, with 14 attending in person. Representatives from Barts Health NHS and hospitals across the boroughs (Royal London Hospital, Newham University Hospital, and Whipps Cross Hospital) were

also present. This provided a valuable opportunity for service users to share their views and feedback on maternity and neonatal services within Barts NHS Trust.

Additionally, information stalls were set up by various family and children’s service providers, including: Serene Beginning, Healthwatch Newham, Healthwatch Tower Hamlets, Healthwatch Waltham Forest, Parents in Mind (NCT), Tower Hamlets Family Hub, Newham Family Hub, and Waltham Forest Family Hubs. Representatives from NEL LMNS and Newham Public Health were also in attendance.

An interactive discussion took place through a focus group session, where service users reviewed key findings from the Maternity CQC Survey 2022/2023 for Newham University Hospital, Royal London Hospital, and Whipps Cross Hospital.

Service users were divided by borough, with each group facilitated by MNVP and Healthwatch representatives. Other service providers and NHS Trust representatives conducted separate discussions, allowing for a more in-depth exploration of local maternity and neonatal care experiences. To help service users focus on the event, we provided childcare support with registered childminders. We set up play areas at the venue to keep the children happy and entertained throughout the event.

Overall, the event had a vibrant and collaborative atmosphere, with both service users and Barts Health NHS Trust representatives actively engaging in discussions. Service users enthusiastically shared their feedback and experiences, showing great commitment to co-producing solutions and improving maternity services in partnership with Barts Health NHS Trust.

### Facilitated Discussion with Service Users – Summary

A series of key discussion points were co-produced with Barts Health NHS Trust based on findings from the Maternity 2022/2023 survey and action plans developed by the hospitals.

#### Royal London Hospital

No.	Area to Discuss	Comments from Service Users
<b>1.</b>	<b>Breastfeeding support</b>	
	<ul style="list-style-type: none"> <li>How is breastfeeding support on the wards and at home?</li> <li>What could be improved?</li> </ul>	<ul style="list-style-type: none"> <li>Communication was unhelpful—my partner was advised to get formula, and I did not feel supported.</li> <li>Advice provided was inconsistent.</li> <li>More information on breastfeeding support was needed.</li> <li>It was noted that not everyone can afford to breastfeed for the recommended period (e.g., due to being on minimum wage).</li> </ul>

		<ul style="list-style-type: none"> <li>• A significant amount of judgement around breastfeeding was perceived.</li> <li>• Support was inconsistent—staff advised formula feeding.</li> <li>• A weekend breastfeeding support helpline was suggested.</li> <li>• Difficulties in accessing support were experienced during Christmas and New Year due to staff shortages.</li> <li>• Breastfeeding support in the community was found to be good.</li> <li>• More support in the hospital was needed, as midwives were too busy to check in.</li> </ul>
<b>2. Support During Labour</b>		
	<ul style="list-style-type: none"> <li>• Some women report being left alone at worrying times—when does this tend to happen (early labour or labour ward)?</li> <li>• Is there good access to birth reflections for those feeling unsettled post-birth?</li> <li>• How can we promote open dialogue and encourage women and partners to share their concerns? Are translation services effective during labour</li> </ul>	<ul style="list-style-type: none"> <li>• Good support was reported from a locum midwife.</li> <li>• The care provided by the midwife was described as good.</li> <li>• There was a lack of response when calling the hospital.</li> <li>• More consistency around pain medication was needed, as patients were not informed of all available options.</li> <li>• Some women felt that pain medication after birth had to be requested, which should not have been necessary.</li> <li>• A service user reported receiving advice regarding pain medications from friends, as midwives did not provide sufficient information.</li> <li>• Choice in the birth plan was offered.</li> <li>• An in-person appointment to discuss birth plan options was available.</li> <li>• Most women felt listened to and comfortable asking questions.</li> <li>• A service user reported that after a C-section, only paracetamol was provided, while others received stronger pain relief—alternative options were not communicated, though she would have requested them if known.</li> <li>• None of the participants had been informed about birth reflections.</li> <li>• A woman complained that a breech baby was only identified after low blood pressure was detected.</li> </ul>

		<ul style="list-style-type: none"> <li>It was noted that midwives should be better supported—one midwife left the role due to stress and later became an agency worker</li> </ul>
<b>3. Discharge Process</b>		
	<ul style="list-style-type: none"> <li>Are women aware of their expected discharge time and day?</li> <li>What are common delays they experience?</li> </ul>	<ul style="list-style-type: none"> <li>Both a hard copy and a digital version of discharge notes would have been helpful.</li> <li>A service user reported that her baby was making loud noises, and when she expressed her concern to a midwife, the response was dismissive.</li> <li>A service user stated that her discharge notes were lost, resulting in an entire day's wait—discharge was only completed at 8 PM, despite being told it would happen in the morning (on Christmas Day).</li> <li>Most service users reported experiencing no delays in the discharge process.</li> <li>A service user felt the need to opt for early discharge to free up bed space for others.</li> </ul>
<b>4. Others: Birthing Options and Mental Health</b>		
		<ul style="list-style-type: none"> <li>Mental health was discussed during antenatal care, but no postnatal support was provided, even for service users with a history of postnatal depression.</li> <li>Service users felt that staff questions about mental health seemed like a tick-box exercise, lacking empathy.</li> <li>More information on available support services would have been helpful.</li> <li>A service user reported that different birth options were offered, but a water birth was not mentioned.</li> <li>It would have been beneficial if regular mental health check-ins were conducted with service users after labour.</li> </ul>

## Newham University Hospital

No.	Area to Discuss	Comments from Service Users
<b>1.</b>	<b>Increasing Survey Responses</b>	
	<ul style="list-style-type: none"> <li>How can we encourage participation in the upcoming survey in February 2025?</li> </ul>	<ul style="list-style-type: none"> <li>Some women reported that they were offered the survey and completed it, while others were not given the opportunity to participate.</li> <li>Some women stated that they were offered the survey but did not complete it due to being too busy or believing it was unnecessary.</li> <li>There was no online survey available.</li> </ul>
<b>2.</b>	<b>Dignity and Respect</b>	
	<ul style="list-style-type: none"> <li>Women have highlighted the importance of being treated with dignity. Are there additional ideas beyond the bespoke training days that could help?</li> </ul>	<ul style="list-style-type: none"> <li>Some staff were reported to have asked good questions, but only a few enquired about sensitive matters.</li> <li>A service user reported that the neonatal experience was excellent, with great care provided. However, other service users complained that neonatal services lacked compassion, as grandparents were not allowed on the ward despite the importance of family support.</li> <li>Many treatment options were offered, which made service users feel respected and empowered.</li> <li>Most women stated that staff were kind and respectful.</li> <li>A lack of empathy and compassion due to understaffing was observed.</li> <li>A service user reported a negative experience with a night nurse, describing her as unkind and making the patient feel lonely, burdened, and unsupported.</li> <li>No assistance was offered while experiencing contraction pain, and a delay in room allocation for induction was reported.</li> <li>Most service users complimented the staff for being kind during labour, regularly checking in and offering refreshments throughout long labour durations</li> </ul>

<b>3. Information on Induction of Labour</b>	
<ul style="list-style-type: none"> <li>• Are women given adequate information about induction?</li> <li>• We currently provide an on online class—what other resources would be useful (e.g., videos, leaflets, stories)?</li> </ul>	<ul style="list-style-type: none"> <li>• A service user suggested that induction information should be provided days or weeks in advance, as the details given a day prior were impractical.</li> <li>• The consultant was reported to have explained everything clearly.</li> <li>• The matrons on the induction ward were described as understanding and informative.</li> <li>• The Eventbrite link for the induction sessions was not functional.</li> <li>• A lack of information on induction led to unnecessary stress.</li> <li>• The induction of labour (IOL) information session was not easily accessible.</li> <li>• A service user felt pressured to undergo induction despite being classified as low risk.</li> <li>• The discussion on induction provided information on risks, but staff did not mention percentage rates as supporting evidence.</li> <li>• A service user reported that the induction process was delayed due to understaffing.</li> </ul>
<b>4. Triage Services</b>	
<ul style="list-style-type: none"> <li>• Long waits in triage have been frustrating.</li> <li>• Do women understand when to use triage versus GP or pharmacy services?</li> <li>• What other information might help?</li> </ul>	<ul style="list-style-type: none"> <li>• A few service users reported needing to wait 1–2 hours at triage (Zone 4) due to staff changeovers. Another woman mentioned experiencing an 8-hour wait.</li> <li>• Some service users felt that staff did not listen to them, despite them knowing their own bodies best.</li> <li>• The long wait in triage caused anxiety for a few service users.</li> <li>• A service user reported that despite being understaffed, the triage experience was still positive.</li> </ul>
<b>5. Interpreting Services</b>	
<ul style="list-style-type: none"> <li>• Are interpreting services effective and accessible?</li> <li>• Are women informed of the options available?</li> </ul>	<ul style="list-style-type: none"> <li>• Translation services were offered and found helpful when needed.</li> <li>• Communication with staff was described as good, but many struggled due to language barriers. An interpreter was suggested to always be available online.</li> </ul>

<b>6.</b>	<b>Information Leaflets</b>	
	<ul style="list-style-type: none"> <li>• Are translated leaflets useful, and are they provided by midwives?</li> <li>• Do women make use of resources like the BabyBuddy App?</li> </ul>	<ul style="list-style-type: none"> <li>• Most service users suggested that translated leaflets should be offered and provided by midwives.</li> <li>• A few service users reported that no response was received when calling the helpline.</li> </ul>
<b>7.</b>	<b>Breastfeeding Support</b>	
	<ul style="list-style-type: none"> <li>• What is the quality of breastfeeding support on the wards and at home?</li> <li>• What improvements would make the process easier for women?</li> </ul>	<ul style="list-style-type: none"> <li>• A few service users attended the awareness session and found it helpful.</li> <li>• There was a perception that support for breastfeeding was undermined.</li> <li>• Most service users felt that both group and one-on-one breastfeeding support were helpful.</li> <li>• In general, all service users felt that the support received for breastfeeding was good.</li> <li>• A service user reported that midwives made calls to discuss breastfeeding, which was appreciated, as was the option for email support.</li> </ul>
<b>8.</b>	<b>Mental Health</b>	
		<ul style="list-style-type: none"> <li>• Most service users are aware that there is The mental health helpline</li> <li>• Support for mental health was also offered by the hospital.</li> </ul>
<b>9.</b>	<b>Antenatal, Discharge and Labour Care</b>	
		<ul style="list-style-type: none"> <li>• A service user reported that her scanning appointments were positive, with noticeable improvement from previous visits.</li> <li>• A woman complained that her baby was in neonatal care for three days, but discharge was suggested the next day, despite her not feeling ready, seemingly to free up a bed for a new patient.</li> <li>• A service user reported a positive experience at Barkantine Birth Centre, where a more personal approach was taken.</li> <li>• A few service users mentioned that vitamin support from Linda at Healthy Start was described as fantastic.</li> </ul>

		<ul style="list-style-type: none"> <li>• There was a case where blood test results were delayed over the weekend.</li> <li>• A few service users complained that no regular checks were performed on the postnatal ward, leading to feelings of isolation.</li> <li>• Discharge was explained only after paperwork was completed, with the process taking a few hours.</li> <li>• Patients in the neonatal ward were left alone, with no family or sibling support permitted.</li> <li>• A few service users had heard negative experiences about the hospital, but their personal experience was pleasantly surprising.</li> <li>• A foster baby of a service user remained in the hospital for six weeks after the mother's passing, during which time no bathing with water occurred, and no clothes were provided.</li> <li>• Aftercare (postnatal support) was consistently described as a letdown in the service.</li> <li>• A service user felt that her complaint was dismissed during labour, and staff did not respond, leading to a third-degree tear.</li> <li>• A few service users felt that different hospitals had different policies, and greater consistency was suggested.</li> <li>• Overall, most service users reported a good experience with the early pregnancy unit.</li> </ul>
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## Panel Discussion and Q&A Session

### Newham

Rina Begum (Newham MNVP Chair) presented the three main issues discussed by service users:

1. Staff attitude and behaviour – Service users reported that staff were often dismissive.
2. Waiting times in triage – Delays in receiving care were a significant concern.
3. Staff shortages – Insufficient staffing affected the quality of care.



Additionally, concerns were raised regarding postnatal support, highlighting a need for more structured and accessible services.

### **Tower Hamlets**

Apshana (Tower Hamlets MNVP Chair) and Yvonne Sulola (Waltham Forest MNVP Chair) presented the three main concerns raised in Tower Hamlets:

1. Breastfeeding support in the hospital was adequate; however, postnatal support services were not well-promoted. It was suggested that information should be made more transparent and easily accessible.
2. Medication administration – Pain relief was not provided routinely, requiring patients experiencing severe pain to wait before receiving medication.
3. Mental health support, particularly postnatal – Service users emphasised the importance of routine mental health check-ins during hospital stays, even through simple greetings like "How are you?" to help prevent postnatal depression.

Representatives from Royal London Hospital shared that a specialist midwife for mental health is available, but an appointment is required. They also mentioned that mental health questions are routinely asked. However, they acknowledged that communication about these services might not be reaching all service users effectively.

### **Suggestions from Service Users and Panel Members**

- Service users and MNVP chairs suggested that information on available support services should be clearly summarised in a one-page document provided at the end of discharge or care packages.
- Translation services should be available across all platforms to ensure accessibility for diverse communities.
- Information should be accessible via mobile phones, and service users should have the option for in-person discussions rather than relying solely on leaflets or written materials.
- There should be someone available to discuss concerns directly with service users in real-time.

Matthew from Healthwatch Tower Hamlets suggested improving the transfer of information between staff, ensuring that patients are regularly updated on their care.

Trust representatives responded that all relevant information is accessible on the maternity pages of each hospital's website. However, feedback from service users suggested that more direct and visible communication methods are needed.

## **Cross-Borough Learning and Service Improvements**

Dianne Barham (Healthwatch Waltham Forest) emphasised the importance of problem-solving these issues collaboratively and sharing successful practices across boroughs to improve maternity services. Three key recommendations were made: (1) Focusing on specific areas for co-production, (2) Joining existing working groups and enhancing connections between them, and (3) Sharing best practices across boroughs.

## **Concerns About Neonatal Care**

- MNVP chairs raised concerns about limitations on the neonatal ward for mothers, particularly regarding their role in caring for their babies.
- Trust representatives acknowledged that midwife-to-patient ratios in neonatal care are not currently at the gold standard of one-to-one support. However, partners are welcome to provide 24-hour support.
- LMNS representatives emphasised the need to incorporate the neonatal perspective into service improvements, noting that current connections between neonatal and maternity services are weak.

## **Accessibility for Deaf and Hearing-Impaired Service Users**

Holly from Healthwatch Newham raised concerns about accessibility for deaf and hearing-impaired service users. She highlighted the importance of building rapport with patients and suggested that appointments should primarily be conducted face-to-face, with translator services arranged in advance to ensure effective communication.

## **Closing and Feedback**

The event was generally successful, attended by 10 service users from Newham and 4 from Tower Hamlets. Unfortunately, no service users from Waltham Forest were present, leading to the decision to hold the next quarterly meeting in that borough to ensure better representation.

Overall, the event was engaging, with active participation from all attendees. The provision of childcare allowed service users to fully engage in discussions. Coffee breaks and light refreshments were also provided. A total of 15 feedback responses were received, with 9 attendees rating the event as "Excellent" and 6 as "Good." Many attendees found the event informative, with comments such as:

- "A really fantastic event; excited for the next steps and the next meeting in April"
- "A great opportunity to network"
- "It was great to have the opportunity, which I didn't have with my first child"

Some suggestions included improving sound quality and providing activities for older children.

### Next Meeting

The next quarterly meeting will take place on 24 April 2025, from 10:00 AM – 12:30 PM at Leytonstone Library, Walthamstow. Further details, including registration, will be shared in early March.

### Attachment

#### Attendance List - Service Users

No	Name (Initials)	Borough
1	FR	Newham
2	SM	Newham
3	LS	Tower Hamlets
4	AB	Tower Hamlets
5	RA	Newham
6	TA	Newham
7	TS	Newham
8	FA	Newham
9	AI	Newham
10	SH	Tower Hamlets
11	SF	Newham
12	AD	Newham
13	FR	Newham
14	SE	Tower Hamlets

#### Attendance List - Service Providers

No	Name	Organisation and Role
1	Rosie Savitrie	Healthwatch Newham
2	Julie Pal	Healthwatch Newham
3	Nicole Bello	Healthwatch Tower Hamlets
4	Holly Woodfield	Healthwatch Tower Hamlets

5	Manushi Mehta	Healthwatch Tower Hamlets
6	Rina Begum	Newham MNVP Chair
7	Apshana Haque	Tower Hamlets MNVP Chair
8	Yvonne Sulola	Waltham Forest MNVP Chair
9	Kiana Bowden	Newham Council, Public Health Officer, Early Years
10	Rebecca Sobodu	NEL LMNS – Project Manager Workforce and Education
11	Katherine Dedicatoria	NEL LMNS – Project Manager Perinatal
12	Carol Amoako-Adofo	Parents in Mind – Service Manager
13	Dianne Barham	Healthwatch Waltham Forest – Chief Executive
14	Cathy Falvey-Browne	NUH Barts Health – Consultant Midwife
15	Shereen Nimmo	Barts Health NHS Trust – Group Director of Midwifery
16	Kirsten Graham	NHS – Programme Manager Start Well
17	Matthew Adrian	Healthwatch Tower Hamlets – Service Director
18	Sabrina Mubiru	RLH – Patient Experience and Quality Lead Midwife
19	Ash Avasare	Healthwatch Waltham Forest – Data Analyst
20	Megan Lodge	Waltham Forest Family Hubs – Outreach Manager
21	Danika Gravillis	Waltham Forest Family Hubs – Outreach Worker
22	Siobhan	Serene Beginnings – Manager
23	Marcus	Serene Beginnings – Director
24	Imogen Davies	Whipps Cross Hospital – Patient Safety Midwife
25	Rumbi Mutema	Whipps Cross Hospital – Consultant Midwife and Public Health
26	F. Maryam	Childminder
27	Jacira Taborda	Childminder
28	Jedida Godwin	Childminder
29	Ngozi Umeh	Childminder
30	Chaneece Fisher	Childcare Worker
31	Denay Francis	Childminder

## Documentation



