

*The experience of Reading women
who have been diverted from giving
birth at their place of choice*

August 2015

About this report

This report presents findings of a project undertaken by Healthwatch Reading in 2015 in response to concerns raised about local maternity services.

A Care Quality Commission inspection report published in June 2014 on the Royal Berkshire NHS Foundation Trust (RBFT) highlighted concerns about midwifery staffing levels. Later in 2014, new national guidelines were published calling for women with straightforward pregnancies to have choice over their place of birth.

While Healthwatch Reading was aware that the local NHS had been trying to rectify issues raised by the CQC, the Healthwatch Reading board agreed that a Healthwatch-led project would add value to local improvement actions, by exploring in more detail the personal experiences of women who had been denied their birth place of choice, and hearing how they would like services to improve in the future.

Healthwatch Reading spoke with 19 new mothers between February and June 2015. Of these, eight women shared in-depth experiences of not being able to give birth in their chosen place. Seven out of the eight women felt strongly that women in the future should be routinely advised in advance that there was a possibility - no matter how small - that their birth place of choice may be changed due to capacity issues. This would allow women to emotionally and practically prepare for any last minute changes.

Other findings showed 13 out of the 19 women had concerns about postnatal care, such as lack of ward staff, conflicting breastfeeding advice, and delayed postnatal community support.

Ten out of the 19 women were happy with the care they received during labour.

Based on experiences collected, Healthwatch Reading recommends:

- Women with straightforward pregnancies are routinely informed (between 28-34 weeks of their pregnancy) that they may not be able to give birth at their chosen place;
- Pregnant women are given information about alternatives to their preferred birth choices, including practical information such as other hospital locations;
- Women and any birth partners should receive information about sudden diversions in an informative and sensitive way by staff, that reflects staff awareness of the major emotional and practical impact of diversions;
- There is a protocol between Reading maternity services and out-of-area hospitals who take women diverted from Reading that ensures women do not experience delays in receiving postnatal checks.

Commissioners and RBFT have responded to the recommendations - their full response starts on page 16 of this report.

Why this project was carried out

This project was agreed by the Healthwatch Reading board in response to a number of concerns about the capacity of local maternity services.

Healthwatch Reading board members (volunteers with a particular interest in the quality of local health and social care services, who help act as the 'eyes and ears' of Reading people) were concerned to hear about the closure of rooms in the Rushey Birth Centre at Royal Berkshire NHS Foundation Trust (RBFT), following a Care Quality Commission inspection that reported in June, 2014.

Healthwatch Reading was also aware that capacity issues were resulting in temporary closures of the maternity unit; temporary closures of the remaining rooms in the Rushey Birth Centre; and temporary suspension for short periods of time, of the home birth service.

Also, new guidelines from the National Institute for Health and Care Excellence (NICE) published in late 2014 had advised the NHS that all healthy women with 'straightforward' pregnancies should be able to choose where to give birth, such as in a delivery ward or midwife-led unit in hospital, in a freestanding birth centre, or at home.

NICE said straightforward pregnancies were defined as those that were 'low risk'. Factors that could increase risk, included women who were:

- Aged over 35
- Overweight or obese
- Recreational drug users
- Experiencing bleeding after 24 weeks gestation
- Experiencing high blood pressure.

Other risk factors include past complications from previous pregnancies, previous major gynaecological surgery, the baby lying breech, foetal abnormalities, or certain medical conditions in women such as epilepsy or heart disease.

The Healthwatch Reading board was particularly keen to hear how women with straightforward pregnancies described the impact on themselves and any partners or families, of being denied their choice of birth, with the aim of using their experiences to influence any changes or improvements to maternity provision.

Birth place choices available for women living in Reading

In Reading, the following choices are available for women with straightforward pregnancies:

- The consultant-led Delivery Suite of the RBFT maternity unit
- The midwife-led Rushey Birth Centre of the RBFT maternity unit
- Home birth, with care from NHS community midwives (linked to local Children's Centres and GP surgeries)
- Home birth, with care from independent (private) midwives.

However, on occasions, choice is restricted due to:

- Temporary closure of the RBFT maternity unit when the unit is full and/or there is not enough staff cover, meaning that pregnant women are diverted to other hospitals
- The closure of two of the four rooms in the Rushey Birth Centre, following the CQC inspection in 2014.
- The remaining two rooms in the Rushey Birth Centre only being allowed to open if there are adequate staff numbers
- Temporary suspension of the home birth service if community midwives have been called in to look after women in the RBFT maternity unit.

Reading, like many other parts of England, experiences difficulty in recruiting enough experienced midwives, according to information that Healthwatch Reading heard at the Reading, Wokingham and West Berks Maternity Forum. The forum meets every three months and its members include local parents, midwives, doctors, commissioners, and voluntary groups like the National Childbirth Trust.

How Healthwatch Reading engaged with new mothers

A Healthwatch Reading staff member, supported by a board member, gathered experiences by:

- Carrying out in-depth interviews in person with eight women who were not able to give birth in their chose place
- Carrying out shorter interviews with 10 new mothers, attending baby clinics at two Children's Centres.

The interviews were conducted between February and June 2015. All interviews used a standard set of open-ended questions.

All women, apart from two, had given birth between November 2014 and April 2015.

The experience of women not able to give birth in their chosen place

The eight women who had not been able to give birth in their chosen place due to service capacity issues, comprised:

- Three women who had planned to give birth in the Rushey Birth Centre, but had to give birth in the Delivery Suite because Rushey was closed;
- Two mothers who had planned to have a home birth but were asked to come into the Delivery Suite due to a lack of community midwives and the Rushey Birth Centre also not being available; and
- Three who had to travel to another hospital (Frimley Park Hospital in Surrey, Basingstoke and North Hampshire Hospital, or Wexham Park Hospital in Slough) when they were in labour, as the RBFT maternity unit was 'on divert'.

Key themes raised by the women were:

1. Midwives not routinely informing women that they may not be able to give birth in their chosen place
2. Dissatisfaction with the assessment phone line and assessment unit on the RBFT Delivery Suite
3. The negative impact of receiving the news that they were unable to give birth in their chosen place
4. Lack of sensitivity from the midwives informing women and their partners about the change in their choice of birth
5. Lack of information given about the hospital they were diverted to
6. Poor follow-up care in Reading for women and babies following births at hospitals outside of Reading
7. The impact of their changed birth place on any future birth plans.

Their comments on each theme follow below. Some identifying information has been removed or anonymised to protect the women's confidentiality.

1. Midwives not routinely informing women that they may not be able to give birth in their chosen place

Most of the women (7/8) gave a very clear message that pregnant women in Reading should be routinely advised that their choice of birth place may be denied because of service capacity issues.

“Even if it is a rare occurrence, women should be informed. They may want to consider other options or make alternative plans.”

“In my case I would have much preferred to have been told [that Rushey might be closed].”

Some of the women were concerned that the community midwives did not inform them about the possibility:

“Why didn’t any of the midwives say anything at my antenatal appointments? They could have told me that the hospital [Royal Berkshire] being on divert was a possibility.”

“The midwives should help women to manage their expectations. The appointment with the midwife when you review your birth plan would be a good time to do this [so you] can discuss the other options.”

“I regret not being informed, not being able to prepare for it [the home birth service not being available]. Even practical things such as finding out about parking at the hospital.”

Only one woman recalled being informed by a midwife about the possibility of the maternity unit being ‘on divert’. However she recalls that the midwife “made light” of it, explaining it was very unlikely to happen.

Two women heard about the issue via the local media.

“Press coverage of the maternity unit being on divert is harmful. It is important that maternity staff provide that information.”

“I read about the hospital sometimes being closed in the local paper. I was very worried about that. I brought it up with my midwife. She did answer my questions and put my mind at ease a little bit.”

Three women heard about capacity issues at an antenatal class. One woman said: *“She told us that if we planned a birth on Rushey [birth centre] it was very unlikely to happen as the centre is not often open.”*

Overall, 7/8 women felt that community midwives should inform women of the possibility of a different birth place, at an antenatal appointment between 28 and 34 weeks of pregnancy.

2. Dissatisfaction with the assessment phone line and assessment unit on the RBFT Delivery Suite

Four women who were not able to give birth in their chosen place had been in contact with the RBFT Delivery Suite earlier on in their labour. Two of these four had been in touch via phone and two had been into the Delivery Suite to be assessed.

All four women reported being upset that they were not informed that the RBFT maternity service was very busy and may be 'on divert' or that the Rushey Birth Centre was closed. If they had known, these women would have made different decisions - either to have come in to the Royal Berkshire Hospital earlier, or staying in the Royal Berkshire Hospital to wait for their labour to become more established, rather than going home. One mother would have chosen to go to a particular hospital outside of Reading, to use its birth centre, if she had been told that Rushey was shut.

Three mothers who gave birth in the Delivery Suite, rather than at home or in the Rushey birth centre, were unhappy with their experience in the assessment unit:

“On arrival at the hospital [Royal Berkshire], we didn’t know Rushey was shut. The midwife hadn’t told us when we phoned. In the assessment unit we were told “there are no rooms available”. At first we didn’t know if that was Rushey or Delivery Suite. We were left in the waiting or TV room for about an hour. We felt forgotten. I was vomiting a lot and my labour was very fast. My husband had to go and find a midwife to get some help. The birth was then very rushed. I think that could have been avoided.”

“I had to go into the assessment unit for a check as there were no community midwives available. I was then sent home again. I had to come back to the hospital 30 minutes later as my contractions were so strong. There were no rooms on Delivery Suite for me. I gave birth to my baby in [an unsuitable, other location in Royal Berkshire hospital].”

3. The negative impact of receiving the news that they were unable to give birth in their chosen place

Seven of the eight women highlighted that not knowing, in advance, about the possibility of their choice of birth place was being denied, contributed to a negative experience.

“I was panicked, shocked. If I had been pre-warned, then I would have dealt better with the news.”

“If I had known in advance it was a possibility, I would have coped with it better.”

“I had no idea it was a possibility. I was shocked. I would have explored other options, for example, an independent midwife, to help ensure that I could have had a home birth.”

“It was very scary. It didn’t give me confidence. I was very upset.”

“It was my biggest fear.”

“The worst case scenario happened. It was definitely stressful on me and my husband. It was a very anxious time.”

Three women also described the negative impact of their partners:

“It was very stressful. It nearly caused an argument between me and my husband. We were so stressed about finding our way to the other hospital and then having to find our way through that hospital - where to park, where to go.”

“My husband was very panicky about having to drive to hospital [outside of Reading]. I think he would have felt even more panicked, if it wasn’t night time, if we had to get there during the rush hour, having to deal with traffic as well as not knowing where we were going.”

“My husband was affected more than me. He was very anxious. He had to take the news on the phone. He was very stressed, especially driving to the other hospital.”

One mother who hoped to give birth in the Rushey Birth Centre commented:

“I was very upset. I would have really liked to have known about the possibility that Rushey would be shut. I could have placed it [the idea of the Delivery Suite] in my head.”

4. Lack of sensitivity from the midwives informing women and their partners about the change in their choice of birth

Five out of the eight women raised this as an issue.

“More sensitivity. For example the midwife could have said ‘I am sorry’, and acknowledged the impact of being told that I couldn’t have a home birth, on me and my husband.”

“Thinking back, they could have done it in a softer way, more respectful. It wasn’t a little thing for me, not being able to give birth at home. Could have shown more concern about my reaction to this change.”

“More understanding that it was very difficult to take in, for me and my partner.”

“Would have helped if they had cared more about what we were going through. It is a very, very, vulnerable time for women and their partners”

“They were too matter of fact about it. They just said there is no other option.”

5. Lack of information given about the hospital they were diverted to

The three women who had to travel to another hospital outside of Reading, gave feedback about the information they were given about the other hospital, and how it was given.

Two women expressed surprise that when they were informed that the RBFT maternity unit was 'on divert', the midwife informing them was not able to tell them straight away which hospital to go to.

“It would be helpful if the Royal Berkshire Hospital were clear or up to date about which hospital could take you. First of all we were told hospital [X] and then we got another call to say hospital [Y].”

“It felt like ages for the midwife to call back to tell us where to go - which hospital.”

One women appreciated being given a choice of alternative hospitals:

“We were given a choice of hospital [X] or [Y], which was really good.”

Two women made suggestions about providing more information for women and their partners who are required to travel to another hospital:

“It would have been helpful if the Royal Berkshire hospital could have emailed us directions and a map of the other hospital, where to park and where the maternity was. Instead my husband had to do it.”

“I think it would be a good idea if your pregnancy notes had details of other maternity units, so you have that information in advance in case you do have to go to another hospital.”

6. Poor follow-up care in Reading for women and babies following births at hospitals outside of Reading

Women who gave birth at another hospital, highlighted difficulties with communication around their follow-up care.

“After we had gone home, my baby was supposed to have the full baby check in Reading, on day 1 [as the check hadn't been done at hospital X]. This check should have been arranged by hospital [X], but this didn't happen. In the end we had to take the baby to the GP surgery. The GP wouldn't come out to our home. I didn't see a midwife either and did not get to have my postnatal check until day 5.”

“I had to see a midwife at the RBH for an infection after I had the baby. The midwife didn't realise that I had given birth at another hospital.”

“My discharge letter was not sent by hospital [x].”

7. The impact of their changed birth place on any future birth plans

Four of the women who were denied their choice of birth place (at home or the RBH) reported that their experience would influence their plans for any future pregnancies.

One women said she would “*definitely*” book an independent (private) midwife for a home birth. Another said she would consider it.

One women said she would choose to go to hospital [X] rather than the Royal Berkshire Hospital, based on her positive experiences of hospital [X]. Another would consider hospital [Y], again based on her positive experiences at that hospital.

Another said: “*The surroundings at hospital [x] were so much nicer. The midwives seemed to have more time than they did when I had my other baby at the Royal Berkshire hospital.*”

Healthwatch Reading asked the women if their shared experience had or would influence future birth place choices or plans of friends or family members. Five responded that their experiences had already influenced other pregnant women they knew, mostly, in that those women were now aware of the possibility of being denied their choice of birth place and could start thinking about alternatives.

Other feedback about maternity services

As well as the in-depth findings of the eight women affected by changed places of birth, all 19 women raised other issues about maternity services, including:

- Care during pregnancy (antenatal care)
- Care during labour and the birth
- Care of the mother and baby after birth (postnatal care)
- Pressures on the service
- Breast feeding support

Care during pregnancy

Of the 19 women, 10 said they were unhappy with some aspects of their antenatal care, mostly relating to a lack of continuity of care or not having enough time at appointments.

“There was no continuity with my antenatal care. I saw my ‘own’ midwife just once. I had to keep repeating my pregnancy history to the different midwives, wasting time in the appointment.”

“It was really difficult to contact ‘my’ midwife. I didn’t feel properly looked after.”

“The appointments with the midwife were very rushed. It felt like they were for administrative reasons only, not about time for me to be able to ask questions or discuss my worries.”

“They were more like admin appointments. They were not very informative. There was not enough time to explain things. I saw different midwives and had to constantly repeat things.”

Positive feedback about antenatal care was expressed by five of the 19 women.

“The care from the midwives in my pregnancy was very good. My midwife was very reassuring. She picked up the signs that I was worried.”

“I saw three different midwives but they were all very helpful and happy to answer questions. It was very important to me that they would answer my questions.”

Care during labour and birth

The care received during labour and the birth was praised by 10 of the 19 women.

“I had a really long labour. The care was really excellent. The staff were really nice, really caring.”

“I couldn’t fault the care I had on Delivery Suite including in theatre. It was really good.”

“The Delivery Suite midwives were very respectful of my preferences for the birth. They were very, very good.”

This positive feedback included some experiences of women who were hoping to give birth in Rushey but then went to the Delivery Suite and described supportive care from midwives there.

“I was lucky that I still got to have a pool birth on Delivery Suite.”

Postnatal care

Many women (13/19) expressed concerns about their postnatal care, mostly about staffing on the postnatal wards, postnatal care in the community and breast feeding support. The new mothers described the emotional impact of not having the support they needed during the first few days with their new baby.

“With postnatal care, everything fell apart. It was so stressful.”

“Care on the postnatal ward was really bad compared to the antenatal ward, due to the lack of staff. My discharge home was really delayed.”

“The staff on the postnatal ward were not there when you needed them. If you pressed the buzzer it took a long, long time for it to be answered. Once they were there though, they did focus on you.”

“There was a lack of co-ordination of the community midwives. Two different midwives came to do the day 3 check.”

“The midwife didn’t attend for the day 2 visit. There was no phone call from them to check we were ok.”

“I was staying in the hospital as my baby was on Buscot ward and then on Dolphin ward. Whilst I was there, I didn’t see a midwife for any checks. I don’t think they knew I was there.”

“The postnatal checks were really difficult for me. I was shocked that I had to travel to the hospital for my postnatal checks. When my partner had gone back to work it meant taking my toddler and new baby on two buses. Why couldn’t I have gone somewhere more local to me?”

Breast feeding support in the hospital

Eight women were unhappy with breast feeding support in the hospital.

“Conflicting advice about breastfeeding on the ward was so stressful and upsetting. Over 24 hours, I saw about 10 different staff, about problems with

breastfeeding. They all had different views, especially whether our baby needed formula milk. It seemed like the midwives were telling us off. My husband had to ask the paediatrician to talk to the midwives so they could all agree. Some of them didn't seem to have read the notes about our baby."

"I successfully breast fed my older children and felt confident about breast feeding my new baby. I was shocked and upset about the lack of breast feeding support and conflicting advice from the staff on Buscot and on Dolphin ward, particularly the paediatricians. I also witnessed other women not being given the support needed for breast feeding."

"Although it was my second baby, it was much harder to feed this baby. I needed much more breast feeding support than I actually got."

Some of the new mothers made suggestions about how to improve breast feeding support:

"Why can't someone from the breast feeding clinic come up to the postnatal wards, to be the key contact for women who are having difficulty breastfeeding?"

Breast feeding support in the community

Six mothers described very positive experiences with breast feeding support provided by non-NHS groups and professionals.

"The breastfeeding support outside of [postnatal wards] is amazing. There are lots of different organisations. Support in the Breast feeding clinic [see http://www.royalberkshire.nhs.uk/infant_feeding.htm for more details] was fantastic. The staff on the ward didn't have enough time to show me how to latch my baby on. I went to the breast feeding clinic the day after I was discharged home. They showed me how to do it."

"My doula [people who provide practical, emotional, and non-medical support] provided me with a special breast feeding kit. Why didn't the staff on the postnatal ward suggest this?"

"The Breastfeeding Network [see http://www.royalberkshire.nhs.uk/infant_feeding.htm for more details] was particularly useful. The supporter who helped me was great. Why couldn't the midwives make the same suggestions on how to deal with my breast feeding problems?"

Tongue-tie in babies

Four women told Healthwatch Reading about delays having their baby's tongue-tie diagnosed and treated, leading to prolonged difficulties with breast feeding. Two families sought private treatment.

"I had a lot of conflicting advice about whether my baby's tongue-tie should

be cut. The midwife who does the procedure first said yes, then no. I still had so many problems breast feeding. I saw my GP and he referred me to ENT. Finally at eight weeks old my baby had surgery to cut the tongue ties. It made a huge difference to how my baby breast feeds. The baby is still breast feeding now.”

“The Breast feeding Clinic was fantastic. They picked up that my baby had a tongue-tie. Why didn’t the midwives in hospital [X] find that, when I was having so many problems breast feeding?”

Pressure on local maternity services

Seven women highlighted concerns about staffing, the impact on care of women and on the staff themselves.

“My induction of labour was affected by a lack of staff. It was very distressing. My midwife had to stay for an extra two and a half hours after her shift ended, so she could care for me.”

“The wards were very short-staffed. This meant the midwives couldn’t be very helpful.”

“There should be enough midwives to have Rushey open. Not many women get to go there. It just sits there empty.”

“The care on Marsh ward was alright - but not enough staff to give the right amount of support.”

Healthwatch Reading talked to two mothers who compared their recent births with the birth of previous babies in Reading (four and 10 years ago). Their perceptions were that the service now provides poorer care for women.

“I was appalled by how much midwife care has changed. You see the midwife far less often when you are pregnant. I think it is terrible that you have to travel back to the hospital for your postnatal checks. I have been told it is because there aren’t enough midwives.”

“Antenatal and postnatal care is much poorer. You see midwives far less often.”

Healthwatch Reading's recommendations:

Women in Reading gave some very clear messages about the impact of being denied choice of birth place and steps that could be taken to improve the future experience of women facing this issue.

Women also gave feedback and recommendations about general provision of ante- and post-natal care. These themes have been previously well documented nationally; and also locally by the Reading, Wokingham and West Berks Maternity Forum [see <https://westberksmslc.wordpress.com>]; and in the CQC report on RBFT, and are subject to local actions, such as improving midwifery recruitment.

Healthwatch Reading's recommendations therefore focus on improving the experience of women in relation to possible denial of choice of birth place.

Commissioners and providers of maternity services in Reading should act to ensure:

- Pregnant women are routinely informed (between 28-34 weeks of their pregnancy) that they may not be able to give birth in their chosen place due to service capacity issues;
- Pregnant women are given information about alternatives to their preferred birth choices, including practical information such as other hospital locations, and parking arrangements;
- Women and their birth partners should receive information about sudden diversions in an informative and sensitive way by staff, that reflects staff awareness of the major emotional and practical impact such news can have on women in this situation;
- There is a protocol between Reading maternity services and hospitals who may take women diverted from Reading, about swift sharing of information to ensure that women do not experience delays in receiving postnatal checks on return to their homes in Reading;

Joint response from Berkshire West CCGs (responsible for commissioning maternity services for Reading women) and Royal Berkshire NHS Foundation Trust.

Background.

The Royal Berkshire Maternity Team has been working through an improvement programme following some negative feedback from the Care Quality Commission (CQC) in March 2014. After the CQC inspection the trust invited the Royal College of Obstetrics and Gynaecology (RCOG) to visit and advise on improvements required to ensure safe delivery of care.

A birth-rate plus exercise has also been undertaken which assessed the midwifery staffing levels skill mix required for the current activity and case mix. Recruitment has been undertaken to improve the midwife-to-birth ration this year, with a marked improvement expected by November 2015. A consultation of the community midwifery service has also been undertaken and a new structure implemented to lead on service improvements in the community.

The improvement programme led by the Trust's Executive Director of Nursing has three work-streams:

- *Safe and effective*
- *Caring and responsive*
- *Well led.*

It is envisaged that the recommendations from the Healthwatch report will enhance the 'Caring and responsive' work-stream's action plan, as the findings are not dissimilar to work currently underway.

Themes from the Healthwatch report and our actions

Midwives not routinely informing women that they may not be able to give birth in their chosen place

Women can choose their provider of maternity services from several local hospitals trusts, further choice is available within RBFT:

- *The consultant-led Delivery Suite of the RBFT maternity unit*
- *The midwife-led Rushey Birth Centre of the RBFT maternity unit*
- *Home birth, with care from NHS community midwives*

Midwives have been encouraged to inform women when they book, that on occasion it may be necessary to divert labouring mothers to alternative providers or an alternative service within RBFT. This process was not always robust and not always absorbed by women, in future we are going to add written information along with re-emphasising throughout the pregnancy as appropriate.

The Maternity team at Royal Berkshire Foundation Trust believe that providing safe care is our priority and to support this we endeavour to provide one-to-one care in labour. On occasion high demand or reduced Midwifery staffing means it

may be necessary to divert mothers to an alternative provider or into our Consultant-led delivery suite if deemed safe to do so when the mother is in labour. We work closely with our partnering hospitals that both send and receive mothers when it is deemed safer to move than to deliver on site. We have communication plans in place to support seamless care and hope that if this does occur it will not have a detrimental effect on your birth experience.

Dissatisfaction with the assessment phone line and assessment unit on the RBFT Delivery Suite

This dissatisfaction arose from women who had visited or called the Trust earlier in their labour and were advised to stay at home until labour was more established.

Daily operational meetings now occur whereby staffing and workload is reviewed for the forthcoming day which gives an earlier warning of the potential need to transfer women both internally within RBFT and externally. This supports the daily planning so women can be informed earlier in the day giving women greater time to make informed choice. However, there will be occasions when the situation with staffing or activity changes quickly which cannot be predicted and so it is not always possible to warn women in advance.

The negative impact of receiving the news that they were unable to give birth in their chosen place.

Women will hopefully be aware of a possibility to move, through improved verbal and written communication throughout antenatal care.

Daily operational meetings now occur whereby staffing and workload is reviewed for the forthcoming day and this gives an earlier warning of the potential need to transfer women both internally within RBFT and externally. This supports the daily planning so women can be informed earlier in the day giving women greater time to make informed choice.

Lack of sensitivity from the midwives informing women and their partners about the change in their choice of birth

Unfortunately the same Midwife that received the triage calls historically had to assess the women for stage of labour and suitability for transfer. Once completed they then have to liaise with alternative hospitals to ascertain the closest and most suitable who are able to receive the labouring woman. All whilst the department is at maximum capacity or suffering from a shortage of Midwives.

One of the Quality Improvement initiatives identified the need for a Midwifery service coordinator 24 hours a day who will be able to support in the calls to and from women. This will be implemented from October. The Trust clinical site team are also working with the Maternity Management team to support out-of-hours calls to alternative hospitals.

Advanced communications workshops have been organised from October 2015 and a crib sheet to aid communication when the service is diverting women has also been produced.

Lack of information about the hospital they were diverted to

The Director of Midwifery is meeting with the other Midwifery leads at the end of September, she is asking for information sheets and maps for alternative hospitals to share with mothers.

Poor follow-up care in Reading for women and babies following births at hospitals outside of Reading

There is an agreed protocol for follow-up care following births at hospital outside of Berkshire West. Each hospital contacts one another on discharge of the mother and baby so that contact can be made with the mother on the day after discharge. This very occasionally breaks down. The Director of Midwifery is meeting with the other Midwifery leads at the end of September and she will be sharing this feedback with her colleagues to remind them of the importance of sharing timely information.

The impact of their changed birth place on any future birth plans

We appreciate the impact that changes to a woman's planned birth may have on her future plans for place of birth which is one of the reasons we do everything we can to mitigate the need to suspend services.

Other feedback about maternity services:

Care during pregnancy (antenatal care):

Women raised concerns re a lack of consistency of Midwife throughout their pregnancy, often seeing different members of staff.

It is often difficult to balance the need to provide a 'local' service, i.e. in each locality, and a consistent service.

As part of our improvement programme we commissioned a birth rate plus review of midwifery staffing, this recommended an increase in midwives with a particular focus in the community. To compliment this we have undertaken a review of our community midwifery structure and have introduced a structure with clear accountability for leadership and clinical standards. One of the main objectives for the new teams is to provide continuity of care which will be achieved when vacant posts have been filled.

Care during labour and the birth:

Thank you for the positive comments on care during labour. We endeavour to provide one-to-one care for women in labour, which we consistently achieve at least 99% of the time.

Care of the mother and baby after birth (postnatal care):

Women raised concern about their postnatal care both in hospital and out of hospital. As part of our improvement programme we have undertaken a review of all midwifery support worker roles, focussing on freeing midwifery time both within the hospital and outside of the hospital to allow greater support of mothers by the right person at the right time.

The service will be working with researchers from Stirling University to test a postnatal modelling tool. The tool aims to efficiently redesign postnatal care whilst ensuring that the right care is provided to the right mothers and babies at the right time and place.

Breast feeding support:

There was negative feedback for both in-hospital and out of hospital support for breast feeding with a suggestion of the breast feeding clinic providing more support for women whilst still in hospital. Each ward has an infant feeding specialist midwife attached to it who visits the wards every week day to support staff with education and training, assessment, advice and care planning. In addition the infant feeding specialist midwives will see individual women on the ward as requested. This role is in addition to facilitating the breast feeding clinic. The aim is have all staff equipped with the knowledge and skills to support women in their feeding choice, rather than having a few with specialist knowledge.

The weekly tongue-tie clinic is led by infant feeding midwives and provides a valuable service for those mothers whose babies have tongue-tie which is impacting on their feeding.

Pressures on the service:

The RBFT has recently supported an increase in midwifery numbers to improve our midwife to birth ratio thus meeting the birth-rate plus recommendations to meet the demands of our complex population.

There is a national shortage of midwives and numbers in training are being increased. There is also a conflicting demand to fill health visiting places, which has impacted on local midwifery services as staff have left to undertake health visitor training.

The midwifery team work hard at recruitment, running a series of recruitment open days, canvassing other areas where there are surplus midwives and recruitment overseas as appropriate. Vacancy numbers fluctuate and as previously stated we have a particular problem through September but do anticipate an improvement in November.

The Trust has recently reviewed midwifery care support workers and community services as part of the improvement programme to ensure the most efficient and effective use of resources, we are also planning a higher monitoring unit within

the delivery suite in the near future which will ensure focussed high dependency support in an appropriate environment whilst freeing midwifery time to support women in labour.

In conclusion

This report identifies the actions taken by RBFT through their Maternity Improvement Programme, these actions as shown throughout the response, support the recommendations made by Healthwatch Reading in their review. Commissioners will work closely with the Trust to ensure ongoing delivery of the trust's maternity improvement plan. Progress will be monitored through the maternity steering group, reporting to the Berkshire West CCG CMMV (Children, Maternity, Mental Health and Voluntary Sector) Programme Board.

Thank you for providing your report as feedback always helps our team to build an improved service.

***Debbie Daly, Nurse Director, Berkshire West CCGs
Jean O'Callaghan, chief executive officer, RBFT***

Acknowledgements

Healthwatch Reading thanks the parent representatives of the Reading, Wokingham and West Berks Maternity Forum and the RBFT maternity service managers for their assistance in designing the interview questions and recruiting new mothers to participate in the project.

We also thank the Children's Centre Managers (Battle & Southcote) and the health visiting service, who agreed to us talking with new mothers at baby clinic sessions.

Most importantly we thank the women who shared their experiences, especially those eight women who took part in extended interviews about not giving birth in their chosen place.



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