West Yorkshire & Harrogate

Health and Care Partnership

Maternity services engagement and consultation mapping

August 2017

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Section 1: Introduction to the report

Purpose of the report

The purpose of this report is to present the findings from all maternity engagement and consultation activity which has taken place during April 2013 to June 2017, across West Yorkshire and Harrogate Sustainability and Transformation Partnership (STP). The report captures intelligence collected from engagement and consultation activities and will support commissioners to:

- Provide information on work which has already taken place or is underway to avoid duplication
- Highlight any gaps in activity across West Yorkshire and Harrogate by each of the service areas
- Understand some of the emerging views gathered from local people across West Yorkshire and Harrogate
- Ensure that any future plans have a baseline of engagement intelligence to support the work

In addition, the report can be a working document which is added to as projects progress. The intelligence collected will ensure we meet our legal requirements and ensure we:

- Consider the views of patients and the public as part of service redesign; and
- Ensure the feedback is considered in the development of any future options to change the way a current service is provided or delivered
- Highlight patient and public priorities and ensure these priorities are in line with current thinking and ensure commissioners can consider all public views

Background

The National Maternity Review 'Better Births: Improving outcomes of maternity services in England' published its recommendations in February 2016 for how services should change over the next five years. The NHS England commissioned review – led by independent experts and chaired by Baroness Julia Cumberlege – sets out wide-ranging proposals designed to make care safer and give women greater control and more choices.

The review proposes that providers and commissioners should operate at a local level as local maternity systems, with the aim of ensuring that women, babies and families are able to access services as close to home as possible. The review recommends that:

- Providers and commissioners should come together in local maternity systems covering populations of 500,000 to 1.5 million, with shared standards and protocols agreed by all.
- National expectation is that Local Maternity Systems are in place by 31 March 2017 and that action plans are developed by those Local Maternity Systems by October 2017 to demonstrate how Better Births will be delivered by 2020/21.

- Nationally it has been agreed that the role of the Maternity Clinical Networks will provide advice to Local Maternity Systems to develop and implement local maternity transformation plans.

Local Maternity Systems

Local maternity systems should be responsible for:

- Developing a local vision for improved maternity services and outcomes in order to ensure that there is access to services for women and their babies, regardless of where they live.
- Helping to develop the maternity elements of the local sustainability and transformation plans being developed in each area of England. The plans should describe how providers will work together so that the needs and preferences of women and families are paramount.
- Including all providers involved in the delivery of maternity and neonatal care, as well as relevant senior clinicians, commissioners, operational managers and primary care.
- Ensuring they co-design services with service users and local communities.
- Putting in place necessary infrastructure to support services to work together effectively, including interfacing with services that have a role in supporting women and families before, during and after birth.

The key themes identified in Better Births are:

- Personalised care
- Continuity of carer
- Safer care
- Better postnatal and perinatal mental health care
- Multi-professional working
- Working across traditional boundaries
- A reformed payment system

These are underpinned by two overarching commitments:

- Enabling women to make informed decisions, and
- Ensuring that the system is able to offer the safest possible care for her and her baby.

For the purpose of this document, the mapping of the engagement and consultation documents was reviewed in line with the following six themes that were identified by the West Yorkshire and Harrogate Local Maternity System:

- Personalised care / choice
- Continuity of carer
- Postnatal support
- Bereavement
- Perinatal mental health
- Safe care

In addition to these areas, the report also captures any other issues that have been raised. And includes the specific themes raised by protected groups.

West Yorkshire and Harrogate maternity engagement and consultation activity at a glance

In order to demonstrate how Better Births will be delivered by 2020/21 in West Yorkshire and Harrogate, it is essential that partnership networks work together to understand the views of local populations.

A number of organisations across West Yorkshire and Harrogate have already started to host conversations at a local level, this information needs to be considered and used so we are not over consulting our local populations. Using the mapping exercise included in this section it is clear to see that there is already a wealth of information and intelligence that can be used to support any future commissioning decisions.

Where there are gaps in this information we can progress to have further conversations based on what we already know. This means that any future service provision uses what we already have, prevents duplication of existing conversations and ultimately has the public at the centre of everything we do. In addition, work done regionally should not confuse the public who may have given their views at a local level. The communications supporting any further engagement and consultation activity needs to be managed with this mapping in mind.

The table below sets out the conversations already hosted across West Yorkshire and Harrogate, the topics of those conversations and where further plans may benefit from local intelligence. For the purpose of the mapping we wanted to know;

- Any engagement completed over the last four years which would provide intelligence.
- Any formal consultation which has ensured a service is in the process of being changed based on the engagement activity.

Each of the six priority areas is then looked at in more depth drawing on the information from each local area, and where appropriate identifying any specific themes that have emerged for protected groups. This is based on what we already know but may not be exhaustive.

West Yorkshire and Harrogate maternity engagement and consultation activity at a glance

	Personalised care /	Continuity of carer	Postnatal support	Bereavement	Perinatal mental health	Safe care	Any other areas	Specific themes raised by protected groups	**Key areas covered**
Airedale, Wharfedale and Craven	X	X	X		X	X	X	X	Experience based design maternity services, personalisation and choice, community midwifery (BME, white working class and young), vulnerable women, and patient experience
Bradford City	X	X	X		X	X	X	X	
Bradford District	X	X	X		X	X	X	X	
Calderdale	X	X	X	X	X	X	X	X	EPAU, Right Time, Right Care, Right Place, and embedding feedback
Greater Huddersfield	X	X	X	X	X	X	X	X	EPAU, Right Time, Right Care, Right Place, Embedding feedback, emerging communities, health visitors, infant feeding, smoking, and young parents
Harrogate and Rural District	X	X	X	X	X	X	X	X	Development of maternity strategy including views on whole pathway
Leeds North	X	X	X		X	X	X	X	Women with learning difficulties, young parents, development of Leeds maternity strategy, inpatient maternity and neonatal services, perinatal mental health, personalisation, and breastfeeding
Leeds South and East	X	X	X		X	X	X	X	
Leeds West	X	X	X		X	X	X	X	
North Kirklees	X	X	X		X	X	X	X	Meeting the Challenge, patient safety walkabouts, emerging communities, health visitors, infant feeding, smoking, young parents
Wakefield	X	X	X		X	X	X	X	Meeting the Challenge, patient safety walkabouts, patient experience including perinatal mental health

Our responsibilities, including legal requirements

Engaging people is not just about fulfilling a statutory duty or ticking boxes, it is about understanding and valuing the benefits of listening to patients and the public in the commissioning process.

By involving local people we want to give them a say in how services are planned, commissioned, delivered and reviewed. We recognise it is important who we involve through engagement activity. Individuals and groups play different roles and there needs to be engagement opportunities for both.

A West Yorkshire and Harrogate Communications and Engagement Strategy underpins the principles by which the engagement and consultation will operate, and highlights the commitment to good practice in delivery. Engaging people who use health and social care services, and other stakeholders in planning services is vital to ensure services meet the needs of local communities. It is also a legal requirement that patients and the public are not only consulted about any proposed changes to services, but have been actively involved in developing the proposals.

Legal requirements

There are a number of requirements that must be met when discussions are being made about the development of services, particularly if any of these will impact on the way these services can be accessed by patients. Such requirements include the Health and Social Care Act 2012 and the NHS Constitution.

Health and Social Care Act 2012, sets out the Government's long-term plans for the future of the NHS. It is built on the key principles of the NHS - a comprehensive service, available to all, free at the point of use, based on need, not ability to pay. It sets out how the NHS will:

- put patients at the heart of everything it does, ‘no decision about me, without me’
- focus on improving those things that really matter to patients
- empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services

It makes provision for CCGs to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners, and it also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution - and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements, where the implementation of the proposals would have an impact on the

manner in which the services are delivered to the individuals or the range of health services available to them, and
- in decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The duties to involve and consult were reinforced by the NHS Constitution which stated: 'You have the right to be involved directly or through representatives, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services'.

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. To help support organisations to meet these duties a set of principles have been detailed in case law. These are called the Brown Principles;

- The organisation must be aware of their duty.
- Due regard is fulfilled before and at the time any change is considered as well as at the time a decision is taken. Due regard involves a conscious approach and state of mind.
- The duty cannot be satisfied by justifying a decision after it has been taken.
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- The duty is a non-delegable one.
- The duty is a continuing one.

An Equality Impact Assessment (EQIA) will need to be undertaken on any proposals for changes to services that are developed through the programme, in order to understand any potential impact on protected groups and ensure equality of opportunity. Engagement must span all protected groups and other groups, and care should be taken to ensure that seldom-heard interests are engaged with and supported to participate, where necessary.

Secretary of State's key tests

Any service change proposals are expected to comply with the Department of Health's four tests for service change. These are:

1) Strong public and patient engagement;

2) Consistency with current and prospective need for patient choice;
3) A clear clinical evidence base; and
4) Support from proposals from clinical commissioners

For significant service changes, NHS England operates an assurance process whereby they provide support and guidance to commissioners so that they can demonstrate compliance with the four tests and other best practice checks. The assurance process concludes with an assurance checkpoint at which time NHS England provides a recommendation regarding whether the tests have been met.

Section 2: Findings from engagement April 2013 – June 2017

Engagement process and use of existing data

A review has taken place of all maternity engagement and consultation activity held and collected between April 2013 and June 2017, across West Yorkshire and Harrogate that related to the following themes:

- Personalised care / choice
- Continuity of carer
- Postnatal support
- Bereavement
- Perinatal mental health
- Safe care
- Any other areas
- Specific themes raised by protected groups

The mapping consisted of 45 documents, including final reports and survey results. Some were produced by the CCGs, others came from Healthwatch, providers, voluntary and community sector and Local Authorities. See Appendix A for a full list of the documents reviewed.

Each document was summarised, and the key themes and details were written up in to an evidence summary. The majority of the work that was sent had already been thematically analysed, and in those cases, the themes were copied and summarised.

After summarising all of the documents, the key themes from those documents were reviewed and a list of the key themes for each of the maternity work streams was created. Consideration was given to how many pieces of work that theme had been mentioned in, how many people had taken part in the engagement activity that mentioned the theme, and how much discussion there had been around that theme by the people who had been involved in that engagement.

Main themes and findings

Having reviewed all of the documents, there was a clear distinction by the type of engagement that has taken place across the patch. Calderdale, Kirklees and Wakefield have primarily focused on engagement and consultation relating to the transformation of health services, whereas the remaining areas have focused on engaging around the development of their maternity strategies.

From all the information gathered so far across West Yorkshire and Harrogate there are a number of emerging themes for each of the areas:

Personalised care / choice

In 2014, Leeds held a workshop that specifically focused on this topic. And through their wider engagement and consultation on maternity services, all areas had collated feedback on personalised care and choice. The main themes raised were:

- Women want to be offered the choice of where and how they give birth. To support them in this they need more information and support before pregnancy to ensure the right choices for birth are made, this should include support for dads.
- The need for better communication from staff about choices, what to expect from each birthing option and someone to explain things more clearly if needed.
- Information and access to alternative therapies such as hyno-birthing, acupuncture and other alternative pain relief.
- More support for first time parents, including longer conversations about birthing options and what to expect, more appointments and earlier access to a midwife.
- Staff to listen to patients and respect any decisions – the mother knows what she needs in most cases – this included choices about breast feeding and pain relief.
- To provide support to manage a long term condition during pregnancy and ensure there is holistic support for the whole person.
- Examinations, tests, scans and ultra sounds available in the local community i.e. GP practice, particularly for those who have concerns during pregnancy.
- Better access to midwifes, including more available appointments, improved telephone contact and longer more flexible appointment times.
- Improved services on a weekend and evening including outpatient appointments. Contact numbers for out of hours support and advice and local drop in clinics.
- Not feeling rushed when using services and being in a calm and relaxed environment with staff who are not stressed or rushing.
- All pregnant women should be told about antenatal classes by a midwife, this didn't always happen.
- Travel, transport and costs are a concern for some women – particularly those in outlying areas who may be on low incomes with young families.

Home birth

- Women want to be provided with more information about home births, many women feel they do not receive enough information to make an informed decision about 'home birth' as a real choice.
- A short film or video about home birth to allow people to make a choice and then a film about how to prepare the home for a home birth.
- There should be good home birth provision on offer, including equipment and well trained staff.
- More awareness and training for staff on the cultural view of home birth and also how to support families including same sex partners, adoptive parents and parents with a disability or long term condition.

Continuity of carer

Through their wider engagement and consultation on maternity services, all areas had collated feedback on continuity of carer. The main themes raised were:

- Women wanted to be able to see the same midwife throughout their pregnancy and labour. Whilst many women had been given a named midwife, in reality this didn't always happen and many women were seen by a number of different midwives.
- Lack of consistent midwifery cover meant that some women had to repeat their story a number of times. Women felt that relationships suffered in respect of developing a trusting, and understanding relationship where a number of different midwives were involved in their care. In these situations women were less likely to seek support and advice from their midwife.
- Service provision should offer continuity of care, with a focus on information sharing across teams and professionals, which involves the women, both in terms of consent to information sharing, but also in determining the development of the birth plan, other treatment options, arrangements for discharge and post natal care.
- Co-ordination and continuity of care along the maternity pathway should be streamlined in order to ensure all aspects of a woman's care are consistent, and that links with other professionals and agencies are incorporated along the pathway.

Postnatal support

Through their wider engagement and consultation on maternity services, all areas had collated feedback on postnatal support. The main themes raised were:

Postnatal ward

- Women feeling they didn't get enough care whilst on the postnatal ward as staff were too busy to support them or explain things to them.
- Women feeling they didn't get enough support with how to look after their baby.
- Women describing how they were kept waiting to be seen on the ward.
- Comparisons were often drawn to the difference in care between the labour ward, which by and large was presented positively, and the postnatal ward. There were a number of comments made about staff being rude or abrupt with women or their family members.
- Women felt that problems which should have been identified (e.g. infections, problems with the baby) were not picked up by staff post-natally. Care for women who had experienced Caesarean sections was reported as falling short of expectations.
- Staff need to be more helpful after birth including more support with baby bonding, not discharging parents too early, emotional support and help with pain relief.

Infant feeding

- Woman felt that the midwives in the hospital did not provide as much support on breastfeeding as community midwives because they were too busy.
- Support from midwives around breastfeeding tended to be a leaflet which for some wasn't deemed to be sufficient, and tended to be given in a large bundle of other leaflets. It was felt that the leaflet should be read through and discussed, so it was a tool for giving information rather than just being the source of information. The leaflet would then become something that they could refer to at a later date if they needed to.
- Most women stated that they wanted to breastfeed and that they would find it helpful to talk to people that are breastfeeding, understand the challenges, what to expect good and bad, be shown how to hold the baby, watch someone actually breastfeeding, and to be told about the support that is available. They wanted the advice to be consistent and not to feel pressured or judged.
- That there should be more breast feeding clinics in different locations for those who want that support.

Health visitors

- Women want to be told about the health visiting service during their pregnancy, this doesn't always happen. There is also a variation in when women first see their health visitor; many first met them after the birth of their baby.
- Most women found the health visiting a helpful and supportive service, which provided them with reassurance on health issues for both their baby and themselves.

- There were some reports of lack of continuity, inconsistent advice, lack of time and support. And difficulty in forming a relationship of trust due to the limited contact, and length of visits.
- Women want more flexibility for health visitor appointments and shorter waiting times for those appointments.

Support and advice

- New parents wanted more help, advice and support during the initial weeks after giving birth.
- Women want someone to chat to, receive advice and support on breast feeding, weaning, links to other services, also advice on housing, benefits, how to look after a baby, baby massage, exercise classes, alternative therapies, and support for when they are returning back to work such as help in finding childcare.
- Post-natal support groups to be provided in the local community in community buildings such as libraries, children's centres and sure start.
- Provide more outreach and support to isolated mums.
- Provide a help line service, drop in centre or advice service for parents.
- Provide advice and support on post-natal depression through leaflets, information and support groups.

Bereavement

There were no specific pieces of engagement or consultation looking at bereavement, although it was mentioned in general maternity service reports from Calderdale, Greater Huddersfield and Harrogate. The key themes raised were:

- Women have described awaiting assessment for miscarriage alongside mums-to-be with healthy pregnancies as a distressing experience.
- There should be more empathy, support and compassion for women and their families who lose or who have a lost a baby.
- For families who face complications or loss of a baby they would like separate spaces and entrances.
- The use of a SANDS sticker on maternity notes to identify mothers who have previously had a stillbirth was seen to work well.
- The need to provide privacy and better professional support to parents after the birth of a living child following a previous stillbirth as this can be a mixed emotional time for parents.
- Increase stillbirth training and awareness for midwives and professionals to ensure appropriate support is offered in a sensitive manner.
- Support provided by SANDS (stillbirth and neonatal death charity) was highlighted as working well.

Perinatal mental health

In 2014 Leeds held a workshop that looked specifically at perinatal mental health. And through their wider engagement and consultation on maternity services, all areas had collated feedback on perinatal mental health. The key themes raised were:

- Feedback about emotional support services was generally positive; it was access into them that was problematic.
- Providing a mechanism to identify women with mental health problems was seen as good practice.
- There is a need for more knowledge and awareness of the signs, symptoms and triggers of emotional and mental health problems. This included better trained staff to spot signs and symptoms and encourage early intervention. Families also highlighted the importance of having information about mental health more readily available, for example sharing specific information about mental health in antenatal classes.
- Many women did not tell their midwife, health visitor or GP that they had a problem, often because they felt ashamed or guilty. Women needed to feel that they could talk about mental health issues without fear of bias. Staff should be well trained and approachable and willing to listen carefully to what women were telling them.
- More support for mental health and wellbeing for women during and after pregnancy and more specialist support for mums with a mental health problem who are pregnant. The care should be holistic in its approach, looking at the whole family and social situation of women and families.
- The need for consistent support from Healthcare Professionals including Community Mental Health Team, Health Visitor, GP, named Community Midwife, Consultant, Counsellor, bereavement services and SANDS support. Communication between professionals and other services should be improved. Subsequent follow-up by staff to ensure referrals to other services have been made should be a standard requirement and a level of trust should develop along the whole pathway.
- Some highlighted the positive role of health visitors in identifying post natal depression, providing support and signposting to relevant services. Positive benefits of having a joined up approach between GP and Health Visitor.
- Families would like easy access to someone to talk to in confidence with whom they had a good relationship. They would like a non-judgemental and supportive person. Suggested that this person could be the named midwife, counsellor, named dedicated mental health worker, dedicated staff in children's centre or a 24 hour helpline.
- Service users felt that after the initial postnatal check-ups there was not enough contact, especially in the 6-12 month period. It was suggested that a routine follow up should be made for women who had complications during/after birth and that more information should be made available about birth de-briefings.
- Peer support groups/networks to share experience and gain support from others in a similar situation.
- Availability of a multi-disciplinary team providing specialist mental health support, including a mother and baby unit as well as community support for PND, PTSD such as specialist mental health midwife. It was also noted that it is important to have a

specialist mental health team/midwife to support women with less acute mental health problems before they develop into more acute problems.

- There were a number of comments around the lack of awareness, education and support available for partners during the antenatal and postnatal period. Partners are often the main supporter when a mother experiences mental health problems during and after pregnancy and they may need some additional mental and emotional support.

Safe care

Through their wider engagement and consultation on maternity services, all areas had collated feedback on safe care. The main themes raised were:

- The need for trained, skilled and professional staff (female staff were stated as a preference by some respondents) throughout the pregnancy and birth.
- Students during labour cause stress and anxiety to patients particularly if they are the direct support to the mum.
- Level of staffing is a key concern highlighted by women and families, with some reporting inadequate levels of staffing on the ward.
- Good communication from staff, including staff who are reassuring and not rushed. Access to the right equipment and pain relief for birth including gas, air, epidural, tens machine, birthing pools and balls.
- For those having a home birth they also want to be assured that home births are safe; and have access to urgent care if it is required, including fast transfer by ambulance to a hospital close to home. Resuscitation equipment and an incubator available at home or near to home in case it is required.
- The environment needs to be clean, safe and comfortable with a calm and quiet atmosphere. Reference was made to the environment being like home.
- People wanted to feel safe and cared for – there was reference to meeting the needs of the whole woman, from a social and emotional perspective and being supported through difficult times during the pregnancy.
- There should be more support for mums having their first baby.

Any other areas

Through their engagement and consultation on maternity services, all areas had collated feedback on areas that don't fall within the aforementioned categories. The main themes raised were:

Information and communication

- Information needs – both in providing any information and providing information that is accessible to women in the planning stages as well as during pregnancy. This includes information about the range of support services, what to expect, who to contact and when and understanding self-care and personal responsibilities.
- Communication – sharing information timely and being able to contact when needed.
- Some women felt the amount of information offered was untimely, overwhelming and thus difficult to process or attempt to read and needed support to understand.

Patient feedback

- Need to make it easier for people to give feedback on maternity services throughout their journey – information should be available on websites, Facebook pages, Apps, graffiti boards, group feedback sessions etc. Consideration needs to be given to those people who don't have English as their first language or who may find reading, writing and speaking English difficult.
- People want to give feedback in a timely manner in a way which suits them; some people would like to give feedback shortly after giving birth, others would prefer to have time to recover and reflect on their experience before giving their feedback. The preferred method of giving feedback also varies with some people favouring being able to talk to a member of staff and others preferring the anonymity of completing a review online or responding to a text message.
- Involve service users in the design, implementation and on-going review of methods to gather feedback involvement.
- Public are mostly unaware of what happens to their feedback and whether it's made a difference. People want to know that their feedback has been listened to, taken seriously and acted on where necessary to bring about improvements for others.

Surrogacy

Whilst the number of comments on surrogacy was very low, the feedback has been included in this report as it is seen as an important theme.

- Positive feedback received on the sensitive and supportive midwives. For example giving the parents a baby wrist band with their daughter's name on it, not simply the surrogate's name.
- Positive feedback received on including the mother in the labour process to help her connect physically and emotionally with the surrogate baby. For example encouraging the mother to 'feel where her baby was lying in the surrogates' tummy'.

- Increase training and awareness of surrogacy for midwives and professionals as more people are becoming parents through alternative means.
- Support mothers who intend to breastfeed a surrogate baby. Understand that it is possible to breastfeed a surrogate baby and provide the appropriate support.
- Midwives and professionals need to plan ahead for the birth of a surrogate baby so that the parents can be as involved as possible and care is provided in a sensitive way.

Specific themes raised by protected groups

Some of the engagement and consultation that has taken place have been analysed to establish if there is any variation in the views expressed by people from protected groups. In addition to this, some pieces of work have focused on specific protected groups; these have included people with learning disabilities; young parents; BME communities; young white working class communities; and emerging communities. The key themes raised by protected groups were:

Young parents

- Use of language and how health professionals communicate with young people was seen as important. It was felt that health professionals should learn people's names and use them, and that they should take the time to ask questions to ensure understanding.
- There was a theme of having "information overload" which didn't always allow the time for discussions and informed choice.
- The importance of tailored, individual care was emphasised, and the contribution that good communication makes to this.
- Important to promote good mental health for dads, and acknowledge the impact that their mental health issues would have on the family unit. It was noted that judgement from professionals has a knock on effect, and can affect parenting choices and mental health services being provided to help dads better adapt to their parenting role.
- It was felt that there was a gap between support for teenage pregnancies and adult services.
- Felt that in hospital they received little support / advice and they were hesitant to speak up and ask for support and advice. All felt that more support from professionals would have made a huge difference to them.
- Received conflicting information around feeding. Those that breastfed did so as they had support from family / friends / health professional, those that didn't breastfeed didn't have any support and felt that there was an expectation that they would bottle feed.
- Those who had support from the Family Nurse Partnership team all thought that this level of support would make a big difference to the number of young mums who choose to breastfeed, due to the ongoing, individually tailored support provided by this project.
- Felt strongly about the negative assumptions made around young mums not wanting to work or continue with their education, and felt that this was evident in the approach taken by some organisations working with them. Their solution was to train staff or have specialised advisors who understand and are aware of issues specific to young parents.
- There were some misconceptions around parenting classes; some people thought they could not bring their partners to the classes, and some people said that dads weren't aware of the classes.
- Children's Centres were key places to access support in their journey and it might help if these were promoted widely.

- The young parents said that other parents were a source of support especially with practical advice and talking through solutions to parenting problems.
- There was positive feedback about the Baby Buddy app, and how useful it had been for some people.
- The importance of incorporating parenting skills into school education was emphasised, “so that the ‘right’ way becomes the norm.
- Found support groups invaluable places for them to get support and advice, and to have someone to talk to who understood them. Some also sought advice online through support groups.
- Felt that there should be more opportunities for them to give feedback about services.

BME communities

- Black African heritage women were unaware of or felt that they were not being offered home births as an option.
- Some Indian, Bangladeshi and Pakistani heritage respondents expressed concerns about communication difficulties with community midwives. The respondents felt that because they didn’t speak English or spoke limited English the midwives did not understand them. They felt that they received the wrong or worse care because they couldn’t explain their needs. The suggestion was to recruit more bilingual staff, or staff from differing ethnicities who could communicate in other languages or provide interpreters. This would also be useful with regard to providing ante-natal classes in community languages.
- A recurring theme from many of the female Pakistani heritage respondents was that homebirth was culturally inappropriate and considered unsafe.
- Whilst the Indian heritage respondents highlighted not being given the option for homebirth which they would have preferred.
- Privacy and confidentiality were very important for the Chinese heritage respondents.

Asylum seekers and refugees

- Being able to access information is an issue. Women don’t know what services are available or what to access. Language, translation and understanding of the services were a particular need for women.
- Continuity of care is key and need better sharing of information. Women don’t always want to relive their experiences with each care provider. Need a better communication system so women are not re-traumatised.
- For some there is an issue of GP’s requesting ID to register.
- There are often concerns re: reception staff at practices.

Emerging communities

- Language, translation and understanding of the services were a particular need for women from Eastern Europe or Central Eastern Europe. They described poorer experiences of care and support throughout the pregnancy journey.
- Friends and family members are sometimes used to breach the gap in professional translation services’ availability. While this can be useful and enable many people to

better access services, it can also be problematic in terms of confidentiality, accuracy and hearing the genuine voice of the service user, rather than the translator's views and interpretation.

- Culture and understanding of health systems were a factor for some women and as pregnancy was often the first time they were coming into contact with services, it was felt that support should be provided by a service to help develop understanding of using services as this would be beneficial throughout the pregnancy and beyond. It was not thought this should be provided by the midwives but they should be able to signpost women.
- There is some evidence that the status of health workers, including midwives, is very low in some Eastern European countries (such as Hungary), which has an influence on how services may be regarded in the UK.
- Health visitors reported some difficulty in getting people to attend appointments in surgeries or clinics.

Learning disabilities

- Women were often unaware that they were pregnant until quite late on in their pregnancy which led to delays in accessing services.
- Women tended to attend appointments alone as they were unaware that they could bring family / friend / support worker with them.
- When they attended their appointments they were not asked if they needed any additional support with communication / information needs. Many were unable to understand the information they were provided with.
- Provision of support from VCS organisations made a huge difference to those women that accessed these services.
- Staff should be trained to support women with learning disabilities, and be able to support them to make their own decisions and explain their options.
- Should be offered ante-natal classes and parenting classes.

Disability

- Limited choice for women to give birth if they have a disability and usually not at home, a wider choice would be preferred.
- That in particular for disabled women an "under staffed birth is really scary". There was also particular concern about staff being overtired and the risk this posed.
- Post-natal services need to be more advanced (patient centred) involving mothers/parents in decisions about what services they need and when they are no longer required.
- More support for women who experience post-natal depression or who have pre-existing mental illness.
- Limiting patient information sharing on a need to know basis and respecting confidentiality.
- Travel for disabled respondents was important to be kept within 15 to 30 minutes with more using public transport, access bus and volunteer transport, only a few used patient transport.

Sexual orientation

- Fear of perceived homophobia in hospital for women who identified as lesbian.
- Negative experiences for some women.
- Training for staff is needed both for hospital and community midwives about LGBT families and their needs.

Appendix A – Documents reviewed

1. Airedale NHS Foundation Trust, *Experience Based Design: Community Maternity Services* (October 2016)
2. Calderdale and Huddersfield NHS Foundation Trust, *Emergency Gynaecology and Early Pregnancy Assessment Services. Engagement and equality report of findings* (October 2015)
3. Healthwatch Kirklees, *Emerging Communities: Health Issues and Inequalities* (May 2017)
4. Healthwatch Kirklees, *Embedding feedback into maternity services at Calderdale and Huddersfield NHS Foundation Trust* (January 2017)
5. Healthwatch Kirklees, *Health visiting service Kirklees* (December 2015)
6. Kirklees Council, *Emerging Communities in Kirklees – Maternal and Family Health* (August 2016)
7. Kirklees Council, *Infant Feeding Survey 2016 - Initial findings* (October 2016)
8. Kirklees Council, *Smoking during pregnancy* (March 2016)
9. Kirklees Council, *Young parents' journey. An exploration of the life experiences and issues affecting the wellbeing of young parents in Kirklees* (November 2015)
10. Kirklees Council, *Auntie Pam's pop-up shop* (December 2013)
11. Leeds City Council, *Leeds Maternity Health Needs Assessment* (2014)
12. Leeds Teaching Hospitals NHS Trust, *Engagement Report: Women with learning difficulties who have experienced pregnancy in Leeds* (July 2016)
13. Locala, *Health Visiting Friends and Family Test Results - 1st October 2014 to 1st October 2015* (November 2015)
14. Locala, *Health visiting survey - June / July* (August 2015)
15. NHS Airedale, Wharfedale and Craven CCG, *Feedback from women on maternity care – Personalisation and choice* (April 2015)
16. NHS Bradford City, Bradford Districts and Airedale, Wharfedale and Craven CCGs, *Engagement on Community Midwifery with BME, white working class and young women* (July 2014)
17. NHS Bradford City and Bradford Districts CCGs, *Grass Roots Insight – monthly patient experience report* (January 2016)

18. NHS Calderdale CCG, *Key themes for maternity services in Calderdale* (December 2016)

19. NHS Calderdale and Greater Huddersfield CCGs, *'Right Care, Right Time, Right Place' and 'Care Closer to Home' Report of findings Maternity and Paediatrics. Calderdale and Greater Huddersfield* (January 2016)

20. NHS Harrogate and Rural District CCG, *Discover! Maternity Engagement Report* (April 2016)

21. NHS Leeds South and East CCG, *Young Parents Engagement Event* (March 2017)

22. NHS Leeds South and East CCG, *Baby Week – Leeds Maternity Strategy Event at Leeds Central Library* (September 2016)

23. NHS Leeds South and East CCG, *Leeds Inpatient Maternity and Neonatal Services Reconfiguration Review. Summary of Service User Engagement and Patient Experience review* (September 2013)

24. NHS North Kirklees and NHS Wakefield CCGs, *Patient safety walkabout visit - Midwife Led Unit, Bronte Birth Centre, Dewsbury Hospital* (November 2016)

25. NHS North Kirklees and NHS Wakefield CCGs, *Patient safety walkabout visit - Pontefract Midwife led Unit and Maternity Out-patients* (June 2016)

26. NHS North Kirklees and NHS Wakefield CCGs, *Patient safety walkabout visit - Maternity (antenatal and postnatal), Pinderfields* (December 2015)

27. NHS North Kirklees and NHS Wakefield CCGs, *Patient safety walkabout visit - Maternity ward, Dewsbury District Hospital* (June 2013)

28. NHS West Yorkshire Commissioning Support Unit, *Every Baby Matters Awareness Week 2013 – Summary Report* (December 2013)

29. NHS Yorkshire and the Humber Clinical Networks, *Y&H Clinical Network Maternity Transformation Programme Event, Workshop Feedback – Common Themes across all 3 STP Footprints* (September 2016)

30. NHS Yorkshire and the Humber Clinical Networks, *Y&H Clinical Network Maternity Transformation Programme Event, Workshop Feedback – West Yorkshire* (September 2016)

31. NHS Yorkshire and the Humber Clinical Networks, *Y&H Clinical Network Maternity Transformation Programme Event, Workshop Feedback – Next steps* (September 2016)

32. NHS Yorkshire and Humber Commissioning Support, *Patient Experience (Maternity) What are people telling us?* (January 2016)

33. NHS Yorkshire and Humber Commissioning Support, *Leeds Maternity Strategy and Service Development - Maternity Services in Leeds Survey* (January 2015)

34. NHS Yorkshire and Humber Commissioning Support, *Leeds Maternity Strategy and Service Development - Report of the Perinatal Mental Health Workshop* (November 2014)

35. NHS Yorkshire and Humber Commissioning Support, *Leeds Maternity Strategy and Service Development - Report of the Personalisation Workshop* (November 2014)

36. The Campaign Company, *Meeting the Challenge Consultation Final Report* (June 2013)

37. The Maternity Partnership, *Notes from Maternity Partnership discussion on vulnerable women* (July 2016)

38. The Maternity Partnership, *Feedback from women on maternity care - Personalisation and choice* (April 2015)

39. The Mid Yorkshire Hospitals NHS Trust, *Patient Experience Report Quarter 3 Data, October – December 2016* (February 2017)

40. The Mid Yorkshire Hospitals NHS Trust, *Patient Experience Report Quarter 2 2016* (December 2016)

41. The Mid Yorkshire Hospitals NHS Trust, *Patient Experience Report Quarter 4 2016* (June 2016)

42. The Mid Yorkshire Hospitals NHS Trust, *Patient Experience Report Quarter 1 2016* (September 2016)

43. The Mid Yorkshire Hospitals NHS Trust, *Patient Experience Report Quarter 3 2015* (March 2016)

44. The Mid Yorkshire Hospitals NHS Trust, *Patient Experience Report Quarter 2 2015* (February 2016)

45. Women's Health Matters, *Young, white, working class and breastfeeding in Leeds: My influences, my choices* (Summer 2014)

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