# Grampian MVP Maternity Survey 2020 – 2022 Report

March 2023

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## 1. Executive Summary

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[1].

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 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

[1] 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.

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 the last page of this report and note that they will now take time as a team to fully consider all the findings.

## 2. Introduction

### About the 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. The Grampian MVP monitors what maternity services are being provided to expectant and new parents and recommends changes and improvements. It acts as a voice for the people who use these services. In doing so we build relationships and initiate collaborations between service users and various teams within the maternity service. We are made up of four smaller MVPs based on geographical region - Aberdeen, Aberdeenshire North, Aberdeenshire Central South, and Moray and Banff.

### Survey approach and methodology

The survey aimed to learn about people's experiences of using maternity services in Grampian. It was open during the month of October 2022 and covered anyone who is currently pregnant or who had a live birth[2] between **1 April 2020 – 31 October 2022** as well as allowing partners or family members to respond. We received 386 survey responses and used a snowball approach to sampling, sharing largely through social media networks. Upon taking the survey, participants consented to quotes being used anonymously with the understanding that any identifying details would be removed. We sought input from specialist groups such as Sands (baby loss and bereavement) and Latnem (mental health) on our survey content.

We chose to start the survey from April 2020 to capture experiences of giving birth and being pregnant during the Covid-19 pandemic, this was to ensure these important experiences and voices were heard. We note that the pandemic was a unique and unusual experience which may not be repeated in the future - however we believe there is still learning from Covid experiences that can be applied more broadly to inform maternity care post-pandemic.

Responses were analysed by MVP service user representatives to pull out statistics and themes. A thematic approach was used to analyse qualitative data – we read all responses and identified key emerging themes. We then coded responses by those themes. We quantified this analysis by counting how many responses mentioned each theme, then summarised key feedback per theme and illustrated people's experiences by sharing a series of quotes per theme.

We felt it was important to share experiences in people's own words so have shared lots of quotes (135) throughout the report to represent a range of experiences and to share stories with context. In order to keep quotes anonymous, we have not added demographic data (geographical location, year of birth, place of birth etc) unless it is necessary to understand the quote (i.e. it is useful to understand the year of an experience that talks about Covid restrictions or it may be useful to understand location when someone leaves in a quote that talks about a long transfer to hospital). Quotes are numbered for ease of reference. We have also used word clouds to show words commonly used by survey respondents, as well as different graphs to visualise quantitative information.

[2] This decision was made based on advice from Sands the baby loss charity that it could be traumatic for those who have experienced loss to start taking the survey as some questions could be upsetting. While it is really important to learn from the experiences of those who have experienced miscarriage and baby loss, we felt a more nuanced and sensitive approach for engagement with this group would be better.

## 3. Demographics of survey respondents

This section of the report summarises the demographics of those who responded to the survey.

### Location, age and ethnicity

- The majority of responses were from people who had already had their baby (nearly 90%, n=346) with 8.5% (n=33) of responses from people currently pregnant. Just under 2% of responses were from partners (n=7).
- There was a fairly even distribution of responses from the three areas of Grampian with slightly higher representation from Moray (see Figure 1).

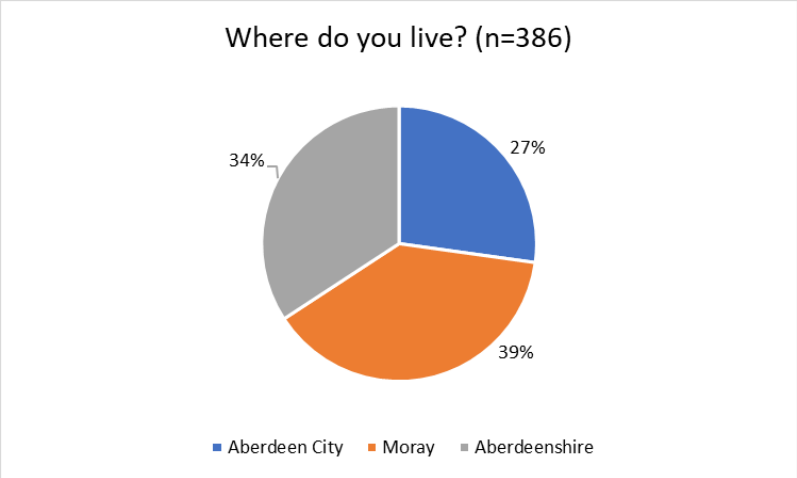


*Figure 1: Location of respondents*

- The majority of responses were from 2022, followed by 2021, and 2020 (which makes sense given that those who gave birth more recently are likely to be more engaged in social media parent and baby groups/online forums). This is shown in Figure 2.


*Figure 2: Year of birth*

- The majority of respondents were White British (91.7%), with 5.8% from any other white background, 1% Asian/Asian British, 0.5% Black African/ Caribbean/ Black British, 0.3% mixed multiple ethnic groups and the remainder preferred not to say. This is shown in Figure 3.
- For future surveys, the MVP will aim to consider different ways to reach more members of our community in Grampian.

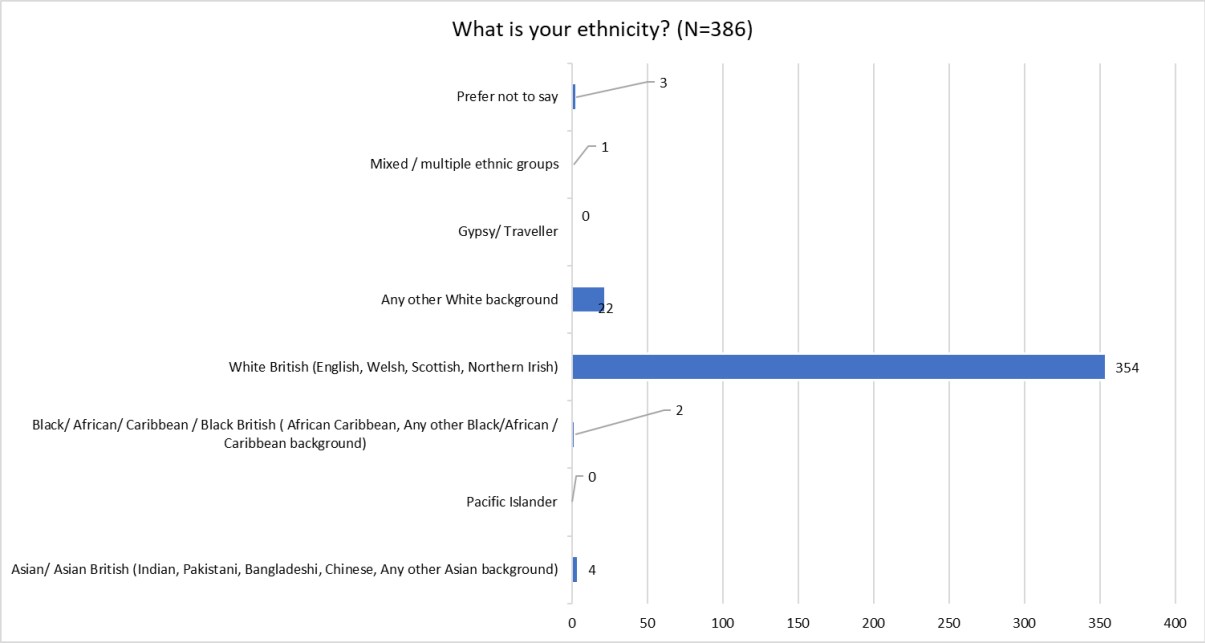


*Figure 3: Ethnicity of respondents*

- The majority of responses were from people aged between 30 and 40 and we didn't reach any people under 19 or over 45. It would be interesting to compare this to the demographics of birthing people in Grampian and see how representative this reach is, but this was not data we had available.

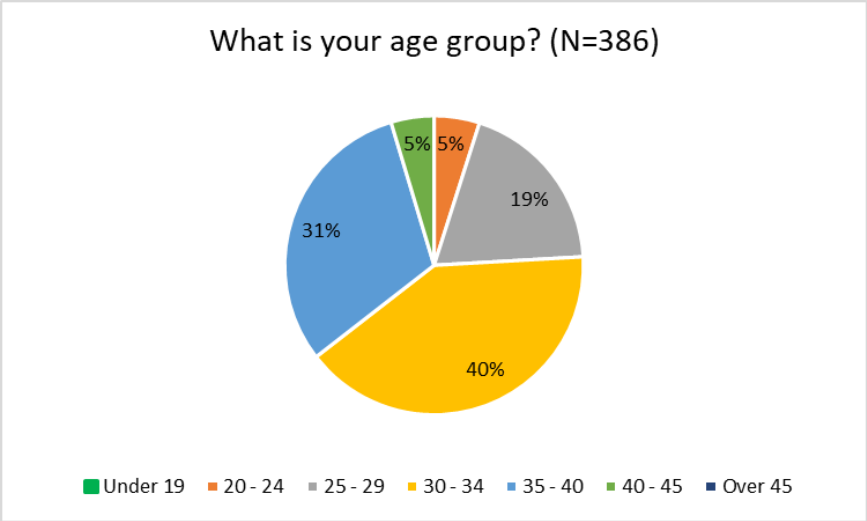


*Figure 4: Age group of respondents*

**Relationships and protected characteristics**

- The majority of responses were from people in relationships - 2.3% of responses were from single parents, 0.8% from parents coparenting.
- 97% of responses were from people in a heterosexual relationship (n=365) and 3% of responses were from people in a same sex relationship (n=11).
- 5.6% of respondents (n=22) had a disability.
- 6.5% of respondents (n=25) used fertility treatment to conceive.
- There were no transgender respondents.

**Language, interpretation and translation**

- The majority of respondents (92.5%, n=357) only spoke English at home, 7% (n=27) also spoke additional languages.
- Second languages spoken included Portuguese, German, Danish, Italian, Faroese, Norwegian, Polish, Romanian, Scots, Spanish, Russian, Turkish, Cantonese, French, Indonesian, Lithuanian, Punjabi and Welsh.

- 100% of respondents said they did not require any translation/interpretation services to access maternity care (this could mean we just haven't reached those who would need translation given the survey was only in English).
- There was only one comment on translation but no first hand experiences shared on needing language interpretation

  *1. "In the ward at the same time as us was a young Russian woman who gave birth to a boy. The staff were really rude and abrupt with her and I made an effort to make sure she was okay. I was a little concerned about where she was going with her baby. There were no clear sign that a translator was being used."*

**Religious beliefs**

- The majority of people said that religious beliefs being respected and accommodated in their maternity care was not relevant to them (86.5%, n=334)
- 3.4% of respondents (n=13) said their religious beliefs were respected and accommodated during their maternity care, 10% (n=39) said religious beliefs were not respected.
- It may be the case that some of the 10% responding here actually meant to say ‘Not relevant’ rather than no, given the lack of follow up on comments on this topic. It would be interesting to know more about this topic.
- There was one comment on having all female midwives being important but no further detail from any respondents – the lack of qualitative feedback suggests this is not a major concern/priority for the respondents.

## 4. Antenatal care

This section shares feedback from the survey on antenatal care, including statistics, feedback on how participants felt about care and qualitative responses on key themes or issues that were important for participants to share.

### Antenatal statistics

- The majority of respondents received antenatal care at their local health centre/GP practice with appointments also at home and at hospital.
- Very few respondents were invited to attend in-person antenatal classes (5.7%, n=22). The majority were invited to attend antenatal classes online (55.2%, n=213). 39% of people were not invited to attend antenatal classes (n=151). See Figure 5.

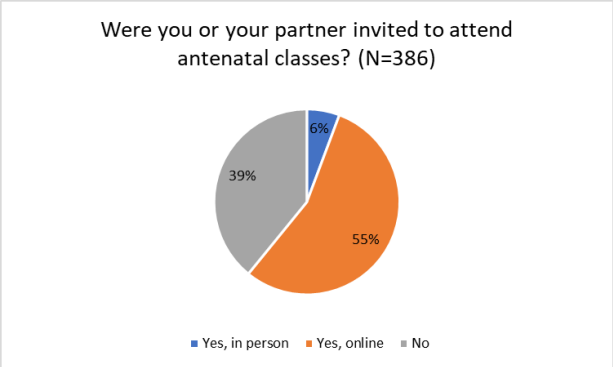


*Figure 5: Availability of antenatal classes*

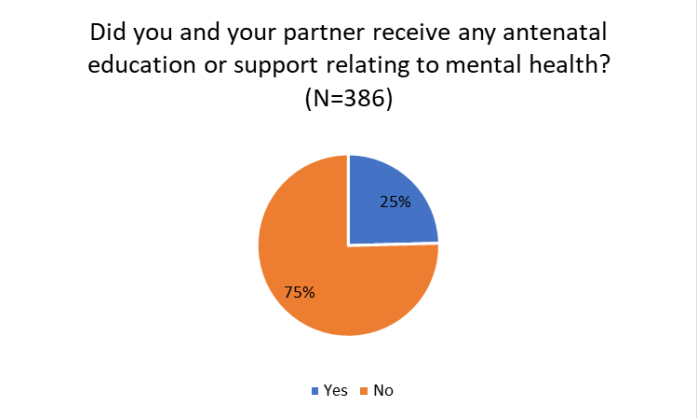


*Figure 6: Additional mental health education*

- Mental health support may be a gap in antenatal care - only 24.6% (n=95) received any information or support on this during the antenatal period (see Figure 6).
- 81.6% of respondents (n=316) were supported to create a birth plan/write birth preferences as part of their antenatal care. 18.4% were not (n=71).

### Midwife led care and continuity of care

- Figure 7 illustrates that approximately 52% (N=202) of respondents saw the same midwife throughout pregnancy whereas 47% (n=180) did not (rest were not sure).
- The majority of respondents who didn't have the same midwife throughout their pregnancy saw 2 (n=73) or 3 (n=61) midwives throughout their pregnancy although some people (n=57) saw 4 or more

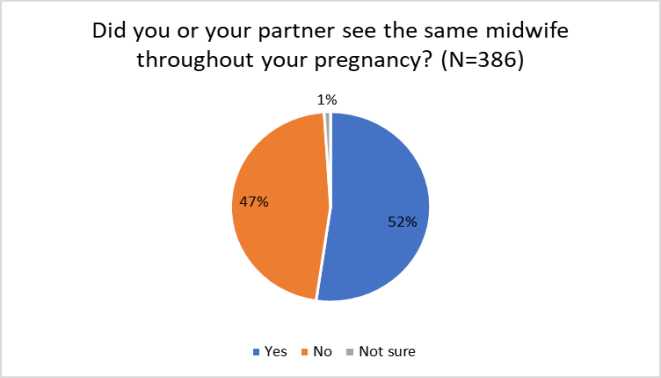


*Figure 7: Continuity of care*

- Some respondents (n=99) were under the continuity of care teams (Bluebell or Violet) but the majority were not.
- It is positive that so many people outside the continuity of care teams still saw the same midwife throughout pregnancy (n=103).

There were 70 qualitative responses from the 99 people under the continuity of care teams giving more information about their experience. This feedback was generally very positive although a couple of areas for improvement were mentioned in some responses i.e. being less clinical and more personal, allowing more flexibility for personal choice.

These are some of the positive comments shared about the continuity of care teams.

> *2. "My midwife recognised the signs of my pre-eclampsia straight away and probably saved mine and my babies life."*
>
> *3. "[Name redacted] was an amazing midwife - I had complete confidence in her and always knew she would take good care of me and baby"*
>
> *4. "My Team Violet midwife was absolutely incredible. I felt so cared for, supported, and well informed throughout my whole pregnancy and after I had my little girl. Cannot speak more highly of [name redacted] and about the level of care both myself and my daughter received - she was amazing!"*
>
> *5. "Team Bluebell were just amazing. It felt so comforting to be part of the team, I felt like my midwife was my advocate, she knew us so well and supported our choices."*

The word cloud in **Figure 8** shows words used to describe midwife led antenatal care by 80 respondents, the words most frequently used are in a larger font size whereas the smaller words were only used once or twice.


*Figure 8: Word cloud with words used to described antenatal care from midwives*

**Feedback on antenatal care**

This section captures service user feedback on aspects of their antenatal care. Service users were asked to give a response on a scale of 1 to 5, with 5 being strongly agree and 1 being strongly disagree[3].

Responses generally skewed towards positive with between 42% - 49% of respondents strongly agreeing with statements. We do not offer a detailed analysis of these rankings in this section as we lack context to do so. However the forthcoming section sharing qualitative feedback on antenatal experiences offers further context and insight into people's experiences. Below are a few bullet points summarising the findings as well as detailed charts showing responses to each question.

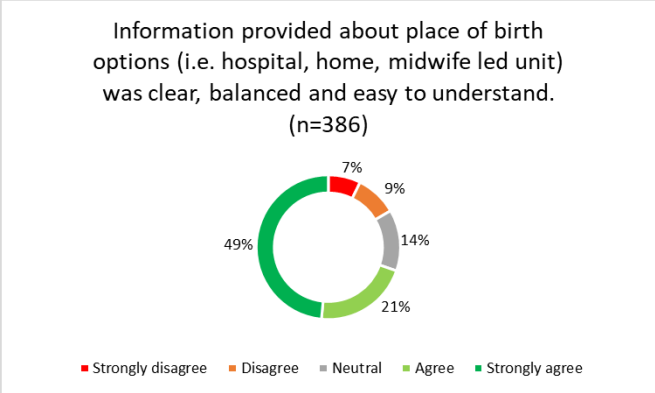


*Figure 9: Information about place of birth*

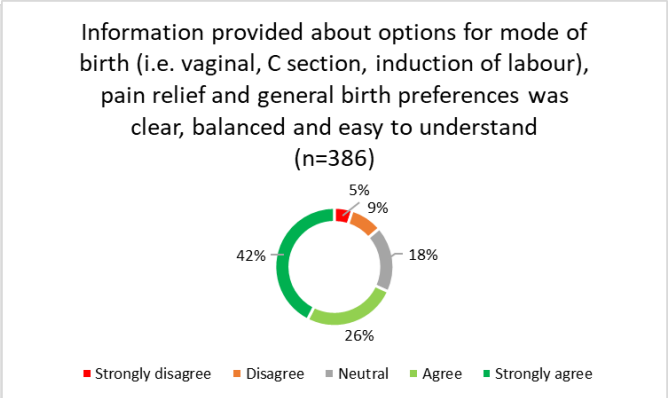


*Figure 10: Information about mode of birth*

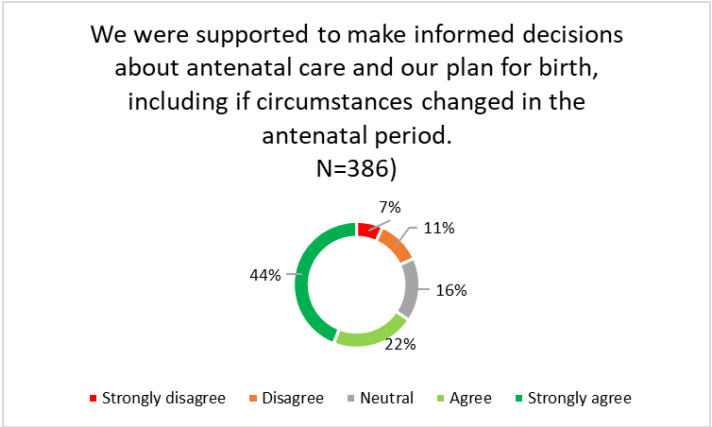


*Figure 11: Informed decision making support*

Responses to the question on the quality of information provided were broadly positive with 42 – 49% of respondents strongly agreeing that information on place of birth and mode of birth was clear, balanced and easy to understand (Figures 9 and 10).

- 44% of respondents strongly agreed they were supported to make informed decisions about antenatal care and their plan for birth, but 34% were neutral, disagreed or strongly disagreed suggesting there is room for improvement here (Figure 11).
- For all of the questions 14 – 18% of respondents disagreed or strongly disagreed, suggesting there is room for improvement or greater consistency in antenatal information and support. This is particularly relevant when it comes to mode of birth, birth preferences and planning.

**Impact of Covid restrictions on antenatal care**

183 people (48% of total respondents) chose to respond to this optional question and there were three key themes that emerged from the response: **antenatal classes** (n=87), **scans and appointments including role of partner** (n=60), **mental health** (n=31). Topics with fewer comments included staffing, impact of testing positive for Covid, place of birth impact and restrictions. There were also several broader comments that referred to birth and postnatal care[4]. There were also 10 comments about positive care during Covid. Comparison of geographical regions of respondents suggests that overall Covid restrictions had the most negative impact on antenatal care for respondents

[3] We did not define the numbers between 1 and 5 but would do this for future surveys to avoid confusion in interpreting the data. For the purposes of this report, we have defined 3 as 'neutral' but recognise that respondents likely had different interpretations of this ranking, some may have seen it as 'somewhat agree', 'somewhat disagree', 'ambivalent', 'not sure' etc.
[4] For future surveys, we will ensure it is clear that there are future questions on these topics.

from Moray, and the least negative impact for respondents from Aberdeen City[5]. It would be interesting to understand if there was anything different in each area in terms of antenatal care - perhaps this was exacerbated by the travel distance for people from Moray and Aberdeenshire who needed to access antenatal care in Aberdeen.

*Positive feedback*

Positive aspects of restrictions were mentioned by 10 respondents with more comments from 2021 births than other years. There was more positive feedback from Aberdeenshire and Aberdeen respondents than from people in Moray. Comments were about quality of care, mental health support or an improved service due to changes in restrictions. Some people also felt they had good care and that this wasn't impacted at all by restrictions.

> *5. "We were very lucky that restrictions had eased and my husband could be with me at all appointments."*

> *6. "Covid restrictions made care more preferable to me. Visits by my midwife were in the comfort of my own home."*

> *7. "I appreciated the efforts staff made."*

*Area for improvement: antenatal classes*

The majority of comments on antenatal classes came from 2022 births**,** perhaps due to frustration at slow easing of restrictions on antenatal classes compared to other aspects of society. Three changes to provision of antenatal classes were reported: 1) no classes; 2) pre-recorded online videos and resources provided instead of classes; 3) online antenatal classes. Respondents felt that these changes had negative impacts such as reduced/lower quality social interactions with other expectant parents (n=26) and reduced/lower quality interactions with the course provider (e.g. opportunities to ask follow-up questions, discuss local care options) (n=5).

Four respondents also reported technical issues with online classes or accessing online resources. Some respondents (n=5) were frustrated or confused by antenatal classes still being online once restrictions had eased considerably across other parts of society, and noted that other health boards were offering face-to-face antenatal classes. Four respondents reported paying for private antenatal classes due to the changes to NHS antenatal classes. Several respondents (n=9) commented on the changes having a greater negative impact on first time mums, compared to mums who had already had the chance to experience antenatal classes under non-Covid conditions with a previous pregnancy. The quotes below share some responses:

> *8. "We got no antenatal classes, weren't even offered online...This is where new mums make their mum friends and have that support team to share their experiences with etc without this, this resulted in a lot mums feeling isolated and some down the route of depression and anxiety."*

> *9. "The NHS online antenatal classes were not of great quality. Midwife reading notes off a page. Not interactive or particularly positive."*

> *10. "As this was my second birth, what I missed out on in terms of antenatal didn't effect [sic] me as I got to all these things first time round. Has this been my first birth I would have felt completely different."*

*Area for improvement: scans and appointments*

This was mentioned by 60 respondents and there were more comments from 2020 births than other time periods (although there were also comments from 2021 and a few from 2022). A large majority of responses (n=39) in this theme either reported having to attend scans and/or appointments alone, and/or commented on the negative impact this had on them. Four respondents said they found it challenging to take in information and make decisions without the support of their partner. Three respondents commented on the negative impact of not having their partner for support during appointments and/or scans, especially when issues were identified with the pregnancy, or where the pregnancy was classed as high risk. Respondents commented specifically that being prevented from attending appointments and scans negatively impacted partners (n=9) including partners feeling upset and feeling excluded from the process and/or the child (n=5).

[5] This is based on comparing responses on the key themes and looking for over/under representation from different regions.

*11. "My husband missed nearly all appointments due to Covid restrictions and felt excluded from his last child's pregnancy. This was at a point in the pandemic when people were out in pubs etc but not allowed support in NHS settings. We were very disappointed with this." – 2021 experience*

*12. "Husband not allowed into GP practice so didn't hear babies heartbeat with me for the first time." – 2021 experience*

*13. "My partner couldn't come to my later appointments because of Covid and felt quite adrift from the whole process." – 2020 experience*

*14. "My partner was not allowed to attend any of my antenatal appointments with me at my GP surgery even when the Scottish government released guidelines allowing this. I complained to my GP surgery regarding this with evidence from Scottish government and was called a liar." – 2020 experience*

*15. "With my first pregnancy not having my husband present for the anatomy scan was very frightening." – 2022 experience*

*16. "Trauma experienced from a previous missed miscarriage when I had to go into both scans (suspected mmc but heartbeat seen and then to confirm) on my own and receive the awful news as my husband sat outside the hospital in the car. This should never had happened and the experience really affected my rainbow pregnancy." – 2021 experience*

*Area for improvement: mental health*

Mental health and emotional impact was mentioned by 31 respondents with a strong over-representation of 2020 births. Respondents overwhelmingly reported negative emotional impacts due to Covid restrictions; only one respondent reported improved mental health (due to lockdown). Respondents described the restrictions as causing stress or anxiety (n=6), adversely impacting their mental health (n=8), exacerbating existing mental health issues (n=2), and making them feel isolated, lonely, or abandoned (n=3).

*17. "Every appointment I went to alone. My husband was allowed to one scan right at the start and after that I was all alone. My pregnancy was not enjoyable, it was a very scary time." – 2020 experience*

*18. "My baby was breech and my partner was unable to come into my appointments for scans/consultant review which was very hard on my mental health having to make decisions by myself. It was upsetting knowing he couldn't be part of important decision making." – 2020 experience*

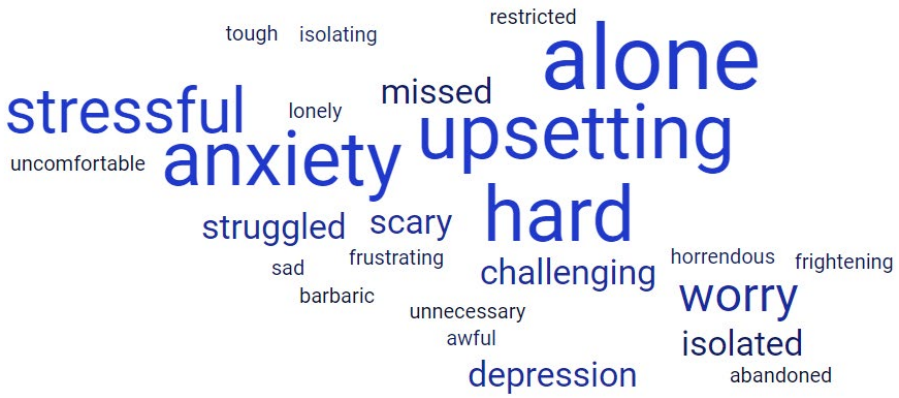


*Figure 12: Wordcloud of words used to describe mental health impacts of Covid restrictions on antenatal care*

**Qualitative feedback on antenatal care**

136 people chose to respond to this optional qualitative question. The key themes were sharing positive experiences of antenatal care (n=35), communication and information challenges (n=36), antenatal education/classes (n=29) as well as continuity of care, mental health and anxiety and the impact of Covid restrictions on appointments and scans/partner attendance. We will cover the three main themes in this section of the report as the others have been covered in previous sections.

*Positive feedback*

Feedback on community midwifery care in the antenatal period was generally very positive. There was also positive feedback on sonographers and consultants. Specific members of staff who made a difference to people's care were named and thanked and the quotes below give examples of some of the positive comments that were shared:

*19. "My community midwife was worth her weight in gold. She was the main support in decision-making and went above and beyond to provide excellent care."*

*20. "My first midwife moved elsewhere part way through my pregnancy. Although lack of notice and explanation disappointing, my second midwife was hugely supportive. I think she was perhaps newly trained but she made me feel confident and supported. She was so positive and helpful. Arrangements for home birth felt very easy."*

*21. "Our usual midwife was positive and enthusiastic and never made our appointments feel rushed - she always took the time to explain things."*

*22. "Midwives were excellent and always asking how I was feeling - I had my first baby in England and the care here was much better!"*

*23. "The team which did the scans at the hospital were also lovely, they explained things clearly and never rushed us even though they were clearly very busy"*

*24. "I saw the same midwife throughout pregnancy apart from when my midwife was on annual leave or sick which meant only a couple of appointments when I saw another midwife. I felt reassured knowing that I would see the same person and felt comfortable bringing her my anxieties and any worries I had."*

*25. "Access to scans was important to me and I was able to access early scans which really helped with peace of mind"*

*26. "Really pleased that my midwife offered the choice of being involved with a WhatsApp group with other mums due in the same month. They have been a great source of support that we shouldn't have had due to Covid. Such a simple idea which made a huge difference. 2 years later we are all still in contact."*

*27. "I feel so relaxed in my pregnancy despite a previous loss and I believe this is due to all my appointments being at home. I have had one midwife appointment at the hospital and I can't imagine having to do this on a regular basis."*

*28. "The team at ARI have been utterly amazing when my partner was admitted with preeclampsia. I cannot praise every single member of the team highly enough."*

*29. "I received an outstanding level of care from my community midwife. I felt supported every step of the way and it was so reassuring to know that she was always just at the end of the phone whenever I had any problems or concerns. I was very anxious throughout this pregnancy due to a traumatic delivery with my first pregnancy and the care I was given really made such a positive difference all round."*

*Area for improvement: Communication and information*

Communication was the key challenge raised and this covered a few different areas. Particular issues were mixed or changing messages about care options from different members of staff. This made it difficult for expectant parents to know which information was correct and to make their own decisions. There were some specific comments about lack

of clarity about which services were available in Elgin. There were also six comments that home birth was not promoted or suggested as a valid option. Some people felt they were pushed to choose a particular place of birth by their midwife, which wasn't in line with their own preferences. One person said a longer booking in appointment to cover all questions and concerns would have been beneficial.

There were challenges around clinical communication with several people feeling like they were told they needed a certain mode of birth (induction or C-section) without having enough information to make an informed choice. An issue raised by several people was fundal height measurements and growth scans, which were often taken by different staff each time, and the results led to anxiety and worry. Two people noted that growth scans predicting a 'big baby' were inaccurate in the end. Communication also linked to comments on mental health and anxiety with people mentioning stress and uncertainty about birth plans, particularly those in Moray.

There were also several comments that people wanted to have a more detailed discussion on birth plans/preferences with their midwife, and to have this discussion earlier on in pregnancy or as an ongoing discussion. People also commented on simpler challenges like not being able to get through to community midwives on the telephone and understanding who to contact between appointments. The quotes below share some of these experiences in people's own words.

> *30. "Very mixed information regarding birthing choices. Really glossed over and information about Elgin was wildly inaccurate. Student midwives making corrections to answers in appointments. Really felt unsupported and in the dark about making decisions and this only escalated when labour started as messaging very unclear and disjointed."*
>
> *31. "I felt that support for my home birth was seriously lacking early in my pregnancy. Later, I felt strongly coerced to accept an intervention I repeatedly made clear I did not want."*
>
> *32. "More help with birth plan/ managing expectations would have been helpful."*
>
> *33. "Consultants kept changing their mind"*
>
> *34. "Although all the information was presented clearly the situation in Moray made it impossible to make a birth plan. Location of birth was likely to change right up until the last moment, so the only option was to go with the flow"*
>
> *35. "I had a terrible experience with sonographers and consultants. I saw multiple professionals who dictated how my pregnancy should end and that my birth had to be induced and I had no options. This was on the basis of scans that weren't following a pattern due to multiple sonographers, and one who even wrote in their notes that their measurements were estimated and not accurate which led to the chain of events that then followed. My midwife was fantastic and supportive during this time even though my care had been handed over to the consultant"*
>
> *36. "I got one scan that said baby was huge - this set us on a path of worry and numerous hospital appointments. There was no continuity of consultants and this meant different opinions on every visit. My baby arrived at 39 weeks and was 7lbs - so much worry for one wrong scan."*

*Area for improvement: Antenatal education and classes*

Feedback on antenatal education often related to a lack of in-person classes available but also key information that people felt they were missing or would like to have understood before giving birth: infant feeding particularly breastfeeding, how to look after a new baby, NICU and premature labour, C-sections, inductions and safe car seat use. Responses expressed a clear desire for in-person classes. There was positive feedback on an online relaxation class offered by NHS Grampian.

Multiple people commented that they had really hoped to meet other expectant parents at antenatal classes and form a support network but weren't able to do this due to the lack of classes – they also commented on limited paid antenatal preparation in Grampian (like NCT) meaning there were few alternatives, and some new parents felt very isolated. There were also comments on the inclusion of fathers and partners.

*37. “My antenatal classes on zoom were scheduled after 38 weeks pregnant and after the baby was born. You can find so much quality information on labour but we had no idea on how to look after a baby. We also had no advice on breastfeeding.”*

*38. “We only got 1 x 40 min online session which didn’t cover much and certainly nothing about looking after a newborn. I tried to find private antenatal classes but there was no NCT classes in Moray. We’d heard of so many other people’s positive experiences elsewhere in the UK of in-person antenatal classes and the network of other parents they gained from them. We feel we missed out on this at a point in our lives when we very much needed it.”*

## 5. Birth experiences

This section shares feedback from the survey on birth, including statistics, feedback on how participants felt about care and qualitative responses on key themes or issues that were important for participants to share.

It is important to note that the MVP survey presents only a snapshot of information on birth experiences. NHS Grampian does already report monthly and quarterly on some of this data for all service users (i.e actual place of birth, C-section rate, forceps/ventouse delivery, water births as well as other topics such as breastfeeding at birth, skin to skin, one to one care and transfer rate for each location) and this data is more comprehensive for those topics. It would be interesting to see an annual summary of data from NHS Grampian for these key statistics so comparisons can be made over time and to other regions of Scotland. There was some data collected by the MVP survey that is not systematically collected and publicly shared by NHSG (to the best of our knowledge) – planned place of birth vs actual place of birth[6] and induction rate.

### Birth statistics

There were 350 total responses to this section of the survey (the other responses to sections on antenatal care were from people who were currently pregnant). Duration of pregnancies ranged from <37 weeks to >42 weeks, shown in Figure 13.

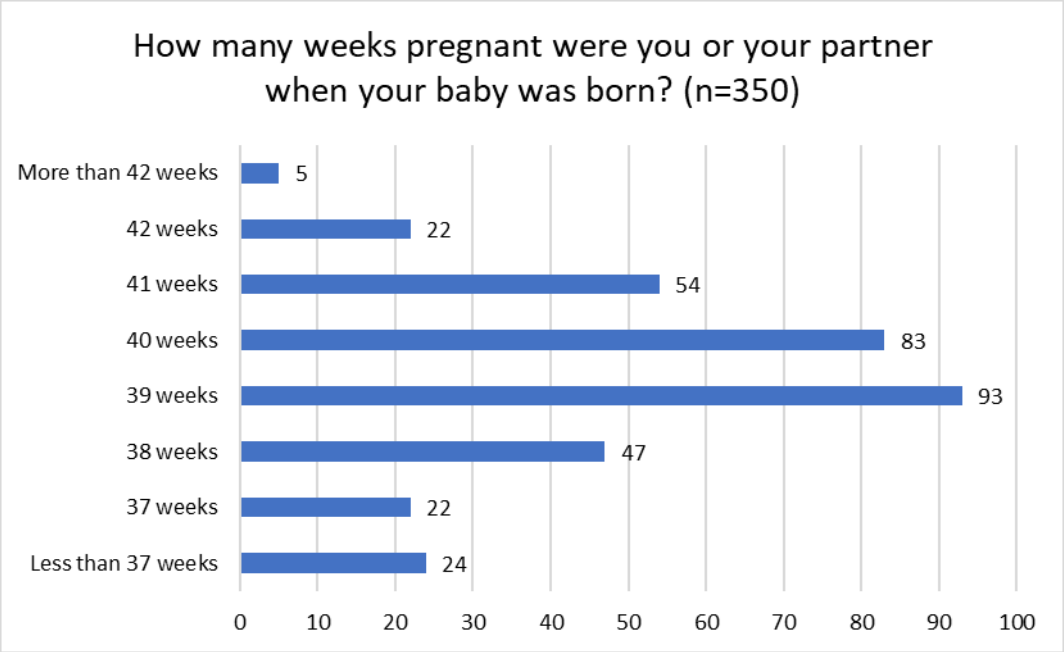


*Figure 13: Duration of pregnancies*

*Place of birth*

- There was a varied range of planned places of birth across Grampian with 33% (n=114) planning Aberdeen Labour Ward, 24% (n=84) planning Aberdeen Midwife Unit, 20% (n=70) planning Dr Grays Hospital in Elgin, 11% (n=38) planning a home birth, 9% (n=30) planning Inverurie Community Maternity Unit, 3% (n=10) planning Peterhead Community Maternity Unit, 0.6% (n=2) planning Raigmore Hospital in Inverness, and 0.6% (n=2) planning for another location.

[6] We recognise this may be hard to define as preferences/clinical situation could change over the course of a pregnancy and we are interested to better understand when and why place of birth changes (i.e. clinical situation changing during a pregnancy, transfer during labour, parents in labour not being accepted at planned place of birth and sent elsewhere, home birth services not being available etc). We would like to understand how informed choice plays a role in this decision making process.

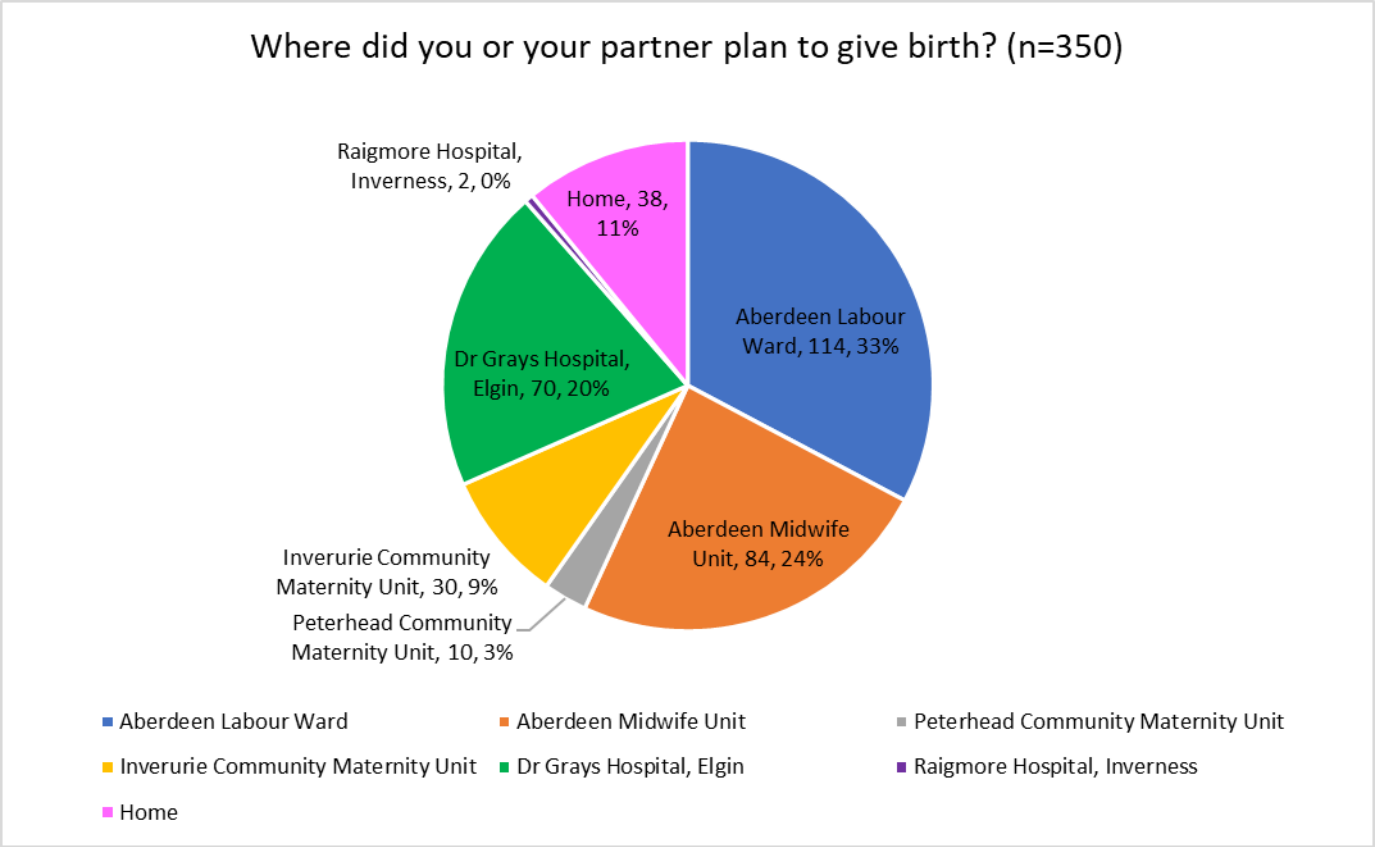


*Figure 14: Planned place of birth*

- This shows a high demand for Dr Grays Hospital.
- The relatively high number of people planning a home birth is interesting (11%, n=38), compared to across the three standalone midwifery led units (32%, n=110)[7].

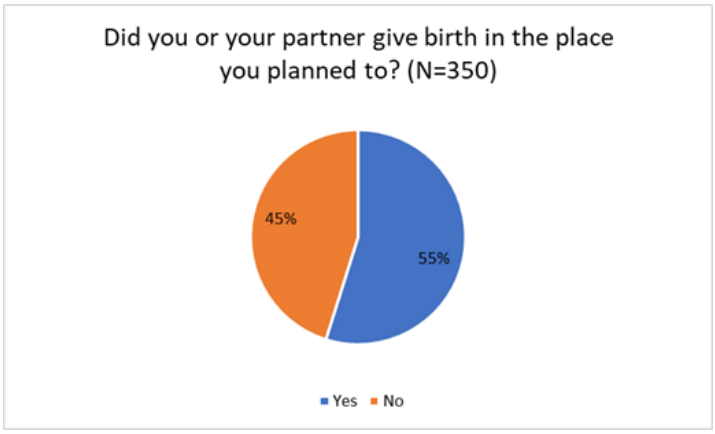


*Figure 2: Preferences for birth location*

- 55% (n=192) of people did give birth in their planned place of birth and 45% (n=158) of people did not give birth in their planned place of birth.
- Figure 16 illustrates the planned place of birth and the actual births per location, demonstrating clearly that the majority of births (75%/n=262) ended up taking place in Aberdeen Labour Ward[8].

[7] This could also reflect that people who had or planned a home birth had a particularly impactful experience and were more inclined to share about it and give feedback through the survey, in comparison to other groups.
[8] 2.9% (n=10) of people responded 'other' to place of birth and clarified in comments that their baby was born in the theatre at Aberdeen, or in one case in triage. These have been included together with labour ward births in Figure 15 for clarity.

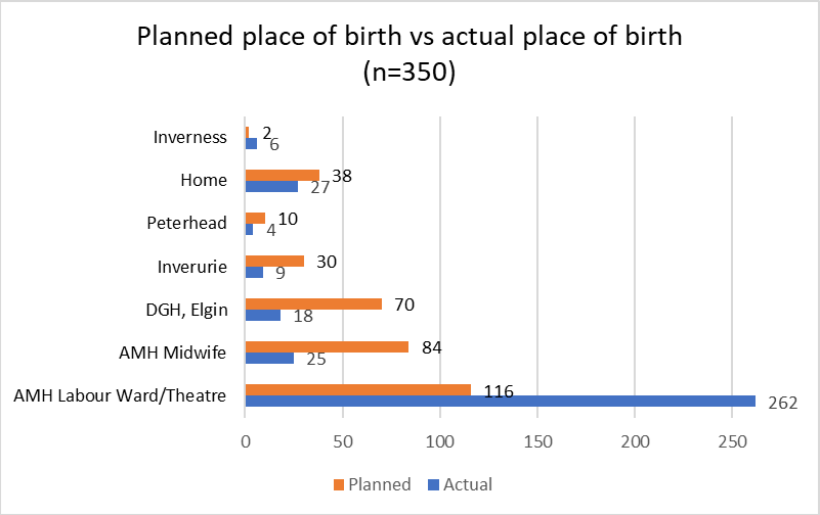


*Figure 16: Planned vs actual place of birth*

- There is also an increase in actual births in Inverness, presumably due to transfers from home births in Moray or DGH in Elgin.
- Interestingly, planned home births appear to have a higher success rate than planned births at any of Grampian's midwife led units (Elgin, Inverurie and Peterhead), illustrated in Figure 16. It would be interesting to see if this is also the case in NHS Grampian's transfer statistics.
- Figure 17 shows that 8% (n=27) of births happened at home, 7% (n=25) of births happened in the Aberdeen Midwife Unit, 5% (n=18) of births happened at DGH (Elgin), 2% (n=9) happened in Inverurie, 2% (n=6) happened in Inverness and 1% (n=4) happened in Peterhead.
- Interestingly, NHS Grampian quarterly stats from January – April 2022[9] showed that 245 births happened in midwife led units (15%), 22 at home (1%) and 1339 on the labour ward (83%) – this shows a similar pattern to our survey that the majority of births were on the labour ward, although we don't have annual data to inform this.

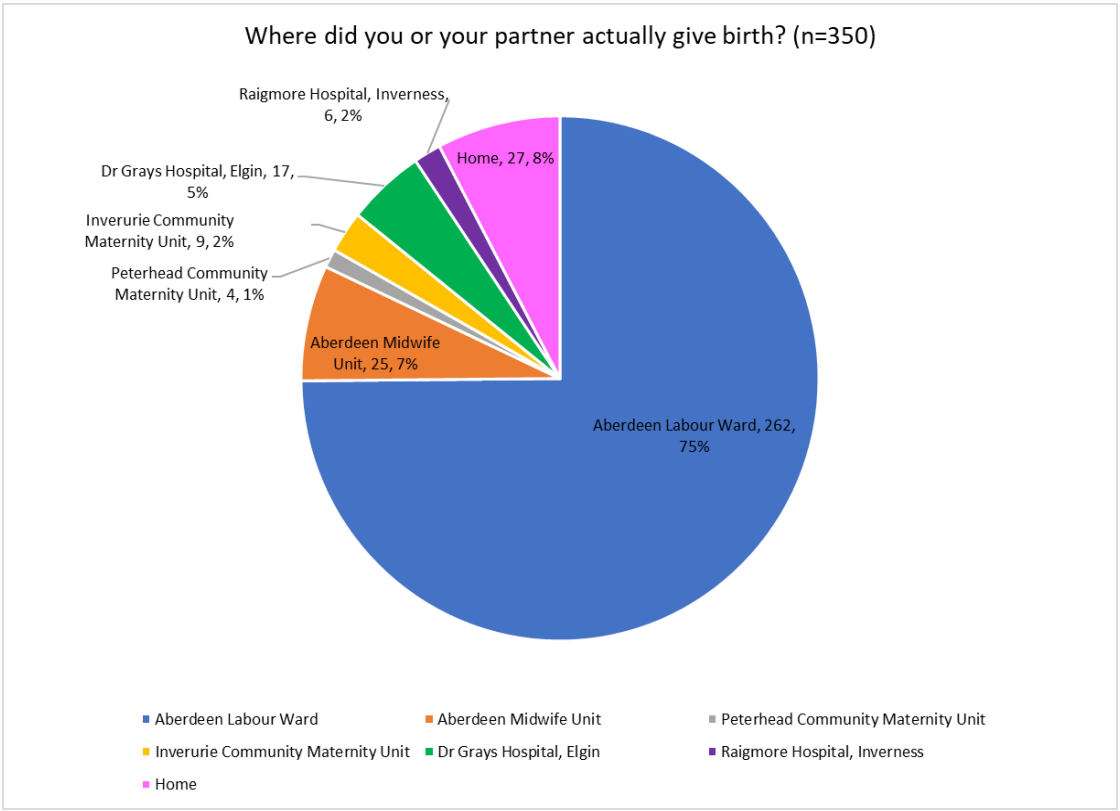


*Figure 17: Actual place of birth*

9

*Mode of birth*

- Figure 18 shows the different modes of birth – multiple options were available for this question so while it represents data from 350 births, multiple modes of birth could apply to one person's response.
- If the data is combined for planned and unplanned C-sections there were 142 C-sections which is higher than the number of spontaneous vaginal births (n=118). This aligns with monthly reporting from NHS Grampian which suggests an overall high c-section rate for the region. 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[10]. Nationally, 37.6% of births were c-sections (18.3% elective, 19.4% emergency) during the same time period[11].
- 59 of the C-sections from this survey were planned and 83 were unplanned.
- It would be useful to get a better understanding of why Grampian has a high C-section rate.
- It could be useful for NHS Grampian to provide monthly or quarterly data updates on induction of labour[12].This is reported nationally on an annual basis and from 2021 – 2022, NHS Grampian's induction rate was 26.5%[13].
- Currently inductions are grouped with spontaneous vaginal birth as part of monthly reporting which doesn't present an accurate picture. It would also be useful to understand how many inductions end in unassisted birth, assisted birth, and C-section.
- The number of water births is relatively low. Pools are available at AMH Midwife Unit, Peterhead, Inverurie (the pools have been broken for over two years) and Elgin (pools have been out of use at points) and often supplied by individuals at home births. However the majority of births in Grampian take place in AMH Labour Ward/Theatre which may be a factor in the low number of water births.

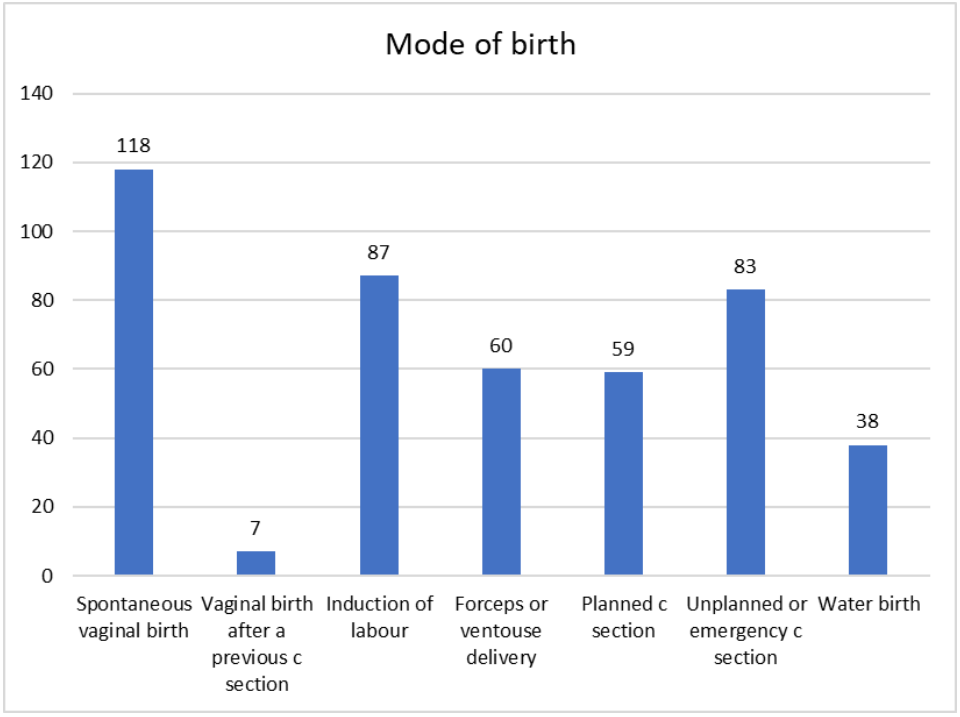


*Figure 18: Mode of birth*

**Feedback on care**

This section captures service user feedback on aspects of their care during labour and birth. Participants were asked to give a response on a scale of 1 to 5, with 5 being strongly agree and 1 being strongly disagree.

Responses generally skewed towards positive with between 47% - 65% of respondents strongly agreeing with statements. We do not offer a detailed analysis of these rankings in this section as we lack context. However the forthcoming section sharing qualitative feedback on birth experiences offers further context and insight into people's experiences. Below are a few bullet points summarising some findings as well as detailed charts showing responses to each question.

[10] https://publichealthscotland.scot/publications/births-in-scotland/births-in-scotland-year-ending-31-march-2022/ .
[11] The C-section rate was reported as 56% of Aberdeen births for November 2022 and 51% of Aberdeen births in December 2022.. It would be to get a clinical insight into why Grampian has a high c-section rate.
[12] We recognise there are different types and stages of induction so it might require more nuanced data than just an induction rate.
[13] https://publichealthscotland.scot/publications/births-in-scotland/births-in-scotland-year-ending-31-march-2022/

- 47% of respondents strongly agreed that they felt ‘staff had time to listen to me and my partner’ with 33% ranking this between neutral/not sure, disagree and strongly disagree. This suggests there may be room for improvement in this area.
- Tailored or individualised care is another area with a broad range of responses, with 51% of participants strongly agreeing that they were treated as an individual with care tailored to their own needs.
- Positively, 65% of birthing persons strongly agreed that they were treated with respect and 60% of respondents strongly agreed that partners were treated with respect.
- There were a range of responses to questions about being supported to make informed decisions (52% strongly agreed) and receiving clear, balanced and easy to understand information during labour and birth (54% strongly agreed).

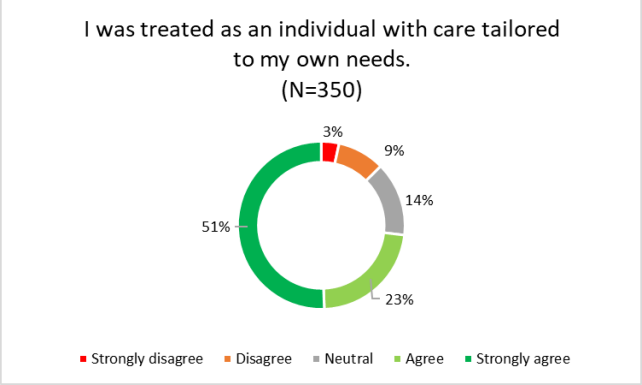


*Figure 3: Individual care*

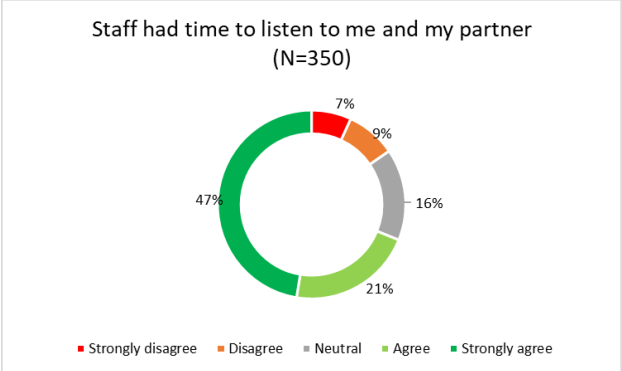


*Figure 204: Listening*

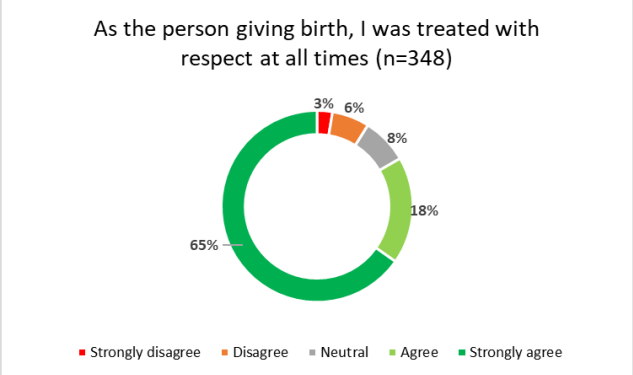


*Figure 51: Respect for birthing person*

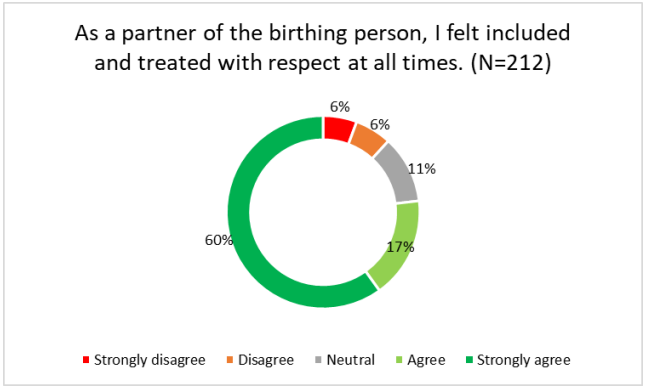


*Figure 62: Respect for birthing partner*

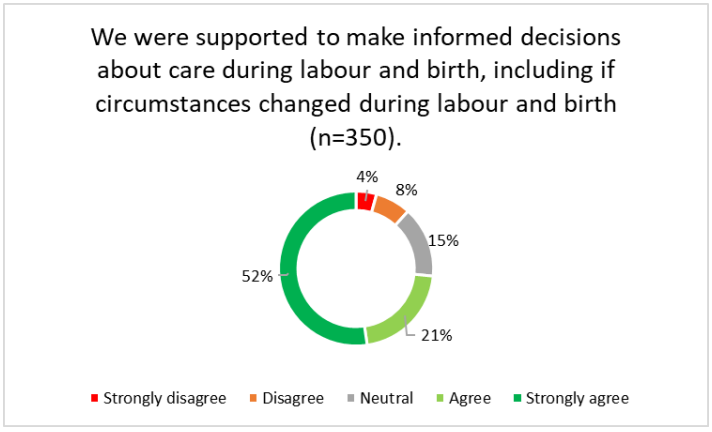


*Figure 73: Informed decision making in labour and birth*

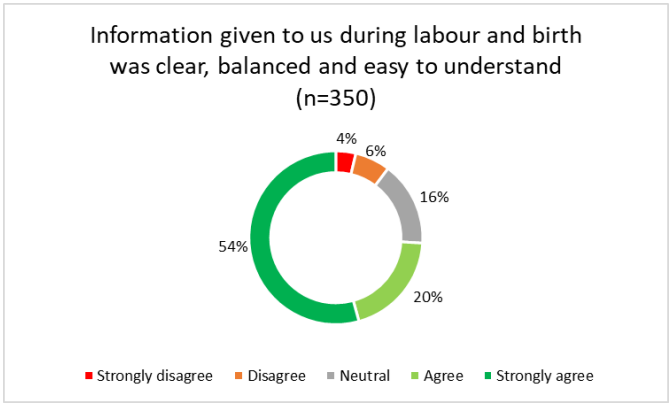


*Figure 24: Information during labour and birth*

**Impact of Covid restrictions on birth experiences**

115 people (30% of total respondents) chose to respond to this optional question and 97 of the responses relate to experiences in Aberdeen especially around induction of labour or C-section. The majority of feedback (n=58) related to the **negative impact of visitor restrictions or limitations on the number of birth partners allowed**. This was followed by comments on the following themes**: masks/Covid testing or other restrictions impacted birth experiences negatively** (n=14), **Covid had no impact** (n=14), **Covid restrictions led to better care** (n=8), **changing Covid restrictions caused stress and anxiety for expectant parents** (n=8), **poor quality of care during Covid** (n=8) and **communication issues** (n=4).

The feedback on visitor restrictions and birth partners covered 2020 – 2022, suggesting that there continued to be impacts across this whole period despite restrictions changing over time. Partners not being allowed to be present during labour and lack of visitors were key concerns from people who gave birth in 2020 and 2021. Being refused a second birth partner was a key impact from 2022 with reported mixed information on this (i.e. being told they could have two birth partners when pregnant then refused when in labour). Limited visiting hours and changing rules on

when a birth partner could support the birthing person was an issue across the whole time period. This had a particular impact on people who had to travel long distances to access maternity services.

> *39. "My partner had to sit outside in the car park for 3 days while we waited for a space on labour ward. We were 1.5 hours away from home and in the height of a lockdown so he had nowhere to go" – 2020 birth experience, person from Moray attending Aberdeen for an induction.*

> *40. "Covid restrictions meant that I had to go into the hospital myself to have the balloon fitted, for every sweep I was by myself and I was told my partner would only be allowed in once I was in active labour. This was really scary being my first baby. He then got 1 hour with us after our baby being born and he had to leave us in the hospital for 2 days. This made the whole experience really difficult for me" – 2020 birth experience*

> *41. "Ruined my experience as a first time mum. My baby and I had to stay in for 3 days due to complications during which my husband didn't get to see either of us. No one could visit me, I was offered minimal support on the ward. Really tough." – 2020 birth experience*

> *42. "We were only allowed one birth partner and it really negatively affected us during the hours after birth. I had to be taken back into surgery which left my partner stranded by self for six hours with little information and caused a lot of lasting trauma for us both. If just one other person was allowed in at that point he could have been more reassured and felt much more supported." – 2022 birth experience*

Some people felt health care staff had negative perceptions of treating Covid positive patients which in turn impacted their birth and postnatal experience:

> *43. "I could hear midwives in the corridor talking about not wanting to come in to the room. That was very upsetting and isolating after a traumatic birth." – Covid positive parent, 2021*

> *44. "I also felt like many staff did not want to work with me due to having covid and so much of my care came from student midwives rather than fully qualified midwives. We also missed out on a lot of information post-natal as we were in isolation." – Covid positive parent, 2022*

> *45. "I was forced to do a Covid test during my pushing stage because my temperature spiked, and the midwife demanded she do it rather than me do it myself which added to my distress and made me sick when I had spent hours trying to get my fluids up with IV drips. I feel this ate into my pushing time and contributed to needing intervention." – 2022 birth experience*

Multiple people commented that having their partner wear a mask or having to wear a mask themselves in active labour was an unpleasant experience and made it hard to communicate. Anxiety about different scenarios was also an issue with people commenting that not knowing what would happen and having to plan for multiple scenarios in relation to changing Covid rules and restrictions on birth partners was very stressful. A couple of people commented that the Covid restrictions contributed to their decision to have a home birth.

Some people found visitor restrictions created a positive experience for bonding with their baby and highlighted receiving excellent care during this difficult time:

> *46. "I actually quite enjoyed the restriction of only 2 visitors/only 1 at a time. It meant myself and partner could enjoy the time with baby ourselves without pressure of visitors which I found particularly good when I was trying to breastfeed."*

> *47. "The midwives stepped up, and really took care of me"*

> *48. "My husband was not permitted to accompany me to the postnatal ward but the midwives in recovery were fantastic at giving us as much time together as possible."*

**Qualitative feedback on birth experiences**

There was a huge amount of data generated around birth experiences from two questions - 153 people (40% of total respondents) chose to give additional optional feedback on birth experiences and 222 people (58% of total respondents) chose to respond to an optional question about what one thing they would change about their birth experience. We have sorted this data by theme and begin by sharing very positive experiences before moving onto areas of challenge.

*Positive feedback*
69 people used the opportunity to give positive feedback on their experiences, this was particularly focused on the staff who cared for them during labour and birth. The following word cloud (Figure 25) captures the words used to describe care highlighting what people valued about the care received from staff during labour and birth. The words that are larger are the words that were used the most times in responses.


*Figure 258: Words used to describe positive care during labour and birth*

As well as the 69 responses noted above, 22 people responded later to share that there wasn't anything they would change about their birth. These experiences related to different places of birth including home, midwife led units and the labour ward. There were multiple comments naming and thanking specific individuals for their care who we haven't been able to name here for confidentiality purposes. We share some of these positive birth experiences below in the words of survey participants:

**Labour ward experiences**

*49. "The staff were all so supportive and amazing, great communication, so, so supportive with breast feeding, I did really feel for them at times as they really could be doing with having more staff to support new mums and families"*

*50. "The team did absolutely amazing and we will never forget how supportive they were. Even with how busy the ward was, they did an amazing job. Especially the student midwives, they were absolutely brilliant!"*

*51. "After a traumatic experience in my previous labour I was anxious at having a second C-section however the theatre nurse and anaesthetist were so supportive and informed me of what was happening at each step which made me feel in control and calm throughout the experience."*

*52. "The theatre staff in particular went above and beyond for me at a time when I was extremely anxious due to my previous experience."*

*53. "All staff members in Aberdeen were fabulous and so friendly and approachable. I was anxious about going to the labour ward and would have preferred a smaller local hospital but was worried re getting transferred in an emergency. The staff in my local unit are all so kind I didn't think I could get the same experience in a bigger, busier hospital. I was wrong!! The anaesthetists were so friendly.*

*The midwives were amazing and we were never left alone. Nothing was too much trouble for anyone - my husband was also kept fed and watered! The aftercare from the staff was also brilliant and the involvement of the infant feeding team was great as I have been able to successfully exclusively breastfeed, which was what I wanted to do."*

**Home birth experiences**

*54. "The community midwife team were fantastic and I had a really magical and special home birth."*

*55. "The home birth team were outstanding, they honestly made me birth experience amazing. I could have had such a different experience if the midwives weren't so accepting of my birth plan and wishes."*

*56. "I chose to have an unattended birth due to the stress I had been put under during my pregnancy by some midwives and hospital staff. The midwives who we invited into our home shortly after the birth were wonderful and respectful."*

**Midwife led unit experiences**

*57. "Everything went perfect. The team at Inverurie were fantastic and followed my birth plan - they went above and beyond."*

*58. "The midwives at Elgin were amazing and treated not only me but my husband too with so much dignity and respect. They got me through labour and the aftercare was amazing. Couldn't have done enough for me and my baby".*

**Complex birth experiences**

*59. "All the care I received from everyone at Elgin and Aberdeen was outstanding and the ambulance paramedics were great too. The level of communication was excellent and very clear throughout and I always felt informed and that the situation was always under control and I felt confident with how my labour and birth progressed."*

*60. "We had planned for a vaginal birth but due to high blood pressure I had to be induced, labour didn't progress well so I had an epidural then finally a section as baby was in distress. Although this wasn't our planned birth all staff members were amazing and kept us constantly updated which kept us calm. So I wouldn't change anything as we have our beautiful healthy baby."*

*61. "We had a difficult termination for medical reasons previously and this was taken into account during birth, the kindness shown by all staff was so considerate."*

*Improvements/challenges*

The 222 responses on one thing that people would change about birth experiences have been reviewed and responses have been sorted into 10 broad themes[14]. The first 5 themes will be explored in detail and the others will be summarised more briefly.

1. **Communication (17%)**
2. **Giving birth closer to home (15%)**
3. **Presence of partner/additional birth partners (15%)**
4. **Induction of labour (9%)**
5. **Difficult transfers (8%)**
6. **Wanted different type of birth (8%)**
7. **Quality of care (7%)**
8. **Birth environment (5%)**
9. **Long waiting times (3%)**
10. **Staffing issues (3%)**

These themes were repeated in the other qualitative question about birth experiences, so relevant information from those responses will be included in the summary of each theme.

[14] As noted earlier, 10% of people said they would change nothing about their birth experience as it was very positive and this feedback has been captured in the section on positive feedback.

One additional theme emerged from the question on additional feedback on birth experiences - this was about people feeling that they received **generalised care which did not always account for their individual circumstances or preferences** so data on this theme will be shared too.

*Area for improvement - communication*
17% of respondents **highlighted issues about communication, being listened to and not feeling informed enough to make choices during labour and birth (**n=38). This is worth considering in the context of the high percentage of births that end up taking place in Aberdeen on the labour ward with more medical interventions. This included communication about risks and options during labour and birth, with partners and the birthing person. Inclusion of partners was a key point made by several respondents.

> *62. "I felt things weren't explained and I was directed to what would happen next which wasn't quite as I wanted. Nobody explained why we had to deviate."*
>
> *63. "I wanted to be included in it. My midwife had a full conversation with my spouse over the top of my head while I was in 2nd stage and the baby was starting to go into distress. I wanted to be guided through what was happening to me and this did not happen."*
>
> *64. "Doctors discussed medical issues in front of partner (they were brainstorming what was wrong with me in the white board in front of him) - my partner listened and worried things were going very bad and he is still traumatised."*
>
> *65. "My husband felt that communication with him could have been better when the decision was made for me to go to theatre. He was told about me going to theatre and given scrubs to put on, but feels he could have benefited from a bit more information on why and what was going to happen (especially as an anxious first time dad)."*

Several people also commented that they didn't feel prepared for the different eventualities of birth and labour, such as ending up with a c-section when planning a vaginal birth and not knowing anything about c-sections. This perhaps links back to antenatal information/preparation. Some respondents had fast labours or wanted to come into hospital to be checked but were told to wait or felt their situation wasn't understood well by staff, impacting negatively on their birth experience.

> *66. "I was told not to go in when my contractions were 4 minutes apart as it was my first baby even though I was in intense pain . Got to [birth unit] and was fully dilated, no pain relief, nothing, it was scary for a first time mum"*
>
> *67. "[I wish] that I was listened to more at the beginning when I called to say my waters had broken I was told to call again when contractions were under way. I called triage when they were well underway as I had a bleed and had been very sick. They told me this was normal and that I shouldn't come in until I had 3 contractions in 10 minutes. I pushed against this because I felt that something wasn't right. Eventually they reluctantly said I could come in and be checked since I was a first time mum but I'd likely be put home until it was time. When I went in I was left for quite some time in triage and when finally examined I was 9cm dilated and it was a mad panic and rushed through to labour ward very quickly."*

Listening to and respecting birth preferences including preferences for pain relief was highlighted by several respondents too as an area for improvement.

> *68. "[I wanted] to have been able to say I wanted to be upright when I was having my baby monitored. I didn't think this was an option so lay still and on my back for the first couple of hours of labour."*
>
> *69. "I would have liked my wishes regarding pain medication to be listened to, it felt as though natural birth was the option being pushed upon us."*
>
> *70. "Should have midwives trained to be more sensitive to birth preferences, supporting and comforting"*

Another issue raised was poor communication between staff in the same or different maternity units impacting individuals who received mixed messages or had their plans changed at the last minute. There were also delays or confusing communication relating to planned c-sections and induction of labour.

*71. "The community midwife and hospital midwife had different views. Which I just wanted them to agree to a plan on if needed or didn't need stitches so I could get on with my baby."*

*72. "Had to travel from Moray for c-section. First day told to be at hospital for 11am. Phonecall at 0930 that it had been cancelled, we were already half way to hospital. Told to be there at 12pm next day. Phonecall at 0700 asking why I wasn't at hospital yet as I was first on the list. Got to hospital for 1030 to be told at 1300 I was likely to be cancelled again. Both days I had starved since 0400. While I appreciate that emergencies happen and that no one wishes to cancel cases the lack of communication made the situation extremely stressful. We were very new to the area and so were reliant on family flying in for childcare. Once I was told my c-section was going ahead, my care was exemplary."*

*73. "I think there needs to be better communication and cooperation between Elgin and Aberdeen, it should not leave parents feeling like a burden or uncertain about what will happen when"*

*74. "There was a disagreement between the ambulance staff that took me to Aberdeen and the midwives at my house with regards to which hospital I was to be taken to. There should be a process for this and it shouldn't have required them making my husband chose where I went, despite the midwife having phoned Inverness and being told there were no beds for me."*

*75. "I had planned to give birth in Elgin but the consultant changed it to Aberdeen due to baby measuring big for gestation on a growth scan. I went into spontaneous labour right after the scan so I phoned Elgin to see if they would reconsider and let me give birth there. I thought since my baby was measuring 8lb15oz that day at 39+5 that it would not have been unmanageable for Elgin. However they insisted that I stick with Aberdeen. Turns out the growth scan was very inaccurate and the baby was 7lb10oz. When I arrived at triage in Aberdeen they looked at my notes and apologised as I should only have been referred through to Aberdeen if baby was measuring above 95th percentile which they were not. Seems to be conflicting advice between Elgin and Aberdeen, resulting in unnecessarily having to travel to Aberdeen. I was able to give birth in the midwife led unit in Aberdeen as they considered my birth low risk whereas Elgin were classing it as high risk requiring induction."*

*Area for improvement – distance to place of birth*

**Distance to travel to place of birth** was a key issue raised by 15% of respondents (n=33). This links closely to feedback on difficult transfers which is covered later. This topic was typically raised by respondents from Moray (n=31) but also by two people from Aberdeenshire who ended up travelling to Aberdeen rather than their preferred option of Inverurie or Peterhead. Respondents highlighted additional stress and anxiety relating to the length of journey as well as financial costs and logistical challenges around childcare.

*76. "I would have liked to be closer to home, living in Moray and my partner travelling back and forth to Aberdeen/staying in hotels for a whole week while I was in hospital was added strain that was not needed"*

*77. "Would change having to travel for 1.5 hours in the car with my husband driving whilst experiencing labour pains."*

*78. "I wish I had been able to have my elective section in Elgin. It was so tough being in Aberdeen for over a week when I also had a 1 year old at home. My husband was driving to Aberdeen and back every day and it was a very stressful time for everyone, not to mention the financial implications."*

*79. "Travelling two hours each way for every visit or appointment was exhausting and financially expensive"*

*80. "The fact that I had to drive back and forth to Aberdeen 3 times was painful and tiring. I got an induction using the balloon and it was so painful. It was difficult sitting in the car for an hour home to after getting it put in. When I went back to get it taken out I did not understand why I then was sent home again for a night. I had packed my bag and was under impression I would be going to the labour ward. We then drove back a 3rd time."*

They also talked about potential risk of lengthy journeys or something going wrong. Two respondents commented they had opted for a planned c-section due to uncertainty about place of birth.

*81, "There were two points during labour that I potentially had to be transferred from Elgin to Aberdeen, however, due to the speed of the labour this was not a practical option. Leading to the feeling that my situation was risky"*

*82. "I would have loved to have the option to safely give birth in Elgin. But with all the uncertainty I felt too scared to try this as I did not want to travel to another hospital while in labour and was scared about what losing the life and limb service meant for me and my baby so I opted to have a planned c-section."*

*Area for improvement – birth partners and visiting*

15% of respondents (n=33) talked about the **presence of birth partner and issues with visiting and the number of birth partners** – this topic is covered in some detail in the previous section on the impact of Covid restrictions so won't be repeated here, but it is worth noting how strongly people feel about this and how important partner support is during labour and postnatally.

*Area for improvement – induction of labour*

9% of people (n=20) commented that they would have **delayed or declined induction of labour (9%).** There were an additional 9 comments on this in the other qualitative question on birth experiences as well**.** There was extensive feedback about induction not being well explained and not knowing what an induced labour actually meant until after they had accepted induction (not realising it meant continuous monitoring, not being able to use the pool, limited mobility in labour). Several respondents also said they felt induction was pushed early on but they would have preferred to wait before accepting an induction or to have declined and wait for spontaneous labour. Six people commented that they felt pressured and didn't feel they made an informed choice about induction. One person mentioned the oxytocin being turned up without their consent. People also mentioned long waits between cook balloon insertion and removal/falling out. Some people also commented that they would have liked an informed choice including considering C-section rather than induction.

A key point raised by multiple respondents was communication about when induction was available, noting that messages from doctors about induction being urgently needed contradicted the reality of often waiting days for an induction and dates changing, causing stress and worry for expectant parents. Some quotes on induction experiences are captured below:

*83. "It should be made clear when induction is booked that the day you are given to be induced is likely to change and a more realistic estimate provided. I had to wait 6 days after the date I was given to be called meaning I barely slept awaiting a call and the additional stress as I was told that there could be complications the nearer I got to my due date - I was called the day before my due date"*

*84. "I would have really liked to allow my baby to be born in their own time but with the stress of the inconsistency of care/ mixed messages of the last 2 weeks of my pregnancy I became so anxious that I was endangering my baby (especially following a previous loss) that I couldn't cope any longer so reluctantly accepted induction of labour despite my body showing no signs of labour whatsoever- I may as well have opted for a planned caesarean which would have been safer for me and my baby, but I didn't take my decision on opting for major abdominal surgery lightly. A consultant had told me weeks previously that induction when showing no signs of labour was highly likely to end in caesarean and they were correct in my case."*

*85. "If I could do it all again I would not travel from Moray to Aberdeen for 3am to be induced as requested- I was phoned at 11pm just as I had settled down to sleep and was absolutely exhausted having them been up all night which isn't ideal for going into a potentially long labour. I was also almost in tears with the pain of travelling in the car at 42 weeks pregnant with no access to toilets with everything being closed in the middle of the night. The journey was longer than normal with*

*convoy vehicles en route as there were major roadworks for miles. I feel it is inappropriate and unfair to call Moray mums to travel through in the middle of the night. It was a horrible start to my birth experience."*

*Area for improvement - transfers*

8% of people (n=18) commented on a **difficult transfer** from one location to another (typically to the labour ward in Aberdeen). This primarily affected people travelling from Moray (n=14) but there was some feedback from Aberdeenshire as well. One person also commented that they were transferred from the midwife led unit in Aberdeen to the labour ward with no explanation as to why. There were also some transfers to Inverness and one person noted that NHS Highland had issues accessing their maternity notes. Transfer issues included partners having to follow behind ambulances which caused anxiety and was stressful for birthing persons (one Moray mum described this as 'traumatic'), lack of pain management during the transfer, and anxiety about giving birth in the ambulance or on the journey. There were also comments about being discharged from Aberdeen after a C-section and enduring a long journey home without sufficient pain relief.

*86. "I was transferred 10 cm dilated and actively pushing. It was painful, scary and haunted me for a long time afterwards."*

*87. "I was 5 minutes away from going to Aberdeen. Within that 10 minute phonecall to see if I could be transferred, I became fully dilated and ready to push. My baby was born within the next 20 minutes. I would never have made it to Aberdeen had that been the decision. Very scary times to know that that would have been my only option, to have a baby at the side of the road. Throughout my pregnancy it was my biggest concern. I was told throughout my pregnancy that although I was on the pathway to be Elgin that if anything happened during labour I would be transferred is not what you want to hear. You want to be in the best place possible. It was an added stress to an already stressful situation".*

*88. "I had to be rushed in a blue light ambulance at 7cms to Aberdeen as my baby had pooped in their waters. I just wish Elgin was able to deal with it as I would have loved to have given birth there and it would have made things far less stressful for my partner and I. Myself and my midwife genuinely thought I was going to give birth in the ambulance."*

*89. "I was transferred to Inverness due to floods at Aberdeen. The ambulance team was unfamiliar with the hospital so didn't know which door to go to so I spent a bit of time labouring in the car park after being strapped to a stretcher in an ambulance for 45 mins. Not very dignified. It took a while to access my notes as I was from Grampian, this involved 3/4 people huddled around the computer in my labour suite with me feeling like a bit of an inconvenience. Again not very dignified."*

*90. "During the ambulance transfer, despite me saying contractions had slowed down and baby's movements had reduced, the midwife with me said she wasn't allowed to check baby's heartbeat as she wasn't allowed to take her seatbelt off and assess with the Doppler. This made the transfer more traumatic as I was genuinely worried that by the time we got to Aberdeen there may be no heartbeat. This was extremely traumatic."*

Multiple people said that the care once they arrived in Aberdeen was excellent despite the journey and transfer being very difficult, such as the partner quoted below:

*91. "After a very stressful journey through to Aberdeen (1.5 hrs drive on a good day) in a heightened state of worry due to being separated from my wife with her travelling in an ambulance after being transferred due to no longer being on the 'green path'. I arrived in Aberdeen and was treated very well, accommodation was found within the hospital to allow me to stay close while we went through the labour.*

*Having to travel to Aberdeen was not in our original plan and this meant that while going through a difficult birth that took several days away from home meant that we were isolated from family and having to deal with the emotional rollercoaster on our own and had to be separated overnight due to visiting hours on the wards meaning I had to leave my wife and eventually my baby on their own, this was especially difficult once the baby had been born and we were both learning how to look after them and my wife was recovering from an emergency c-section and was left alone to look after*

*our new baby in a busy ward filled with several new babies. This meant that my wife got very little sleep as each time one of the babies woke up the rest of the room would cascade. Fantastic feeding support in the ward. And fantastic support in the labour ward from all the staff, we were not following our original plans anymore and were consulted and given all the information to make an informed decision each time something changed." – Partner from Moray about an Aberdeen birth*

*Area for improvement – individualised care*
23 people made comments that linked to the theme of **generalised care rather than individualised care** (in the optional qualitative question on additional feedback). Common themes included not being allowed preferred pain relief/having an unwanted pain relief option pushed, being told they had to have certain interventions or feeling coerced into interventions and staff neglecting to read or respect birth plans and preferences (or being aware of past traumatic births). This topic links to the theme around communication and ensuring birthing persons are able to make informed decisions about their own care.

*92. "I had decided against a cook balloon and come to Aberdeen for the pessary. The midwife we had in triage was very pushy trying to make me change my mind and give me a cook balloon and send me back home to Moray. Kept saying "I'll let you think about it" and leaving the room. I was in tears at one point."*

*93. "I feel I ended with an emergency c-section due to not being fully informed of my rights and options available to me. Not being supported by midwives in labour to be able to move to help open pelvis, was just stuck on my back"*

*94. "The midwives in triage and then labour ward were ridiculously pushy for me to take induction drip. I resisted at first and laid out my reasons why (VBAC and risk of scar rupture). My decision was not respected, they kept at me until they coerced me into it. Felt like I had no option. I was getting on fine, and baby too, it was like they just wanted to speed things up for their own entertainment."*

*95. "The midwife we had made us feel like we were a nuisance at all times. And didn't listen to our needs or requests at all."*

*96. "Had major post-partum haemorrhage and had to go to Aberdeen. Was shocking experience, highly clinical, staff attempted to do procedures on my baby without my consent and back me into treatment I didn't want without providing rationales as well as trying to allow 8 students into the cubicle with me after I'd been awake for 2 days and had an emergency transfer after I'd just had a baby. I told the consultants to get them out but had to fight with the nurse for this to be honoured"*

*Additional areas for improvement – type of birth, quality of care, birth environment, waiting and staffing*
The other five broad topics raised by survey respondents were as follows and feedback is summarised briefly below:

- **Wanted different type of birth (8%):** 18 people said they had wanted a different type of birth – interestingly one third (n=6) of these comments related specifically to water birth and highlighted the issues with access to water birth at multiple NHS Grampian facilities such as Inverurie (at the time of writing the pools are not in operation) and Elgin (the pools are currently in operation after being briefly out of action). People were disappointed that the pools were unavailable and were not an option, noting they felt it was important to restore access to the pools. There were a couple of comments that continuous monitoring should be available in the pools to increase the number of people who could access a pool birth. Other comments related to surprise breech births, wanting a C-section (three people said they felt forceps delivery was pushed by staff but would have preferred a C-section and didn't feel this option was available), wanting skin to skin after birth, wanting a home birth and wanting a freebirth. As noted in the following section, there were also several respondents who said they felt pressured into a C-section.
- **Quality of care (7%):** This came up in both questions, with 35 total comments on this topic. This was a broad category which included a range of issues such as pain relief being unavailable/not working properly/long waits, the way in which medical procedures were done (for example, two respondents said they had been internally examined without consent), the attitudes and behaviours of caregivers, feeling that mode of birth was not an informed choice (three respondents said they felt they were pressured into a C-section due to staff shortages/staffing issues rather than their own choice). There were also comments linking to the theme of people feeling like they received generalised rather than individualised care which have been analysed in more detail above. Triage was the area that was mentioned as having the most issues with examples of being

stuck in triage until just before the baby was born or not getting support from staff in this busy area. It is important to note that this survey only captured a few sentences of feedback from each individual and we lack further context to understand these examples or identify any broader issues about care. We encourage anyone who has concerns or complaints about the quality of their care to contact NHS Grampian directly with feedback.

- **Birth environment (5%):** This included comments on heating, quality of hospital rooms, food and other environmental factors, typically relating to hospital or midwife led unit births.
- **Long waiting times (3%):** This mainly related to triage but also some comments on induction of labour and C-sections.
- **Staffing issues (3%):** This related to short staffing or lack of support from staff.

## 6. Postnatal care

This section shares feedback from the survey on postnatal care, including statistics, feedback on how participants felt about care and qualitative responses on key themes or issues that were important for participants to share.

### Postnatal statistics

113 respondents responded to our question about postnatal experiences, illustrated in Figure 26 – some may have responded to multiple factors. It's notable that 41 respondents needed mental health support but not all of them received this. There were also a high number of referrals to the tongue tie clinic. The following sections on qualitative feedback cover any additional comments on these experiences in further detail.

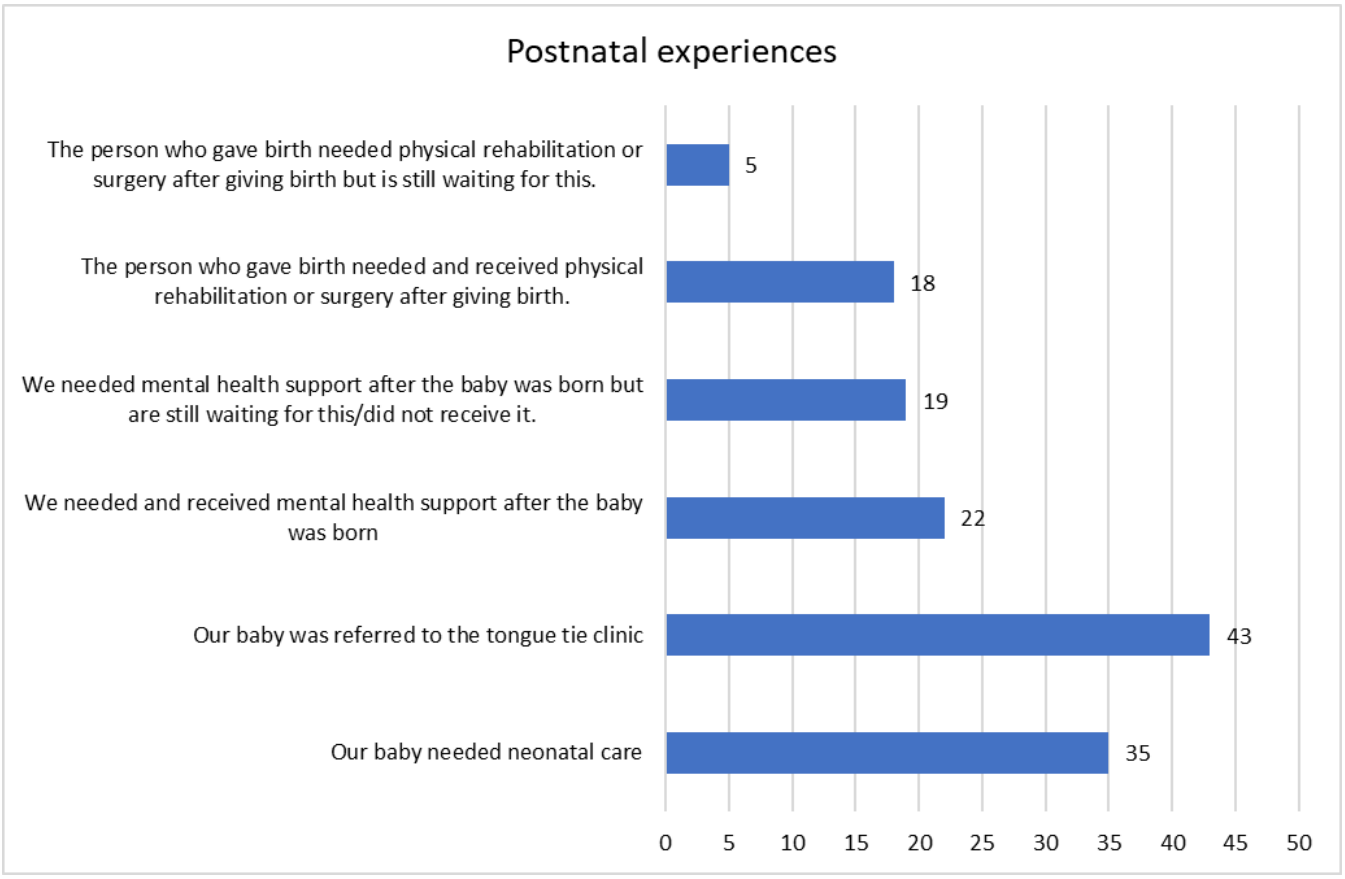


*Figure26: Postnatal experiences*

### Care on the postnatal ward

This section captures service user feedback on aspects of their postnatal care on the postnatal ward at AMH or a midwifery led unit. Service users were asked to give a response on a scale of 1 to 5, with 5 being strongly agree and 1 being strongly disagree. These questions were answered by between 174 – 307 respondents and the number of respondents per question is indicated in the charts[15].

We do not offer a detailed analysis in this section as we lack context but the forthcoming section sharing qualitative feedback on postnatal experiences offers further detail on people's experiences. Below are a few bullet points summarising findings as well as detailed charts showing responses to each question.

- Responses here are less positive than feedback about antenatal and birth care, suggesting postnatal care is a key area for improvement.
- Only 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. While 48% of people strongly agreed they were supported in their infant feeding choices, only 34% strongly agreed that they actually received sufficient infant feeding support on the postnatal ward (13% strongly disagreed and 17% disagreed with this statement suggesting it is a key area for improvement).

[15] This range is likely because not all participants received care on the postnatal ward, i.e. home births, and also that some questions are about partners.

- There also seems to be a gap in terms of including partners in infant feeding – 24% of participants strongly disagreed that partners were included and informed about infant feeding and 11% disagreed, with only 32% strongly agreeing.

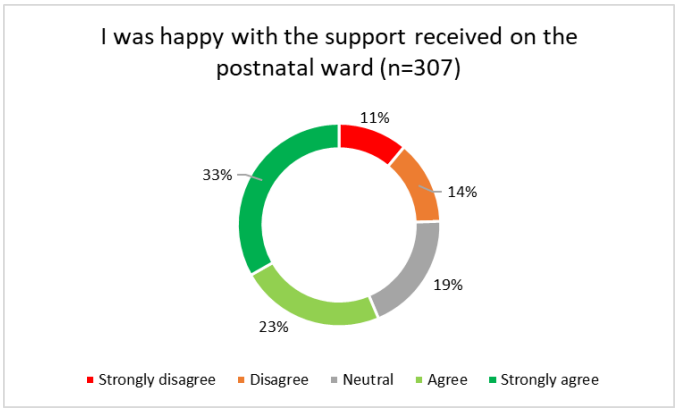


*Figure 27: Support on the postnatal ward*

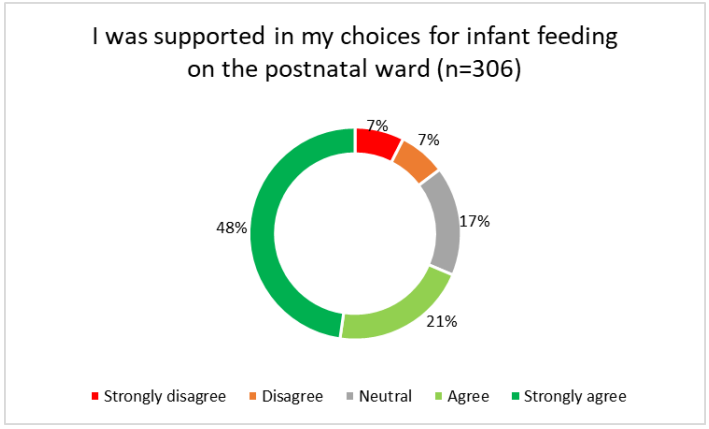


*Figure 289: Infant feeding choices on the postnatal ward*

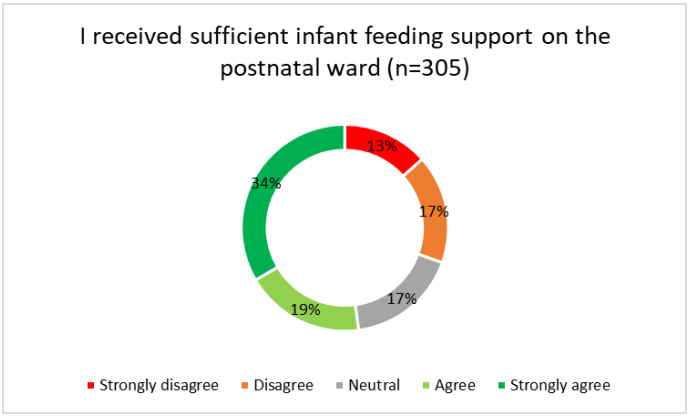


*Figure 29: Infant feeding support on the postnatal ward*

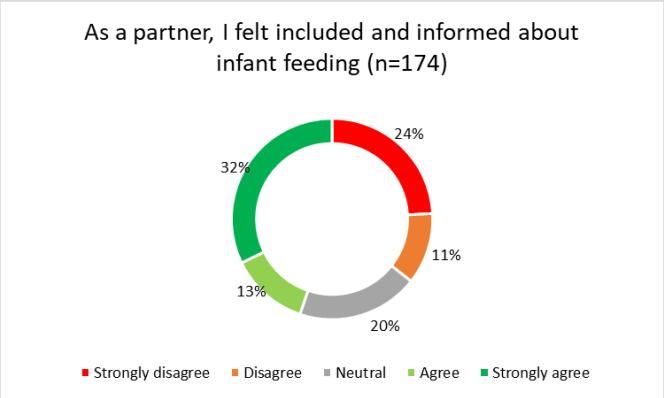


*Figure 30: Partner inclusion in infant feeding*

### Care in the community

This section captures service user feedback on aspects of their postnatal care at home from community midwives and health visitors. Service users were asked to give a response on a scale of 1 to 5, with 5 being strongly agree and 1 being strongly disagree.

We do not offer a detailed analysis in this section as we lack context - but the forthcoming section sharing qualitative feedback on postnatal experiences offers further insight into people's experiences of postnatal care in the community. Below are a few bullet points summarising some findings as well as detailed charts showing responses to each question.

- Community midwife support at home was generally seen as extremely positive with 60% strongly agreeing that they were happy with the support received and 19% agreeing with this statement.
- Respondents felt there was strong support for infant feeding choices at home with 63% strongly agreeing that they were supported in infant feeding choices and 18% agreeing.
- The responses about postnatal care in the community were notably more positive than responses to the same questions about the postnatal ward.
- Respondents felt there was less actual support for infant feeding at home, although responses were generally positive (53% strongly agreed that they received sufficient infant feeding support at home and 20% agreed). This is notably more positive than the same question about support on the postnatal ward (19% more strongly agreed there was sufficient infant feeding support at home compared to on the postnatal ward).
- These responses suggests that postnatal care in the community is key for infant feeding support for new parents.
- Respondents were broadly positive about health visitor support at home in the first few weeks with 54% strongly agreeing that they were happy with this support and 18% agreeing. However the qualitative comments discussed later share feedback and challenges with the health visitor service more broadly.
- Mental health support appears to be an area for potential improvement with only 49% strongly agreeing they received sufficient mental health support from health visitors and midwives. It is important to note that the most appropriate course of action could be making referrals to more specialised services as the role of health visitors and midwives is not to provide extensive mental health support.

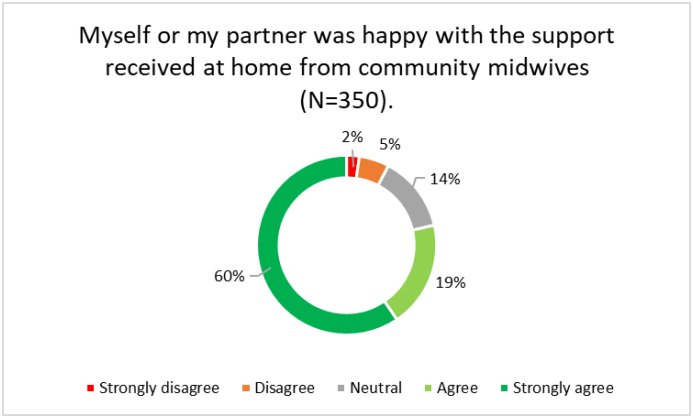


*Figure 31: Community midwife postnatal support at home*

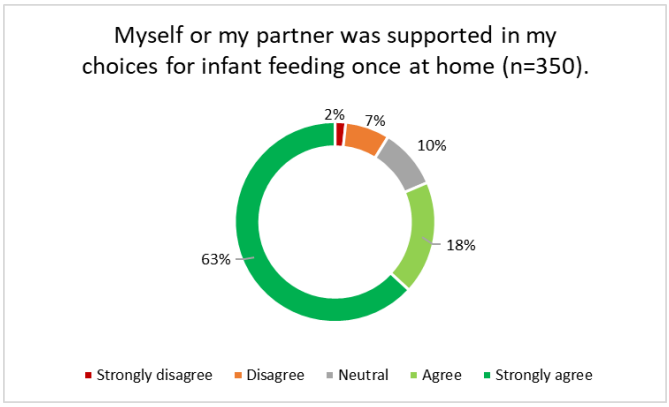


*Figure 32: Support for infant feeding choices at home*

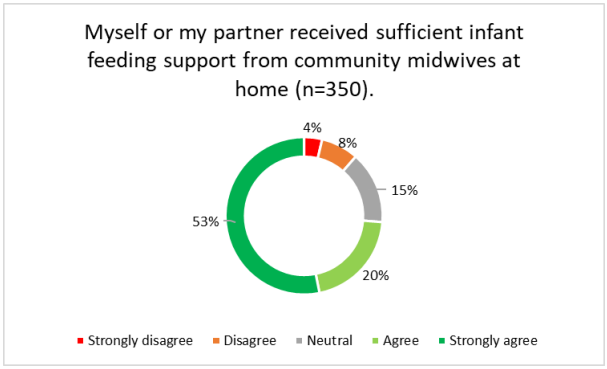


*Figure 33: Support for infant feeding at home*

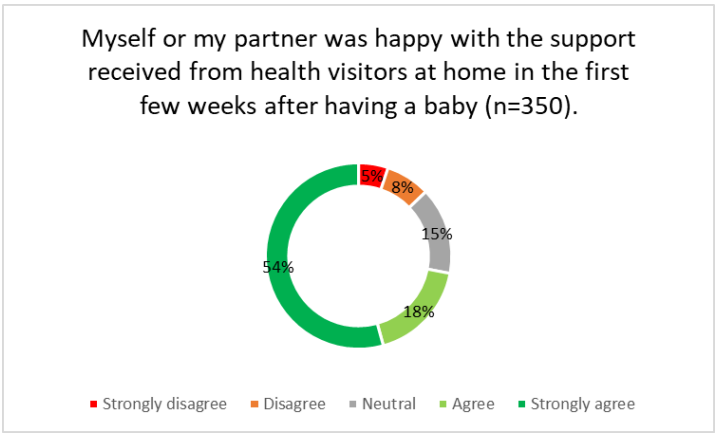


*Figure 104: Health visitor support at home*

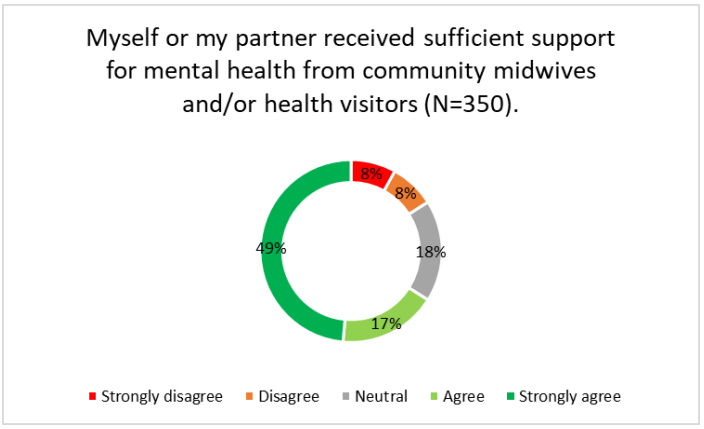


*Figure 35: Mental health support at home*

**Impact of Covid restrictions on postnatal care**

82 people (21% of total respondents) chose to respond to this optional question. The three most repeated themes related to **health visitor support** (n=23), **partner visiting** (n=18) and **infant feeding support** (n=13). There were also comments on **good care** (n=8), **no impact from Covid** (n=8) **poor quality of care** (n=7), **mental health** (n=4) and **impact of Covid restrictions** (n=2).

*Health visitor support*

Limited or no visits from health visitors was a key issue raised with people also commenting on the lack of access to baby classes like baby massage and PEEP. Weigh ins, weaning advice, parental mental health and reassurance for new parents were highlighted as key gaps due to limited health visitor support. The quotes below share some less positive experiences from survey participants:

> *97. "No regular visits to see how baby/mum is doing, you'd think with the isolation of covid restrictions they'd be more on the ball making sure all new mums had that additional support mentally but no, we got forgotten about once again."*

> *98. "I know they were prioritising the most vulnerable babies, which of course is so important, but as new mum after a traumatic birth, I just wanted reassurance that my baby was ok. We were seen twice in person in the first 10 months of baby's life. Looking back I suffered with post-natal anxiety which I think could have been picked up had someone been visiting and checking in."*

> *99. "We have had two visits from the HV. My daughter is now almost 2. There have been times as a first time mum where I would have appreciated a couple more visits."*

> *100. "This is not a reflection on the health visitor, but is a reflection of a very broken and not fit for purpose system. We didn't get PEEP, we didn't get baby massage. We got nothing. Bitterly disappointing."*

However, some people did comment on the positive support they received from health visitors during Covid restrictions showing that there was a range of experiences. One person who gave birth at home also commented on how positive it was that so much care took place in their own home from midwives and health visitors:

> *101. "I reached out to my HV to ask for mental health support, after struggling. She was very patient, had lots of good advice, and was able to provide the support I required before things escalated."*

> *102. "Community midwives and health visitors are lovely and incredibly helpful and supportive"*

*Partner visiting and support*

This has been raised as a key challenge in antenatal, birth and postnatal sections of the survey – showing how much new parents value the support and presence of their partner. In this section of the survey, key issues were restricted visiting/limited partner support on the postnatal ward. Some people also noted that partners were asked not to be present for health visitor visits which made partners feel excluded from becoming parents. Participants also reflected on the lack of family support in the post-partum period due to Covid restrictions and its overall impact on mental health and wellbeing.

The quotes below capture some of the key challenges:

> *103. "My partner and other children were asked to leave the room. I felt my partner could have done with being there to ask any questions he had. His mental health and what he wanted wasn't really considered."*

> *104. "Disappointing that visitors to the wards at Aberdeen maternity are still heavily restricted during summer of 2022. It was quite stressful trying to work out how many people could visit at a time & who was & wasn't included in numbers etc."*

> *105. "In the ward after birth I feel you were just left to your own devices. Having a 2 hour time slot for 1 visitor was not enough. I was unable to move after giving birth which made it extremely difficult to care for my child properly on my own. Midwives would take forever to come when you buzzed*

*and then seemed to forget about you if you asked them something and they left. Not being able to have more than 1 visitor also affected it as my parents were unable to come in and I was in for a few days so I feel like our babies bond with family members - dad included was out at risk as we could've been in longer."*

*106. "In short- midwives were not kind or caring. Only came to give medicines. No one checked how we were especially as we had no visitors and extremely alone. We were unable to shower/ sort our personal hygiene unless we left our baby screaming in our bays."*

*107. "Once on the ward my partner was shortly sent away and wasn't allowed to return until a scheduled time, he felt quite left out during this time on the ward. He didn't get the chance to help me during this time. On leaving, My partner wasn't allowed to even come back in after a visit to help us leave hospital, I ended up having to carry a baby car seat and my newborn out of the ward, luckily he managed to find us out of the ward and helped the rest of the way."*

While Covid was an exceptional and challenging circumstance, we hope that this feedback presents an opportunity to learn about the support that new parents want and need from their partners and informs work to facilitate this better in the future.

*Infant feeding*

Infant feeding experience varied with some people commenting that it was difficult to get support on the postnatal ward in Aberdeen due to staff being very busy and that this was exacerbated by partners not being allowed to stay and provide support. Some people shared that they ask to be transferred from Aberdeen to their local unit (Elgin typically) and noted that they received better feeding support after moving to a quieter setting. Others commented on delays or challenges with identifying or treating more complex feeding issues such as tongue ties and mastitis, they noted that it was particularly hard to get specialist infant feeding support over Zoom and remotely.

*108. "Tongue tie division was delayed by 5 weeks which caused lots of issues with feeding until divided. Infant feeding team could only do Near Me calls which were difficult as needed help latching. Conflicting advice from community midwives. Very luckily for us, we had a midwife visit from a redeployed member of the infant feeding team doing a midwife job and she was brilliant and managed to get us seen for tongue tie division which we had been asking for since birth and which solved the problems."*

*109. "I didn't feel supported in the postnatal ward before we went home. I had to buzz and ask for lots of support like how often to feed formula (given different advice from two midwives)."*

*110. "I desperately wanted to breastfeed and although they supported my choice to do that, there was no support in showing me how to latch my daughter, or supporting her to feed successfully. I was so desperate to go home and sleep as it was impossible to do so on the ward. I feel I rushed to get home and because of that I ended up with extremely sore nipples due to a tongue tie that was not noticed until after I had stopped feeding 2 weeks later. I've since suffered PND due to not being able to feed her how I wanted."*

**Qualitative feedback on postnatal care**

165 people (43% of total respondents) chose to respond to this optional question. Some topics do overlap with what has been shared previously but the most common themes were **infant feeding** (n=40), **positive experiences** (n=37), **postnatal support from health visitors/GPs** (n=33**), quality of care on the postnatal ward** (n=30), **mental health** (n=12), **communication** (n=10) and **partner visiting** (n=3)[16].

*Positive experiences*

37 people specifically gave feedback on positive postnatal experiences and these will be shared before moving onto the areas of challenge. This related to positive and personalised care from health visitors, community midwives and hospital midwives. While people experienced good care in all settings, the majority of positive comments related to care in the home/community. There were also 6 comments about being transferred from Aberdeen to Dr Grays or Peterhead for infant feeding support/postpartum care and having excellent experiences in the maternity units. Multiple

[16] This has been covered in the previous section.

people named a specific individual who had made a positive impact on their post-partum experience and thanked them for their support.

> *111. "I am very happy with the level of care [our health visitor – name redacted] put into myself, baby and my husband as we start our new journey of parenthood."*
>
> *112. "I was given the chance to be transferred from Aberdeen to Peterhead (by my own choice) for feeding support. Feel this really helped and the staff were amazing during that time at both Aberdeen and Peterhead. At no point did I feel rushed to be discharged."*
>
> *113. "The breastfeeding support was very good from the lady at Elgin. She spent lots of time with me and offered ongoing support."*
>
> *114. "The support I received from a student midwife on the ward for breastfeeding was great - she really took the time to sit with me and go over everything. I can't remember her name but I don't think my breastfeeding journey would have been as successful without her!"*
>
> *115. "My health visitor is amazing and very supportive and approachable"*
>
> *116. "I only received positive breastfeeding help after I requested help from the infant feeding team on day 4 of our stay. I do not believe breastfeeding was encouraged or promoted by anyone else during my time apart from [name redacted] on the team. If it had not been for [name redacted] I would have given up. We are now 9 months breastfeeding."*
>
> *117. "Really appreciated that midwives and health visitors in my practice still attended for home visits in person and not on phone, their support was vital."*
>
> *118. "Particularly pleased with the various student midwives who made home visits to us after the birth, excellent care and advice from them all."*

*Area for improvement – infant feeding*

While we have shared some Covid specific challenges on infant feeding, we will also share some broader experiences here. 32 of the 40 qualitative responses on infant feeding support issues related to care on the postnatal ward in Aberdeen, suggesting this could be a focus for improvement. Key challenges raised included mixed messages/different information from different staff, new parents feeling judged or unsupported in their feeding choices (whether that be breastfeeding, combi feeding or formula feeding), lack of signposting to local support (community and peer support groups, local infant feeding specialists across Grampian) and an over-focus on baby weight gain to the detriment of other issues such as pain for the mother.

There were also multiple examples of people paying for private breastfeeding support while noting that this option is not available to everyone. Multiple parents flagged up their lack of knowledge and education about breastfeeding which sometimes made for a challenging breastfeeding journey, noted they would have liked more antenatal support in this area. Some parents who wanted to breastfeed but couldn't and parents who chose not to breastfeed commented on feeling unsupported by staff. These quotes below share some direct feedback:

> *119. "Only comment is the different opinions around how to breastfeed. This was very frustrating and confusing as we were getting told different things!"*
>
> *120. "I felt really guilty for not being able to breastfeed, I wanted to, but didn't seem able to even with 5 days hospital support. I understand the emphasis that breast is best, but staff need to be mindful that people aren't supposed to feel like bad parents if they can't."*
>
> *121. "If it wasn't for using savings to access the support of a private IBCLC I wouldn't have been able to continue to breastfeed which would have been very upsetting when my birth had already been very different to what I'd hoped- the inconsistency/ conflicting information I received on the postnatal ward and at home was so overwhelming and a lot of the time felt like it was more personal/ from individual experience and really lacking in a coherent approach based on the UNICEF training e.g. a student midwife physically helping me to hand express colostrum and others refusing as they weren't allowed to hands on due to Covid."*

*122. "Breastfeeding pushed, not all infant feeding options discussed or supported."*

*123. "I think the support nurse was too busy but I only got a short session and felt like I was written off to fail. I actually BF for 15months, I think the continued community support was key."*

*124. "I struggled with breast feeding pain and felt like I gave up because I could not access breast feeding support. The quickest I could be seen was 2 weeks and I was in so much pain I didn't last long enough"*

*125. "Yes was not told about local groups such as breastfeeding group which would have been massive help. I don't know anyone locally and didn't find the group till my baby was 10 months old. Would have been good to have support from other breastfeeding mums. I actually was admitted to hospital with mastitis."*

*Area for improvement – postnatal support from health visitors and GPs*

Limited health visitor support has already been covered in detail above – people also commented on the lack of communication about limited visits and the lack of an online replacement or referral to information on key topics such as weaning. People also mentioned lack of continuity of care and seeing different midwives/health visitors at home each time. Aberdeen Sands reviewed this report and commented that there appears to be a huge variation in postnatal support from health visitors for bereaved parents after loss/during a future pregnancy and a new baby arriving, ranging from very good to non-existent depending on where people live and staffing.

Other topics raised were limited checks on new mums' physical healing from birth including C-section scars and several parents said there was no 6 – 8 week check for them[17]. They commented that they really wanted this reassurance they were healing okay, to flag up mental health concerns and to be seen in person by the GP. There were also issues raised about baby 6 week checks being separate appointments from mum 6 week checks and mums having to wait longer to be seen – people commented they would have preferred to be seen at the same time as their baby.

*Area for improvement – quality of care on the postnatal ward*

Feedback in this area often related to aftercare for mums on the postnatal ward particularly after a c-section. Most respondents felt they did not get enough support on the postnatal ward and referred to short staffing, issues with discharge (being asked to leave when they didn't feel ready/not being told how long they needed to stay) and long delays to receive care/pain relief. As noted earlier, these issues were likely exacerbated by the fact that partners were only allowed short visiting slots on the postnatal ward depending on visiting rules at the time, meaning new mums needed more support from hospital staff than they would have if partners had been present.

Specific issues were also raised in relation to administration of medication, infections and conflicting information/communication from different medical staff. There were also two comments about complaints made that were not responded to by staff and didn't have any follow up. The quotes below represent some of the key areas of feedback as well as sharing some individual experiences:

*126. "During my time in the postnatal unit, I was treated with a lack of dignity, respect and empathy."*

*127. "Suggestion of getting collected at 11pm at night once medication finished was bizarre and completely impossible given where we live and the ability to do that at that time. Witnessed many conversations with new mothers about vacating their beds now but no warning to get their partner there when it was appropriate to happen."*

*128. "I was 'lucky' that my partner was allowed to be with me during my 24 hour induction. Many were not afforded this 'luxury'. However after the most traumatic and exhausting delivery for us all, my husband had to leave 2 hours later. Walking me to the ward doors where I was then left beside a bed in a wheel chair with my baby in my arms. Having just had an episiotomy and many stitches, been awake for 72 hours and pushing for many hours. I was left to look after my baby, sort my bags, move around with a catheter in. No midwife offered to help in any aspect. I was a first time*

[17] While this was likely the case during lockdown, it is worth noting that even in early 2022 several GP practices in Moray were only offering new mum 6 – 8 week checks over the telephone, so it may be the case that other GP practices across Grampian are still not offering checks.

*mum who was alone, scared, felt clueless and my mental health was at the lowest it had ever been. I could not shower as no one would watch my baby who obviously just cried when left in the cot. All 3 of the other mums on the ward kept their curtains closed at all times and we all just cried. For days."*

*129. "I felt after having my baby in Aberdeen the care stopped. I had a c-section and my pre-eclampsia was still pretty bad, I still got the regular blood tests and blood pressure checks however once on the ward got no help getting up from my bed, no help with my baby, no help to shower. After having major surgery I felt abandoned. The midwives are dealing with so many people I feel the medical care was there but then general care after an operation was not."*

*130. "Postnatal labour ward are overstretched. They do their absolute best but need more support. At times it was a long time before getting support for infections and pain."*
*"The postnatal care was on the whole very bad. I had a bad haemorrhage after birth and had to go back to theatre. Nearly 24 hours after birth after my balloon was removed I got transferred from recovery in the middle of the night by a very grumpy porter, still very weak from the blood loss, and plonked in corner of a general ward with no idea where I was taken. The next day was just hell. I was not sure what medication I was supposed to be on - it was a good job I asked and noted it down as twice over the next few days of my stay I was missing the dose of antibiotics required to prevent infection and had to specifically request it. I was still being offered blood transfusions in the middle of a busy ward and it was hard to think straight to be able to make decisions when people had various visitors coming in and out. I felt like I should have been in an individual room at that point. Especially given I had a traumatic experience after birth and I was placed in a room with people who were in and out with no major complications- it did make me feel a bit down. No one updated me on my care plan and so at the end of that day I broke down to a healthcare assistant who kindly listened (finally) and agreed to get my catheter removed. This was after two occasions when it had been completely full and no one came to empty the bag so it was very uncomfortable. I had had it ripped out fully inflated during the earlier haemorrhage so was very fearful that it might happen again.*

*The support through the night was worse. I was so weak from the blood loss and hadn't yet stood up for the first time in over three days due to my catheter only just being removed. I had to get my baby brought to me to be able to feed her. At my lowest point on the ward, someone just came in and flung her at the bottom of the bed where I couldn't reach her because I didn't have the strength. I immediately had to buzz again and both myself and my baby were distraught. I don't like to be an inconvenience but that was how I was treated that night. Further down the hall I could hear laughing at the nurses station. It was a Friday night and clearly more time was being spent drinking tea and celebrating someone's retirement (or so I was told) than actually tending to patients. My community midwife later told me that the midwifes are only briefed on half the patients in the ward to make the handover smoother which is why, when I buzzed, the person who came was less than sympathetic because she probably didn't know the circumstances behind my birth and didn't appreciate how weak I was. The feeding support from the student midwives was great and it was great to have my student midwife come in to visit two days after birth as she could appreciate everything I had been through and I felt like she was more empathetic than most on the ward."*

*Additional areas for improvement – mental health and communication*

There was mixed feedback on mental health support with some people noting good support from health visitors but lack of linking this up with GP support. Others felt that health visitors were not supportive or not available to identify signs of further mental health support being needed – three people felt the questionnaire on mental health was insufficient for identifying issues and providing further support. One person noted the lack of mental health screening for dads and partners and suggested this as an area for improvement.

*131. "After both babies I was deemed borderline on the mental health questionnaire. But was never mentioned again or asked anymore about it and I did feel alone and isolated and probably a bit lower. I struggled on felt I lost a sense of myself and only now 19 months on feel more me again."*

*132. "Postnatal depression was glossed over and the check felt like a tick box exercise and very easy to just say the 'right' answers."*

Feedback on communication related to mixed messages from staff, conflicting advice, lack of updates about medical situations, not reading notes or understanding the situation of new parents and lack of sharing information effectively between medical staff. This links to some of the communication issues shared in the section on birth experiences.

*133. "We didn't receive feedback after the c-section, was not sure how did it go, and whether everything went on as planned, whether there was big blood loss or not. We asked the doctor to give feedback, she promised to pass by after the operation, but probably forgot."*

*134. "Please listen to what people have to say. Having OCD was not an excuse to have my husband with me in hospital. Looking back I can now see how unwell I was."*

*135. "The advice given by staff on the ward conflicted with information in NHS booklets they handed out to me. Staff were all lovely and helpful, but the care seemed very unconnected with it being apparent that information was not being shared between members of staff leading to confusion about whether checks had happened or not, and about discharge arrangements."*

## 7. Conclusions, reflections and next steps

The Grampian MVP intends to repeat this survey every 2 years, making adjustments to the questions and topics as appropriate[18]. As this was our first time doing such a broad survey, it was a learning opportunity and we will reflect on this experience to improve for next time. We will also share geographic data for each of the four MVP regions with the MVP chairs to allow further analysis relevant to their area, if time and capacity commits. Our next survey will therefore cover pregnancies and births between October 2022 – October 2024. We would also consider undertaking regular brief themed surveys to feed into ongoing pieces of MVP work. We would like to reach more diverse groups in future and will work towards being more inclusive for future surveys by promoting them through different channels. We welcome guidance and support from NHS Grampian on how to reach all users of maternity services and to ensure we hear more voices and experiences from across our community.

We welcome the monthly and quarterly public data sharing that NHS Grampian already does – we would like to see more data on topics that are currently not reported on (such as the induction rate) and to gain an understanding into some of the data such as the high C-section rate. It would also be interesting to see an annual summary of data to get the bigger picture on these key statistics. The MVPs are keen to work with NHS Grampian to better understand data for each MVP area and to use it to identify areas for improvement (Aberdeen City, Aberdeenshire North, Aberdeenshire South, Moray and Banff). NHS Grampian are recruiting for a new Digital Midwife role and the MVPs are keen to work closely with this person.

The survey has identified several areas of strength which can be celebrated and built upon– the continuity of care teams, continuity of care for people outside these teams and postnatal care from midwives in the community. It was also striking how many stories were shared of individual staff members going above and beyond to create a positive experience and to make a difference to families (whether that be community midwives at a home birth, a surgical team carrying out a C-section or a student midwife taking time to support a new mum with infant feeding).

There are also areas that could be considered for potential improvement. The MVP service user representatives have identified possible key areas to look into based on survey feedback – 1) *care on the postnatal ward in Aberdeen, 2) communication and informed choice (with a focus on induction), 3) antenatal information and birth preparation*. In line with these areas, we would like to understand why relatively few births take place on midwife-led units[19] and what could be done to support place of birth preferences. There are also some more logistical/practical areas that could be improved – 4) *visiting and birth partner support in healthcare facilities, 5) ensuring service users have access to pools for water birth and pain relief across Grampian and 6) addressing challenges around transfers to different locations*[20].

NHS Grampian have shared an initial response on the next page of this report. We are keen to work with NHS Grampian on these areas and to offer our lived experience and link to service users to work together for positive change. This could be through co-producing new materials, getting feedback or convening service users. We would be very interested for NHS Grampian to share their thoughts on which areas they think are priorities, and identify areas where the MVPs could support. We also note there are areas of feedback that are more relevant to the health visiting service and GP practices. We are keen to work with any parts of the healthcare system as well as community groups to improve antenatal, maternity and postnatal experiences across Grampian.

We would like to say thank you to everyone who completed the survey - especially those people who bravely shared challenging experiences. If you would like to join your local MVP or find out more then please email us for more information:

- Aberdeen City: aberdeen.grampianmvp@gmail.com
- Moray and Banff: moraymvp@gmail.com
- Aberdeenshire Central and South: centralsouth.grampianmvp@gmail.com
- Aberdeenshire North: north.grampianmvp@gmail.com

## 8. NHS Grampian response – 27 February 2023

[18] As noted earlier, one area for improvement is clarifying and defining our scale from 1 – 5 so interpretation of data is clearer. Another suggestion from NHS Grampian is aligning demographic groups with the groups used by the National Census.
[19] Again, it would be useful to see annual place of birth statistics from NHS Grampian to understand how reflective our survey is of the bigger picture.
[20] We recognise that some of the work going on around improving Moray Maternity Services may reduce the number of transfers from Moray to Aberdeen in the long term, however it is important to look at short-term actions which could improve maternity experiences in the interim.

We wish to thank everyone who took the time to participate and also the MVP members who undertook and compiled this comprehensive survey. Families' experiences of care are very important to us and give us valuable insight into our services, highlighting where we are providing positive care experiences and where we can improve our services. Many of the included comments from families clearly shows the positive impact members of the maternity team have had on women and families' experiences of care. This is testament to the hard work and dedication of the whole maternity team across Grampian.

We also acknowledge there are areas that require review, and we are working to prioritise these and explore them further. NHS Grampian is committed to attending the MVP groups and working in partnership with a wide range of service users and stakeholders and these survey results will be a key resource for planning future collaborative improvement projects. Whilst we will take time as a team to fully consider all the findings we want to take the opportunity to share further information on some of the key themes identified in this survey.

**COVID Pandemic**
A consistent theme is the impact of adaptions to maternity care during the COVID-19 pandemic. Whilst these adaptions were made across Scotland, with the best interest of providing safe care to families, it is clear they had a significant impact on many families' experiences of pregnancy and early parenthood. There are no longer restrictions on partner's attendance at scan appointments and we have returned to a person centred approach to visiting within our inpatient maternity wards. We cannot currently accommodate partners staying overnight within our inpatient ward environment at Aberdeen Maternity Hospital but we are delighted the new Baird Family Hospital, which is currently being built, will provide accommodation for partners on site.

**Antenatal Education**
We acknowledge there was a low number of women offered face to face antenatal education during the survey timescale. All community midwifery teams are now able to offer a blended approach of both online sessions and face to face sessions with families. Each area is now offering at least one face to face session with women. We know there are some variations and work is ongoing to improve this and secure venues to host additional sessions. We continue to strive to improve face to face options for women and their families and we are keen to work with the MVP on our journey to developing antenatal education across Grampian.

**Data and Statistics**
We have been pleased to have worked in partnership with MVP to develop our infographics on some key birth data throughout NHS Grampian. We remain committed to publicly sharing this information via social media channels and Public Health Scotland also publishes national data regarding maternity services across Scotland. This includes data regarding elements of pregnancy and birth care, including induction of labour rates and different mode of birth rates. This data will be used to inform service improvement and developments, alongside women's feedback on their experience of our services.

**Katie Colville**
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**Geraldine Fraser**
Integrated Family Portfolio Executive Lead

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Divisional Clinical Director