Bradford City Clinical Commissioning Group
Bradford Districts Clinical Commissioning Group
Bradford Teaching Hospitals NHS Foundation Trust

The Maternity Partnership

Feedback from women on maternity care

Personalisation and choice

Feedback from women on maternity care – Personalisation and choice

Background

The ***Maternity Partnership*** (which is the MSLC[1] covering Bradford district and Craven) works with providers and commissioners of maternity services to make sure that services meet the needs of local women, parents and families. We are keen to engage with the local families who use the services on an ongoing basis to understand their experiences and inform its own work.

Each year the Maternity Partnership conducts a series of focus discussion groups throughout the district to listen to the views and experiences of new mums and mums-to-be on topics chosen by people who use the service. The Maternity Partnership is particularly keen to hear from those who do not usually respond to traditional forms of communications and engagement, for example through Friends and Family Tests, feedback surveys and social media.

The findings then help the Maternity Partnership to identify what is important to those using maternity services and make subsequent improvements.

Personalised care

The theme chosen by the Maternity Partnership for this year's discussion groups is personalised choice during pregnancy and birthing. The aim of the focus groups is to hear from women and their families to help us improve the birthing experience of women through a better understanding of their needs so we can shape the offer of personalised care in Bradford. Each participant was given an information sheet about the Maternity Partnership, the focus group and what the information is to be used for [2].

We used a semi-structured focus group discussion guide to ask specific questions as well as elicit a wide range of viewpoints and experience. A copy of the discussion guide used by facilitators can be found in the appendix 6[3]. The three areas were:

1. Antenatal period including planning for a baby.
2. Labour and Birth
3. Postnatal period

How did the Maternity Partnership seek people's views?

Between January and April 2015, the Maternity Partnership held a series of discussion groups and invited comments from people to gather their views.

All three CCGs in the area carried out focus groups. The two Bradford CCGs focussed on NHS Bradford Teaching Hospitals Foundation Trust (BTHFT) maternity services while NHS Airedale, Wharfedale and Craven (AWC) CCG focussed on NHS Airedale Hospital Foundation Trust.

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[1] Maternity Service Liaison Committees (MSLCs) are a forum for maternity service users, providers and commissioners of maternity services to come together to design services that meet the needs of local women, parents and families. You can find out more information at http://www.chimat.org.uk/mslc

[2] See Appendix 5 for the information sheet given to participants.

[3] See Appendix 6 for the discussion guide used by facilitators in Bradford.

The Maternity Partnership promoted the engagement on the websites for NHS Bradford City and NHS Bradford Districts Clinical Commissioning Groups (CCG) and via the CCG's official Twitter accounts as well as key individual staff accounts. The CCG sent out an email to its contact list, the Patient Networks, member practices, the VCS Forum and the Every Baby Matters group contact list. In addition, key members of the Maternity Partnership promoted the sessions – and alternative ways to get in touch – via various relevant Facebook groups.

AWC CCG similarly carried out focus groups in their area and advertised these through a variety of ways[4].

Focus groups and engagement

The groups were run by a facilitator and attended by a midwife who was able to give clarification and further information as required. An interpreter was present at some of the sessions. For many of the sessions, the organisation's staff contributed and supported the facilitation of the group. An equality monitoring survey was carried out at the end of each session to gauge demographic information about participants. At some sessions, a scribe was assigned by the Commissioning Support Unit (CSU).

Originally we planned 10 focus groups to cover the Bradford City and Bradford Districts CCG / BTHFT area. However due to various changes to the management of Children Centres, attendance and promotion were challenged as a result.

Thus, we extended the engagement period and took the discussion guide to other existing groups and events taking place in Bradford in order to expand the reach and range of people taking part in the discussion.

In total there were 79 participants who attended the 15 discussion groups. We also received some feedback directly to the CCG Grass Roots insight mechanism[5]. Of the 79 participants, 5 were male. The age range for women varied from 17 to 38. Full demographic and equality monitoring information can be found in Appendix 3.

Focus groups generally took place during the day as this was a preference given by women. However, we attended two groups in the early evening as this was their usual arranged time.

Details of the focus groups for each CCG area are given in Appendices 1 and 2. If people were unable to attend, there was the option of sending feedback via email to the grass roots mechanism. We received four written comments from people who were unable to attend.

[4] Details of the AWC CCG report can be found at www.awcccg.nhs.uk/getinvolved

[5] The Grass Roots insight mechanism is a monthly collation of all feedback, reports and comments about patient experience of CCG funded services.

Key themes

Planning for pregnancy

Whilst the majority of women we spoke to had planned pregnancies, there were a few women who had not planned their pregnancy and thus experienced a range of emotions and support needs. The majority contacted their GP in the first instance to obtain support and seek advice.

For the women with planned pregnancies, they were likely to contact their GP practice but were happy to speak to a nurse or ask the receptionist for advice on what to do.

Women who were new to the area and originally were from Eastern European countries, attended A&E for signposting advice.

Women who were new to the area and originally from South Asian countries, were more likely to contact their GP on advice an guidance from family. The wider family played a role in the access and use of services for some women and it is important to acknowledge and understand this role particularly exploring where this may have negative impacts on the care and access to services some women may experience.

First contact with health services in pregnancy

The majority of women we spoke chose to contact their GP following confirmation of their pregnancy. Confirmation was usually by a home test while women from Eastern European (EE) and some South Asian women were more likely to attend their GP practice to get confirmation from a nurse or their GP. Women who were on second or subsequent pregnancies were more likely to contact a midwife directly.

Some of the women we spoke to attended their local childrens centre for their first appointments. This was a preference for women on subsequent pregnancies who had built a relationship with the children centre already. Some of the new mums were unaware of the range of services on offer at the childrens centre and how and what they would be using them for, with some thinking they were crèche services. They felt more information should be given to them.

Women on subsequent births were also more likely to wait longer before contacting services – around 12-16 weeks. Some first time mum’s who had unplanned pregnancies, contacted services when they felt they were ready or were seeking confirmation. Of the women we spoke to, this was around the 8-10 week period.

The majority of women attended their first appointments alone though some did attend with family, partners or friends. When asked if they would have preferred to be seen separately, this varied and depended on the relationship with the accompanying member and their own levels of confidence or knowledge of the service.

Language and culture

Language, translation and understanding of the services were a particular need for women from Eastern Europe or Central Eastern Europe. They described poorer experiences of care and support throughout the pregnancy journey. The men that we spoke to shared experiences of being the translators and having to reassure their partners. One male spoke of having to translate and having to miss work on 3 occasions as a translator was meant to be arranged but never turned up or was not arranged.

The quality of translators was questioned by some of the family members who felt that information and questions were not relayed by the translators effectively. Use of family members or friends happened often with the group of women we spoke to from both Asian and European countries. Some women did not seem to mind and welcomed the support of family being there. A small number of women felt embarrassed as they were unable to ask specific questions or seek assurances from the midwife.

Culture and understanding of health systems were a factor for some women and as pregnancy was the first time they were coming into contact with services, it was felt that support should be provided by a service to help develop understanding of using services as this would be beneficial throughout the pregnancy and beyond. It was not thought this should be provided by the midwives but they should be able to signpost women.

Contact with midwives during pregnancy

Women were able to contact midwives during pregnancy and there were mixed experiences of having the same midwife or different midwives. Some women even had the same midwife for subsequent births.

Women felt they would like more support and advice and regular contact with the midwife – though this did not need to be face to face. Some expressed that a phone line would be just as good and actually more convenient. Some women who were not as confident, felt a phone service would allow them to ask the tricky questions they want to but never do – but often worry about.

Where women had different midwives, the key issues were the lack of continuity or different practices that made the service feel disjointed. Women and men felt they would be reassured if, when meeting a different midwife, they felt a continued service rather than each meeting feeling like a new appointment. Some women expressed greater confidence knowing that someone else was be there to support them if their midwife was ill or away. The information, communication, knowledge and understanding of their care between midwives were the important issues.

Developing a relationship with a midwife was important and some women did make a preference for the same midwife. It was reassuring for some to be able to go to the same service and see someone who knew them, particularly for women on subsequent pregnancies. Key reasons for this were rapport, assurance and not having repeat their details each time to a different midwife.

Information and communication

Generally the information given was considered to be of high quality. Some expressed that the packs given were too bulky and contained too much “advertising” which may be relevant but wasn’t explained

The majority of women we spoke to expressed preference for verbal material. They were likely to look for written material themselves on the internet or ask friends and family.

Communication was a key issue, some wanted more communication with midwives and the majority of women we spoke to wanted to see communication between services and between staff improved.

Choosing where to give birth

Women were generally offered a choice of places to give birth, such as home birth, the Birth Centre or at BTHFT labour ward. One woman was offered the choice of an out of area hospital too.

Overall women felt this was a shared decision and made with the health and well-being of the mother and child as paramount.

Some women, particularly from South Asian and EE backgrounds were more likely to opt for the labour ward option. Some had been to visit the Birth Centre and changed their minds on receiving more information. However not having a home birth was a key choice for them as often their home environment was not suitable or comfortable.

Some women had opted for the Birth Centre but due to issues during labour were transferred to the Labour Ward. They were very positive about the experience and understood the reasons for the transfer.

Many women were not able to name the different choices offered but were all able to describe them e.g. green rooms, pink walls, pool, etc.

Antenatal (before the birth) classes and information

Antenatal classes teach people how to stay healthy during pregnancy and how to look after and feed their babies. They also provide information about labour and birth.

All pregnant women should be told about antenatal classes by a midwife, but this didn’t always happen. Some women accessed antenatal classes and some did not. If women did not go to antenatal classes, sometimes it was because they felt they didn’t need to, because they already had children. Other reasons that women gave for not attending antenatal classes were:

- Not understanding the booking process
- Seeing the service as separate and only for first mums
- English was not their first language.
- Preferences over location
- The times of the classes were not convenient.

In terms of information, a key role the midwives played was in signposting. Particularly for vulnerable and isolated women. The midwife was the first person to speak to them and signpost them to much needed external services like mental health services, befriending, advice, domestic abuse services. Many women spoke highly of the midwives role in this and described them as “lifelines”. Two women we spoke to, were grateful the midwives kept notes and documented their visits carefully as this was needed in a custody and court case.

Birth plans

A birth plan is a record of what you would like to happen during your labour and after the birth. Some women wrote a birth plan and others did not. Some woman’s labour was different from what they had described in their birth plan, for example, sometimes complications developed or women found that they needed more pain relief.

The majority of women from EE backgrounds did not have a birthing plan and were more likely to register with services late in the second or in their third trimester.

The majority of women we spoke to wanted the birth plan to include plans for breastfeeding and support after birth.

The men we spoke to wanted to have more involvement in this. They were aware that a plan was made but had very little knowledge of what it included.

Delivery – where women gave birth

Women had given birth at different hospitals, mostly at BTHFT, one at ANHST and one at Leeds General Infirmary. Some women had given birth at home. There was a mixture of positive and negative experiences.

Delivery – environment

Interestingly, the experience of women around on the ward had a huge impact on whether their experience was positive or negative. Many of the women we spoke to described their own care and experience as positive but were distressed, unhappy or concerned about their perception of the care of other women on the ward, e.g. women requesting assistance and none coming forward, seeing women being spoken to in a

language they clearly didn't understand, observing the distress of other women, many family members being around etc.

A key concern was seeing staff so rushed off and busy that they could not ask for support as they didn't feel they could. Many of the women we spoke to expressed concern about the pressures they observed on staff.

Delivery - staff

Women found that they had different midwives during their birth due to shifts ending and beginning. A number of women stated that they understood why the same midwife couldn't be present for the whole birth, in some cases the second midwife was someone they had met during their ante-natal period. For others this was a new person. The women we spoke to did not see this as an issue although a few women would prefer to have someone they had built a rapport with. This was mostly in cases where births were at home or at the Birth Centre.

Some women felt that they were left on their own for too long during labour and were not assessed often enough.

All women spoke highly about the staff, particularly the student midwives. As mentioned, they expressed concern about the pressures on staff and saw this as their reason for abrupt behaviour or being unresponsive. Not all health professionals introduced themselves before examining or delivering care to women.

Other women felt that the midwives were fantastic during their labour. One woman said that she found the encouragement and praise from the midwives very helpful during the birth and it was the best thing about the care she received throughout all her pregnancy.

The negative experiences mostly revolved around lack of interpreters, not knowing what was happening, not feeling in control or understanding what to do.

Delivery – involvement of partners

Women who wanted a birth partner to be present during the birth said that their partner was able to be involved. A few women preferred for family members to be involved but some expressed the need to not include them. This was able to be discussed.

Understanding women's circumstances as to who to involve was key. Some women expressed that they didn't want family to be involved but felt that they had to have them there as there were no other options.

Support after birth

Some women felt that they didn't get enough contact with their health visitor, whereas others were happy with the amount of contact. Some women had home visits from their health visitor and some met their health visitor at a clinic; some women would have preferred to have their health visitor appointments at home.

One woman had a visit from the community midwife one or two days after the birth and this felt like the right length of time. After two weeks, she was discharged from the midwives to the health visitor. She felt that this was the right amount of time.

Breastfeeding

Women varied in how much support they wanted on breastfeeding. Some women had already managed to breastfeed previous babies and so didn't feel they needed a lot of support. Others were apprehensive as were not able to breastfeed previous baby but wanted to breastfeed this time round.

People felt it is important to give help on breastfeeding to the women who want it, so they don't feel like they have failed if they are unable to breastfeed.

There was a lot of feedback from women that they found the midwives very helpful with breastfeeding advice, encouragement and help. Woman felt that the midwives in the hospital did not provide as much support on breastfeeding as community midwives because they were too busy.

The Doula service was highly praised and some women wanted much more support about breastfeeding, particularly on the wards.

General comments

Several woman said that they wanted holistic care during pregnancy and childbirth, meaning that care focuses on a woman's psychological and social needs as well as physical ones. It was important that communication and information was coherent and tailored to women's needs.

Case studies

Case Study 1 – TT

When TT found out about her pregnancy she had no idea what to do or who to contact. She had asked a friend who told her to register with a GP as she had not registered since coming to the join her husband in the UK from Pakistan. A midwife was appointed for her and had met the midwife once throughout her pregnancy and birth. TT had been given pregnancy and birth information packs but did not read any of the material she had received due to language barrier. TT did not ask her midwife to support her with understanding the information she had received. Moreover, TT's marriage fell apart during her pregnancy and cause a great deal of distress. She did not know where to ask for help and even became homeless at one point during her pregnancy. TT having finally left her partner found herself alone and without knowledge of where to seek help. TT had managed throughout the pregnancy with difficulties and challenges with minimal support. TT worried mostly about breastfeeding. She does not recall being given an option of birth place but it was not an issue as she has always thought births happened in a hospital labour ward. TT had been given leaflet information about breast feeding and she said the visual images helped her figure out how to breastfeed. She got the hang of breastfeeding in a few days after giving birth.

TT seemed to have been given support but had not quite understood it due to language barrier. She admitted that she had not read the information sent to her even though some of it was in her language, she had low literacy level. TT had not attended antenatal classes due to marital distresses during her pregnancy. She had received antenatal session invites.

TT seems to be satisfied with the support she had received and only wished the midwife would have explained everything in the information packs to her. Having listened to other women present, TT suggested that midwives should explain the information on the leaflets in a way that is easy to understand. She praised visual leaflets as anyone can understand easily even if no one is there to explain.

For TT, personalised care would have involved someone providing a more holistic support and care package. She would receive more one to one support from someone who understood her language and culture to explore issues and concerns but also have knowledge of how to signpost accurately and responsively. TT was clear that support could come from a variety of sources – not just the midwives and maternity services – but it was important that the services communicated and worked as one service.

Case Study 2 – PP

When PP found out she was pregnant she had first told her husband who then booked her a GP appointment. PP suffers from high blood pressure. A midwife was appointed to her and had seen her twice before the birth. PP had support from family, sisters and cousins who had given birth before and told her what to expect. PP had attended an antenatal class once.

PP due to her blood pressure had been told she would be giving birth in a hospital ward. PP said she would have wanted to give birth in a birth centre like some of her family

members but understood that it was not safe due underlying health issue. PP had decided that the husband be present in the room when she gave birth.

PP labour went smoothly. Breastfeeding was tricky as no milk was coming out first few days. It distressed her but got support from midwife who has seen PP once since she gave birth. PP learned to breastfeed through looking at her family and friends breastfeed. PP attends new mum's group. She loves being a mum.

PP found it difficult to express herself and be open in detail about her experience, we asked her if she got pregnant again what would she want improving. PP replied saying she would want to see more of her midwife for longer and where appointments don't feel hurried and phone support for when she wants to ask something over the phone.

Personalised care for PP was having the support to feel control and supported to make and understand the decisions about her care. She saw two different midwives during her pregnancy but she felt they were very good at working together and she was happy with the continuity of service and communication. Whilst PP was given choices, she understood possibilities and what was available and felt she was supported to make the right decisions for her and her baby. She had a smooth labour and this was down to good planning and support from her midwife. The real improvements PP would like to see are a phone line for first time mums to get advice.

Case Study 3 – SS

When SS found out about her pregnancy which was the first time she did not know what to do at first and following a GP appointment she got information about midwife and was appointed one. Throughout SS pregnancy she saw the midwife about 3 times and twice after birth was supported by health visitor. She was given information leaflets to help her understand all she needed to know about pregnancy and birth. The breastfeeding one was most helpful as she had worried more about it. The midwife was very helpful in supporting SS during her pregnancy. SS did attend antenatal classes which she had enjoyed as it made her less worried about giving birth.

SS had been involved in all decisions of labour and birth. She understood the fact that she had underlying medical issues it meant giving labour at a hospital labour ward instead of a birth centre or home, options which were discussed and explored with her and decisions on what was most safe mutually agreed. She felt supported to make a decision that was right for her baby and took in to account her underlying medical issues without making her feel excluded because of them.

SS birth was supported well and post-natal support given whenever she asked. Breastfeeding had been a worry but she soon got the hang of it through the help and support of her midwife. SS said she would use the same midwife again if she had another pregnancy. SS attends mums groups where she received more support.

Personalised care for SS meant someone understanding her, her health and her choices for a safe and stress free pregnancy. She received the support she needed and was able to access external support from a mums group too.

Case Study 4 – FF

FF contacted the GP first when she found out she was pregnant. FF chose Leeds Royal Infirmary due to family and friends recommendations who have always told her Bradford was ‘not good’. FF felt that under Leeds services, she did not receive the care she had hoped for. FF was appointed a midwife but midwife never turned up. Another had been appointed and met once. She had been given packs of information which she found to be bulky and difficult to navigate. Asked if she had read them at all, FF said she had not read them, just flipped through. FF did not attend antenatal classes as she did not have the information about where to attend these classes in Bradford.

FF said she had not been told of options of birthing place, even in her first pregnancy 2 years ago. FF did not receive much support and thinks perhaps it was to do with registering in Leeds while living in Bradford. FF knew about breastfeeding from previous experience, therefore, had found it easy to breastfeed when the time came to.

No midwife had come to visit her post natal and she felt unsupported this time on her second child. She found it stressful not to have any support and frequently became anxious. Overall, FF experience had not been good and she did not feel involved in planning her care. She would prefer to go to Bradford in the future but feels she would need to find out more information.

Appendices

1. **Bradford City CCG area groups**
2. **Bradford Districts CCG area groups**
3. **Equality monitoring data**
4. **Postcodes**
5. **Information sheet for participants**
6. **Discussion guide for facilitators**
7. **Acknowledgements**

Appendix 1: Bradford City CCG area groups

Bradford City CCG area				
	Venue	**Date**	**Number of members of the public**	**Who else attended?**
1.	Canterbury Children's Centre, Basil Street,	Feb 3rd at 1.30pm – 2.30pm	3 female	• CCG staff facilitator • Midwife from BTHFT • Scribe from CSU
2.	Womenzone – South Asian group 19-21 Hubert St	March 4th at 1pm – 2.30pm	9 female	• CCG staff facilitator • MIdwife from BTHFT • Student health visitor • Food speciaist
3.	St Edmunds Children's Centre Washington Street ,	March 16th at 1.30pm – 2.30pm	6 (4 female) (2 male)	• CCG staff facilitator • Midwife from BTHFT • Scribe from CSU
4.	Women zone: Eastern European women's group	March 18th at 1pm – 2.pm	5	• Maternity Partnership member facilitator • Midwife from BTHFT • Scribe from CSU
5.	Womenzone 19-21 Hubert St	March 18th at 2pm – 3pm	2	• Maternity Partnership member facilitator • Scribe from Maternity Partnership
6.	Attock Community Association, Chichester House, 10 Melbourne Place,	April 1st at 10am – 12pm	4	• CCG staff facilitator • Midwife from BTHFT • Scribe from CSU
7.	Seha women's group Sunbridge Road	5th May 4.30pm – 6pm	8	• CCG staff facilitator and group volunteer scribe
8.	Women's faith reading group Lumb Lane	13th May 6pm – 7pm	11	• CCG staff facilitator • Scribe from CSU
9.	Patient network group Carlisle Business Centre	20th May 5pm-6pm	5 (3 female) 2 male)	• CCG staff facilitator and scribe
		Total	**53**	

Appendix 2: Bradford Districts CCG area groups

Bradford Districts CCG area				
	Venue	**Date**	**Number of members of the public**	**Who attended?**
1.	Queensbury Victoria Hall	Jan 27th 1pm – 2pm	7	• CCG staff facilitator • Scribe from CSU
2.	Princeville Children Centre Willowfield Street,	Feb 2nd at 1pm – 2pm	4	• CCG staff facilitator • Midwife from BTHFT • Scribe from CSU
3.	Tyersal Childrens Centre, 51 KyffinPlace,	Mar 5th at 1pm – 2.30pm (Group called Cherish)	3	• CCG staff facilitator • Midwife from BTHFT • Scribe from CSU
4.	Woodside Primary School and Children's Centre Fenwick Drive,	March 17th at 10am – 11.30am	3 (2 female 1 male)	• Maternity Partnership member facilitator • Midwife from BTHFT • Scribe from CSU
5.	Woodroyd Children's Centre Woodroyd Road,	Mar 26th at 1pm – 2.30pm	2	• CCG staff facilitator • Scribe from CSU
6.	Women's faith group Heaton Road		3	• CCG staff facilitator and scribe
7.	Grass Roots feedback	19th April – 5th May	4	
		Total	**26**	

Appendix 3: Equality monitoring data

79 people took part in total

- 78 had care from BTHFT
- 1 person had care from NHS Leeds Teaching Hospital Foundation Trust

Postcodes:

- See graph on page XX
- 53 from Bradford City CCG area
- 26 from Bradford Districts CCG area

Gender:

- 74 female
- 5 male

Age range:

- 17 – 38 years female (25 no response / not recorded)
- 28 – 51 years male (5 males responded / recorded)

Ethnicity:

- White British – 21
- White Eastern European / Central Eastern European – 8
- South Asian (Indian, Pakistani, Bangladeshi) – 31
- Black African – 3
- Black Caribbean – 1
- Arab / Middle East – 2
- Dual heritage – 1
- Prefer not to say – 2
- No response / not recorded – 10

Sexual orientation:

- Heterosexual – 54
- Gay/Lesbian – 2
- Prefer not to say – 6
- No response / not recorded – 17

Faith and spirituality:

- Christianity – 26
- Islam – 29
- No religion – 4
- Prefer not to say – 1
- No response / not recorded – 19

Disability:

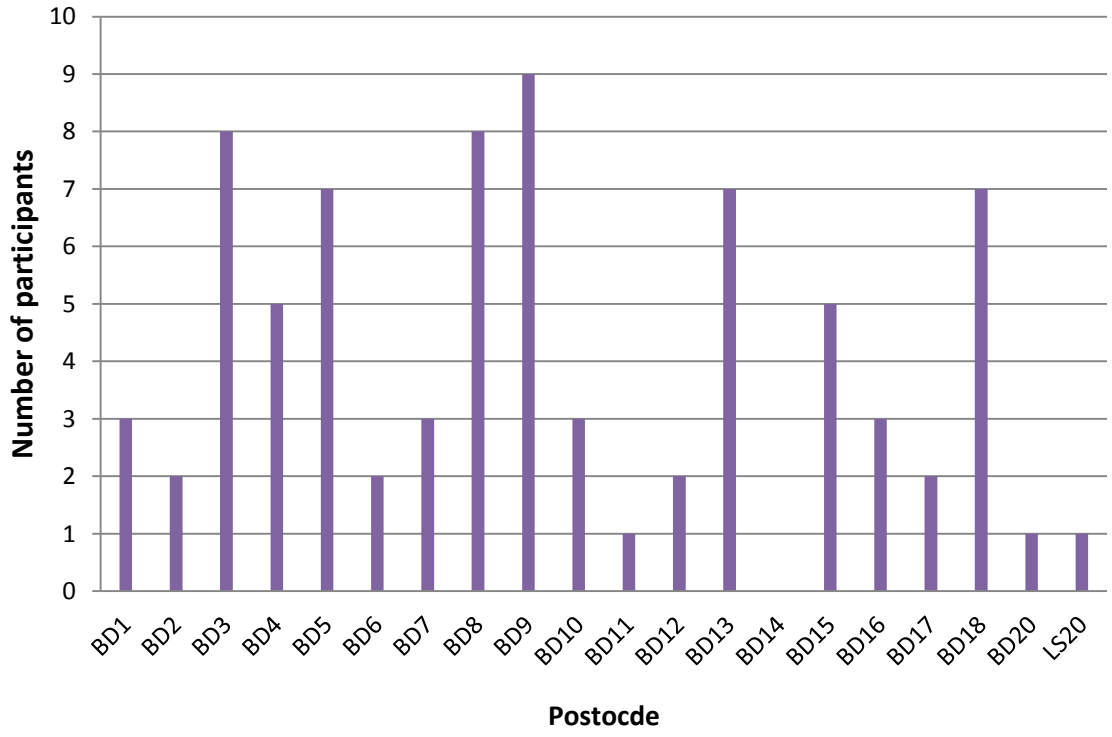
- Yes – 5
- No – 38
- Prefer not to say – 7
- No response / not recorded – 29

Carers:

- Yes – 28
- No – 21
- Prefer not to say – 4
- No response / not recorded - 26

Appendix 4: Postcodes

The following graph shows the spread of people we spoke to across City & Districts CCG areas and using Bradford Teaching Hospitals Foundation trust services.



Appendix 5: Information sheet for participants

Discussion group

Each year the Maternity Partnership conducts a series of focus groups throughout the district to listen to the views and experiences of new mums and mums-to-be on topics chosen by people who use the service. This year, the Maternity Partnership will focus on understanding birthing experiences of women.

The findings then help the Maternity Partnership to identify what is important to those using maternity services and make subsequent improvements.

The Maternity partnership is made up of members of the public as well as health professionals who work together to improve maternity services across Bradford, Airedale, Wharfedale and Craven.

The theme for this year's Discussion Groups is personalised choice during pregnancy and birthing. The aim of the focus groups is to hear from women and their families to help us improve the birthing experience of women through a better understanding of their needs so we can shape the offer of personalised care in Bradford.

We want to understand your experience of having a baby so we can improve services, highlight areas of good practice and where things haven't gone so well, look at how this can be avoided and improved.

We are looking at 3 areas:

Antenatal

- This is the support and information before the birth of your baby.

Labour and Birth

- This is about the planning and decisions about where to have your baby.

Postnatal

- This will be to look at support and information after the baby, e.g. with feeding

Thank you for taking part and if you have any questions or queries, please do not hesitate to contact us.

Kind regards

Sasha Bhat

Head of engagement and experience

sasha.bhat@bradford.nhs.uk

Appendix 6: Discussion guide for facilitators

Discussion group guidance sheet

The theme for this year's Discussion Groups is personalised choice during pregnancy and birthing. We'd like to gather as much information as possible on people's experiences.

- Participants should have received their pregnancy care under either Airedale or Bradford Royal Infirmary's maternity services. (if this is not the case, can still take part as may share some good practice but all questions may not apply and ensure feedback is noted separately and).
- Participants to have had their baby in the last 12 months (up to 18 months at discretion).

Please use these questions as a general guide only – allow the group to generate their own discussions and share their experiences in whichever way is appropriate and comfortable for the participants. Allow open ended questions to elicit experiences and view points that may not fit into the guided discussions. We're particularly interested to hear people's own definitions and understanding of what personalised care means to them.

Questions

Introduction:

Explain the Maternity Partnership role and how information collected will be used. Explain confidentiality and anonymity. If recorded devices are used, ensure consent. Where appropriate, feedback on previous years reports.

We want to understand your experience of having a baby so we can improve services, highlight areas of good practice and where things haven't gone so well, look at how this can be avoided and improved.

Antenatal

- When you found out you were pregnant, who did you first approach?
- What arrangements did you have for contacting a midwife if you needed support or advice? Did you have the same midwife throughout? How was the care provided?
- What information did you receive about the different places that you could have your baby? Do you feel aware of the choices you made? (smoking, pain relief etc)
- Did you access ante-natal classes? Where else did you go for advice/support?
- Open ended questions.

Labour and Birth

- How were you involved in decisions about care and a birthing plan?
- Where did you have your baby?
    - Hospital – labour ward
    - Home?
    - Hospital – birthing centre
    - Other?

- What kind of support would you like to access? 121/groups/mums/dads?
- Where would you like the support to take place?
- What things went as planned? What didn't?
- Did you make any plans for your partner to be involved? What about other professionals?
- Open ended questions.

Postnatal

- What preparations did you make for feeding your baby?
- Who did you discuss this with?
- What was good about the support and information you received about feeding your baby?
- Did you receive any assistance, encouragement or support from e.g. midwife, doula?
- Did you have access to a midwife after the birth
- Open ended questions.

Overall

- What were the most positive aspects of the information and support you received throughout pregnancy and immediately after birth.
- Any further comments?
- Open ended questions.

Thank participants for taking part. Once again emphasise how information will be used, how they can gain feedback and ask participants to complete an equality monitoring form.

Appendix 7: Acknowledgements

NHS Bradford Teaching Hospitals Foundation Trust
Midwifery and maternity unit

Staff and volunteers at all participating Children's Centres and women's groups.

Liz Firth – Chair of Maternity Partnership

Ruth Hayward – NHS Bradford City & Districts Clinical Commissioning Group

Saba Bilquis, Tuwenje Maunde – Sharing Voices Bradford

Saeed Khan, Kalvinder Kullar, Patricia Gray – NHS Yorkshire & Humber Commissioning Support Unit

Rubina Khalid, Nadia Shezad – Womenzone

Sara Khan – Seha Health projects

Mariam Qureishi – Lumb lane mosque

Melissa Jennings – Queensbury Victoria Hall