

Women's Experiences of Maternity Services in Birmingham East and North and Solihull.

A Qualitative Study

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The organisations involved

Local Involvement Networks (LINKs)

LINKs were created by the Local Government and Public Involvement Act of 2007 and provide a mechanism whereby lay people can influence the provision of local health and social care services. They have statutory powers which mean that health and social care providers must take their views into account. Solihull LINK and Birmingham LINK jointly commissioned Involvement Innovation Ltd to carry out this qualitative study. Project management on behalf of Solihull LINK was undertaken by Catherine Gulati, and for Birmingham LINK, by Elsie Gayle.

Involvement Innovation Ltd

Involvement Innovation is an organisation which aims to improve service delivery through ensuring effective and meaningful consultation with patients, the public and service users. We ensure that the user voice is central to all activities.

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Executive Summary

Birmingham and Solihull Local Involvement Networks commissioned Involvement Innovation Ltd. to gather the views of women who have recently accessed maternity care. This was a qualitative piece of research with the aim of finding out how women assess the quality of their care and to formulate a list of suggestions for service delivery improvements. The findings of this research complement the consultation which was carried out at the same time by NHS Birmingham East and North (BEN) and Solihull NHS Care Trust (SCT) on their Maternity Strategy document.

Four exploratory focus groups were carried out to ascertain key themes and concerns about the maternity experience. These informed the design of a topic guide which was used to carry out 75 in depth interviews with a diverse group of women across Solihull and North and East Birmingham. Interviews were transcribed and analysed using specialist software.

Breastfeeding support and education was the most prominent theme and respondents made a number of key suggestions. These included increased peer support, more technical information about breastfeeding and greater support on the ward after giving birth. Breastfeeding rates are lower in Birmingham East & North and Solihull than many other parts of the country and there is overwhelming evidence of the positive effects of breastfeeding on a number of health outcomes for both mother and baby. Surprisingly, breastfeeding is absent from the BEN/SCT Maternity Strategy so a key recommendation is for this to be included.

Other prominent themes from the research highlighted the importance of continuity of midwife care and the midwife-mother relationship throughout the maternity experience. This consultation also found that some women from vulnerable groups felt that they were not receiving adequate levels of support or good quality information. This was due to language barriers, poor treatment from NHS staff and insensitivity to their cultural needs.

This consultation generated a considerable amount of rich data which allowed us to understand the aspects of maternity care that women are particularly concerned about. It also offered solutions for improving service delivery; as these suggestions came directly from respondents it is essential that these are considered fully.

The economic and political climate has changed considerably and this has enormous implications for the funding of public sector services. It is therefore essential that commissioners and service providers work closely with service users to plan services that meet the needs of a large and increasingly diverse population.

Background

The Heart of England NHS Foundation Trust (HEFT) provides maternity services for people living in East and North Birmingham and Solihull and provides services at Solihull Midwife Led Unit (formerly Solihull Hospital), Heartlands Hospital and Good Hope Hospital. These hospitals are the largest provider of maternity care in the West Midlands and support 10,600 women a year to have their babies.

Solihull NHS Care Trust (SCT) and NHS Birmingham East and North (BEN) are currently reviewing maternity services and developing a new Maternity Strategy and a public consultation has just been completed (24th January). The present project was commissioned by Birmingham and Solihull Local Involvement Networks (LINKs) to provide qualitative feedback from service users which focussed on the quality of experience with the aim of producing recommendations to improve service quality. The LINKs aim to work in partnership with the local NHS Trusts in order to identify areas of strength and weakness, and to provide constructive feedback. This project ran concurrently with the public consultation led by SCT and BEN. The intention was for this report to complement the consultation carried out by SCT and BEN. Furthermore, it is the role of LINKs to ensure that local people's views are taken into consideration by commissioners when planning services and this consultation is a mechanism for doing this.

Local Perspective

NHS Birmingham East and North have some of the highest information mortality rates in the country at 9.2 deaths per 1000 live births; this is double the national average. NHS Birmingham East and North have reducing infant mortality as a World Class Commissioning (WCC) priority. It has chosen to increase breastfeeding initiation as a WCC outcome. Additionally a key theme identified in the Birmingham Health and Wellbeing Partnership (BHWP) has been the development of a number of key performance indicators to tackle high infant mortality rates, these include:

- Booking first maternity appointment within 12 weeks of pregnancy
- Breastfeeding for at least 6-8 weeks after birth
- Continuity of carer (from the individual midwife)

In Solihull the situation is similar. There is a Local Area Agreement in place identifying particularly low breastfeeding rates in North Solihull (20% compared to the national average of 74%).

The present consultation aims to cover the main aspects of the maternity experience, these include: antenatal and postnatal care, midwife care, labour/birthing experience and

breastfeeding support. It will do so qualitatively. In other words it aims to collect a detailed picture of women's experiences, but will not produce statistical data.

Aspects of the maternity experience we aimed to capture

Antenatal support

One of the benefits of antenatal classes is the social support that they can offer. They can offer a protective effect against postnatal depression (Ray & Hodnett, 2000). There is evidence that breastfeeding initiation and duration are improved by ante-natal education (National Collaborating Centre for Women's and Children's Health, 2008).

Midwife care

Research findings suggest that women greatly value continuity of carer during both the antenatal and postnatal period; continuity leads to a more supportive and trusting relationships with their midwife. Furthermore continuity of care will improve women's satisfaction with their care, give midwives greater job satisfaction and reduce intervention rates (Stevens & McCourt, 2001). The National Service Framework for maternity services also states that women prefer to be cared for by a midwife who they have got to know and trust.

Labour and Birthing Experiences

Continuity of care in labour is a factor which can improve the quality of the midwife relationship. For instance evidence suggests that women prefer social models of care where they are able to form trusting and caring relationships with their caregivers (NCT briefing, 2009). Being well supported during labour results in higher satisfaction of women giving birth and reduces feelings of trauma (Page et al., 2001, Ford & Eyres, 2009).

Breastfeeding

There are distinct benefits for breastfeeding; breastfeeding provides vital nutrients for growth and development. Furthermore breastfed babies are less likely to develop:

- Gastric, respiratory and urinary tract infections (Howie et al., 1990)
- Obesity in later childhood (Fewtrell, 2004)
- Juvenile-onset insulin-dependent diabetes mellitus (Sadaukaite et al. 2004).

In relation to the first point, the evidence suggests that if all babies were breastfed for at least 3 months, the reduction in cases of gastroenteritis would save the NHS over £50

million a year (Breastfeeding Manifesto). Therefore increasing breastfeeding rates can play a role in improving public health and reducing healthcare costs (Report on Human Rights and Breastfeeding, BRAP).

There is therefore a clear argument for understanding factors affecting breastfeeding. Furthermore feedback to the Solihull and East Birmingham MSLC identified several concerns around breastfeeding by local women. These include breastfeeding education during pregnancy, breastfeeding support in hospital and breastfeeding support on discharge. Service user feedback from the volunteer and community sector and BEN/SCT is also consistent with this.

Aims and objectives

The aim of this consultation was to obtain the views of women with recent birth experiences about the maternity care that they received.

The main objectives were:

- provide women with the opportunity to give their own views about the care they received
- provide women with the opportunity to offer suggestions for service improvement

These are the main questions that we posed in relation to antenatal and midwife care:

- Roughly how many weeks into your pregnancy were you when you first saw a midwife?
- Did you have the same midwife during pregnancy?
- How would you describe your relationship with your midwife/midwives?
- If your midwife care could have been improved, what recommendations would you make?

These are the main questions we posed in relation to the labour and birthing experience:

- Did you have the same midwife throughout your labour and for the birth?
- Did you feel informed about what was happening to you during your labour and the birth?
- If your labour/birthing experience could have been improved, what recommendations would you make?
- Please tell us about the support you received on the ward after giving birth

These are the main questions that we asked in relation to postnatal care and breastfeeding support:

- When did you make the decision about whether you wanted to breastfeed or not?
- Tell me about the breast feeding information you received during your pregnancy?
- Explain to me your experience of breastfeeding whilst in hospital
- Did you breastfeed within the first few days after returning home?
- If breast feeding support/education could be improved, what recommendations would you make?

And finally, we posed the following questions about Solihull Midwife Led Unit

- Have you heard about the unit?
- Would you have considered giving birth there? Explain your answer

Methods of Investigation

The consultation was data driven. This means that its starting point was not existing research or other literature, but the experiences of women in the target group. This research orientation helps to reduce the tendency to replicate earlier studies by recycling the ideas contained in them. In this context, it ensures the user voice takes centre stage. Despite this, a literature review was undertaken, but was used after the data was collected as a point of comparison, not as a driver for the data collection. This approach is most commonly known as Grounded Theory (Strauss and Corbin 1998).

Focus Groups

The first phase of the project was four focus groups, conducted with women in the target groups. The purpose was to generate topics for inclusion in the interviews which were the primary data collection method. Two were conducted in Children's Centres; two in Breastfeeding Cafes in Birmingham and Solihull.

Focus groups are particularly good for generating ideas because group interaction is typically more creative and wide-ranging than would be the case in an interview situation (Krueger and Casey 2000). Facilitators kept intervention to a minimum; their role was limited to stimulating debate and ensuring discussion stayed on topic. From this, a topic

guide was created to guide the interviews. This preliminary phase meant that the ideas the interviews were based on came *from the women themselves*, not from academics or medical professionals. (Feedback from the focus groups can be found in Appendix 1; the topic guides in Appendix 2)

Interviews

The second phase was one-to-one interviews. These were based on the topic guides prepared in phase one, but this did not mean a rigid structure was applied to the interviews. Respondents were encouraged to speak in their own words, giving as much detail as they wished as well as offering their own interpretations of events. Interviewees encouraged elaboration where this seemed necessary and used the topic guide to ensure all interviews covered the same issues. Brief demographic information was collected at the same time.

61 interviews were undertaken by Involvement Innovation Ltd. An additional 14 were undertaken by volunteer interviewees for whom special arrangements were made. Firstly the volunteers were trained in interview techniques by Involvement Innovation Ltd. Secondly protocols were provided governing appropriate behaviour in interview situations in addition to the topic guides provided to all interviewers. The integrity of the report did not rely on volunteer data; however the quality of data from these interviews was high enough to be included for analysis.

Selection of Respondents

Qualitative studies typically do not require a large number of interviews; saturation can be reached with numbers as low as 15 (Guest, Bunce, & Johnson 2006). However the target group for this consultation is diverse, so a larger number of interviews (75) were conducted in order that key groups were represented. We particularly targeted women from minority ethnic groups, recent immigrants and those from disadvantaged social backgrounds. Women interviewed included a wide range of ages and the most significant ethnic minorities in the region (demographic information is in Appendix 2). Older mums were not specifically targeted so further investigation would be needed to identify their specific needs.

We recruited the sample through Children's and Sure Start centres, Breastfeeding Cafes, MumsNet/Netmums, Community Midwives, Health Visitors and breastfeeding support workers. Each woman was offered a £5 high street voucher to thank them for their time. We limited the sample to women who had given birth in the last year because they would be more likely to recall the rich detail of their experience and because a young baby was less likely to be a distraction if present in the interview. The sample was also limited to those who lived in the Birmingham East and North and Solihull localities. We also prioritised

interviewing women who gave birth at Good Hope, Heartlands, Solihull Midwife Led Unit and Solihull Hospital, however some women gave birth in other locations; these included the Women's Hospital, City Hospital, homebirths and in one case a women gave birth in Manchester. In these cases we have only used information about experiences of antenatal and postnatal care for analysis. Data about birth locations can be found in Appendix 3.

It is important to note that this selection method, while entirely appropriate for a qualitative study will not produce statistically valid numerical data. For that reason no such data is presented in this report.

Respondent Welfare

Talking to women about their experiences during childbirth was likely to raise issues for which they needed additional help. With this in mind all interviewees were given material describing where this help could be found, particularly the HEFT PALS service.

An unexpected benefit to the women was the opportunity to talk about their experiences. For many this was the first such opportunity they had had and they clearly benefitted from it.

Data Analysis

All interviews were recorded and transcribed fully. They were anonymised where necessary to protect the identities of the women and the medical personnel they referred to. False starts, hesitation and non-standard syntax were all included, which combine to give a vivid picture of what was said by the women. The aim of analysis was to generate themes and categories and to explore relationships between them. We used a thematic approach to data analysis which involved becoming familiar with the data by reading through transcripts and listening to the recordings. Data was indexed using QSR Nvivo software (version 9) to code, develop categories and to explore relationships between categories.

QSR Nvivo has been designed specifically for qualitative analysis of rich text-based data, where deep levels of analysis on large volumes of data can be carried out. It helps users to organise and analyse non-numerical or unstructured data. The software enables data to be classified, sorted and arranged. The researcher is able to test theories, identify trends and cross-examine information in a variety of ways. Observations in the software can be made and a body of evidence to support their case or project can be built (Dearne, 2008).

Once the categories had been developed, subdivided and applied to the interview material, the themes contained within the data could be teased out. All the material on a particular

theme could be retrieved, suitable examples extracted for inclusion in the report, and explanatory text added. Relationships between different themes were also explored.

The final stage of the data analysis took the theme based material, compared it to existing literature and research and cross-referenced it where appropriate to existing policy.

Suggestions

The report includes suggestions *from the women*. It is important to understand that these are not recommendations as they have not been scrutinised in terms of their efficacy or their cost; they are merely reported. However we believe they represent a powerful and authentic voice of the service user and can make an important contribution to future service provision.

Findings

Findings will be presented in three stages reflecting the maternity experience:

1. antenatal care & midwife support,
2. birthing & labour experience,
3. breastfeeding support & postnatal care.

Each section concludes with suggestions for improvements made by the interviewees. The findings are illustrated throughout by excerpts from the interview material on which the report is based. Each excerpt is presented as boxed text, with clarification by the author in square brackets.

The report is divided into sections to increase clarity; however women's responses sometimes did not fit neatly into these categories. This means that in places the report appears to be repetitive, although it's actually capturing the complexity of the maternity experience and the relationships between the different sections of the report.

Antenatal care and support

In most cases respondents did access care within 13 weeks.

Um when I first saw one it will have been the midwife at the doctors won't it was probably about 8 weeks.

White British woman, SMLU Birth,

In the minority of cases where women did not see their midwife within 12 weeks few elaborated on how they felt about this. Two examples are given below where women decided to change GP practice because of this.

My doctor's didn't have a midwife he was going to do the checks basically himself and then I changed doctors to a surgery where they did have a midwife so I think it was about 20 odd weeks already when I did have a midwife.

The reason why you changed doctors was that the issue?

That was one of the reasons.

White British Woman, Heartlands Birth,

However another respondent was unhappy about not being referred to a midwife early in her pregnancy.

I was about 10 weeks. When I found out I was pregnant I did go to the doctors, but what happened was, we didn't get a midwife to see us, and when we did get an appointment, we'd waited about 6 weeks. And that because of that whole thing, I changed doctors in the end cos it was just so long to see someone.

It's just I think with your first pregnancy, you're sort of scared, and you're not even sure if you're pregnant. So you're just kind of, in two minds, and I just wanted to see someone soon.

Indian woman, SMLU birth

Continuity of Midwife Care

Women who had continuity of care during the antenatal period valued seeing the same midwife. They often valued the close relationship that developed due to the regular contact they had with their midwives.

Actually I had a miscarriage before he [the baby] came along and I had her [the midwife] then as well so I guess we knew each other already but um, I really appreciated the fact that it was the same lady, just reassurance that it was the same person and um you know, did whatever she supposed to do in the same way so you knew that... obviously there's a personal relationship that you then build up throughout the pregnancy so that was brilliant. I really appreciated that.

White (other) woman, Heartlands birth

Women who did not have continuity of care commented on the distress this caused.

The midwife I had was a part-time semi-retired lady and she came to do the home visit. I was assigned her as the midwife and then I didn't see the same one throughout the whole pregnancy so there was quite a lot of discontinuity, you didn't really get to know the midwife, that kind of thing so yeah, that was quite a... particularly when it's a first time pregnancy. I've heard other mums say "oh yeah, you get to know the midwife and you can ask them anything", but 'cos each you time you went in, it was a different person, you didn't really feel you got the bond with them so you either felt nervous or stupid, or you get a slightly different answer depending on who you asked. So yeah, that wasn't good I thought.

White British woman, Solihull Hospital Birth

Oh God, lost count. I didn't mention this to [named midwife] but I started my care off in London because we've been here for about 3 months now so my care then swapped over to Solihull but when we were in London, it was like countless midwives which isn't great as you don't get to build up any rapport and continuity of care and it's like a new face and yeah, it was a bit unsettling.

White British woman, Heartlands Birth

The part I wanted to be better was all the different midwives and their different ways. That was the bad part for me. I only wanted 1 midwife.

White (other) woman, Heartlands birth (translated quote)

I saw one midwife twice and the rest of the time I saw a different one each time. Yes, multiple midwives all the way through.

It was conflicting views throughout in that one midwife was really concerned that the baby had stopped growing and I needed to go to hospital to find out what was going on so at the end of the day, I was suppose to have this little baby but I ended up having a 9lb 13 and ½ baby. They didn't know what they were doing.

I had no consistent care and when I came out of hospital, I had another new midwife who came to see me, so not great. I wasn't unhappy at the time as I thought that this was the way it was to be

You had different midwives but did you feel that you had any opportunity for any one of them to get to know you?

No.

White British woman, Good Hope Birth

Unfortunately I had about 5 or 6 midwives. They were changing all the time. It felt very bad all the time. When I had a problem and told one midwife and set up things with her, the next time I went I saw another one and she had a different approach. Different midwives and every one a different style which was a big problem for me. They did not get to know me. No I did not get to know them. Because I see a different midwife, everything is changed by the other one.

I had sometimes the feeling that I wanted to ask the question, but I changed my mind, because I was not comfortable. There was no problem with the first midwife, she was ok and I saw her for the first 2 visits. The 2nd midwife I saw at my 3rd visit and she was cold and distant. I had the impression that she was sort of discriminating against me because I was white and not English.

White (other) woman, Heartlands birth (translated quote)

However, women were less distressed if they were able to form good relationships with subsequent midwives.

I had two different ones [midwives].

How did it feel to have different midwives?

I was a bit annoyed actually because the first midwife that I had I got on really well with, she was a bit younger and we sort of clicked and we had a bit of fun like a laugh and a joke and we had things in common and stuff, so when I found out that I was having a different one I was upset, because it was my first pregnancy and I really got on well with her and I thought it would be nice to carry on with her but the second midwife I had turned out to be really nice as well so it was fine once I got used to the new one but yeah it was okay.

White British woman, Heartlands birth

I had 3 midwives at first and then another one towards the end when one of them went on maternity leave, so 4 in all. It didn't bother me in the slightest having different midwives- all were excellent I felt I got to know them fairly well. It felt comfortable asking them questions.

Mixed Race woman, Good Hope Birth

Women who did not have continuity of care sometimes commented that they were not able to form relationships with midwives and this impacted on how supported they felt and how comfortable they were to ask for help or advice.

Oh it was horrible because I found...I suppose with [named midwife]I'd known her for 8 months and you get quite confident asking questions even though you think I know other people ask them, silly little questions, I didn't feel asking the other girls.

White British woman, Heartlands birth

To be honest I didn't like it. Only because you sort of, you get comfortable with one person, so you're introduced to one person, and then you've got a lot of people looking after you. I wasn't too happy with that.

So did you feel the midwives got to know you?

No, not really.

Did you feel comfortable asking questions to the midwives?

Yes, I'd always, whenever I'd go for my ante-natal appointments, I'd always take a long list of questions with me. But to be honest it just felt like they weren't interested, I always felt like, I felt stupid for asking them, because it was like, they're common sense, why are you asking us questions, that's how you're always made to feel.

So how would you describe the relationship with the midwives?

It was, they were really nice, we all got on really well. But there was no sort of, you know when you find out you are pregnant, you'd want to be with one midwife all the way through, and you'd get to build up that sort of relationship with them, I just felt that I didn't have that with mine.

Indian woman, SMLU

Relationship with the Midwife

In the present consultation, women who had better relationships with their midwives tended to feel more comfortable asking questions and advice.

[Named Midwife], I'd joke to her and say that she's been like my mum through all this, she's always texting me I'm always able to text her I know I am able to ask her any question and she won't judge me by it.

White British woman, Heartlands birth

Yes I had the same midwife for all my care. She was great at supporting and generally encouraging me. I did feel able to ask her questions throughout my pregnancy. Sometimes I'd write things down that I would ask at the next clinic appointment.

It was a friendly but professional relationship. If I had any concerns around the pregnancy I think I would have been able to share these with her but I don't think I could have spoken to her freely if I was having real emotional or relationship problems.

Well I was under the care of the consultant at Good Hope but to be honest I had more regular contact with my midwife. She was great. I got to know her because she was involved with all of my pregnancies.

Ethnicity not disclosed, Good Hope birth

It was good because me and the midwife had a good relationship, in the end and she got on with the other half as well. And every time I went for an appointment we always came out smiling and she'd always make a joke about how hard it was to find the fundal height because of my weight and everything.

It made a bit of a joke about my own personal issue, it was quite reassuring. Yes she got to know me as a person, but I did not really get to know her as a person; she kept it quite professional on her part. She was interested in my life, what we did, but apart from that it was just that she knew you. She knew more about us than we knew about her.

I did feel comfortable asking her anything, I could ask her practically anything and she would give me an honest truthful answer. We just had a good relationship, yes, she was professional but friendly.

African woman, Heartlands Birth

Factors affecting the Midwife relationship

Respondents suggested that the quality of the midwife relationship was affected by several factors.

For some women, midwives' workload affected the amount of time they were able to spend with patients.

Did you feel that the midwife got to know you?

Sort of yes and no. Yes because she made the effort and no, because it was all rush, rush, rush um, I understand that there's a shortage of staff and so that their workload is really a lot so a lot of the time, it was just rushing things through.

White (other) woman, Women's hospital birth

Women who found that appointments with their midwife were rushed felt that this impacted upon their relationship with them.

I just felt that she was very quick with me. There wasn't enough time spent with me because obviously with it being my first pregnancy as well, I would have liked to have spoken to her a bit more and had more interaction with her to set my mind at ease and stuff like that but I just found that it was very much like 'this, this and that, and there you go' kind of thing, a bit rushed.

Did you feel that she got to know you?

Not really, not properly no

White British woman, Heartlands Birth

Another factor affecting the midwife relationship was how personable the midwife was. For instance women were more likely to ask questions if midwives exhibited both friendliness and professionalism. This is an example where there is a good balance between professionalism and friendliness:

How was the relationship?

Professional but also personal enough for me to feel good about approaching her with anything to do with the pregnancy. A good balance I'd say on the whole.

Were you comfortable asking questions?

Yeah, yeah and she would make sure always you know, to ask at the end if there's anything you're worried about and do you have any concerns always and so, I always felt that I could approach her in case of anything. I also remember ringing her a couple of times when I had queries or was worried about movement or whatever so, yeah definitely, very approachable.

White (other) woman, Heartlands birth

However where women feel that the midwife is not friendly they feel less comfortable asking help.

Did you feel that they got to know you?

No.

Why?

I don't know there just wasn't that friendliness.

Would you have preferred it to be different?

It was fine for me 'cos again it was my third child and I knew what I was doing and what to expect and so on but if I did have any questions, um, it would be just one word answers, there wouldn't have been much explanation. I don't know if it's because it was my third I don't know.

Were you comfortable asking questions

Not really no.

Was that a problem for you?

I had read all the books. I had my sister to talk to, my mum to talk to so no, not really. I suppose that if I was on my own and had no one to talk to, it would be a severe problem.

White British woman, Good Hope Birth

I don't think it was any more than I would haveit was just I think to what you would expect that's as much as you got nothing more than I what I would have...you know how you would expect a lot of personal touch to it? There wasn't a personal touch to it, it was like just sort of midwife to patient and that kind of thing it wasn't very personal. Maybe I would have liked it to be a bit more personal a bit more detail but like I say because of the time constraints maybe that's why they were limited to how much the relationship could be.

Pakistani woman, Solihull Hospital birth

The evidence that women from deprived areas were treated differently to those from more affluent areas was limited to only one interview, in this case from Chelmsley Wood. While the significance of this quote is open to question it is included because other studies in the area address this issue. A more targeted study would be needed to make robust statements about this.

I think that I'm just appalled that I had to go through it. Basically I had no say in whatever happened to me. I had no say and I had to do what the professionals were telling me what to do. It wasn't what I expected being pregnant and in a sense, it's what I'm expecting when I get pregnant again. It's something I'm not looking forward to but it's something that I have to go through and they can treat me however they want to. They do speak down to you in this area. I don't know if it's the same everywhere but whether it's just this area, they think that you've got a certain amount of intelligence and that's what you have to get used to. Don't get me wrong, they were nice, but...

I didn't have a relationship with any midwife.

Did you feel comfortable asking questions

No

White British woman, Good Hope Birth

Summary

The women who took part in this consultation preferred having continuity of care. Where continuity of care took place women were more likely to have a close and trusting relationship with their midwife. This meant that they were therefore more likely to seek help. Where continuity of care did not take place women were less likely to be concerned if they were able to form a good relationship with subsequent midwives. Factors affecting the quality of midwife relationship include the interpersonal skills of the midwife and the length of appointment times with the midwife.

Respondents recommendations for improving midwife care

Many women said that they would have benefitted from having longer appointments with their midwife.

More time with them, I feel that there is a lot of paperwork they have to fill in, a huge amount of paperwork so a lot of the appointments there was one midwife that was writing down notes the whole time and the other one was checking your tummy, your blood pressure, urine and that sort of thing and you I do feel sometimes it was quite rushed because there was 8 or 9 people that were waiting outside. So I think timing is important because there are questions you need to ask and you want to feel rushed.

White British woman, Heartlands birth

Some women suggested that midwives needed to have better 'people skills' and that this could be addressed by training.

Some of them don't have the people skills so perhaps they need to be, I don't know, retrained or something but some of them are brilliant.

Definitely. Even more approachable, talking to people, being a bit more flexible, being much more approachable. Some of them, not all of them but...

White British woman, Solihull Hospital birth

Another recommendation was for women to see the same midwife in the antenatal and postnatal period.

I would like one midwife from the start and also to have that midwife when you come out of hospital because I had problems when I came out of hospital and to know the midwife would have helped.

White British woman, Good Hope birth

Labour and Birthing Experiences

Continuity of care in labour

Women taking part in this consultation had a variety of views about continuity of care in labour. Women who had continuity of care during labour commented that they valued the consistency.

Um, I had to be induced in the morning so I had the same midwife all day but when I was moved down to the labour ward, I had a different midwife but it was the same one then until I had my baby.

[Was that important?] Yeah. It was nice, I mean, even when I had my baby I seen the midwife I had throughout the day and she was still really nice and helpful.

White British woman, Heartlands birth

In many cases women did not have the same midwife throughout the labour/ birth but this was often due to shift changes. Some women said that they were not concerned by having multiple midwives in labour.

How did it feel to have different midwives?

It was okay it didn't bother me as much if you know what I mean it was just a case of when you're in labour you just want to get your baby out and that's it. So that to me wouldn't have got to me if you know what I mean, I don't know if some people like the same midwife all the way through and stuff like that, but you can't plan it like that because you don't know how long it's going to be so yeah.

White British woman, Good Hope Birth

No, I did not have the same midwife for the labour and birth. I had 5 midwives on delivery, they were brilliant. They all came and said 'I'm going off shift now but so and so will be looking after you now.

They were very welcoming to my Mum and the baby's father. So that made it a lot better and they were so nice. They were very kind to them, they even brought tea in for my Mum. It really helped, it settled me down cos I was panicking about them.

White British woman, Heartlands birth

And again, because every midwife is on a shift it took me two days to have my daughter, so I've been through three different midwives. As you spend quite a lot of time together and it's quite intense because, obviously you're giving birth, so you seem to bond with these people. So throughout the process I was thinking: oh I do like this midwife I hope I can give birth with her, and then I just, I wouldn't and then she'd go home and another one would come. But all three of them, luckily, I really liked, so I was happy to give birth with the midwife I eventually got, though I'd only had her for about two of three hours, but I seem to have bonded with her really well.

White (other) woman, Good Hope birth

However for some women having multiple midwives had a negative impact on their labour experience.

Did you have the same midwife throughout your labour?

No.

How did it feel to have different midwives?

Not good at all.

Do you want to elaborate on that?

They started me off and I had the midwife but then they changed at 9'o clock and when the 9'o clock came it was felt like starting from the beginning again, like you had to explain. Although the midwife before explained everything but I felt I didn't feel comfortable as I was out of it then and I couldn't have that connection with her that I had with the first one, so I didn't feel comfortable.

Pakistani woman, Heartlands birth

I had 2 or 3 midwives during the labour and birth of my son. I feel it would have been better to have just 1 because I would get used to her. It was very difficult to get used to the change of midwife.

1 of the midwives explained everything about what was happening and the others did not. I felt able to ask only that one any questions. The others just made me feel left out, I could not bond with them. They just came in and did something and left. They seemed to be very busy.

African woman, Heartlands birth

Some women felt that impact of shift /midwife changes could be reduced if there was by better communication.

It's a shame 'cos you build up a relationship with a midwife, um, the ones when we were in the induction room would come in every 30/40 minutes and then they would obviously leave to go home and you would have to start again but I guess that's one of those things. You can't expect them to work 18 hour shifts or anything. It's just life I suppose, but it would have been nice to have a bit of a handover so we didn't have to explain everything when the next shift came on.

White British woman, Heartlands birth

It felt good. Only because you get quite comfortable with that person. What you don't want is somebody else coming in. Half way sort of through, she did bring another midwife in and say that there would be two of us in the room, but then if anybody else was there and she'd sort of left, I probably would have panicked a little bit. If I remember at the end of her shift, the ladies that would be taking over from her, she brought them in and she introduced them to me, um, and that's while she was sort of continuing with what she was doing, which was quite nice cause then they stayed in the room, and there were about four midwives that I had in total, and they were all talking to me which was nice.

Indian woman, SMLU

Some women were able to form relationships with more than one midwife; there were several factors that affected their ability to do so.

Many women made comments about staff being busy and how this impacted upon them during labour.

Were you kept informed about what was happening?

Yes and no. As I said, the midwife that I had was flitting between me and another lady, she'd come in and say that the monitor's moved and I don't feel that it was explained to a great deal 'cos she was preoccupied with something else.

What improvements would you suggest?

Having the same midwife throughout from start to finish.

White British woman, Heartlands birth

I felt they were very busy and did not explain to me what was happening. They did not say it but it showed in their attitude and their body language as if to say I had to wait my turn.

I did get information given to me but it was too fast for me as a first time mother who did not understand what was happening. I did not feel able to ask questions.

They made me feel I was bothering them in a way- I just had to wait till they got to me and I did not like it.

African woman, Heartlands birth

Interpersonal skills of the midwife

Similar to comments made about the midwife relationship antenatally, women also valued the interpersonal skills of midwives when in labour.

So the fact these ladies were very chatty, it put me at ease. And then there was a change over this midwife, she wasn't so bubbly happy, and I think that while it's a job the midwives do, I don't know if all of them appreciate that it's a very difficult time, and it would be very nice, just a little personal touch, especially when they're looking after several women. When somebody just smiles, makes me feel valued, if she is only in the room for about two minutes, because she's thinking about you and concerned about you. It will put you a lot more ease. But in saying that, she wasn't negligent in any way.

White British woman, Good Hope birth

She was nice. Really relaxing and calm, you know when they're not rushed of their feet she could talk calmly and calm you down...you know I can't explain it to you...some rush in and they say 'do this and do that! And don't do this and push right now! But she had a really calm voice, because at that time that's what you need a calm voice and a good steady voice to actually tell you what to do and what not to do, because you're pushing too hard and you'll tear yourself from pushing inside...

Pakistani woman, Heartlands birth

The main midwife that saw me from 7 o'clock till my actual delivery, she even came into theatre with me, and that helped, because you get chatting and you start making jokes which made you laugh through the pain. She was really really nice, she held my hand all the way through it. When I had a contraction she was holding my hand with my other half. She was just really really good.

Obviously she was professional as that was her job, but she was a lot more laid back than the antenatal midwives, at one point the other half was being quite crude; and she was responding back which made it a lot more enjoyable, because I like a bit of banter myself.

White British woman, Heartlands birth

Some women also commented on how they felt uninformed and unable to ask questions. This is consistent with findings from a national survey by the Healthcare Commission (2008) where it was found that 42% women were not given the information or explanations they needed.

I did not feel informed about what was happening to me during the labour and especially the induction before I went to the delivery suite. The induction was not good at all. I was not able to ask questions I was kept waiting and not informed. I went in at 9am but was not seen until 12pm. I had my pessary then my husband was sent home. I was left on my own in active labour and I am quite upset about that. The midwives were very busy, and sent me off to help myself. I had no help, they did not check me and I was in agony. My labour was 17 hours. They also did not give me any pain relief. I was sent to use the bath, and there was no light there. It was an unacceptable service for the induction, and I really needed to make a complaint about that. I was not impressed with that bit.

Mixed Race woman, Good Hope birth

The Healthcare Commission national report 2008 also found that 37% of women felt they were not always treated with kindness or understanding. Similarly some women in the present consultation made comments about not being treated with respect.

So...she was okay she made a few comments like remarks I didn't really like and she said, cause I was on gas and air, she said...at one point she switched the gas and air off thinking you're taking too much and she said if you use all of it there will be nothing left for the other women. So I just said okay so that's the experience I had with her.

Pakistani woman, Heartlands birth

I found the midwife was a bit hard on me as well. Because it felt like she was shouting over me than talking to me, I felt like I was treating like I didn't know what my body was doing and like...I was treated like an idiot basically, (laughs)in so many words.

I didn't have a relationship with them at that point to be honest with you, cause I relationship I would say is understanding your patients, but I felt like she didn't understand me so we didn't have a relationship.

Pakistani woman, Heartlands birth

The moment I saw her I were like 'oh she looks serious to me', I think it was a fear and it happened like that as well when I was having the baby I was on my own and she was the only one..I felt like she was standing 3 feet away from me and you know that wasn't really good because it was 8:30am I couldn't ask them to phone my husband cause it was during the school run with the kids and I knew he would be busy and he would come afterwards, even though I did ask her I would have like just to stand by my hand side, just to make sure there is someone there. Because she was far end of the room and that was the only bad experience for me during this labour and they completely ignore you they think 'these mums are just very emotional at this time and they're out of it', they just completely ignore it. I pushed a couple of times and I couldn't do it, even though it was my fourth child it still felt new. Basically I just needed reassurance, but she was just standing in the corner just saying "...ok you're not doing it right " and I'm asking her "how do I sit?, am I sitting ok?". But they don't tell you anything if you're sitting properly because you can really hurt your body if your posture isn't right because everything is soft.

Pakistani woman, Solihull Hospital birth

Respondents recommendations for improving the labour experience

In line with the maternity strategy women recommended greater continuity of care.

If you're in the labour suite then it would be nice to have the same midwife from the start of labour when you go down to the labour ward until the baby's born 'cos otherwise they have to spend time reading through your notes

White British woman, Good Hope birth

When continuity of care is not possible women suggested that better communication between midwives needs to take place.

Err...I don't know other than the midwives to actually read up on the patient they have been allocated before going into speaking to the person, I think that's what they need to do basically. Because at that time you're in pain you don't want the midwife to ask you 101 questions and you're thinking 'she's my midwife she should know this already.

Pakistani woman, Heartlands birth

Another recommendation was for midwives to listen more to women during labour

Definitely the labour bit I mean they should definitely listen to the patients what their saying rather than working with the rules. I was told 'we would check you every 4 hours' and that was a bad decision I feel because I dilated quite quickly and before the 4 hours were up I was ready to deliver the baby. If they checked me every hour they could have avoided the third degree tear.

Pakistani woman, Heartlands birth

Also in line with the maternity strategy women suggested that there need to be more midwives.

I think the improvements could be, obviously down to the Government really, but if they could have fully staffed maternity units, because I think at least, I don't know, one midwife between two people would that help, I think it probably would and for the midwives then to listen to you. I think they would listen to you if they weren't running around doing everything else.

White British woman, Good Hope Birth

Summary

Women felt that the midwife played a crucial role in their labour. Although continuity of care was highly valued, many women felt that the midwife relationship was of key importance and that it was possible to form good relationships when they had multiple midwives. Those women who were able to form good relationships were more likely to feel informed and were more likely to ask questions. Factors that can hinder good relationships from being formed included busy wards and the interpersonal skills of midwives.

Experience of being on the ward will be discussed in the context of breastfeeding support.

Breastfeeding support and Education

Decisions to breastfeed

In the present study most women decided either before pregnancy or early on in there pregnancy that they would breast feed.

Yeah, it was never really an option for me you know, I come from family where all of us, my sisters breastfed, my mum breastfed and so to me, it was yeah... I was hoping that everything would be OK so I could do it and yes, I did.

White (other) woman, Good Hope birth

Information and education

Antenatal/Parent Craft classes

Most women attended at least one antenatal class. However many women didn't have access to them but stated that they would have liked the opportunity to attended them. One woman was frustrated because she was denied the opportunity because it was her fourth pregnancy.

There were none [antenatal classes] running and there wasn't actually any with my last pregnancy as well, which was four years ago there wasn't any antenatal classes. Not for people with second and third babies, probably was for first, but certainly there wasn't for seconds and thirds. Which is a shame really because that's where you meet all your friends and so forth and you need that when you've had a baby, you need the support of the other mums and the only way I met people was coming to the postnatal support groups for mums here that the midwives run I've met people, but prior to having him I didn't meet any other mums. Other than outside I went to a yoga class and met a couple there.

White British woman, Good Hope birth

Another woman had no antenatal groups in her community and was unable to afford NCT classes.

Antenatal breast feeding workshops and peer support in the community would have been useful. Things have changed since I had my first child, now they encourage you to breastfeed till 2 years. If you can't pay for NCT you get nothing. There were antenatal and post natal groups when I had my first child. Now you have nowhere to go in the community to get any support once the baby gets to six weeks.

Ethnicity not disclosed, Good Hope birth

In cases where women did not attend ante-natal classes most stated that they struggled to attend classes due to work commitments; consistent with other research (Tighe, 2010).

I attended one, [named midwife] one, but it was one on the birthing class because I couldn't attend the other two for the simple reason I was in work so I was finishing work and by the time it came round to the next class it was my last day at work so I couldn't attend if you know what I mean so it was a nightmare and struggle.

White British Woman, Heartlands birth

There was a mixture of views regarding how useful women found antenatal classes. Some women found them useful.

I was given loads of advice. I went to the ante-natal classes and the midwives told you everything you wanted to know and loads of leaflets and booklets to read out so...

Did you find this information helpful?

Yeah.

Did this prepare you for the realities of breast feeding?

Yes.

White British woman, Good Hope birth

However, other women found antenatal classes less useful and one respondent said that this was due to the way that information was presented.

Yeah, to be honest, they were a bit, I think the classes could have been made a bit more interesting. It was just, um, I'm not sure if it was a midwife, there was a lady there, and they were just sort of like literally reading off a piece of paper, and you can do that sitting at home reading a book, so it just wasn't really interesting at all.

Was that all the classes, or just breastfeeding?

All of the classes were the same. Just sitting there in a room, and they were just literally just reading. But even like the breathing classes, I thought they would have been a lot more interactive and they weren't. You were just sitting there and the lady was just telling you what to do. There were no techniques or anything. Not like you see in the movies. They didn't show you different positions.

Indian woman, SMLU birth

Although in most cases women were aware of the benefits of breastfeeding, they felt that information about the practicalities of breastfeeding was absent.

Yeah, I think they were all very positive about breastfeeding, banging on about breastfeeding being the best you know, it's the most natural thing, everybody can breastfeed, no one shouldn't be able to breastfeed, it's just overcoming the problems, perseverance

So I said that's "fine, I'll just get on with it", but I didn't realise it was going to be so sore and painful and I was actually scared of feeding her and the midwife kept coming into me and saying "you have to feed her, it's been five hours". I just couldn't, I was terrified, so in the end I was "for God's sake please don't let me feed her again". I was sad about it when I couldn't. I was a bit fed up, like I've let her down

White British woman, Solihull Hospital birth

When you go to the ante-natal, they give you a CD and some leaflets and things like that but I looked at these things but it didn't really help me much. I had an idea but when it actually came to breastfeeding, I wasn't prepared so the night I was in hospital with the baby, I was trying to feed the baby and she was screaming all night. I was getting frustrated, she was getting frustrated and I didn't know how to latch her on properly so maybe, I don't know, part of the ante-natal courses they should perhaps spend some time talking about breastfeeding maybe just showing, I don't know, a bit more.

White British woman, Solihull Hospital birth

Women who didn't attend antenatal classes often used friends and family as sources of information.

I was due to have my antenatal classes at 37 weeks but I was induced before I could attend.

I didn't do any reading, the midwife just gave me the Emma's diary, and the Bounty book but I just tossed them out the window. People rely on the book too much. I didn't rely on the book because every baby is different and the book isn't always bang on.

I got my information from talking to my other half's mother, and talking to a couple of friends who were also pregnant and then breastfeeding and putting 2 and 2 together.

White British woman, Heartlands birth

Some women said that they were not given any information.

What information were you given during pregnancy?

None.

Did your midwife talk to you?

No. Nothing.

Do you think that would have helped?

I wasn't producing much (milk) but on the same aspect I read after that it can take a few days to build up. It could have been just a matter of keeping it up but no one spoke to me on that even when they were trying to latch her on to me in the hospital, no one gave me advice, they just tried to latch her and then left.

White British woman, Good Hope birth

I didn't get anything beforehand about breastfeeding you just get your "Birth to Five" you know your book you just get that and your pregnancy book so if you read through that there is a little bit information about it. I don't think I got any information like I said and then a couple of weeks later I got a letter through by Solihull saying if you like any information on feeding your baby please ring so and so. I mean it's a bit late to send that sort of letter through if you have already had your baby. The bottles as well I didn't know how to do them or anything and my sister luckily had a baby the year before and taught my partner how to do it and he taught me so erm I didn't have any information about feeding her breast or bottle.

White British Woman, Heartlands birth

In some cases women felt they were not given information due to the fact that they had had previous pregnancies. In such cases women still wanted to be given information.

I think it was mostly from those information booklets like Bounty and those pregnancy books you get information from there. Midwives I felt unless you ask them specifically they wouldn't talk to you about it, or it could be that they obviously knew that it was my third baby and probably assumed that if I've breastfed the others I didn't need any more information.

Mixed Race (Other) woman, Heartlands birth

In some cases women said they felt the reason why their midwife didn't give them information about breastfeeding was because they assumed they were getting the information from antenatal classes.

Mainly took it [advice on breastfeeding] from the NCT groups. I think that because we accessed that, we didn't particularly try to access anything the NHS was offering. I wasn't 100% sure what the NHS were offering.

I think she [the midwife] thought I was accessing from the NCT groups so she wasn't offering any more advice.

White British woman, Heartlands birth

When women were given information about breast feeding they often felt that the information was expressed too strongly.

The support for breastfeeding I've found has been fantastic but there's been a lot of pressure as well, 'breast is best', 'breast is best' and there's a lot of stuff that's thrown at you but it's fine for me 'cos I've always wanted to breastfeed anyway but I think if you're the other way and you want to bottle feed, I think you're made to feel guilty almost as there's the pressure there

White British woman, Heartlands birth

Women who felt unprepared for some of the challenges of breastfeeding were more likely to cease breastfeeding; consistent with other research (Bennett, 2010).

How did the information given in your pregnancy prepare you?

It didn't, for breastfeeding

It didn't. It's all they dress it up to make it the best experience that you know it's you and you're baby and no one can take it away from you and it's the best start and blah di blah. But no one informs you the on demand feeding and you know it can be every 15 minutes or the fact that it's going to absolutely going to kill or the fact the you might get sore or you could do with nipple shields or you know there was none of the negative as in the leaflets it's just pretty pictures of the lovely babies being nurtured by the lovely mothers you know that great, but that's established breastfeeding that's not...none of the dvds showed the first couple of days when the baby doesn't latch on properly and it's screaming the place down because it's starving and it's not getting what it needs from you and you know having to sit there with bowls and hot towels and massaging yourself to get your milk flowing. None of that's shown and I think by the time I was at that stage I had no sleep for 5 days and I wasn't in any frame of mind to persist.

I just think my partner couldn't do anything because I was adamant I was going to continue breastfeeding and he couldn't help me and he couldn't take her away and feed her or you know it was all me and I just couldn't cope with it and I think if I was more prepared and if you do know that its coming...I mean nothing prepares you for having a baby but if you're given all the facts then I think you know you need to know the downsides as well as the positive sides to make your own informed decision, because otherwise it's like hitting a brick wall. Nothing in the world prepares you for that and the guilt you feel when the emotions you go through when the milk comes in and all the rest of it's just too much. I just think if you can have both sides of the story then I think it would be a lot better.

White British woman, Heartlands birth

Breastfeeding support in hospital (after giving birth)

First breastfeeding experience

In most cases women breastfed within hours of giving birth; some breast fed within minutes, it is important to note that this is best practice.

Straight away so yeah, minutes really. They put him on my chest and he started to breastfeed.

White (other) woman, Heartlands birth

Most women commented that skin-to-skin contact occurred either immediately or soon after birth; in many cases this was part of their birth plan.

Instantly really, they put her on my tummy and I think it must have been one of the midwives that said 'oh try and feed her' and she fed instantly.

White British woman, Heartlands birth

Most women were aware of the importance of skin-to-skin, so some often asked for it to happen.

I wasn't encouraged I asked. Because I had a section they obviously took her away to get weighed and everything straightaway, no one came to me and asked if I wanted skin to skin, which I did, when she was given to me she was dressed, the midwife had dressed her and I asked her to undress her because I wanted skin to skin.

White British woman, Heartlands birth

Where women have complicated or long labours they often comment that this had an impact on breastfeeding.

No I didn't [breastfeed] with my youngest I was too out of it to tell you the truth. Because I was still passing out as I was very weak and stuff my mum and I decided to start him on the bottle which we did. I was too out of it basically I had back pain and my stitches were really bad down below I just couldn't sit up so I started on bottle feed and left it at bottle feeding.

I had this idea to breastfeed and my husband was like 'you're going to breastfeed whilst you're passed out'. But that was my aim, but because the state of my health I couldn't do it.

Pakistani woman, Heartlands birth

I didn't breastfeed in the hospital at all, I was there 3 / 4 days but I never actually done it at the hospital. With all my three I had stitches and the swelling was too much I can't sit down, or this third degree tear I can't sit down. So with all three of them I had hard experiences in birth and I can't sit down and to position myself to breastfeed at the hospital, at least when I come home I can get comfortable I can start (breastfeed).

Pakistani woman, Heartlands birth

Breastfeeding support on the ward

The time spent on the ward appears to be a critical time for breastfeeding and it is important that women receive high level support at this stage.

Once when I was on the ward, when my nipples were quite sore, the nurse on the ward was saying to get his mouth wider and stuff, so I hadn't quite got the right technique to make it comfortable for me but I was just concerned that he had got something to eat! That caused me a little bit of a problem for the first sort of day as he wasn't in the right position so it was a little uncomfortable for me, but again, the nurses on the ward were really helpful and they had... the first full day that I was on there, I was really quite drowsy and stuff so I wasn't really taking that much information in but the second day, I felt was able to ask a few more questions 'cos I tried a few different positions and they showed me things.

I think they really they helped me the most with breastfeeding as they were able to pop back quite a few times during the day.

African Caribbean woman, Good Hope birth

About two days later, I mean as soon as the baby was born I put her on my breast I wanted to breastfeed her, which the midwife that delivered her said yeah that's fine and they ask you if you want to breastfeed or bottle feed and I said I'll breastfeed and then when I went on to the ward obviously they all write it down now she's going to breastfeed and they did ask me 'are you going to breastfeed?' and I said 'yes', which my daughter wasn't latching so I stopped. Then one of the support ladies came along and she showed me how to feed her and then after that I tried but it got a bit difficult so I stopped. So I was bottle and breastfeeding.

White British woman, Heartlands birth

Other women did not feel that they received adequate support when they were on the ward.

But the best one wasn't until he was born, he was on the breast within half an hour of being born, and after 7 hours I was up on the ward, & I got no support on the ward. After he was taken to neonatal intensive care is when I started to get support from the specialist neonatal breastfeeding consultant. He had a feeding tube in and they would help me get him on the breast; and if not they would help me express. On the ward they gave me a machine but did not tell me how to use it, they also brought me a syringe and told me to get on with expressing, but how could I do it when this was my first time and I didn't know what to do? In neonatal they showed me how to use the pump. They stayed with me, and showed me techniques to try to increase my milk flow, they got him out of the incubator and put him on the breast; they did everything they could to help me.

The ward did not encourage me to express my milk, and except for 1 midwife they did not like me leaving the ward out of hours to feed my son. She would wake me up every two hours to go to neonatal, which was a great help.

White British woman, Heartlands birth

Some women felt that midwives on the ward could have given more in depth information about how to breastfeed and that it was essential for women returning home to know how to latch the baby on correctly.

What would have helped you to breastfeed?

Actually having as I said, when my community midwife came she was gold you know, “if you want to, I’ll show you”. The nurses at Good Hope when I tried to breastfeed, it was like “you do this” and that was it rather than talking you through it. They kind of done it for you so you really didn’t learn because they’ve obviously done it for so many years, to show people how to do and I just feel that if it was shown from the start, like this is the best way, I probably would have breastfed for longer.

As I said, if I was just showed properly then I might have continued longer and because she wasn’t latching on properly hence the fact that I was getting really sore and bleeding. If I was shown really properly I might have continued with it.

White British woman, Good Hope

Many women commented that they felt the support was lacking on the ward during times when the ward was busy or during the night. Research by Dyke (2005) suggests that women’s early breastfeeding experience on the ward can be greatly improved when midwives ‘take more time’ and ‘touch base’ more often.

when I think they took me up to the ward upstairs I did try...I think one of the nurses did try and come and help me to latch her on properly and I think she must have had a little bit of feed and she was all right and then the second time I tried to do it myself I couldn’t really and they kept saying ‘oh it’s just a bit of practice’ or ‘we’ll help you out’. But when I did ask for help they were too busy. So although they said ‘yes we’ll help you out’ or ‘we’ll come and watch you’and then especially twice she tried to help me and then when I asked her a third time I felt that if I ask her again I’m asking too much, so then..I mean you’re emotions are all over the place then anyway so you think if I ask her will they get annoyed or whatever so then I just sort of left it and thought oh well forget I I won’t ask again. I didn’t feel their feedback to me was positive to me to say ‘oh well if you need help again you can come’, I just felt like they were like oh don’t ask us again we’ve helped you already. So I just thought forget it and I was trying to work it out myself but it was quite difficult and she wasn’t feeding properly.

Pakistani woman, Solihull Hospital birth

When you see more staff around, you feel more comfortable to press, to ask, when the baby wants to feed where as when it felt like there was less staff, you feel you just perceive it will be OK but where as I said, on my second day, there was generally more staff so I felt much more able to buzz at the time you wanted to try.

African Caribbean woman, Good Hope birth

Most women attributed busy wards to the closure of Solihull hospital.

The only thing, Heartlands I noticed in the first week I was there, it was the transition with Solihull as well, I found that they were understaffed. They couldn't cope, just couldn't cope, I felt sorry for them. It wasn't their fault, it was the situation. I don't know what happened behind the scenes but it just seemed to be being handled all wrongly.

White British woman, Good Hope birth

Other comments relating to ward experiences

For some women, the presence of the father after birth was considered to be important. Some commented that it was particularly difficult if they gave birth late at night when visiting hours would be over.

The only thing I would say is one of the main reasons why we picked Solihull was because they allow partners to stay overnight and I was really keen to spend the first night as a family together and because he was born at 10pm at night, it was already night and he wasn't allowed to stay more than an hour I think so um, I understand it's a practical thing and know that the ward isn't big enough or you know, not everyone can have their own room or whatever, that would obviously be ideal if that could happen, at least on the first night.

White (other) woman, Heartlands birth

Discharge

Other concerns related to discharge procedures. Often women were not being discharged until late into the evening. Another concern was that there was a big time delay between being told about their discharge and actually being discharged.

The only thing was, that when we finally did get discharged, we thought we would be going home early in the morning that day but it took so long for me to be checked out by a doctor then for our medication for us both to be brought up by pharmacy, we didn't actually be discharged until about 6.30 / 7 o'clock at night and then which you have to get home, first time home with a new baby when it's already quite late so it was really frantic, and that was quite a distressing experience.

White British woman, Heartlands Birth

Postnatal support

Continuity of postnatal care was considered important. Women preferred seeing the same midwife that they had in the antenatal period.

Well [named midwife] did but the others didn't, even after I had her when I had the midwives coming out to look at [named baby] and me, it was another lady one day and another the next day. It was quite annoying she had a little bit jaundice and every time that come it was 'oh she's got jaundice', 'yes I know', you're going through exactly the same conversation each time. Which was really frustrating and again there was a silly little questions I wanted to ask and they were quite scary...cause I'm not really good with new people if you know what I mean so I was a bit scared to ask questions in case they were too silly or something, where as if I had the same person would have asked things.

Especially I mean I had quite a big cut and I would have a new midwife come and 'oh let me have a look' and I'd be 'ohhh', it was like quite personal and I thought if I had known somebody a little bit better I would have felt more comfortable, but yeah again I'm not very good asking questions anyway, especially people I don't know (laughs).

White British woman, Heartlands birth

Most women saw a midwife within a day of returning home

Yeah, they were fine . The midwife came the next day, a community midwife came round, so someone I didn't see while I was at the doctor's surgery, a different lady. But it was someone I saw when I had my first baby so I was familiar with her. And she was very nice and very helpful.

White British woman, Heartlands birth

It should be noted that one woman commented that she didn't receive the same postnatal support because she had a homebirth.

We had a lot of different midwives. I do think I could have done with more visits, particularly because it was a home birth and we didn't have that sort of initial support of being in hospital.

White British woman, homebirth

Postnatal support around breastfeeding

Evidence suggests that community post natal care plays a crucial role in encouraging women to breastfeed (Sikorki, 2003). Feedback from respondents suggested that support within the first few days of returning home was crucial if women were to continue breastfeeding.

The first night at home was horrible. We only slept for a couple of hours I think and it was really hard to breastfeed him, but then the midwife came in the morning, she was super helpful and said “that the first night is always tough, so what’s the problem?” and the problem was breastfeeding so she just told me practically step by step, hold him like this, do this, do that and that was super helpful. Another really good thing is the fact that they visit you in your home for however long they feel you need that support. That was absolutely brilliant I think. I think there’s always a threshold I guess being a new mum thinking that it should all be natural and I should know what I suppose to be do so maybe, you know, not everyone but I would pick up the phone and ask for help, but the fact that they come to your house and make you ask for help is really, really helpful.

White (other) woman, Heartlands birth

The quote below illustrates a case where problems with ‘latching on’ were not identified due to inadequate continuity of care.

What it was she weren’t latched on properly and I really do think because I had so many different people they were instead of talking to me and saying ‘are you comfortable with your feeding, are you confident?’ or whatever, they just look in the book and I notice people one of the nurses writing assist breastfeeding and advice given on breastfeeding. Well she hadn’t and I don’t know why she...well [named midwife] wasn’t very happy with that, she hadn’t given me any advice or anything and the next person comes and looks and thinks oh she’s had all the advice on breastfeeding and she doesn’t need it, where as having the same person she would have.

White British woman, Heartlands birth

Post natal support was considered especially important if women had negatives experiences of breastfeeding whilst still in hospital. Many women refer to the role of the community midwife in helping them to breastfeed. Continuity of care specifically with the midwife was considered to be important for women who needed help and support around breastfeeding.

When I got home, because I was well, thinking “it was rubbish in hospital, how am I going to manage at home?”, the community midwives were wonderful and they got me sorted with breastfeeding and the first day I was home which meant that um, I never called the breastfeeding specialist in the community because we got it sorted and that was down to the community midwives.

White British woman, Heartlands birth

Peer support

Many women commented on how beneficial they found the peer support provided by breastfeeding cafes.

I went through a very tough time of breastfeeding as well and nearly gave up a couple of times but just knowing that the support's there, breastfeeding cafes as well, I've found them invaluable and I go to them every week and it's not only for the advice that you get from the counsellors but it's nice to build up a friendship with the people that go there, like meet other mums that are going through the same things and same issues. That, I've found, is fantastic definitely, the support that's there for that. It's just a shame that when you go out in the real world, the support isn't there and there's no facilities.

White British woman, Heartlands birth

Respondents recommendations for improving breastfeeding support and education

Out of all the issues discussed in this consultation breastfeeding appeared to be the most stressful and upsetting stage of the maternity experience. Women made a number of key recommendations to improve breastfeeding support and education.

They felt that information on breastfeeding needed to be more realistic and balanced, and wanted to know about specific aspects of breastfeeding such as 'latching on' and to be told that it may hurt and that it may take time to establish.

I'd say rather than just giving them literature with pictures and writing to actually show them even if it's on a false doll or... for it to be practical to be shown rather than just read it.

White British woman, Heartlands birth

I think definitely in the hospitals the options for feeding and breastfeeding needs to be better. I just had a leaflet from the midwife. They should have better training where they show you how to latch on. Talk you about the size of the babies stomach, especially when you're a new mum. When you can't get a baby to latch on you're automatically thinking shall I give him a bottle? You feel bad because you're not providing. You're not told that the stomach is only the size of a marble – this would have made feel 'don't panic' and it'll come. And you don't seem to get the time to spend with people and that was disappointing.

White British woman, SMLU Birth

Another recommendation was for greater support for breastfeeding.

Just to be more supportive. Simple as. If someone tells you that they're struggling and it's hurting, actually support them. Give them a little lesson there and then. Simple as. It wouldn't take long.

White British woman, Heartlands birth

Many women felt that midwives should observe infant feeding more closely to ensure that the baby has latched on correctly before being discharged home.

I think if a bit more attention had been paid and even if somebody came and sat at the end of the bed and say 'how you're getting on?', 'let's have a look?' or 'let's do it together and I'll show you if that's right' or different positions on how to hold so it's more comfortable or anything like that would be helpful, I didn't receive any of that. Just a bit more friendly would have been nice you know just a bit more...care attention paid to detail but you sort of once they see the baby is on their like great another one ticked off, she's breastfeeding that's our statistics.

White British woman, Heartlands birth

Most women commented on the value of peer support and many recommended more support groups.

I'd have more breastfeeding support groups around as I said you know in doctors surgeries or maybe in the community centre or somewhere you can pop in. Or maybe somewhere you can phone locally, probably another mum or something just to talk to about it. I mean I know they have help lines and I have phoned them in the past and getting through to them is difficult and you never speak to the same person twice and you know its awkward really so I thought if there was something more local with local mums that might make it a bit easier and might make more people likely to phone if there something just round the corner.

White British woman, Good Hope birth

Information/support in other languages

It would be very helpful for those mummies who come from another country, like me who came from Pakistan and our English is a bit weak and it's help to us if we got leaflet if somebody explain to us, any woman pregnant if they explain to them that breastfeeding is good for your babies it will be helpful when baby born they breastfeed.

Pakistani woman, Heartlands birth

Another recommendation was for women in the later stages of pregnancy to attend breastfeeding/postnatal support groups so that they can gain a greater understanding of breastfeeding.

They do like the post-natal group and I said that one thing that would be good is to have a group before you have the baby. Like it is but for the women to come together, have a chat, I think that's what it's lacking I really do, group sessions before you have the little one. Chat to each other and familiarise yourselves, compare notes I support, 'cos you feel like you're on your own in a sense. Little things happen and you think "is it just me?" and then when you talk to someone else, you're like "oh yeah". You have to start talking to people, it's great.

White British woman, Heartlands birth

Women also recommended more advice on other feeding options; such as information about combination feeding.

Another thing I wasn't told was I can combination feed, you know when they say breast or bottle?, well no you can bottle and breast so if you can pump the milk out you can give them that as well as a bottle formula. I think people should be more aware of that if there is a problem and they can't breastfeed or their milk hasn't come through then they should be told they can give breastfeed as soon as it comes, but I didn't have anybody say to me what was it.....she had a bottle when she was first born and then she didn't have one till later on the night and when the nurse came round and said 'bottle or breast?'

White British woman, Heartlands birth

Women also recommended being given information about expressing milk.

Would have wanted to know about how to express my milk and about how to handle the special circumstances which need extra help like mine. I also would have wanted to keep my options open when I developed the infection and would have benefitted from some more support. I would have liked the health visitor to play a better role in supporting me with the feeding problems.

Mixed Race woman, Good Hope birth

Summary

Women often found breastfeeding the most difficult part of the maternity experience. Many felt unprepared and suggested that information needs to be more balanced. Information given in the antenatal period tended only to promote the benefits of breastfeeding and many respondents said that they would prefer to be told that they may struggle and that it may hurt. Others said that they would have liked information about latching on, different feeding positions and other feeding methods. Feeling unprepared for the realities of breastfeeding appeared to be a major factor in deciding to discontinue.

Women also mentioned the importance of support in the ward and the importance of maternity staff ensuring mothers knew how to 'latch on'. Women on busy wards or on wards during the night felt less comfortable asking for help. For some women having the father stay with them would have been valuable; especially for women who had complicated or long labours.

Most women commented that the first few days at home were the most difficult and it was during this time that they were most likely to discontinue breastfeeding. They were less likely to discontinue if they received good support from their midwife and women mentioned the importance of continuity of care and seeing the same midwife they had in the antenatal period.

Finally peer support was highly valued by women attending support groups and breastfeeding cafes. Many women felt that these groups provided them with a safe environment to ask questions but also to share experiences and reduce feelings of isolation.

Solihull Midwife Led Unit (SMLU)

Women who gave birth in an MLU (either Solihull or Heartlands) gave the most favourable feedback for labour and ward support.

Yes after doing some research, obviously I have had other two downstairs [referring to Heartlands main labour ward]. I just wanted a different kind of experience this time because the experience had not been I guess brilliant and I just wanted to....yeah just try something different and possibly have a better experience, which it was.

Mixed Race (Other) woman, Heartlands birth

Below are comments from women who gave birth at SMLU

I had a midwife and there was like a support worker as well. And I found that was really good, because she was like my mum – like a peer support and she was brilliant. And then you had the medical side – I thought it was better than having 2 midwives. I found that really nice, because you had one that was more medical and one who like a mum who just talked to you and took your mind off things.

Definitely my second one – she was there constantly you checking me and giving me time at the same time. I felt it was very natural. I don't think women know how great their bodies are and that they can get through labour. There is so much information given about epidural that automatically you think I can't go to Solihull because I'm going to need an epidural. You do start to think that.

I was expecting death when my labour pain started, but my labour was really lovely, I really enjoyed it. I think womenI think the midwife service should tell you more about your body like the pain relief and breastfeeding...about more natural things to do.

White British woman, SMLU Birth

Women who breastfed in an MLU also spoke about how the calming environment aided breastfeeding.

As soon as I was on the bed, obviously I had skin to skin contact straightaway.

I mean were you feeling relaxed and as a result you were able to breastfeed?

I guess the whole experience like I told you before the fact that its stress free and obviously prepared me for a stress free birth as well and once again after that I was calm my husband was very calm and the baby was once again not a very traumatic birth compared to the other two. So I think it kind of set the scene.

White British woman, Heartlands birth

However, concern was expressed about the perceived risk associated with giving birth at SMLU. Although many women were aware that they would need to be assessed as 'low risk' to give birth at the centre, they often felt that giving birth there was too risky.

No I didn't I had different one cos I was down at Solihull Hospital at first and then I found out they didn't have doctors there or anything so if something did go wrong or if you needed a procedure like an epidural or like that you couldn't have one. So I opted to go down to Heartlands in the end and I ended up having her in a birthing pool there so it was all natural in the birthing pool.

White British woman, Good Hope birth

Other women said that they understood that if they gave birth there they would be transferred to Heartlands if any complications did occur. They therefore felt that they would rather give birth at Heartlands.

Because I was thinking if anything happens to me or the baby because I have an older child as well I didn't want to put myself in a vulnerable situation because I have to obviously look after him and also if something did happen I would have to get transferred to Heartlands anyway do you know what I mean and that time could be vital so it sort of put me off going there if you know what I mean.

White British Woman, Heartlands birth

However other women said that they would consider giving birth there. Often women's preference for MLU's was because they wanted a 'natural birth'.

I wanted to go [SLMU] in the first place that's what I wanted.

I just wanted it to be as natural as possible and I just wanted it to be...I felt it would have been a nicer experience, a bit more laid back, a bit more leisable (laughs) you know just a bit more free and easy as opposed to being in a hospital all hooked up to monitors and drugs pumped into you and all the rest of it. It's just mines didn't go that way, but that's what I would have aimed for anyway, cause I went and had a look around and a tour and stuff so that's where I was going but it didn't work out that way.

Would you consider giving birth there in the future?

Yeah.

White British woman, Heartlands birth

Recommendations for MLU's

Some women felt that there needed to be better promotion of MLUs and greater opportunity for women to give birth in a MLU.

Possible because I've just had a good experience at the birthing centre I don't think it's actually been advertised as it possibly could, because many of my friends and the people that I've spoken to don't know anything about it and comes as a bit of a surprise 'oh is there something like that?'. It's such a lovely environment I think they should make more women aware of that so that's the only the comment I can think of at the moment.

Yes my very last comment was regarding Willow Suite just because of the fact there are only three rooms and there was a concern towards the end of the pregnancy that you would go into labour they wouldn't be able to let you in or accept you because the rooms would be full, so a suggestion would be to possibly expand and have more rooms available.

Mixed Race (Other) woman, Heartlands

Summary

Many women understood and preferred the midwife led care provided by SLMU, but some felt that it was too risky to give birth there as it was not part of a hospital. Many women spoke favourably of the Willow Suite at Heartlands and chose to give birth at the MLU as it is part of Heartlands Hospital.

Some women also felt that there needed to be better promotion of MLUs and said that midwives were not informing women about them.

BAME groups

Some women felt that they were treated differently because of their ethnicity. In the example below the respondent stated that she would have expected to be treated with respect by her midwife, but that this didn't happen and she attributed this to her ethnicity.

Personally I don't think she was that helpful as I was telling her things and she was twisting it, she was putting it in her own way which was different to mine. And she was involving social services, and I am not a big fan of social services as they have let me down before.

I did not feel any connection with this midwife to help me to feel comfortable with her at all.

I did not feel comfortable asking her questions, no, the midwife just wanted to get her job done and that was it. There was not enough time for talking.

She was just someone I had to go to see to check the growth of the baby and that's about it. I don't think this had any impact on the other parts of my maternity experience.

But this midwife is not a people person- she should have been more self aware- she gave me no respect because of my background and I would have preferred a midwife with sympathy or to deal with me as a friend.

African Caribbean woman, City Hospital birth

The 2nd midwife I saw at my 3rd visit was cold and distant. I had the impression that she was sort of discriminating against me because I was white and not English.

Going to most of them was going to a stranger-they tried and told me lots of things but it was not an open relationship. When I went to the appointments I was not happy and looking forward to it, I was going because I had to.

White (other) woman, Heartlands birth

Another respondent refers to how she was treated in labour and how her treatment improved when she was treated by a member of staff from the same ethnic group.

I don't know if she was at the end of her shift or she couldn't be bothered or what it was she was really quite harsh because she just kept saying 'is this a contraction?' and for a first time mum you're not even sure what a contraction is and obviously when you get to the end stage you know what a contraction is because you've obviously experienced it, but at the start you're saying 'yeah I think it is' and she was like 'you think it is?!, is it? or is it not?' and I think she could have been a lot more nicer about the whole situation and then when she left at 6 and I was only at the early first stages of labour probably and then at 6 when the shift changed and the second one came she was just wonderful, I couldn't complain she was just brilliant. A young Asian lady, I don't know if it was because she was related to me, but she was lovely and she was really, really nice she was just calm and I had her through the end obviously and I have no complaints about that.

Pakistani woman, Heartlands birth

Other comments describe cultural awareness and the choice of food women were offered.

No food was allowed to be brought in for me, and I would have wanted some African food. But the hospital food was only Asian and English food.

African woman, Heartlands birth

Other comments related specifically to language barriers. Some women said that they would like to be given information in other languages. In the following example the women would have liked written information in her own language.

It would be very helpful for those mummies who come from another country, like me who came from Pakistan and our English is a bit weak and it's help to us if we got leaflet if somebody explain to us, any woman pregnant if they explain to them that breastfeeding is good for your babies it will be helpful when baby born they breastfeed.

Pakistani woman, Heartlands birth

Another respondent commented that she would have liked to have been offered antenatal classes in Arabic.

It is our culture to breast feed but I also got information from my mother. I wanted to go to the antenatal classes but I was sick a lot of the time- also the classes were in English and no Arabic classes available. The person who helped me the most was my health visitor.

African woman, Heartlands Birth

Some women felt that they were disadvantaged by not having access to interpreters. This greatly affected their ability to understand the information they were being given and also prevented them from asking questions.

Although they cared for me okay, I did not have any translator so some things I understood; but I told them I spoke a little English, but not enough. But they didn't call for an interpreter. So when I wanted to ask a question I couldn't so I didn't understand everything that happened and I wanted them to explain some things. I wanted to have a translator to help me understand what was going on.

When I got home I continued to breastfeed, but I did not get any help. The midwife she came but she just weighed the baby. I was okay to ask her questions but she did not have the interpreter, so I could not ask. I needed help in my own language when I had the baby so she would not have the bottle.

I couldn't understand many things when I was giving birth. Also my support worker arranged the interpreter for my scan, but she did not show up. They did the scan and all they told me was, 'everything is fine' and that was it.

I would like to have more information but there wasn't enough interpreter help.

White (other), Heartlands birth (translated quote)

It would have been better to have more things explained to me, before the problems occurred. The problems would be put off to the next appointment and I was expected to know everything about it from the few things that I was told.

Were there any problems with the interpreting?

Yes it was very bad. She was late, and did not always turn up; she was questioning me whether I was pregnant she did not know how to translate, especially when I asked about the hospital equipment; sometimes the interpreter was booked for the next appointment and she agreed she was available, then when the appointment came, I was there but she didn't turn up.

When I had the blood test appointment I was waiting in vain for the interpreter. And when I came to hospital to have the baby there was no interpreter and I was left all on my own.

White (other), Heartlands birth (translated quote)

Another respondent explained that cultural issues around bathing were not taken into consideration.

On the ward after having my baby the care was not excellent. I didn't have any help with changing or feeding. I also had cultural issues around bathing the baby. It should have been done straight away and her hair was dirty.

African woman, Heartlands birth

Summary

Some BAME respondents felt that they were treated in a disrespectful way and that this was due their ethnicity. Findings earlier in this report indicate the importance of the relationship women form with midwives and the implications a poor relationship can have. The feedback given from some BAME women indicates that they feel they were denied a trusting and caring bond with their midwife. Other BAME respondents felt that they were not being given access to necessary information and advice because there was no information available in their native tongue or didn't have consistent access to interpreters. These factors could therefore mean that some BAME women are missing out on vital information which could have serious implications for them and the health of their babies.

Analysis

This section summarises the main findings from the previous section. Reference is then made to previous research and where appropriate the BEN/SCT Maternity Strategy.

Antenatal care and support

Statistics from the Heart of England Foundation NHS Trust (HEFT) show that rates of early booking of maternity appointments during pregnancy (i.e. within the first 12 weeks) are lower than in other parts of England. The BEN/SCT maternity strategy states that, 'It is important that women tell their GP or midwife that they are pregnant as soon as possible. This is to ensure that women get the right advice and care as early as possible and aims to achieve the following: '90% of women to have first maternity booking within the 13th week of pregnancy'. In the present consultation the majority of women did have their first maternity booking within 13 weeks of pregnancy. However in some cases women didn't see a midwife until the twentieth week of their pregnancy.

This has serious implications because these women are not getting early access to the support of midwives, medical services and screening. In addition, hospital admission rates in pregnancy at HEFT are higher than in other parts of England. A significant proportion of these hospital attendances are for issues which could have been dealt with by GPs or midwives in the community. Therefore a key recommendation of this report is to ensure that more women have their first maternity appointment within 12 weeks of their pregnancy, this is consistent with intentions stated in the BEN/SCT Maternal Strategy. Further investigation using quantitative methods would allow us to estimate how many women are making these early appointments and what barriers are preventing others from doing so.

Continuity of Midwife Care during pregnancy

Continuity of midwife care throughout the ante-natal period has been identified as a priority across the West Midlands in order to reduce high rates of peri-natal mortality. NICE Antenatal care guidelines recommend that, "There should be continuity of care throughout the antenatal period".

Respondents had a variety of experiences regarding continuity of care and spoke about the impact that it had on their maternity experience. Women said that continuity of care enabled a close relationship to develop with their midwife and that this led to greater levels of trust. This is consistent with previous research where continuity of care has been found to improve women's satisfaction with their care, give midwives greater job satisfaction and reduce intervention rates (Stevens & McCourt, 2001). Additionally the King's Fund found that, for women, "Individualised attention from supportive, caring, experienced midwives mattered more than anything else" (MacGee & Ashkam, 2007).

Some women did not have continuity of care; this impacted on women in different ways. Some women said that they were not concerned and that they were able to form relationships with subsequent midwives. However some women were distressed by having multiple midwives and consequently did not feel able to ask questions or ask for support. The implications of this will be discussed later.

Relationship with the Midwife

Feedback from respondents suggested women highly valued having good relationships with their midwives. Respondents suggested that distress caused by a lack of continuity of care could be ameliorated by having good relationships with the midwives who they did have contact with.

In the present consultation, women who had better relationships with their midwives tended to feel more comfortable asking questions and advice. This is consistent with work by Pairman (1998) who described the midwife as being a 'professional friend'. Furthermore findings from the NHS 2010 maternity survey found that women often described their relationship with a midwife as one of a friend or a family member (2010).

Respondents referred to several factors that affected their ability to form good relationships with their midwives. For instance some women felt that midwives had large workloads which meant that they were not able to spend quality time with them. This often led to appointments feeling rushed and women said they were less likely to ask questions. The interpersonal skills of midwives were also considered to be important and there was a preference for a mixture of 'friendliness' and 'professionalism'. Some women commented on having midwives who were unfriendly and unapproachable and this prevented them from developing a trusting relationship. This can have serious implications for women's care because Pairman (1998) found that if a trusting relationship develops sensitive issues were more likely to be disclosed. These findings are consistent with comments made in the present consultation.

The BEN/SCT Maternity Strategy states that, 'Every woman will have access to a named team of midwives who will see her for more than 90% of her antenatal and postnatal care'. Our consultation has highlighted the importance the midwife relationship and the role that continuity of care plays in this. It is important that BEN/SCT aspire to have greater consistency and continuity of care. If women do not feel comfortable asking questions especially for intimate matters, it is likely that complications or physical symptoms will not be detected. Furthermore anxiety and stress caused by inadequate continuity of care during pregnancy may be harmful to both mother and baby.

Recommendations given by respondents were:

- Longer appointments with midwives.

- Midwives should have better ‘people skills’, consistent with previous research findings (Tighe, 2000).
- One-to-one continuity of care.

Midwife care during labour

There is evidence that women prefer social models of care which allows them to develop relationships of trust with their caregivers (NCT briefing, 2009). For women who are particularly anxious or vulnerable, it is especially important that they have the opportunity to really get to know the midwife who will be with them in labour so that they can build up a trusting relationship. The National Service Framework for Maternity Services states that women prefer to be cared for by a midwife they have got to know and trust. Continuity of care is a factor which can affect relationships with midwives.

Women taking part in this consultation had a variety of views about continuity of care in labour. Women who had continuity of care during labour commented that they valued the consistency. Many respondents reported having multiple midwives; this occurred when women had long labours and midwives changed shifts. Women were less concerned if they were able to form relationships with subsequent midwives. Other women found having multiple midwives distressing and a common frustration was having to repeat information after each shift change. Other women commented that they were unable to form a bond with midwives when they did not have continuity of care.

Supportive one-to-one care in labour is important because research shows that it can reduce the need for medical interventions, including caesarean, forceps/ventouse and epidurals (Beake et al., 2001, Hodnett et al., 2007). Furthermore a key factor affecting how well women cope during labour and birth and how they feel afterwards is the level of support they perceive they have had. Being well supported during labour results in higher satisfaction of women giving birth and reduces feelings of trauma (Page et al., 2001; Ford & Eyres, 2009).

Whilst most respondents accepted that it wasn't possible to have the same midwife throughout, especially if they had long labours, they did offer suggestions for minimising distress. For instance many recommended better communication between shift changes and more effective handovers. Others felt that defined standards for midwife behaviour was also important and commented that they preferred friendly, supportive and encouraging midwives. This is important because research shows that great comfort can be gained from the security of receiving care from midwives who are experienced, calm, confident and empathetic (Hatem et al., 2008). Other women felt that ‘under staffing’ was an issue and that this led to midwives being unable to spend adequate time with each woman. Some women therefore recommended increasing the number of midwives in hospital. This is consistent with intentions stated in BEN/SCT Maternity Strategy which stated that it aims to, ‘Meet the national recommendation for providing one to one care during labour and

delivery for all women by ensuring there are more midwives available in hospital and the community’.

In 2008 findings from a national survey carried out by the Healthcare Commission found that often women did not feel comfortable asking questions during labour and that they were sometimes not treated with kindness and respect. Women in the present study recounted incidences of feeling unable to ask questions and being treated in a disrespectful manner. These findings are of great concern because research shows that support from midwives can be more important to women than the level of pain (Kitzinger, 2000) and the attitudes of midwives can have a profound impact on how women feel about their labours in the longer term (Simkin & O’hara, 2002).

Women taking part in this consultation made the following recommendations for improving the labour and birthing experience:

- Increase continuity of midwife care
- Improve handover processes between shift changes
- Midwives to listen more during labour
- Increase the number of midwives in hospitals

Breastfeeding support and Education

The UK has one of the lowest rates of breastfeeding worldwide, especially among disadvantaged groups and this is particularly prominent amongst disadvantaged white women (NICE report, 2007). Figures also show that less than half of those initiating breastfeeding are still breastfeeding at six weeks (ibid).

There is a Local Area Agreement in place, identifying that breastfeeding rates are particularly low in North Solihull (20%, compared to national average 74%). This exacerbates health inequalities. Service user feedback from the voluntary sector and BEN/SCT has indicated the need to improve breastfeeding education in pregnancy, breastfeeding support in hospital and support on discharge to home. Evidence on these issues was collected by focus groups held prior to the “Be a Star” social marketing campaign on breastfeeding, set up by SCT.

Breastfeeding is not included in the maternity strategy; however examining the benefits in both economic and public health terms provides a strong argument for doing so. Breastfeeding has a number of short term and long term health benefits to both mother and child. Evidence suggests that if all babies were breastfed for at least 3 months, the reduction in cases of gastroenteritis would save the NHS over £50 million a year (Breastfeeding Manifesto). Therefore increasing breastfeeding rates can play a crucial role in not only improving public health but also reducing healthcare costs, which is especially important in

the current economic climate. One aim of this consultation was to understand factors relating to breastfeeding which may help BEN/SCT to take the appropriate actions to increase breast feeding rates.

Breast feeding support and education

In the present study most women decided either before pregnancy or early on into their pregnancy that they would breast feed; almost all were aware of the benefits of doing so. In relation to the information that women received responses ranged from receiving no information, receiving too much information or receiving unrealistic information.

Antenatal/Parent Craft classes

Health-led parenting interventions in pregnancy can improve a range of outcomes, such as adjustment to motherhood, maternal psychological well-being and parental confidence (Barlow et al., 2008). There is evidence that breastfeeding initiation and duration are improved by ante-natal education (National Collaborating Centre for Women's and Children's Health, 2008).

The BEN/SCT Maternity Strategy states that, 'More antenatal classes are to be provided in areas of high need and more specialist classes for high risk groups. All classes will have more emphasis on the transition to parenthood,' (p.9)

However there is evidence from the present consultation that antenatal classes should be offered more broadly than this. One respondent commented that she was denied access to antenatal classes because she was expecting her fourth child and said that she would have valued the social support that they provide. This is consistent with previous research which has found a beneficial effect of social support on health during pregnancy and labour and in encouraging successful breast feeding. Increased social support can also help in the treatment of postnatal depression (Ray and Hodnett, 2000).

There was a mixture of views around how useful antenatal classes were, which seemed to depend on the quality of the class. Women often complained that they received information about breastfeeding in antenatal classes by only by being shown a DVD or given leaflets; many commented that these were inadequate for demonstrating the 'technical' aspects of breastfeeding.

Another general concern about information was that women were only informed about the benefits of breastfeeding. As mentioned earlier, the vast majority of women in this study had decided that they wanted to breastfeed and were aware of the benefits of doing so. They felt that information was too strong and some women referred to it as 'preachy' and that they would have preferred information about 'latching on' and different feeding positions. Women also wanted information about different feeding methods and wanted to be better informed about difficulties they may face with breastfeeding. A key recommendation for improving breastfeeding education is therefore to provide women

with more detailed information about how to breastfeed. This is essential because in the absence of such information women often feel unprepared for the challenges of breastfeeding and are more likely to discontinue despite being aware of the benefits of continuing (Bennett, 2010).

It is of great concern that some respondents said that they were given little or no information. They commented on how they felt unprepared and that this contributed to them ceasing breastfeeding. In some cases women felt that they were not being given information because they had had previous pregnancies; however the evidence presented here is that information is needed regardless of previous experience. If breastfeeding rates are to increase in Birmingham and Solihull it is essential that all women are given information. A great deal of consideration needs to be given about the methods for presenting information and the types of information that would help women feel more prepared for breastfeeding. Further research with women is probably necessary in this area.

Breastfeeding support on the ward

In most cases women breastfed within hours of giving birth; some breast fed within minutes. Most women commented that skin-to-skin contact occurred either immediately or soon after birth; in many cases this was part of their birth plan. However in some cases this did not happen automatically and some women had to ask for it. Evidence suggests that skin-to-skin contact is beneficial for mothers and babies and that it promotes breastfeeding (Moore et al., 2007). Therefore a recommendation from this consultation is that skin-to-skin should occur as soon as birth.

Long labours and complicated births were the main barriers to early breastfeeding initiation. Women described either feeling 'out of it' or being in a great deal of pain and as a result found it difficult to breastfeed. This study found that the time spent on the ward is critical for breastfeeding and it is a necessity for women to receive high level support at this stage, especially after a difficult labour. Some women said that they received little or no support on the ward and consequently decided to bottle feed. Others said that more information and support about expressing and syringe feeding would have been helpful.

Many women said that they would have liked to have greater attention from midwives to ensure that the baby was latching on properly before they were discharged. They also commented that they felt support on the ward was lacking when it was busy or during the night. Research by Dyke (2005) suggests that women's early breastfeeding experience on the ward can be greatly improved when midwives 'take more time' and 'touch base' more often. To increase breastfeeding rates it is therefore essential that all women receive both individual and regular attention on the ward.

Many of our respondents said that they stopped breastfeeding because they didn't receive sufficient support on the maternity ward. They often felt that this was a rash decision due to them feeling tired, frustrated or vulnerable; this was a decision that many later regretted. Therefore, better procedures need to be in place to support women immediately after birth and ensure they are breastfeeding correctly before being discharged. Women also have to

feel comfortable asking for help; they are more likely to do so if they are in a calm environment with adequate staffing levels.

Postnatal support/care

Continuity of care was also identified as important for postnatal midwife care. Women referred to the importance of having the same midwife that they had during pregnancy. They often commented that it was nice to see a 'friendly face' when they were feeling vulnerable after returning home. One respondent commented that continuity of postnatal care was important as she attributed the failure to notice that her baby wasn't latching on properly to having multiple care givers.

Feedback from respondents shows that they were likely to cease breastfeeding during the first few days at home if they were not given adequate support. This is supported by evidence from Sikorki (2003) who found that community postnatal care plays a crucial role in encouraging women to breastfeed. Post natal support was considered especially important if women had negatives experiences of breastfeeding whilst still in hospital. In most cases women saw a midwife within a day of returning home. These women refer to the importance of the role of the community midwife in helping them to breastfeed.

Peer support

Many women commented on how beneficial they found the peer support provided by breastfeeding cafes. Knowing that the problems that they were experiencing were shared by others was often a great comfort. Peer support also reduced feelings of isolation and created a safe environment for women to talk about problems they were having. Research shows that mothers who receive peer support on breastfeeding are more likely to breastfeed longer than mothers who do not receive peer support (Dennis et al., 2000). For instance women in a breastfeeding peer support group in a socioeconomically disadvantaged housing estate in Salisbury were asked to identify a number of positive aspects of the support group. Fifty three percent related specifically to breastfeeding, while the remainder related mainly to issues of a psychosocial nature, such as being able to talk about other problems or making new friends (Alexanda et al., 2003). Therefore a recommendation from this consultation is that all women should have access to support groups in their community.

Evidence from the preliminary focus groups indicates that existing breastfeeding cafes are not adequately publicised. Women attending commented that they had found the cafe by chance and would like to have known about it sooner. This was not discussed in any of the interviews.

Women made a number of recommendations to improve breast feeding support and education, if implemented their suggestions could help to increase breastfeeding rates in Birmingham and Solihull.

- Breastfeeding support should include more information; such as information about 'latching on, feeding positions and common difficulties that may be experienced.
- More support should be given on the ward and staff should ensure babies are latching on correctly before women are discharged
- There should be greater access to peer support groups
- Information should be presented in different languages
- Antenatal classes should be more interactive
- Women in the later stages of pregnancy should be encouraged to attend a postnatal support group so that they can witness breastfeeding and ask questions
- Women should be given information on other feeding methods; such as combination feeding, expressing, syringe feeding and bottle feeding

This report has already highlighted how breastfeeding rates are particularly low in North Solihull. Improving information in pregnancy, support in hospital and support at home was reflected in responses by North Solihull respondents as well as those in other communities. Therefore addressing these issues and making the improvements suggested above would particularly benefit women in North Solihull and could improve breastfeeding rates in this area.

Other findings from this consultation

We only interviewed a small number of women who gave birth at SLMU because the service has only been in operation for a short amount of time and relatively few women have given birth there. However the inclusion of these respondents has helped identify an alternative birthing experience which has enhanced our understanding of the factors which influence women's satisfaction of maternity care. To explore the issues in this report more fully, some further consultation with SMLU users would be valuable

Midwife Led Units

Midwife led care improves women's experiences, providing them with more personalised care during pregnancy, increasing the likelihood that they will be cared for in labour by a midwife they know and will experience feelings of control during labour (Hattem et al., 2008). A larger scale quantitative study would need to be carried out to draw accurate comparisons between the birthing experience at MLUs and maternity hospitals. However it is apparent from viewing the transcripts of women who gave birth at SMLU that these women had more favourable labour and birthing experiences; for instance one woman commented for her it was, 'an enjoyable experience'. These women also commented that in comparison to previous pregnancies (at Good Hope or Heartlands) the SLMU provided a 'calming' environment which was more conducive to successful breastfeeding. Women who

gave birth at the Willow Suite (MLU) at Heartlands also commented on receiving a high level of support. However these women also commented on the 'stark contrast' between the calm of the Willow suite and being back in the busy postnatal ward.

When referring to MLU's women often commented on how they provided a 'natural' birthing environment. A report by the National Childbirth Trust provides evidence to show that "in general, women who are supported to have a normal labour and birth without medical intervention are more satisfied with their birth experience and suffer less morbidity than women who have had medical procedures" (Dodwell & Newburn, 2010). Therefore the findings from this consultation agree with earlier research which indicate the value of giving birth in a calming and nurturing environment. This corresponds to a principle listed in the BEN/SCT Maternity strategy which states that they will, 'Support and encourage women to see birth as a normal life event, to give them confidence in their natural ability to give birth safely and to have as normal a pregnancy and birth as possible'. Therefore to achieve this it is recommended that there is greater consistency between the care offered at MLU and that offered at a maternity hospital. The findings of this consultation suggest that MLUs are offering the standard of care and experience that women want; specifically greater continuity of midwife care and more breastfeeding support. Therefore it is important MLUs continue to be provided.

In relation to SLMU it is important to collate feedback of positive birthing experiences because many women would choose not to give birth there as they consider it 'too risky'. Many women felt that it was risky because it is not attached to a hospital, unlike the Willow Suite at Heartlands.

It is important to consider differences in risk perception between women and medical professionals (Sjoberg, 1994). In relation to MLUs our data suggests that women are more risk averse than professionals. This agrees with earlier work indicating parents are particularly risk averse when making decisions that affect their children (Halek 2001). This means that standalone MLUs are likely to be unpopular with parents who are unfamiliar with them even though their safety is satisfactory from a medical standpoint and that user experience typically is excellent. Our interview data is consistent with this.

This inconsistency could be reduced by more effective provision of information. Our findings indicate that parents will not always accept medical judgements of risk and as a result prefer to give birth in hospital even when medical professionals believe an MLU would be more appropriate. As parents are more risk averse than the professionals, the information around risks and benefits needs to be provided clearly and sensitively, with opportunities for discussion. As MLUs are a relatively recent development in the local area, this is particularly important. A continued evaluation of the awareness of local parents regarding MLUs and other options would be valuable, to ensure that they are receiving the necessary information and support to make informed decisions. This approach is consistent with the BEN/SCT Maternity Strategy which states that 'up-to-date information will be provided to help parents make an informed choice about where they want their baby to be born'

Cultural Considerations

Some BAME respondents felt that they were treated in a disrespectful way and that this was due their ethnicity. Findings earlier in this report indicate the importance of the relationship women form with midwives and the implications a poor relationship can have. The feedback given from some BAME women indicates that they feel they were denied a trusting and caring bond with their midwife due to the way they were treated. Other BAME respondents felt that they were not being given access to important information and advice because there was no information available in their native tongue. These factors could therefore mean that some BAME women are missing out on vital information which could have serious implications for them and the health of their babies. Therefore recommendations can be made to increase cultural awareness and sensitivity in staff involved in delivering maternity support. Furthermore, literature and advice sessions need to be presented in a wider variety of languages and access to interpreters need to be available.

Contact was made with a Roma Gypsy community near to the end of this consultation. Only two respondents could be interviewed due to the timescale of the project, however concerns were raised in the wider Roma community in relation to maternity services. Our data gives us reason to suspect that this group are more disadvantaged than any other we spoke to. It is therefore essential that this community is approached for future investigation. This consultation also conducted interviews with women who were refugees, asylum seekers and women with no recourse to public funds who are also extremely vulnerable. Their data is indistinguishable from other BAME women interviewed, therefore more targeted investigation is needed with these vulnerable women.

Our material on disadvantaged communities only constitutes a tiny proportion of the data collected. It seems likely unequal treatment is a significant issue, but insufficient material was collected to permit a thorough investigation. More targeted research is needed to gather views of women from vulnerable communities to fully understand how BEN/SCT maternity services can meet the needs of an increasingly diverse population. Such research would need to target each vulnerable group as there is no reason to suppose that they all face the same issues.

In this consultation we ensured that we included an adequate proportion of respondents from North Solihull because statistics show that breastfeeding rates here are particularly low and it is also an area of socioeconomic deprivation. There were no differences in the responses given which suggested women were receiving a different level of care. However these women were recruited via a children's centre and it could be argued that they were not 'hard-to-reach'. However the research team and a local Children's Centre made a great deal of effort to promote the consultation to women in this area. In view of the timescale of this project it was not possible to carry out any more outreach work. Therefore a further recommendation for SCT, the MSLC and LINKs would be to carry out more outreach activity and partnership working with 'grassroots' organisations to recruit 'hard-to-reach' women.

Overall conclusions

Breastfeeding support and education was the main area of the maternity experience where women wanted to see improvements. Women said that they wanted more realistic information during pregnancy, greater support whilst on the ward and more peer support groups throughout.

The midwife-mother relationship is also considered to be of primary importance during every stage of the maternity experience. The midwife relationship was better when women had more time with their midwife, the midwife was friendly and there was one-to-one continuity of care.

Concluding remarks

Here are some final remarks for how the findings of this consultation can be used. This consultation has gathered rich data so it is possible that secondary analyses can be performed and further research questions asked.

The findings from this consultation have highlighted themes that are an important part of the maternity experience. It may therefore be useful to perform a follow-up investigation using quantitative methods to ascertain how prevalent findings from this consultation are.

Given the current economic and political environment there are going to be major changes to many services and in some cases vastly reduced budgets. It is therefore essential that ongoing conversations take place with women who use maternity services as they are well placed to make meaningful and effective suggestions about the services they use. Therefore the final and most important recommendation that we make is that HEFT, BEN, SCT, the LINKs and the MSLC work together to ensure that service user views are gathered and issues identified.

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Appendix 1

Demographic information from focus groups

Respondents Post Codes

B25	B26	B27	B33	B37	B90	B91	B92
6	10	5	4	5	1	1	7

Locations of participants most recent birth

Heartlands	Good Hope	Solihull	Other
19	4	5	6

Number of pregnancies respondents have had

One pregnancy	Two pregnancies	Three Pregnancies	More than 3
18	10	5	1

Age of respondents

18-25	26-30	31-35	36-40	41-45
6	12	7	9	1

Ethnicity of Respondents

White British	Black Caribbean	Indian	Pakistani	White other	Black other
33	1	1	1	1	1

Focus Group Report

Themes from general focus groups

Seeking antenatal classes/Parent Craft

Barriers

Some women said that there were barriers to accessing classes such as time and location. For instance some women complained about expensive car parking fees. Some commented that classes were often at inconvenient times.

Midwives

First point of contact

In the case of first time mums, most women had their first appointment with their midwife a week after visiting their GP. Appointments either took place at home or at the GP's surgery.

Women who had had previous pregnancies often commented that there was a bigger delay in receiving this initial appointment; most agreed that they would have liked to see the midwife much sooner.

Relationships

All agreed how important a good relationship with the midwife was. There was a mixture of comments regarding the quality of this relationship. For instance one woman said, 'mine scared the living daylights out of me....I felt I didn't have the choice to change midwife and she seemed to be on holiday all the time.

Another women said she constantly felt under 'time pressure' and that she never really had enough time to ask any questions or to seek advice; she commented that the midwife was always rushing onto her next appointment.

There were also many positive comments about relationships with midwives, for example one participant said, 'I had a brilliant midwife we just got on really well and talked about lots of things I felt totally relaxed around her, this meant I could ask her questions about feeling silly'

All agreed that a good relationship with the midwife is essential through all stages of the maternity experience.

Continuity of care

Those women who had the same midwife throughout the maternity experience were more likely to be satisfied. However many women commented that they had multiple midwives. Women who experienced this often commented that they found it hard to ask questions who or to be honest about problems they were experiencing. Comments were often made about how advice varied considerably between different midwives and that this led to confusion and frustration.

Choice

Choice of location of birth was considered to be very important. In most cases where participants didn't have a choice they understood that this was because of their own individual experiences. When women had a choice they tended to base their choices on the reputation of a particular hospital. Heartlands hospital had the most negative perceptions associated with it. One woman said, 'you hear so many horror stories about it.' Interestingly all women in the Chelmsley Wood focus group said that they wouldn't have wanted to give birth at the new Solihull midwife-led-unit, one woman said, "It's just too risky there". All felt that because it wasn't attached to a hospital it is a very risky option. Good Hope tended to have positive perceptions associated with it.

Experiences at different hospitals

Women who gave birth at Heartlands commented on how busy it was and that they felt like they were on a 'conveyor belt'. Most commented that this due to the impact of the closure of Solihull Hospital.

One woman told of her experience of a forty-two hour labour. She said, 'I hardly saw the midwife, she was just so busy. There were lots of other women giving birth that night. She then came back and said that I would have a twenty minute window in her schedule and that if I didn't give birth I would have to have forceps or a C-section'.

In many other cases, women commented on having very good experiences at Heartlands. Women giving birth at Good Hope and Solihull tended to have very positive experiences.

Breast Feeding

Most women commented that they were encouraged to breastfeed when they were in hospital. Some said that they felt immense pressure to breastfeed and if they were unable to they felt very upset.

Discharge

In cases where women had a straightforward labour and birth they were often discharged within 6-10 hours of giving birth. In all cases women were happy to be discharged and did not feel that they would have preferred a longer stay.

Many of the women who had undergone caesareans stated that they would have preferred a longer stay in hospital; they often said this was because they felt very emotional or they were experiencing difficulty breastfeeding.

Transition to home

Most women saw a midwife within a day of arriving home. Generally women agreed on how essential this first appointment was in terms of offering support and advice. Some women said that they were encouraged to join a group at a Sure start Centres contacted them to receive postnatal support.

Summary

The patient-midwife relationship appears to be more highly valued than other aspects of the maternity experience. Women who had better relationships with their midwife tended to be happier with the maternity experience. Continuity of care was also another important factor, women who received care from multiple midwives often received conflicting advice but in some cases found it harder to ask for help.

Feedback from breastfeeding Focus Groups

Decisions about breastfeeding

Out of the all four focus groups only one woman made the decision not to breastfeed during the antenatal period. She said, 'I knew I was going straight back to work so I decided not to breastfeed'. All other women decided to breastfeed early on the pregnancy, in many cases this decision was made prior to the pregnancy.

Education

All stated that they understood the benefits of breastfeeding. One participant said, 'How could we not understand the benefits, you are just given hundreds of leaflets and a DVD to watch'. Another woman said, 'the midwives are quite preachy about breastfeeding' and another said 'you're made to feel if you don't do this you are wrong'. In some cases such an approach was thought to lead to immense feelings of guilt if women then had difficulty breastfeeding.

Information given in Parent Craft classes was considered to be very good but one participant said 'it was presented rather too strongly'. She then went on to comment, 'I felt I would be doing

irreversible harm to my baby by giving her baby formula.' Another criticism of breastfeeding advice and education was that the information given tended to be factual and doesn't take into account how women will actually feel after giving birth. And furthermore, any information given antenatally didn't take into account any subsequent problems experienced by the woman.

However some women said that their midwives were not very helpful regarding information about breastfeeding. They tended to find Parent Craft classes more helpful.

Women who had previous pregnancies felt that they were often given less support, one commented 'it's like they think you're an expert, but each pregnancy is different and each baby is different. I didn't breastfeed the others and I really wanted to breastfeed this one'. Another women said, "I felt ignored because I'm older and this was my second baby, I didn't actually breastfeed my first baby so I did really need the extra support"

There was a great deal of consensus for information to be given verbally rather than being presented in leaflets and DVD's. These information formats only gave information about the benefits of breastfeeding and did not cover the technical aspects involved or some of the problems that could be experienced. For instance one women said, "they should go into breastfeeding more technically giving more details during the antenatal period such as showing you how to latch on".

Midwife relationships

Continuity of care

Assessments of breastfeeding advice and education were generally better when women had access to the same midwife after the pregnancy. One women said, 'I've had five midwives, getting conflicting advice each time'. Many other women complained about the wide variation of information they received from different midwives.

Continuity was considered to be vital and was highly valued, women who had continuity of care said they felt more likely to be able to ask questions and not feel silly for asking 'obvious' questions.

Quality of the relationship

The quality of the relationship with the midwife was also important, for instance, 'I had a brilliant midwife. I had many complications during my pregnancy and the midwife was very good at sorting out my problems. If I was feeling low I felt okay to ask for help from her because we had a good relationship'.

Impact of labour

Women who had complicated labours/births appeared to experience the greatest difficulty in breastfeeding. For instance after having a caesarean one women said 'I couldn't lift my baby, during the night I felt uncomfortable pressing the buzzer to get help breastfeeding'. Another said, 'I could see how busy they were: I just felt I was being a nuisance'.

Women who had straightforward pregnancies were generally pleased with the breastfeeding support that they received. Most had skin-to-skin contact very soon after giving birth. One woman said 'After the birth the baby was put skin-to-skin straightaway and I was encouraged to breastfeed straight away and after 20 minutes I fed my baby and he stayed next to me for 36 hours it felt great'.

Women who had had caesarean also had skin-to-skin contact soon after.

Discharge

Some women said that they were unable to go home before they could demonstrate that they were able to breastfeed. This was often a stressful and upsetting experience if women were struggling to breastfeed. Some commented that it was especially stressful when midwives were busy because they were unable to get their attention to demonstrate that they were breastfeeding or to ask for help breastfeeding. For instance the following comment was made "it felt like I had to be perfectly breastfeeding on the same day as having my baby, I felt like saying sod it and just giving him a bottle instead' .

Postnatal support

Peer Support

Breastfeeding cafes were considered to be vitally important. Women especially valued the peer support and the feelings of normality that it gave them. The baby cafes also helped to reduce feelings of guilt in women who were struggling to breastfeed. However, in many cases women found out about these classes by chance and said that better promotion of them is needed so that women can access them sooner. Many commented that women in the later stages of pregnancy could also benefit by attending the sessions.

A key recommendation arose from all four focus groups. All said that they would value a peer support system where they were 'buddied up' with another breastfeeding mother who they could go to for support and help. Some women said they often felt they were 'hassling' the midwife or felt silly for asking 'obvious questions'. They felt that they would be more comfortable if they had a 'buddy' to confide in.

Feeding methods and techniques

Several comments were made around the lack of knowledge and advice around combination feeding. One woman said, 'you are always told you will either breastfeed or bottle feed no one actually tells you that you can do both, I didn't know I could bottle feed and then try breastfeeding later'.

One woman was told she shouldn't express as it will confuse the infant and that she would have difficulty breastfeeding. She went on to say 'I was so sore and felt I had no choice, I ignored the midwife and then went on to successfully breastfeed. Another commented "I think we need a class after giving birth".

Participants from all groups focus generally commented that it would be good to be told the common problems they could experience. This would help to give women who were struggling to breastfeed a sense of normality and stop them from feeling that they were doing something wrong. Women who had multiple midwives commented that advice given was often conflicting and that this contributed to feeling distressed and frustrated.

Summary from breastfeeding focus groups

Women tend to make decisions to breastfeed early in the pregnancy and state that they are fully aware of the benefits of breastfeeding. However they tend to feel that breastfeeding promotion is too strong and can create feelings of guilt in women who experience difficulty breastfeeding.

Women tended to feel that they weren't fully prepared for the realities of breastfeeding. They would have preferred to have been given more technical information and been informed about difficulties they could face along with solutions. This is especially important for women who go on to have caesareans. Increased peer support in the form of a 'buddy' system was thought to be an essential way for women to learn from each other and support each other.

Women also commented that they would like consistent information from health professionals and information about 'combination feeding'. Specifically participants felt it was important to reassure women that they can still breastfeed after bottle feeding.

Appendix 2

Interview Topic Guide

Issues relating to midwife care

1. Roughly how many weeks into your pregnancy were you when you first saw a midwife?

2. Did you have the same midwife during pregnancy?

Probe: How many midwives did you have?

Probe: How did it feel to have different midwives **OR** How did it feel to have the same midwife?

Probe: Did you feel that your midwife/midwives got to know you?

Probe: Did you feel comfortable asking questions to your midwife?

3. How would you describe your relationship with your midwife/midwives?

Probe: Has this relationship impacted on other aspects of your maternity experience?

4. If your midwife care could have been improved, what recommendations would you make?

Labour and Birthing experiences

5. Did you have the same midwife throughout your labour and for the birth?

Probe: How did it feel to have different midwives **OR** How did it feel to have the same midwife?

6. Did you feel informed about what was happening to you during your labour and the birth?

Probe: Did you feel able to ask questions?

Probe: What was the relationship like with your midwife/midwives?

7. If your labour/birthing experience could have been improved, what recommendations would you make?

8. Please tell us about the support you received on the ward after giving birth

Breastfeeding

This next section will now ask about the information and support you were given around breastfeeding

9. When did you make the decision about whether you wanted to breastfeed or not?

10. Tell me about the breast feeding information you received during your pregnancy?

Probe: Were antenatal classes attended?

Probe: Who was involved in giving information/support (midwife, breastfeeding support worker etc?)

Experience of breastfeeding after giving birth

11. Explain to me your experience of breastfeeding whilst in hospital

Probe: How soon after giving birth were you encouraged to breastfeed?

Probe: Do you feel your labour/birthing experience impacted upon your ability to breastfeed?

Probe: How could the help/support that you received have been improved? (if at all)

Postnatal Breastfeeding Support

If you decided to breastfeed upon returning home:

Explain to me your experiences of breastfeeding upon returning home after giving birth.

12. Did you breastfeed within the first few days after returning home?

Probe: What support were you given?

Probe: How did information given in your pregnancy prepare you?

Probe: How comfortable did you feel asking your midwife for support/advice

13. If breast feeding support/education could be improved, what recommendations would you make?

Are there any other comments that you'd like to make about your experiences of maternity care?

Finally, we're interested to hear your views about Solihull Midwife Led Unit

14. Have you heard about the unit?

15. Would you have considered giving birth there? Explain your answer

Appendix 3

Interview Demographic Information

Please note that in some cases women were uncomfortable disclosing some demographic information so some data is therefore missing

Post Code Information of respondents

Birmingham

B8	B9	B10	B19	B21	B20	B25	B26
1	3	1	1	4	1	2	5

B27	B33	B34	B74	B24	B23	B75
5	5	1	4	2	4	4

Solihull

B92	B93	B37	B90	B36	B91
8	3	9	4	2	4

Number of pregnancies respondents had

	One	two	Three	More than 3
TOTAL	28	24	9	2

Locations of where respondents gave birth

Location of birth	Good Hope	Heartlands	Solihull	SMLU	Other
TOTAL	19	32	10	4	4

Ages of respondents

Age	18-25	26-30	31-35	36-40	41-45
TOTAL	12	25	22	6	3

Ethnicity of respondents

White British	White other	Mixed Race White Asian	Mixed Race White/ Caribbean	Mixed race (other)
43	6	1	1	2

Indian	Pakistan	Black Caribbean	Black African
1	9	4	4