

Briefing for ICS strategies: maternity services

August 2022

Why is there a renewed focus on maternity services?

Why is there so much attention on maternity service?

Maternity services in England have come under increasing scrutiny in recent years and will likely feature high on the agenda for ICSs.

This is partly because of several high-profile inquiries into safety incidents in [Shrewsbury Hospital, Nottingham](#) and [East Kent](#). These follow previous maternity scandals at [Morecambe Bay](#) and high-profile reports like Baroness Cumberledge's [Better Births review](#) in 2016/17.

However, there is also the broad acknowledgement that maternity issues are likely present in many more services across the country.

All the reviews to date have pointed to a need to listen better to people's experiences and ensure services are learning from incidents. There is no significant political and media pressure to demonstrate this is happening.

There is, therefore, the significant potential here for local Healthwatch to influence how ICS will be tackling this challenge.

What maternity issues are ICSs should focus on?

In 2019, the [NHS Long Term Plan](#) set out several key areas for improvement in maternity care (pages 47 – 49). The Long-Term Plan is currently being updated post-pandemic, but these areas will likely remain a priority for the ICSs.

- Accelerate action to achieve 50% reductions in stillbirth, maternal mortality, neonatal mortality and severe brain injury by 2025.
- Develop new services to provide dedicated support for pre-term births.
- Step up efforts to provide more continuity of care for mothers and their families – e.g. same midwife/midwives throughout

- Continue to improve how the NHS learns lessons when things go wrong and minimise chances of them happening again.
- Improve the quality of perinatal mental health support for new mums and partners.

What does the evidence tell us about progress to date?

Before the pandemic, the experiences shared with the Healthwatch network about maternity care were generally more favourable than in other care areas. A review of our evidence from 2019/20 suggested that positive sentiment relating to maternity care was three times higher than the average for all NHS and social care services.

Earlier this year, we reviewed a sample of data from the network to provide an up-to-date picture of maternity experiences in England.

In total, we reviewed 2,445 pieces of feedback from people across the country, including:

- 441 cases shared with us via our network CRM (cases originated from 54 local Healthwatch between April 2021 and March 2022).
- 10 dedicated local Healthwatch reports on maternity services, covering 2,004 people's experiences.

Themes in the data:

- Continuity of care throughout pregnancy, during childbirth and in the postnatal period is essential, but people are not currently experiencing a continuity of care consistently enough from maternity care providers.
- Services are overstretched, particularly care in postnatal wards and care providers in the community in the months following childbirth.
- When things go wrong, they can go very badly wrong, impacting families.
- Despite increases in the provision, people need more and broader support for mental health throughout the perinatal period.
- Services often overlook fathers and partners. This has exacerbated the feeling that maternity services are understaffed because partners have not been allowed into appointments/deliveries to provide support.
- Specific groups are more likely to receive poor care, and there are racial disparities in maternity care. There was also a desire for more LGBTQ+ centred language etc., in maternity resources, with antenatal classes highlighted as an area that is not particularly inclusive at the moment.

Useful external sources of data

- NHS Digital publishes the [Maternity Services Data Set \(MSDS\)](#) every month, reporting key metrics on activity, including things like the continuity of carer.
- The annual maternity patient survey (managed by the CQC) [Maternity survey 2021 - Care Quality Commission \(cqc.org.uk\)](#) provides an annual snapshot of their experiences. In 2021, it captured the views of 23,479 new mums, and each Trust in the country will have received a benchmark report containing their scores - [All Files - NHS Surveys](#)
- The University of Oxford's Policy Research Unit in Maternal and Neonatal Care also carries out national surveys periodically - [National Maternity Surveys | NPEU \(ox.ac.uk\)](#):
- National charities like the NCT also produce periodic surveys on particular topics, like this one on perinatal mental health services - [NCT finds a quarter of new mothers are not asked about their mental health | NCT](#)
- At a local level, engaging with your local [Maternity Voices Partnerships \(MVPs\)](#) might be useful if you are considering undertaking any work on maternity services.
- You can also find a list of local specialist mental health mother and baby units - [A Complete List of Mother and Baby Units \(MBU\) UK \(mummyitsok.com\)](#).

What Healthwatch may be able to offer ICSs

Continuity of care

This area appears to be not working well for patients and is a priority for improvement in the NHS Long Term Plan.

We also know from other areas of work that the NHS needs to avoid thinking about continuity of care simply as making sure people see the same professional at each appointment. There are a variety of ways we can improve the sense of continuity of care.

For instance, we can ensure staff have access to the correct data and people have a good point of contact with services.

There may be opportunities for you to work with your ICS to:

- Carry out engagement with patients to find out their current experiences of continuity and gather ideas for improvements.

- Conduct target engagement with specific groups. Research shows that maternity outcomes are worse for certain demographics but that these disparities could have been significantly reduced through more excellent continuity of care.
- Offer to track people's experiences of continuity of care to support evaluation over time.

Maternal mental health

The network has done quite a bit of work on [maternal mental health](#) in the past and secured some positive improvements. This includes the [extension of specialist mother and baby units](#) in every area of the country and the [introduction of mental health checks for new mums](#) at six to eight weeks post birth.

There may be other opportunities for you to work with your ICS to:

- Assess the quality of specialist services through enter & view.
- Explore how the mental health checks are working for local people.

Note that we will be conducting further national research on this topic later in 2022, so any work you do with your ICS will also feed into this.

Learning from incidents

Learning from incidents is a clear challenge for the system at the moment, and it is an area where Healthwatch can use our expertise in engagement and learning from complaints to help ICSs.

You could reach out to your ICS and offer to:

- Conduct desk-based reviews of existing investigation processes to ensure they are in line with best practice and check that learning is taking place.
- Engage with affected patients and families to understand what more could be done to support them post any incident.



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