



This report shares the results of a maternity experience survey carried out by the Grampian Maternity Voices Partnership (MVP). The Grampian MVP is an independent advisory and action forum made up of service users, their representatives and NHS staff. It exists to make sure that NHS Grampian listens to and takes account of the views and experiences of the people who use the local maternity services. We are made up of four local MVP groups – Aberdeen, Aberdeenshire North, Aberdeenshire Central South, and Moray and Banff.

The survey covered April 2020 – October 2022 and we received 386 survey responses. The **demographic of respondents** was mainly from mothers/birthing persons but also from partners and people who were currently pregnant but hadn't had their baby yet. There was a fairly even distribution of responses from the three areas of Grampian with slightly higher representation from Moray. The majority of responses were from people who gave birth in 2022, followed by 2021, and 2020. Almost 92% of responses were from people whose ethnicity was White British. The majority of responses were from people aged between 30 and 40 and there were no responses from people under 19 or over 45.

Almost 92% of participants only spoke English at home, around 8% also spoke other languages. 97% of responses were from people in heterosexual relationships and 3% were from people in same sex relationships. Approximately 5.6% of participants had a disability and 6.5% of people had used fertility treatment to conceive. Most people (almost 87%) said that religious beliefs being accommodated in their maternity care was not relevant to them.

The first section of the survey looked at **antenatal care**. Very few respondents were invited to attend in-person antenatal classes (5.7%), the majority were invited to attend classes online (55.2%) and the remaining 39% were not invited to attend classes. The majority of respondents (almost 82%) were supported to create a birth plan as part of their antenatal care. 52% of respondents saw the same midwife throughout their pregnancy - around half of these people were under the continuity of care teams, Team Bluebell or Team Violet. It is positive that so many people outside the continuity of care teams still saw the same midwife throughout pregnancy and had continuity of care. The feedback about the continuity of care teams and about community midwives generally was extremely positive. Responses to questions on information and communication during the antenatal period were broadly positive. People gave qualitative feedback on the impact of Covid on their antenatal experiences. The key themes were lack of antenatal classes, mental health and challenges with scans and appointments (such as partners not being present). There was also qualitative feedback that communication and information could be improved as well as a clear desire for in-person antenatal classes to better prepare new parents and to make social connections.

The next section looked at **birth experiences**. There was a varied range of planned places of birth across Grampian with 33% planning Aberdeen Labour Ward, 24% planning Aberdeen Midwife Unit, 20% planning Dr Grays Hospital in Elgin, 11% planning a home birth, 9% planning Inverurie Community Maternity Unit, 3% planning Peterhead Community Maternity Unit, 0.6% planning Raigmore Hospital in Inverness, and 0.6% planning for another location. 55% of people did give birth in their planned place of birth and 45% of people did not give birth in their planned place of birth. The majority of births (75%) ended up taking place in Aberdeen Labour Ward. Planned home births appear to have a higher success rate than planned births at Grampian's midwife led units (Elgin, Inverurie and Peterhead). There were 142 C-sections which is higher than the number of spontaneous vaginal births reported (118) - this aligns with monthly reporting from NHS Grampian which suggests an overall high c-section rate for the region<sup>1</sup>.

Responses to questions on care during birth (being listened to, respected and making informed choices) skewed towards positive with between 47% - 65% of respondents strongly agreeing with statements. There was qualitative feedback on the impact of Covid restrictions on birth experiences – this mainly related to the negative impact of visitor restrictions or limitations on the number of birth partners. The feedback on visitors and birth partners covered 2020 – 2022, suggesting that there continued to be impacts across this whole period. There were 91 very positive comments

<sup>1</sup> The C-section rate was reported as 56% of Aberdeen births for November 2022 and 51% of Aberdeen births in December 2022. Between April 2021 – March 2022, 42.4% of births in Grampian were c-sections (21.7% elective, 20.7% emergency) according to Birth in Scotland data (<https://publichealthscotland.scot/publications/births-in-scotland/births-in-scotland-year-ending-31-march-2022/>). Nationally, 37.6% of births were c-sections (18.3% elective, 19.4% emergency). It would be to get a clinical insight into why Grampian has a high c-section rate.

about birth experiences which focused on the staff who cared for them during labour and birth. These experiences related to different places of birth including home, midwife led units and the labour ward.

The areas for improvement in birth experiences that were most mentioned were: communication and being listened to, wanting to give birth closer to home, limitations on presence of partner/additional birth partners, induction of labour, difficult transfers and people not feeling like their care was individualised. The comments on communication covered issues such as not feeling there was enough information to make informed choices, feeling birth preferences were not supported, partners not being sufficiently included, staff at different units communicating poorly and poor communication about timing/delays of interventions.

The final section of the survey was on **postnatal care**. Responses to questions about care on the postnatal ward were less positive than feedback about antenatal and birth care, suggesting this is a key area for improvement. 33% of respondents strongly agreed that they were happy with the support received on the postnatal ward, whereas 44% were neutral/not sure, disagreed or strongly disagreed. There were a range of responses about infant feeding support - 48% of people strongly agreed they were supported in their infant feeding choices but only 34% strongly agreed that they actually received sufficient infant feeding support. There also seems to be a gap in terms of including partners in infant feeding. Key challenges mentioned around infant feeding included mixed messages from different staff, new parents feeling unsupported in their feeding choices, lack of signposting to local support, an over-focus on baby weight gain and general lack of parental knowledge/education about breastfeeding. Many respondents felt they did not get enough support on the postnatal ward and referred to short staffing, discharge issues and long delays to receive care/pain relief. Other themes for qualitative feedback were mental health, communication and partner visiting.

Positive experiences around postnatal care typically related to receiving personalised care and support from hospital midwives, community midwives and health visitors— many people named a specific individual who had made a difference in their experience of infant feeding or their mental health support. Responses to questions about **postnatal care in the community** were more positive with community midwife support at home being seen as particularly good (60% strongly agreed they were happy with this support). Infant feeding was viewed as better supported at home than in the postnatal ward. Respondents were broadly positive about health visitor support at home in the first few weeks (54% strongly agreeing that they were happy with this support). Mental health support appears to be an area for potential improvement. People gave qualitative feedback on the impact of Covid on their postnatal experiences. The three most repeated themes related to health visitor support beyond the first weeks, limited partner visiting and infant feeding support. Limited or no visits from health visitors was a key issue raised with comments on the lack of access to weigh ins, weaning advice and baby massage/PEEP. Parental mental health was flagged as a key issue, as well as lack of in person 6 – 8 week GP check-ups for new mums.

The report concludes with our **reflections and conclusions**. We note our plans to repeat this survey every two years. We also highlight the areas that we think the MVPs could help improve through working in partnership with NHS Grampian – postnatal care on the ward, communication and informed choice, improved antenatal education. There are also areas we would like to see practical changes in – better access to water births across Grampian, increased visiting/birth partner support and improving transfers to hospital. We welcome feedback and thoughts on this report from NHS Grampian as well as community groups and we look forward to working collectively to support families across the region. We also thank everyone who took the time to participate in our survey and to share their experiences, especially those people who had a difficult experience. Finally, NHS Grampian have shared an initial response on some key areas on the last page of the full report and note that they will now take time as a team to fully consider all the findings.