Black, Asian and Minority Ethnic (BAME) Women's Maternity Experiences During Covid-19

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Appendices of each individual anonymous response to the survey is available on request - contact details for Healthwatch Derby are at the end of the report.

Background of the report

Last year NHS England and NHS Improvement wrote to every Local Maternity and Neonatal System in England and asked them to look at perinatal support for Black, Asian and Minority Ethnic (BAME) women during the COVID-19 pandemic.

They wanted Local Maternity Systems to take four specific actions:

- Local Maternity Systems are asked to increase support for at-risk pregnant women
- Reach out and reassure pregnant Black, Asian and minority ethnic women
- Minimize the risk of Vitamin D insufficiency
- Make sure you are gathering the correct data

Joined Up working

Derbyshire Local Maternity and Neonatal System (LMNS) have all been working together with hospital trusts to achieve theses key aims by putting in place a number of new initiatives: Risk Assessments have been developed within Maternity Trusts to identify those women who are most at risk and ensure support is available. Internal trust BAME support groups have also been developed to aid the implementation as well as creating awareness amongst staff. A quality improvement project is due to commence at both trusts to offer screening and treatment for vitamin D deficiency in early pregnancy to women from Black, Asian and Minor Ethnic (BAME) communities, aimed to reduce the inequality of outcomes for them and their babies and a number of resources for Antenatal and Postnatal care are being made available in different languages.

They also wanted feedback from women that use the services and use their experiences and view to help shape and drive the changes and improvements. They approached Healthwatch Derby to support them in this process.

Following this report the LMNS will give a response in 3 month of receiving the report. Their response can be found at the end of this report.

Why BAME women?

- Available evidence has long shown that maternal and perinatal mortality rates are significantly higher for Black, Asian and mixed-race women and their babies than for white women. MBBRACE (2019) identified that women from BAME communities are more likely to die during pregnancy and shortly after birth and that their baby is also more likely to die. It is imperative that maternity staff provide appropriate individualised care for the vulnerable BAME population.

- COVID-19 is having a disproportionate impact on Black Asian minority ethnic (BAME) groups, including pregnant BAME women. The UKOSS survey of 427 pregnant women has demonstrated that women from these backgrounds are more likely to be admitted to hospital for COVID-19 and to become seriously unwell. (UKOSS 2020). The Public Health England (PHE) “Beyond the data review” has identified evidence that minority ethnic groups are at an increased risk of contracting and dying from COVID-19 (PHE, 2020)

- On top of this, emerging evidence from the UK Obstetric Surveillance System at Oxford University shows that women from a Black, Asian and minority ethnic background make up more than half (56%) of pregnant women admitted to hospital with COVID-19. 2 The research indicates that Asian women are four times more likely than white women to be admitted to hospital with COVID-19 during pregnancy, while Black women are eight times more likely.

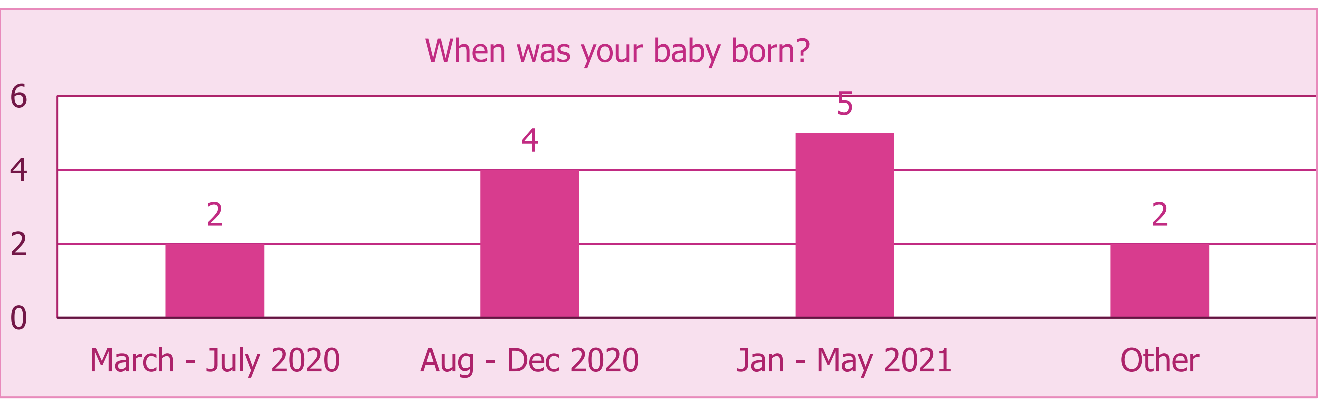
Who we spoke to and how:

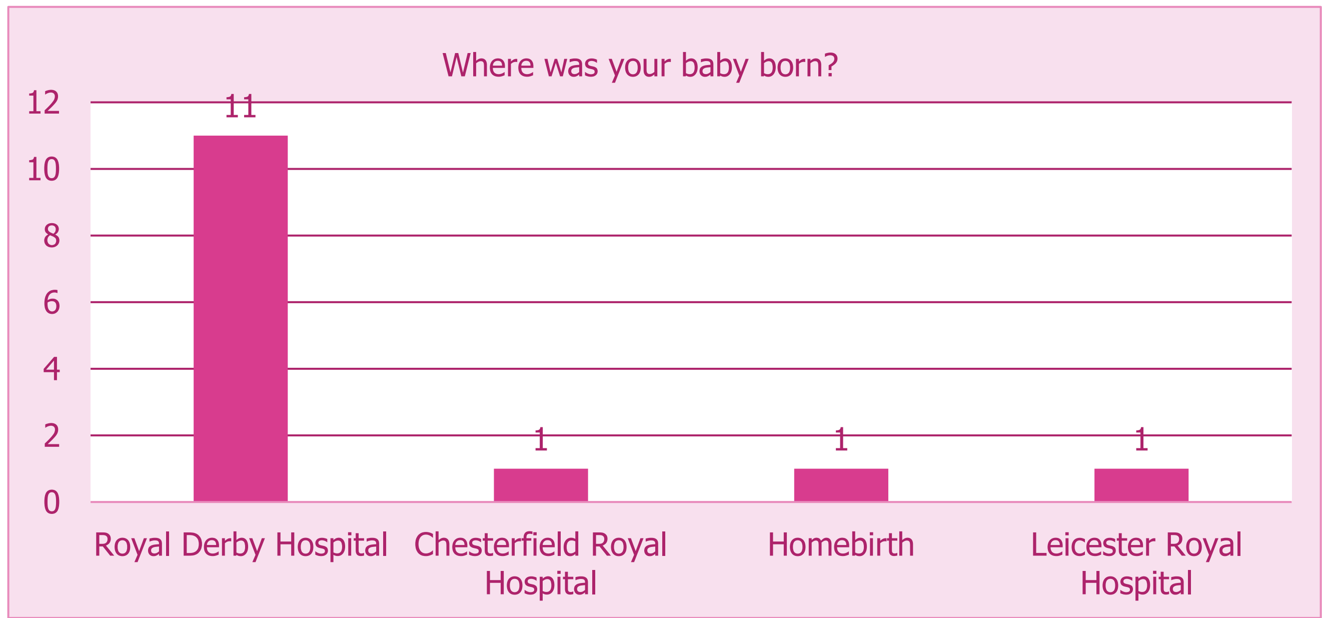
Healthwatch used an on-line survey with translation options if needed. The Survey was open from April 26th to May 22nd 2021. The survey was designed in partnership with the Maternity Transformation team and consulted with local organsition, groups and BAME women on the best method to conduct the survey and the survey questions.

On average women who completed the survey spend nearly 12 minutes each giving their detailed experiences of using's services.

Altogether 19 women completed the survey. Each giving their personalised detailed journey.

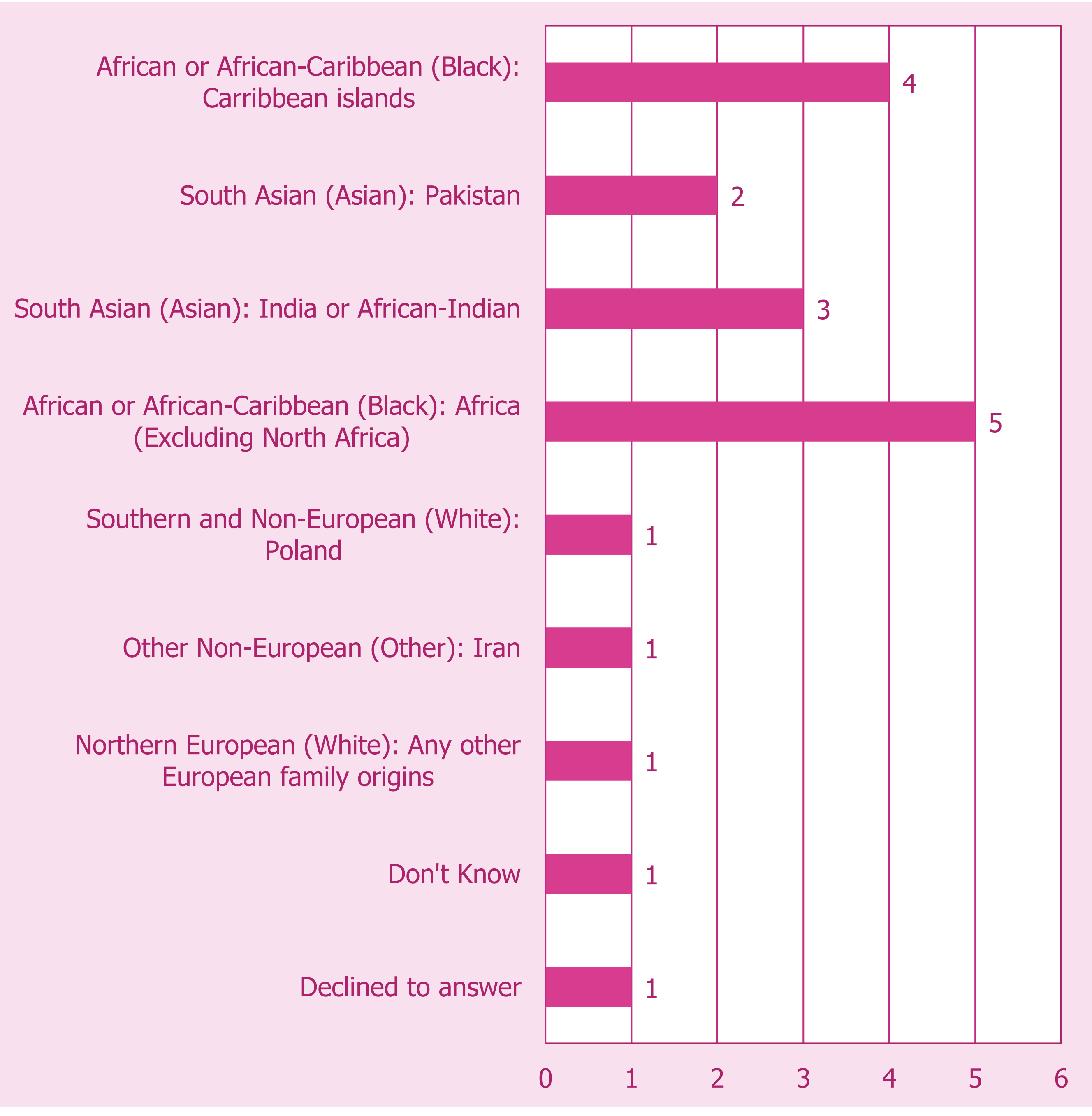
- 13 women who had given birth
- 6 women who were pregnant:- they were between 17 weeks and 37 weeks pregnant





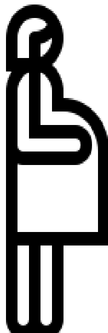
N.B -one lady marked both homebirth and a hospital due to circumstances.

Ethnic background of the women we spoke to:



Prenatal Care

What was care like during your pregnancy?



There was a mixture of negative and positive experiences.

Positive and negative issues were raised around:

- Care and treatment
- communication with patients and between services

" Antenatal care has been ok but despite having gestational diabetes diagnosed early on, had no extra follow up or urine tests so don't even know if doing it right, has all been reduced with covid but could at least have tested urine to check for sugar and ketone and care has not been joint up."

"I had a very inconsistent care, two midwife and two consultant. The first consultant was very good and she listened to my concerns and addressed them accordingly. The second consultant that I have seen after the first one was tribble, she has not listen to me and gave wrong information to Urologists that was investigating my case, resulting in a wrong diagnosis. I have asked an appointment with the urologist, my consultant refused. I had a go to a privet specialist to make the correct diagnosis and asked to change my consultant as the result. It is not right to tell pregnant woman that she is going to be at risk when it is not and ignoring her concerns and evidence."

"I felt ignored and rushed during scans"

"All good"

Loss of a baby

One lady very sadly lost her baby and below is her experience.

"I was 18 weeks when I went into labour at home. It was suggested I stay and wait it out at home. Luckily the ambulance crew were still there when I delivered as I had retained placenta and heavy blood loss. I was taken into hospital alone due to covid which was really difficult as I was in immense pain physically and emotionally. Staff were friendly and explained everything" (Royal Derby Hospital - RDH)

Tell us about your post-natal care experience:

"I didnt have a baby to take home and being 18 weeks there is no follow up just a choice to arrange a funeral. There should be more support around this"

What worked well with Maternity services?

"Staff were friendly. Whilst no-one is to blame for my loss I felt unsupported antenatally when I was having pain and bleeding for weeks but no one seemed empathetic or wanted to investigate/ scan it just made me feel like a moaning pregnant woman"

Is there anything that could be improved with maternity services?

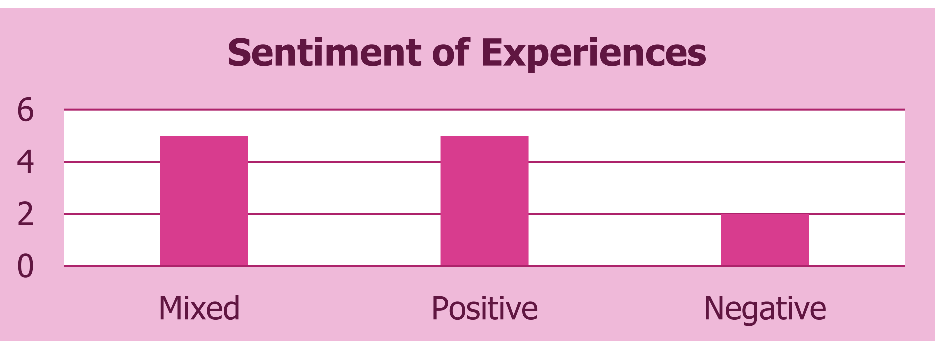
"I think just a reminder that each women's experience is unique to them. Medical practitioners may see loss/ patterns/ situations in pregnancy all the time and so become numb/complacent but for the women it is a huge event and that needs to be remembered."

Key Messages from case study

- **Staff were friendly and had good communications**
- **More support following a loss of a baby**
- **A lack of empathy and lack of personalised/patient centred approach**

In-patient hospital care

Tell us about your labour and hospital stay experience:



Key messages of positives aspects of experiences:

- Overall service and Care - supported, personalised, comfortable and safe
- Communication – felt listened to, understood and good information
- Staff – calming and supportive.

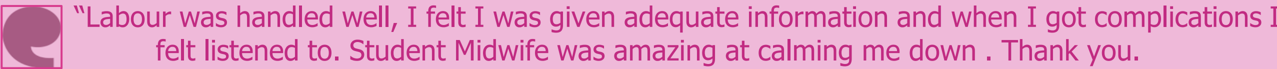
Key messages of negatives aspects of experiences:

- Communication – did not feel listen to and talked down to
- Support – lack of breastfeeding support
- Lack of Empathy – left to cry - no staff checking, felt invisible, felt like a burden
- Care– long wait for pain relief, no pain relief to take home, minimal care, long wait for food/drinks
- Understaffed – no support to have shower, baby left to cry in cot (due to needing staff to pick up baby)
- Environment – next to bagging bin, no facility available to have a supported shower
- Covid restrictions – Lonely
- Discharge issues – hospital wanted to discharge at 11pm

2 women stated that they asked or did discharge from the hospital due to their care.

"My labour was perfect. I was fully consented as I had requested. The midwife read my birth notes and followed all of my requests. My birthing partner and I were listened to and felt comfortable during labour and birth. After our initial midwifery team had ended their shift the secondary midwifery team seemed to have forgotten about me and I was not provided any meals, whilst I awaited further examinations and transferring to the maternity ward. When I raised concern about this I was told that I could not receive meals on the labour ward so my birthing partner had to leave the premises to get me some food. After waiting approximately 15 hours after given birth for fluids and food and as a result not being about to breastfeed due to hunger and fatigue I asked to be discharged so that I could resume my care at home; despite my condition at the time and medical history. I was afraid that if my birthing partner could no longer accompany me on the ward that I would no longer have someone to advocate for me and provide me with the sustenance I needed to produce milk to feed my baby." (RDH)

"Amazing. Lovely and supportive staff. I understood everything and communication was good during and after labour. Met all our needs" (RDH)



"Labour was handled well, I felt I was given adequate information and when I got complications I felt listened to. Student Midwife was amazing at calming me down . Thank you.

I had a C Section. The staff on the ward were extremely busy and we waited a long time for pain relief.

I struggled with breast feeding and most of the time I asked for support it felt like I was a burden and I was incredibly frustrated." (RDH)

"I did not like being on the post natal ward at all, unfortunately. They were short staffed due to COVID-19 which I understand, but the care I did receive as a patient was not something I would go back for. I had to ask multiple times for breastfeeding advice, which even then was not given to me properly in my opinion, I was left to cry the whole night after my baby was born despite a member of staff coming to my bedside to fetch my notes (she walked away as if I was invisible), because the height of the bed to the crib is so off, a patient who is numbs waist down is completely reliant on staff to fetch the baby for them which with the shortage of staff could be a long time with baby screaming. I was in a 4 bed bay and the metal bin right outside bing opened and shut ever 2 minutes with a loud bang was waking my baby up, who is a light sleeper anyway, so much, that I just did not catch a break at any point, day or night. As I had an episiotomy, when asked fro help with my first shower, the HCAs told me they could not help as its just not something they did and that the toilet was too small anyways. Things like this, no matter how small they seem, are huge for any mum, never mind a first time one." (RDH)

"I felt comfortable, and understood! However it was a lonely experience" (RDH)

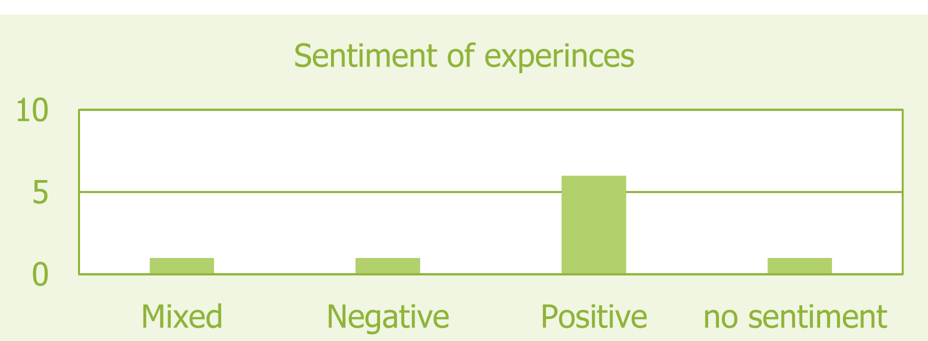
"I was very comfortable, felt safe, and loved the hospitality." (RDH)

"Refused to check if I was dilated despite being induced and having frequent contractions. Told me to not use gas and air because wouldn't be in active labour and then refused epidural so that I had no pain relief. When they eventually checked me I was 9cm dilated and had to have an epidural at 9cm. After the birth I had a 3rd degree tear, had been recently burgled so car was in garage and asked for a few days of pain relief to take home. Nurses refused and said it wasn't policy and contacted new doctors (just after changeover) and told them they can't prescribe me pain relief to take home so I went home in pain" (Chesterfield Royal Hospital-CRH)

Point to consider:
The key areas from both positive and negative sentiments are similar message's which could suggest a lack of continuity in the service provided but would need to be looked into in further detail to explore the reasons behind this.

Postnatal Care

Tell us about your post-natal care experience



Key messages of positives aspects of experiences:

- Overall service and care – supported and personalised
- Communication – felt listen to.

Messages of negative aspects of experiences:

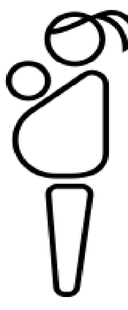
- Home boundaries – not taking of shoes, using toilet (felt uncomfortable due to germs)
- Lack of service – didn't feel supported
- Preconception – didn't want to ask for help as felt it would go against them.

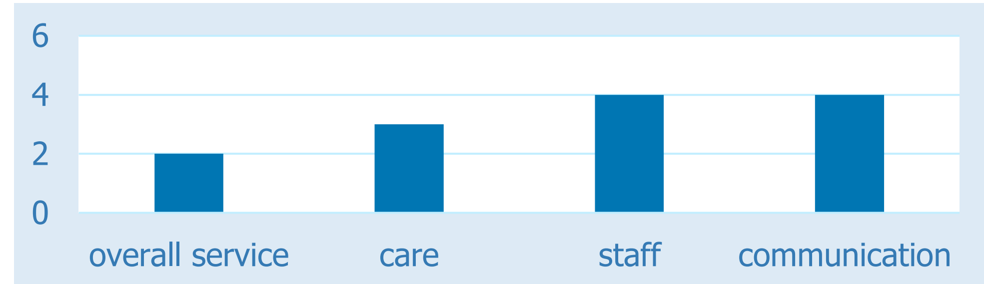
“The community midwife's and health visiting team have been accommodating with me being in the unit too. I feel as though they're putting my needs and best interests first.”

“Not the best. Only time I saw midwife/health visitor was when baby was 10days. No visitation since then up intone still nothing. Two phone calls since we left the hospital to come home and now. A bit let down. I did not feel supported A bit lost as my first child and I didn't want to ask for help, as felt it could go against me as a new mum”

“Community midwives and health visitor care was good”

What works well with maternity services?





Key areas:

- **Staff – supportive, great, calming and caring**
- **Communication – detailed information, explained well, able to ask questions, speaking face to face or phone calls.**
- **Care – fast actions/care, continuity of care and personalised.**

There were special mentions of the following departments: Prenatal care, Labour ward, NICU and fetal medicine.

"Pre natal care was good"

"Once baby and myself were at risk a quick decision for c section was made" (RDH)

"Extra support for the student midwife" (RDH)

"Antenatal treatment with the community midwife, consultations, labour and birth"

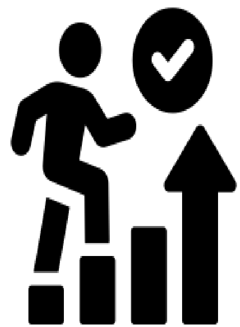
"Labour ward was great they kept me informed" (RDH)

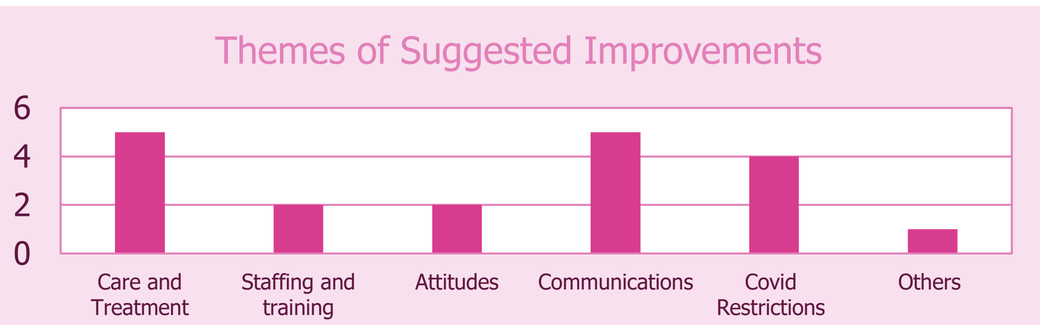
"Continuity of care is so worth while, all women should have access to this"

"Information was detailed. My first appointment was detailed. I was able to ask the necessary questions"

"Them being able to see me or speak to me over the phone whilst I'm in the Neonatal Unit." (RDH)

Is there anything that could be improved with maternity services?





Comments have been broken down into different themes, below are peoples key messages from each theme.

Communication:

"Nurses to talk to mothers more even if sparing 10mins to explain the routine of the ward, or just to inform patients plan of care. " (RDH)

"Post natal communications pandemic or no pandemic this is necessary"

"Listening to the pregnant person."

"Not listened to and told what will happen to you as opposed to choosing your own birth plan and sharing your concerns"

"When I was in hospital there was one European lady who hardly spoke English , midwife hardly understood her" (RDH)

"Blood report in case of my thyroid issue"

Care and Treatment:

"Improved care especially the forever changing consultants, feels like your another pregnant patient"

"Access to pain relief "

"Was not told about gestational diabetes diagnosed at 8 weeks until 12 week scan. Not had urine checked since 12 weeks. Community midwife phoned around 17 weeks and didn't know about diagnosis and was very negative about prospects with diagnosis"

"Yes, constancy in care"

"The biggest thing would be to do a quick scan of baby as soon as mum comes into hospital, along with dong her obs. Might make a huge change in some cases and save valuable staff and patient time." (RDH)

Covid Restrictions:

"The mother and baby ward is very busy, a longer visiting time for that one authorised visitor would have helped. 2 hrs was just not enough" (RDH)

"Partners being present during, all appointments, scans, labours "

"Covid test centres for mothers having planned births were in inaccessible locations that required transportation from the city centre often incurring high costs to travel too and public transport. Very inconvenient and creating unnecessary risks."

"Increase visiting time from 2 hrs as visitor had more time to support me." (RDH)

Staffing and training:

"More awareness to autism and premature baby parents"

"More Black and Asian Midwives, doctors and consultants"

Attitudes:

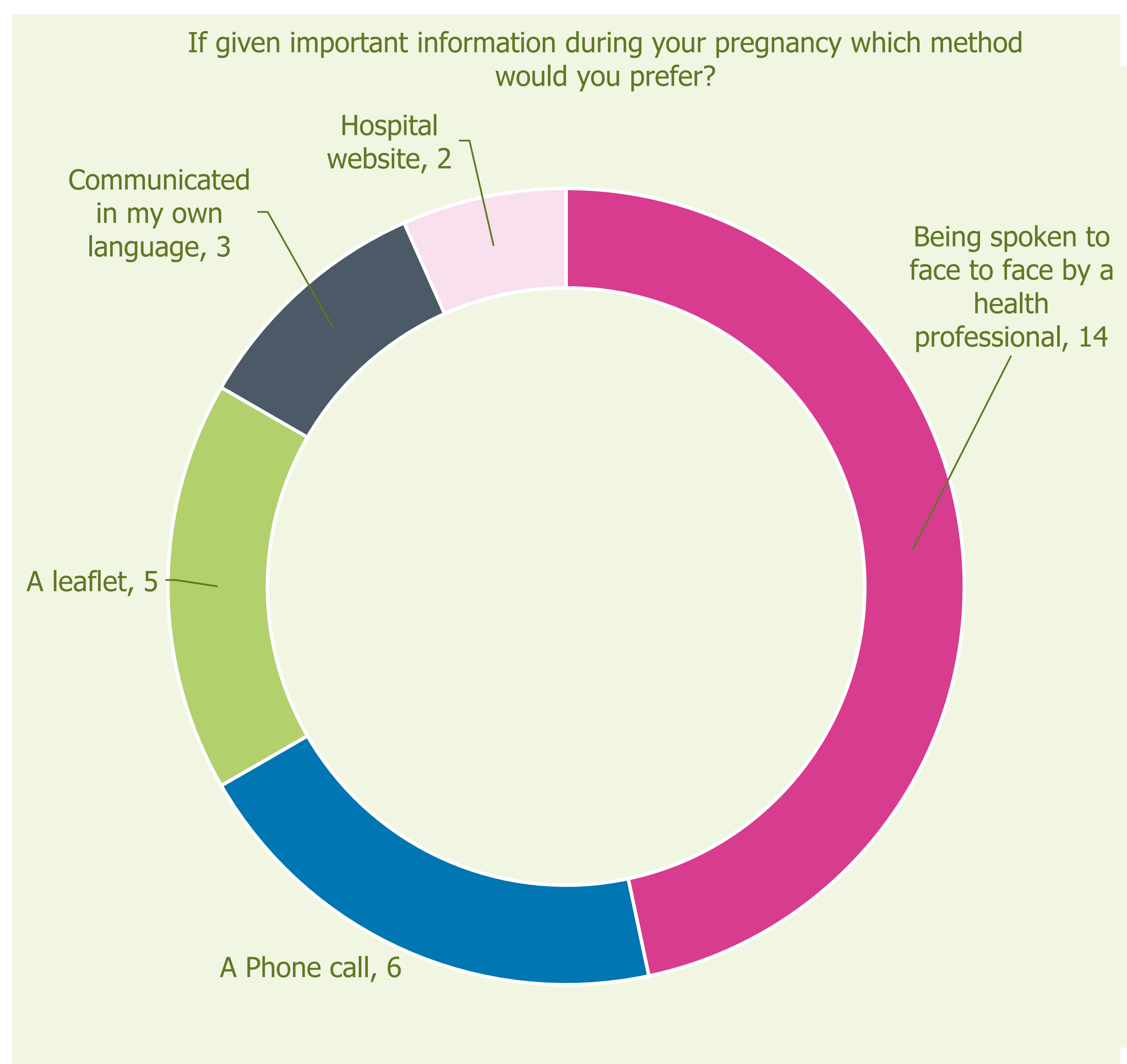
"Unconscious bias"

"General attitude toward black females. I definitely felt an element of being looked down on by midwives on trinity ward and that is despite being a doctor so dread to think how much worse it must be for other BAME females" (CRH)

Others: (Environment)

"I was in hospital for 6 days my sheets were never changed after the first day" (RDH)

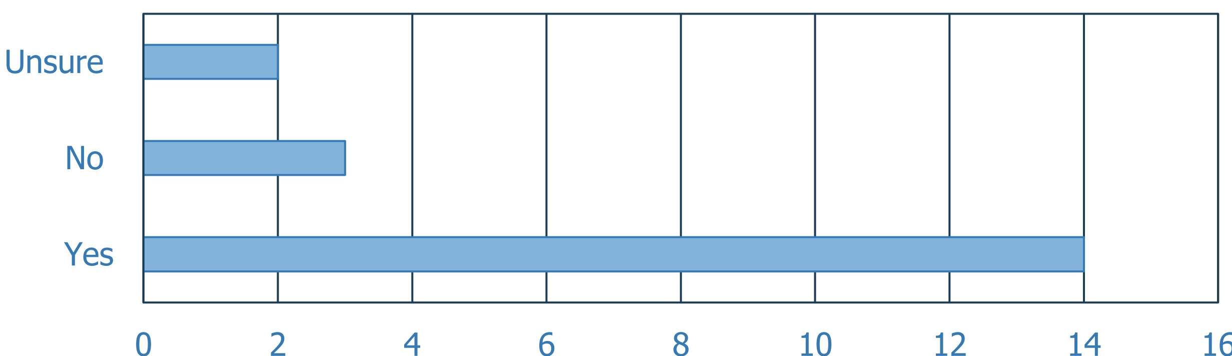
Information Preferences



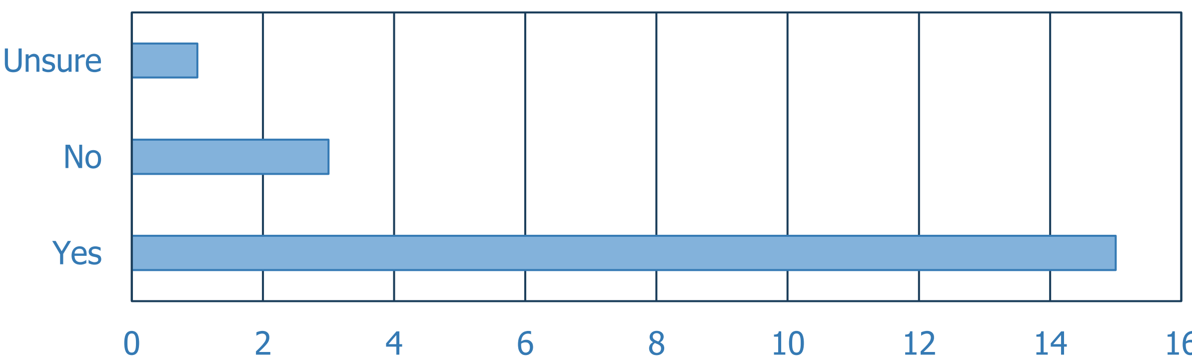
Being spoken to face to face by a health professional was the most popular choice for when receiving important information. This option was followed by the options of a phone call and a leaflet.

Concerns and Confidents

If you ever had concerns or needed more information did you know who to contact?



Would you feel confident to contact someone if you had concerns or wanted more information?



The majority of women felt that they knew who to contact if they had any concerns or needed more information and that they felt confident to contact someone if they needed.

There were a few women who stated that they were unsure or that did not feel confident to contact someone if they had concerns or wanted more information. A lack of confident about what could be raised with clinicians and a lack of information about who to contact were the reasons given.

"My problem seemed too little"

"I wouldn't know where to start"

"I worry that they will dismiss my issues"

"No numbers given"

Do you have any other suggestions to improve communication and information given to BAME women during pregnancy?

The key areas that people raised to improve communication and information for BAME women during pregnancy were: more digital technology, an increase in support and access to professionals, attitudes and assumptions, increasing BAME maternity staffing and increasing communications.

Digital Technology:

“Appropriate websites”

“Some hospitals in the UK have uploaded videos about certain procedures, like what is the Cesarian in Derby, or what to pack etc. I find these very useful.”

“Apps”

Increased support and access to professionals:

“More understanding, specially during the pandemic”

“doula and midwife support, retraining of staff, accessibility to health care professionals and practitioners”

“More face to face conversations even if done online. Would have really helped me at my lowest points”

Attitudes and Assumptions:

“Being patient with them when talking and not assuming they can adjust to every British accent”

“Treat us fairly. Don't look down on me or dismiss me because of colour of my skin”

“Dont assume I know things especially for first time mum. I am a health professionals myself, but this was the first time I gave birth, I lot I didn't know.”

Increasing BAME maternity staffing:

“I may have felt more comfortable if I had a BAME nurse who introduced herself to me on the ward” (RDH)

“I was lucky to have a Black Midwife during pregnancy and she was brilliant. I felt I could talk and ask as she understood the cultural aspect, fears and wishes”

Increasing Communications:

"I may had a good experience but some may need language and other supports"

"Reassurance communication and understanding. When my first baby got stuck they said it was common in black women as our shape is different around the pelvis. I just think if there are these kind of differences it would be good to know the medical team were aware of this and maybe my baby would not have been stuck for so long without them knowing"

Responses from the local Maternity and Neonatal system

Responses from the findings of this report have been received from Chesterfield Royal Hospital, UHDB Women's and Children's Division, and DCHS NHS Foundation Trust.

These responses are included in full on the following pages 18-27.

Healthwatch Derby would like to thank all patients and providers who supported and took part in this project.

Joined Up Care
Derbyshire

3rd November 2021

Response to Healthwatch Derby engagement on Black, Asian and Minority Ethnic (BAME) Women's Maternity Experiences During Covid-19

I am writing on behalf of the Derbyshire Local Maternity and Neonatal System (LMNS), in response to the recent Healthwatch Derby engagement on Black, Asian and Minority Ethnic (BAME) Women's Maternity Experiences During Covid-19, which was collaboratively developed to help gather experience data as part of our plans to co-produce enhanced support for at-risk pregnant women from a BAME background.

A cohort study between March and April 2020[1] showed that 56% of pregnant women admitted to hospital with COVID-19 were from ethnic minority groups, and COVID-19 has highlighted the urgency to improve communication and co-produce with BAME communities to reduce maternal inequalities and to deliver safer, more personalised care.

Enclosed are responses from the organisations responsible for providing Maternity services in Derbyshire. The LMNS appreciates Healthwatch taking the time to collect this vital data. We are committed to ensuring the highest levels of care is provided to all women, and empathise with any women who's needs weren't met and will monitor the actions described in the responses, and learning highlighted in the report, and the actions will form part the Equity and Equality action plan going forward.

Derbyshire Local Maternity and Neonatal System Board

1. Knight Marian, Bunch Kathryn, Vousden Nicola, Morris Edward, Simpson Nigel, Gale Chris et al. Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK: national population based cohort study BMJ 2020; 369 :m2107 www.bmj.com/content/369/bmj.m2107.full

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I am writing to acknowledge receipt of the "*Black, Asian and Minority Ethnic (BAME) Women's Maternity Experiences during Covid- 19*" report.

The findings and recommendations of this survey have been discussed with the multi professional team including our Clinical Director and Service Manager

To add some context we have less than 3% of women form the BAME community, some of these women live out of area and choose to book with us, we are unable to accurately know exact numbers.

As you aware we do have small numbers and for your information within the first six months of the continuity model rolled out we have had 6 women which met BAME criteria out of 206 women in total.

Within this survey only one women participated in this survey who experienced care at CRH. I am aware that our previous HOM felt this was not representative and was disappointed at the response for CRH and gave you the feedback directly. We need to understand more fully about the reach of this survey and the lack of engagement from the Chesterfield women.

In response to this survey we are addressing many issues of equality and equity I have detailed the work we are undertaking here regarding supporting BAME women in pregnancy.

NHS Equality, Diversity & Human Rights

To mark the NHS Equality, Diversity & Human Rights Week in May 2021, we designed and released a webinar series to focus on inclusion and build on the essential ED&I training. Given the positive feedback received we have made these permanently available for everyone to book through our on line education link. Inclusion as part of organisational culture is one of the trickiest areas to define and know whether we're getting it right. There are three webinars incorporating the latest thinking and research on inclusion.

Webinar 1: Leading Inclusion This webinar aims to demystify what inclusion actually means. By "leading" we include all colleagues who actively work towards creating an inclusive work culture. We explore how people are attracted to sameness and make judgements based on previous experiences rather than seeking new information.

Webinar 2: Being an Ally Taking our organisation beyond an understanding of diversity from an Equality Act perspective and looking at the relationship between marginalised and majority groups. When we think of marginalised groups and how we make progress towards inclusion, we put the spot light on “allyship”

Webinar 3: Bringing Your Whole Self to Work Feeling like we can be ourselves at work is a fundamental part of being engaged at work. This webinar starts by answering the fundamental question of “what is my whole self?” We explore how context and environment can impact on our ability to be ourselves and whether we feel safe enough to do so.

Black Maternal Health Webinar

One of our Midwives is currently undertaking the Trust Chief Nurse Fellowship project. She is due to host a webinar to educate staff on the disproportionate number of Black, Asian and minority ethnic women and birthing people who die, experience baby loss and have worse care during pregnancy and childbirth, compared to those who are white.

There will be a guest speaker “Elsie is a midwife in private practice, with significant national and international experience. Along with the Mimosa Midwives Group Practice, she facilitates and manages the delivery of ‘culturally safe’ maternity care. She is dedicated to ameliorate the historical inequalities in service provision, the root causes of obstetric violence; the poor outcomes for disadvantaged mothers and babies, and in particular those of African descent. Elsie initiated ‘Midwifery Conversations’ a Community of Practice which supports a wide network of clinicians, students and other birth workers. In 2017 she received Honorary Fellowship of the University of Wolverhampton in recognition of her contribution to women’s rights in childbirth. On receiving the prestigious ‘Jean Davies’ Iolanthe Award 2019, Elsie went on to lead a small team in hosting the first international ‘Reproductive Sankofa Conference’, which initiated the in-depth work of repairing the poor maternity care issues for women of African descent”.

There is a second guest speaker, Shilpa Joy, an Automotive engineer by trade and also the chair for DMNV, on the UHDB side. Shilpa’s experiences of maternity care urged her to become part of the DMNV to help support service users and hospitals bridge gaps in maternity care, as well as helping to improve maternity services across the Derbyshire region.

Let’s Talk about Ethnicity webinar

Talking about ethnicity and racism can be challenging and uncomfortable. We don't think it has to be, but that's easier said than done. We need to work together to increase empathy and understanding. We need the tools and practical tips on how to become anti-racist and work towards equity. We need people to talk about their lived experiences of discrimination and we need people to listen. In our webinars, which

follow Black History Month, there is an opportunity to learn and be at the forefront of making positive changes in our Trust (Dates/times to follow, taking place in November as part of anti-bullying week)

Website Review

There are plans to review the information on our website. The Midwife who is undertaking the fellowship programme has made an initial assessment of the information available to the BAME community, she will be working closely with maternity services and the DMNVP to develop the information to meet the needs of the BAME women.

BAME Women's Maternity Experience Survey CRH

A local survey is in the planning phase currently and will be undertaken later this month. The aim of this survey is to understand woman's experiences of maternity care at Chesterfield Royal Hospital and identify what is required to make to make improvements to support improved care for Black, Asian, Minority Ethnic women.

Vitamin D project

We are planning the implantation of this project and due to the national shortage of blood bottles we have been delayed in the implementation of this project. The PGD has been approved and plans are in progress to provide an educate package for the midwives. We hope this will be implemented later this year.

Julie Mycock

Deputy Head of Nursing and Midwifery

Black, Asian and Minority Ethnic (BAME) Women's Maternity Experiences during COVID-19 (Survey undertaken by Healthwatch Derby on behalf of Joined Up Care Derbyshire – Final version 16th July 2021)

Acknowledgement

On behalf of University Hospitals of Derby and Burton (UHDB) the maternity services team would like to thank Healthwatch Derby and Joined Up Care Derbyshire (JUCD) for undertaking the recent survey. By sharing the survey information which includes direct feedback and experiences from women who have accessed the maternity services at UHDB this will help the Trust to review and shape maternity services and to drive forward required changes and improvements.

Key messages

Loss of a baby

Key Messages from case study

- Staff were friendly and had good communications
- More support following a loss of a baby
- A lack of empathy and lack of personalised/patient centred approach

- UHDB response and action:

It was very reassuring to see that the staff were friendly and the lady felt that the communication was good. However it is sad to hear the lady felt that there was a lack of empathy and personalised care. This feedback will be shared with the Specialist Midwives for bereavement care to enable them to share this anonymised feedback as a learning opportunity for staff. Personalised Care and Support Plans are currently being developed for implementation in maternity care and this will enable midwives to discuss and support women with their individual concerns and worries on a one to one basis from booking and throughout their pregnancy and postnatal period.

Labour and hospital stay experiences

- Positive aspects of experiences

Key messages of positives aspects of experiences:

- Overall service and Care - supported, personalised, comfortable and safe
- Communication – felt listened to, understood and good information
- Staff – calming and supportive.

- UHDB response and action:

The positive aspects of women having felt that they were supported, felt comfortable and safe and received personalised care is extremely reassuring to see in the feedback. Communication is fundamentally key to supporting women especially during such an

emotionally and physically challenging part of their life. Midwifery skills focus on remaining calm in order to support women and their families during pregnancy, labour and postnatally. Feedback will be shared with staff on these positive aspects of care.

- Negative aspects of experiences

Key messages of negatives aspects of experiences:

- Communication – did not feel listen to and talked down to
- Support – lack of breastfeeding support
- Lack of Empathy – left to cry - no staff checking, felt invisible, felt like a burden
- Care– long wait for pain relief, no pain relief to take home, minimal care, long wait for food/drinks
- Understaffed – no support to have shower, baby left to cry in cot (due to needing staff to pick up baby)
- Environment – next to bagging bin, no facility available to have a supported shower
- Covid restrictions – Lonely
- Discharge issues – hospital wanted to discharge at 11pm

2 women stated that they asked or did discharge from the hospital due to their care.

- UHDB response and action:

It is disappointing to receive feedback that some women perceived that communication was not good and that they felt that staff were not listening to them and that they were talked down to. UHDB wish to apologise that some women were made to feel like this.

All of the points raised will be discussed with the senior midwifery staff so that issues can be reviewed and resolved where possible. The issue of the lady next to the noisy bin can be easily resolved as the Trust has already invested in quiet closing bins on ward areas. Covid visiting restrictions are regularly reviewed in line with Public Health England and Trust infection control guidance. UHDB maternity services acknowledge that it has been a difficult time for pregnant women and women who have birthed during the pandemic.

Postnatal Care

- Positive aspects of experiences

Key messages of positives aspects of experiences:

- Overall service and care – supported and personalised
- Communication – felt listen to.

- UHDB response and action:

The positive aspects of women having felt that they were supported and received personalised care during their postnatal care is very reassuring to see in the feedback. Feedback will be shared with staff on these positive aspects of care.

- Negative aspects of experiences

Messages of negative aspects of experiences:

- Home boundaries – not taking of shoes, using toilet (felt uncomfortable due to germs)
- Lack of service – didn't feel supported
- Preconception – didn't want to ask for help as felt it would go against them.

- UHDB response and action:

Working in the community setting during COVID-19 has been extremely challenging for community staff with limited lack of facilities open for use i.e. GP surgeries. Generally staff will

try and avoid having to use toilet facilities during home visits however this may not always be possible. Staff are aware that they are required to comply with infection control measures in all care settings i.e. hand gel usage, hand washing and use of PPE. Provision of postnatal care has been a challenge during the pandemic with changes made to the frequency and mode of visits i.e. less face to face and telephone contacts increased. However women still had access to the 24 hour assessment unit at RDH whilst under the care of UHDB maternity services for any concerns relating to themselves and/or their baby during the initial postnatal period.

What works well with maternity services?

Key areas:

- **Staff – supportive, great, calming and caring**
- **Communication – detailed information, explained well, able to ask questions, speaking face to face or phone calls.**
- **Care – fast actions/care, continuity of care and personalised.**

There were special mentions of the following departments: Prenatal care, Labour ward, NICU and fetal medicine.

- UHDB response and action:

UHDB are pleased to receive such positive feedback and will share this with the maternity and neonatal teams.

Is there anything that could be improved with maternity services?

1. Communication
2. Care and treatment
3. Covid restrictions
4. Staffing and training
5. Attitudes
6. Environment

The feedback detail in the survey report has been included in an action plan (appendix 1) and will be monitored both internally through the UHDB maternity governance process and through the Local Maternity System transformation processes.

Information preferences

Being spoken to face to face by a health professional was the most popular choice for when receiving important information. This option was followed by the options of a phone call and a leaflet.

- UHDB response and action:

Personalised Care and Support Plans are currently being developed for implementation in maternity care and this will enable midwives to discuss and support women with their individual concerns and worries on a one to one basis from booking and throughout their pregnancy and postnatal period.

Other suggestions to improve communication and information given to BAME women during pregnancy (see action plan appendix 1)

1. **Digital technology – websites/APPS**
   UHDB currently signpost women to the Health zone UK APP for UHDB which includes a variety of information and links to local services for women. The UHDB website has recently been reviewed based on feedback from the local MNVPs.

2. **Increased support and access to professionals**
   UHDB have further developed the co-production methodology with the MNVPs to improve communication and access for women accessing all areas of the maternity service.

3. **Attitudes and assumptions**
   Cultural awareness training will be made available for all staff in maternity services – see action plan appendix 1

4. **Increase BAME staffing**
   UHDB are actively recruiting staff across all services including midwifery from BAME groups.

5. **Increasing communications**
   Use of interpreting services is under review in line with feedback from this survey.

Women's & Children's Division

BAME Women's Maternity Experience Survey

ACTION PLAN - HEALTHWATCH DERBY

Action	Responsible Officer	Completion Date	Progress Update
Digital Technology	Shovpreet Birring (SB)	Jan-22	HealthZone APP has information for all aspects - promotion of APP reinforced on new version of maternity hand held records (MHHR) that were printed in October- QR code. Consideration of APP sections - section for BAME however not all women will identify with BAME - should it be generic in all sections with access to different languages. SB to scope other Trusts to see if sections for BAME or included in main stream information
Increased support & access to professionals	All senior managers	Oct-21	Post pandemic restoration of the maternity services has see the face to face aspect of services reinstated in most areas & 2 birthing partners now able to support women in labour . Issues identified in survey generic to all women accessing services. New version of MHHR has clearer information on who women can contact if thery have concerns
Attitude & Assumption	Shovpreet Birring (SB)	Jan-22	Cultural awareness: Staff training - to consider cascading an e-learning package for staff to enhance knowledge (NHS England - equity & equality) & time on study day to discuss this package and key messages & feedback from this survey to raise staff awareness
Increased BAME maternity staffing	Patti Paine	Dec-22	Work currently underway to scope the feasibility of international midwifery recruitment. Recruitment is open to all of the population for roles within the maternity services- workforce within the maternity services includes staff from a range of ethnic backgrounds
Increased Communications with women from BAME background	Shovpreet Birring (SB)	Apr-22	Scope volume of written information available in other languages to utilise within the service. There is currently the availability of language services - CAPITA for telephone/face to face consultation

Derbyshire Community Health Services NHS Foundation Trust

Transferable themes for Derbyshire Health Visiting services and associated actions

Issue reported	Action Plan
Lack of support in postnatal period from HV	Review accessibility for 'universal families'. Clinic review and the encouragement of extra visits for parents needing extra support to be normalised again. Ensure in the new HCP guidance there is clear guidance around
More awareness autism (Parents)	To look at current autism training and see If there is something that can be embedded into clinical updates and training
Unconscious bias	To ensure all staff have attended unconscious bias training and that all policies and guidance are written with no unconscious bias
More awareness of care of premature baby & parents	To look at what training can be offered to support the best practice guidance regarding supporting premature babies and their families.

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