

# Understanding Maternity Experiences

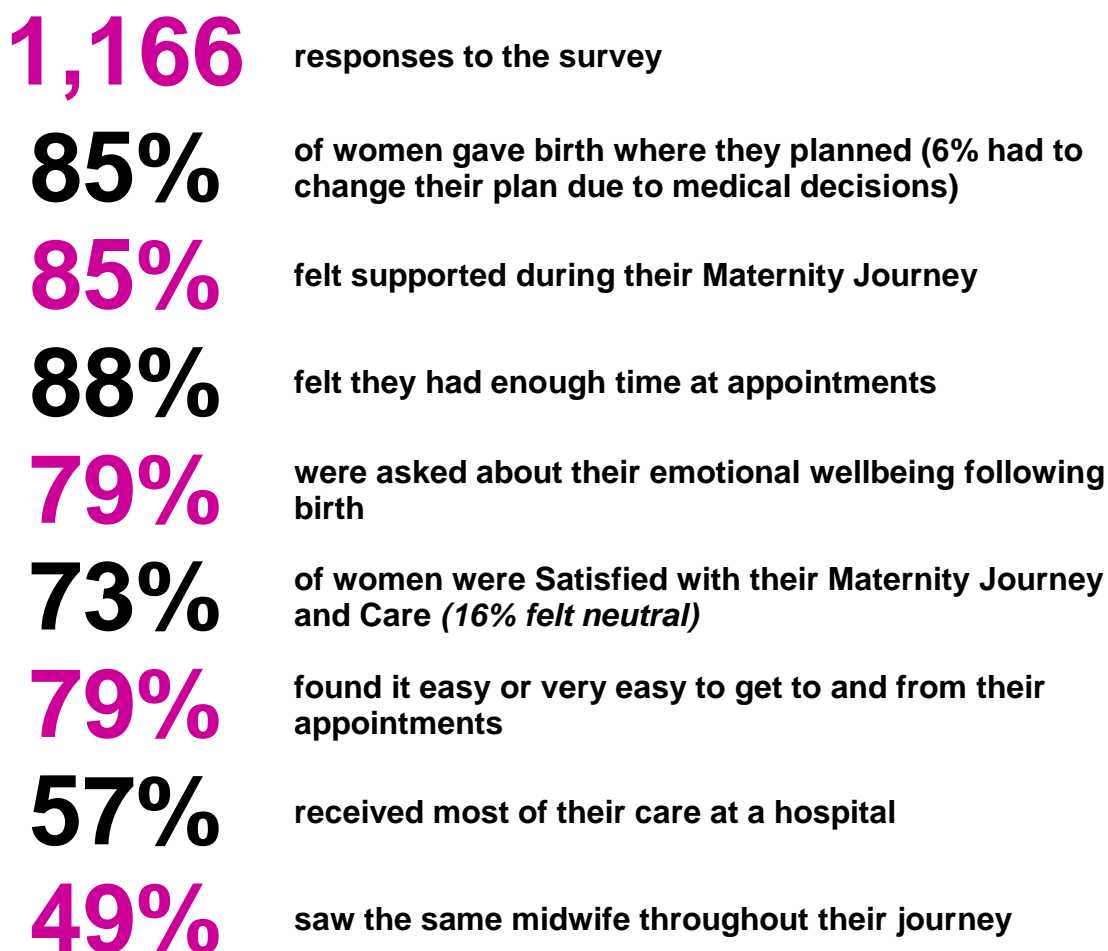


## Introduction and Background

This report provides insights into the experiences of women who gave birth in NHSGGC, gathered through a survey conducted in July and August 2024. The survey was sent via text message to 6,101 women who had given birth since the start of 2024, receiving 1,166 responses.

This round of survey work builds on the success of the initial engagement round in 2022-23, aiming to enhance our understanding of maternity experiences, specifically location of care, appointment times and continuity of carer to help the board begin measuring the impact of changes made to maternity care through 2023/24 as a result of feedback from women.

## Infographic insights

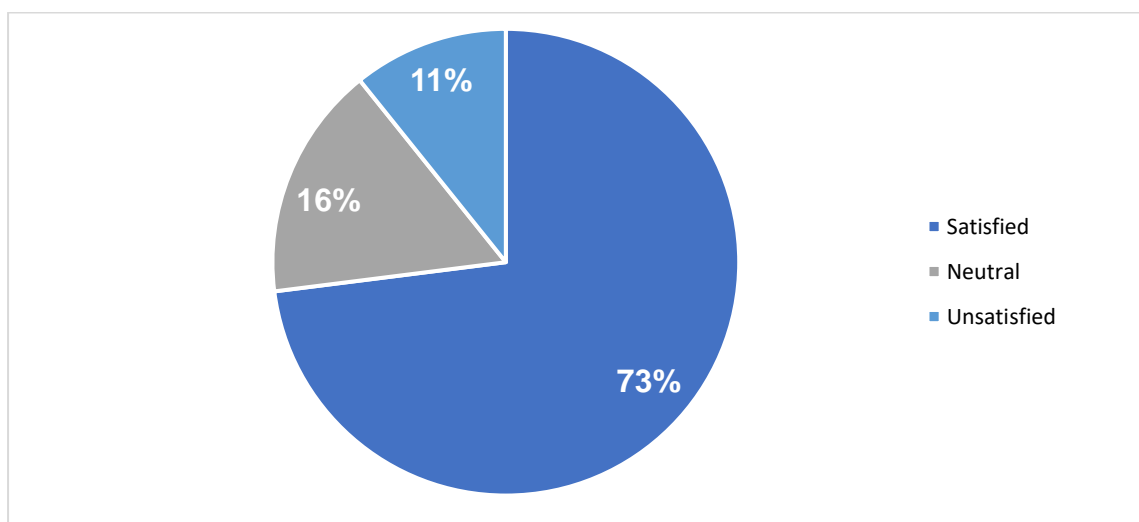


## Engagement Summary

This section supports the ongoing work aligned with the NHSGGC Maternity Best Start Strategy. It focuses on understanding women's experiences across various aspects of maternity care, including general care experiences, appointments, continuity of carer, and travel to and from appointments. The insights provided here aim to establish a baseline for tracking changes over time as NHSGGC implements resources to educate both staff and women on maternity care options and the importance of continuity of carer.

### Satisfaction with their entire Maternity Journey and Care

The below chart shows the general satisfaction shared by women about their entire maternity journey, with 73% of mothers sharing they were satisfied with their maternity journey, 16% felt neutral, and 11% were dissatisfied. This generally positive reception highlights the effectiveness of maternity care services. It is important to note that this was the first time we asked about overall satisfaction with a woman's maternity journey, making cross-comparison challenging.



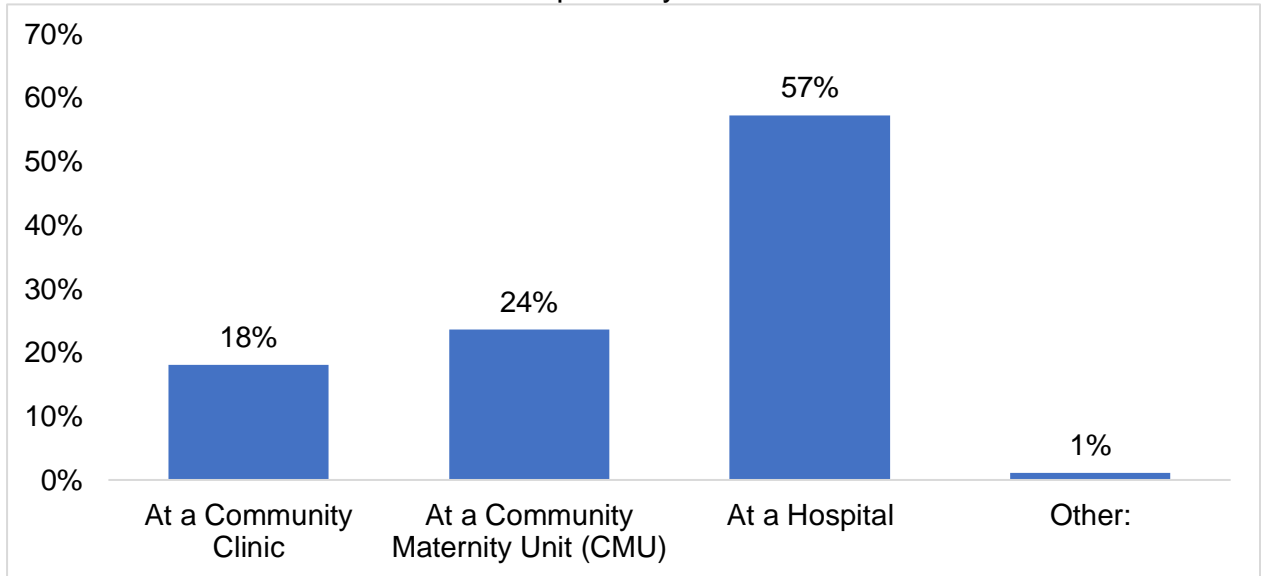
In future surveys we will look to align this with national maternity survey approaches to provide more accurate cross comparison.

### Care location during pregnancy

The following section provides insights into maternity care location, before exploring travel experiences to appointments for women.

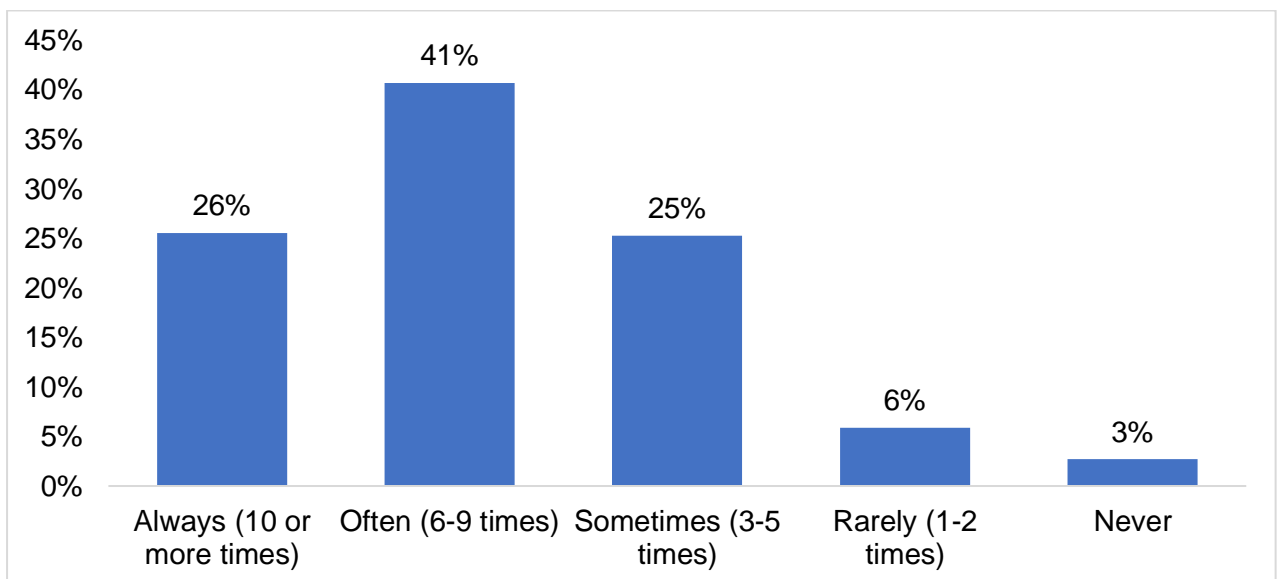
### Where did you receive most of your maternity care?

The chart indicates that the majority of women received hospital-based care (57%), followed by community maternity units (24%), and community clinic settings (18%). A small number of women received care primarily at home.

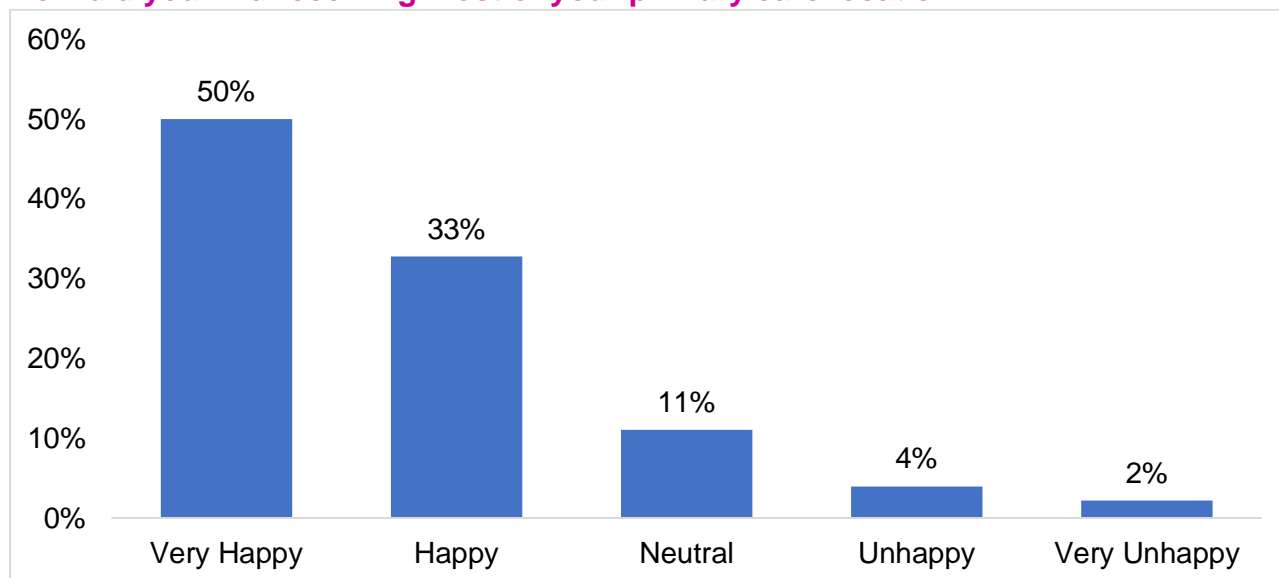


### How often did you visit this site during pregnancy?

The above chart shows how many visits women felt they had to their primary care site during their pregnancy, with most women sharing they visited between 6 to 9 times (41%).



## How did you find receiving most of your primary care location?



The above chart provides insight into how women felt receiving the majority of their care where they did, with the majority being Very Happy or Happy with their care location (50% and 33% respectively).

### Why did women answer this way about their primary care location?

As a follow up to this question, we also asked women why they were happy to unhappy with their care location. They shared a range of topics, with some key themes emerging relating to the below, the majority of comments were positive in nature.

#### Positive Themes

- Many respondents expressed overall satisfaction with their care, mentioning that they felt well looked after and supported.
- Midwives and staff were frequently described as friendly, helpful, and knowledgeable.
- Respondents highlighted specific instances where the care they received was exceptional, such as being sent for a scan that saved their baby's life or being supported by a specialist midwife team.

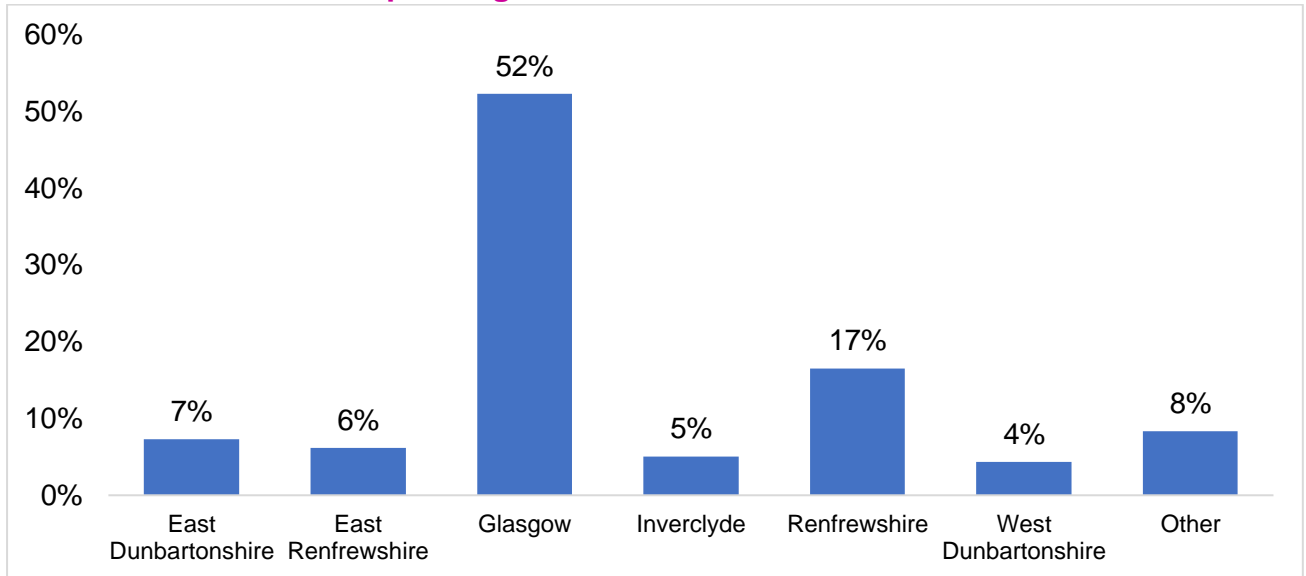
#### Negative Themes

- Some respondents reported negative experiences, including rushed appointments, lack of consistency in care, and poor communication.
- Issues with staff attitudes and treatment were also mentioned, with some patients feeling neglected or treated unkindly.
- There were mentions of long wait times and seeing different midwives at each appointment, leading to inconsistent information.

## Travel

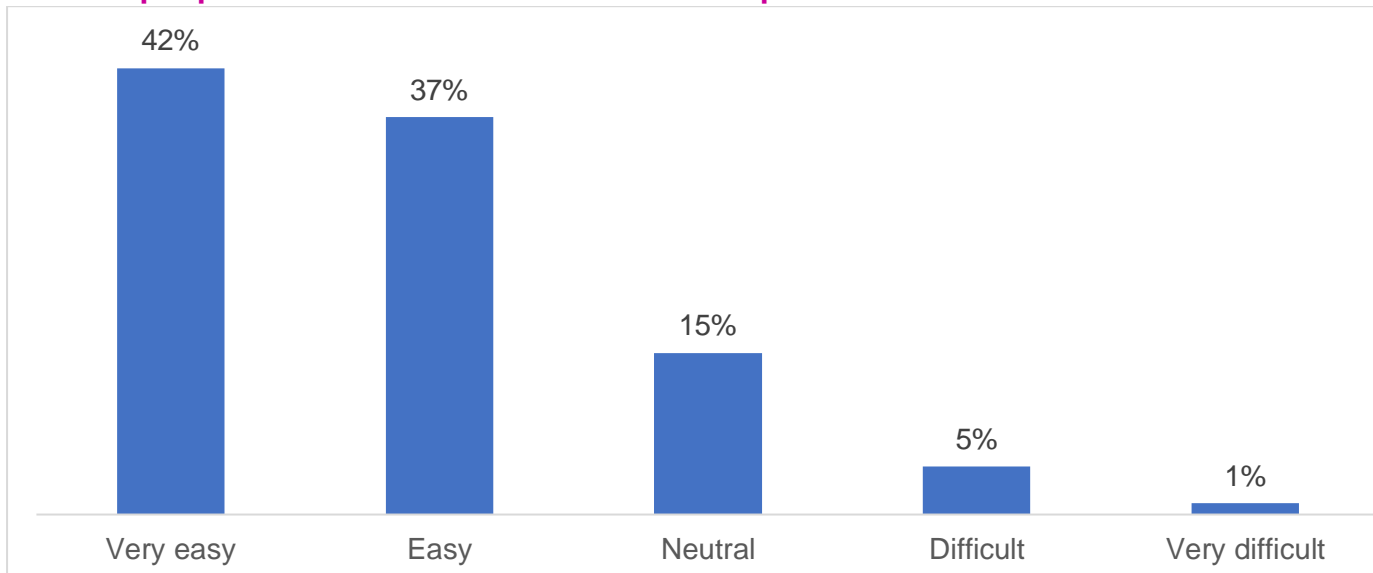
The following section looks at where women and the travel aspects related to maternity care. It focuses on the geographic distribution of the respondents and the accessibility of maternity services from their places of residence.

### Where do the women responding live?



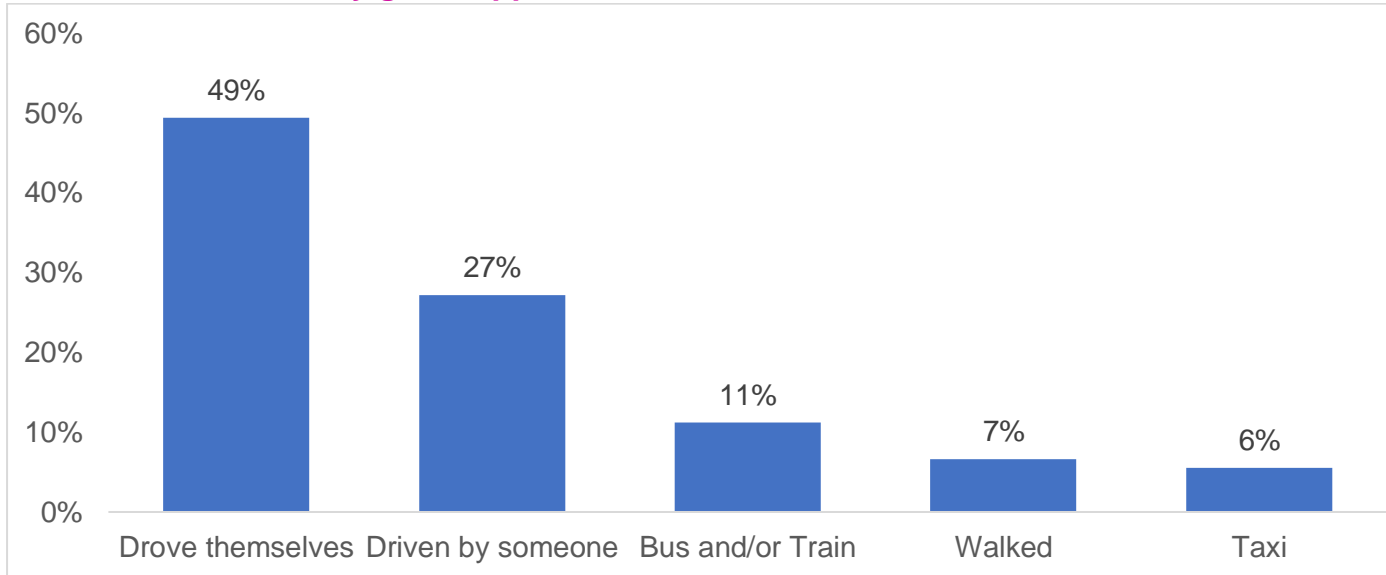
The above chart provides insight into the geographic location of women responding to this survey. We saw the largest response from Glasgow at 52%. When looking at the recorded areas of residence for the women sent this survey we see broadly similar layout as we do in self-reported residence area.

### How did people find travel to and from their main place of care?



While the majority of respondents found travel Very Easy or Easy, we say 6% find travel Difficult or Very difficult (5% and 1% respectively). This may require further engagement to understand specific travel challenges and how we can help support women to access maternity care.

## How did women usually get to appointments?

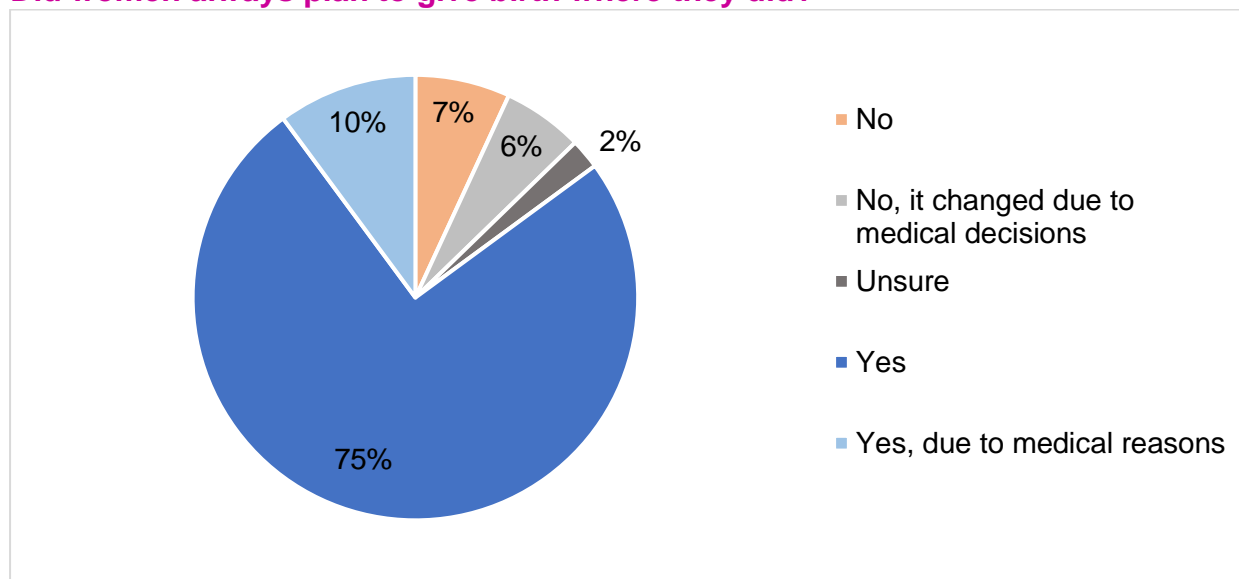


The above chart shows majority of women, representing 76% of respondents, relied on private vehicles (either driving themselves or being driven by someone) to reach their appointments. A smaller portion of the respondents used public transportation or taxis to get to appointments, possibly pointing to opportunity to engage specifically with this subset of women to understand why they chose to travel in the way they did.

## Birth Planning & Care

The following section provides insight into the decisions, preferences, and experiences related to where and how women planned and received their maternity care. Aligning with the NHS Scotland Best Start strategy, this section underscores the importance of individualised care planning and the availability of choices that respect women's preferences and circumstances. Through exploring where women planned to give birth versus their actual birthing locations, the survey captures insights into the flexibility and responsiveness of maternity services in accommodating the evolving needs during pregnancy.

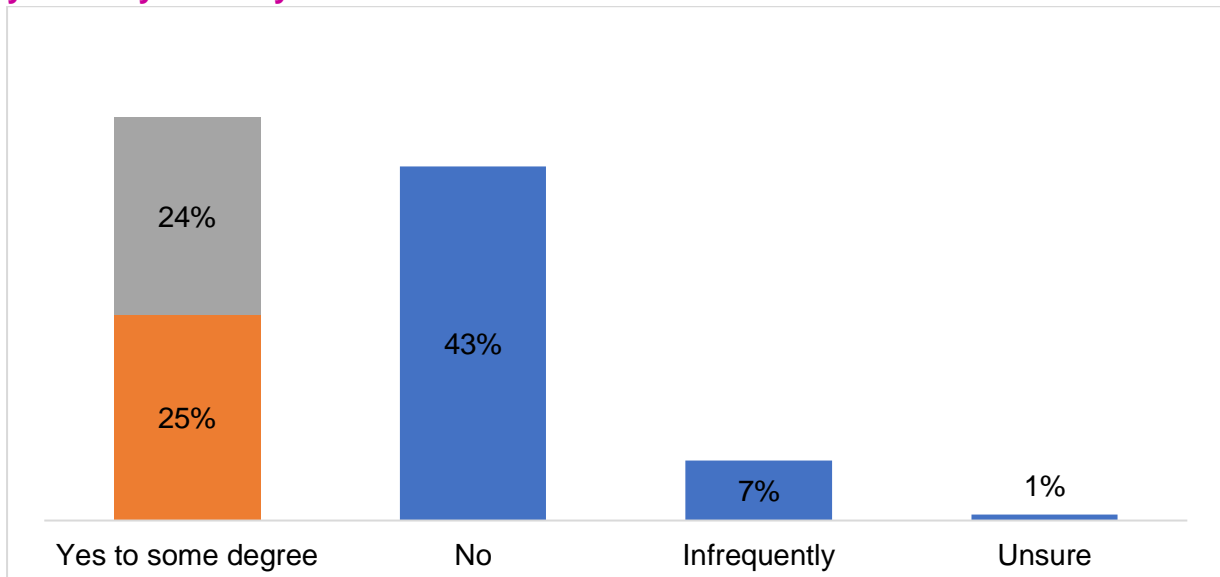
### Did women always plan to give birth where they did?



The above chart shows the majority of women were able to give birth at their planned locations (85%), reflecting a strong alignment between antenatal care plans and actual care received, which is a key goal of the Best Start strategy.

We also saw a small proportion (6%) of plans were altered due to medical reasons, illustrating the dynamic nature of maternity care where adjustments are often necessary to ensure the safety and health of both mother and child.

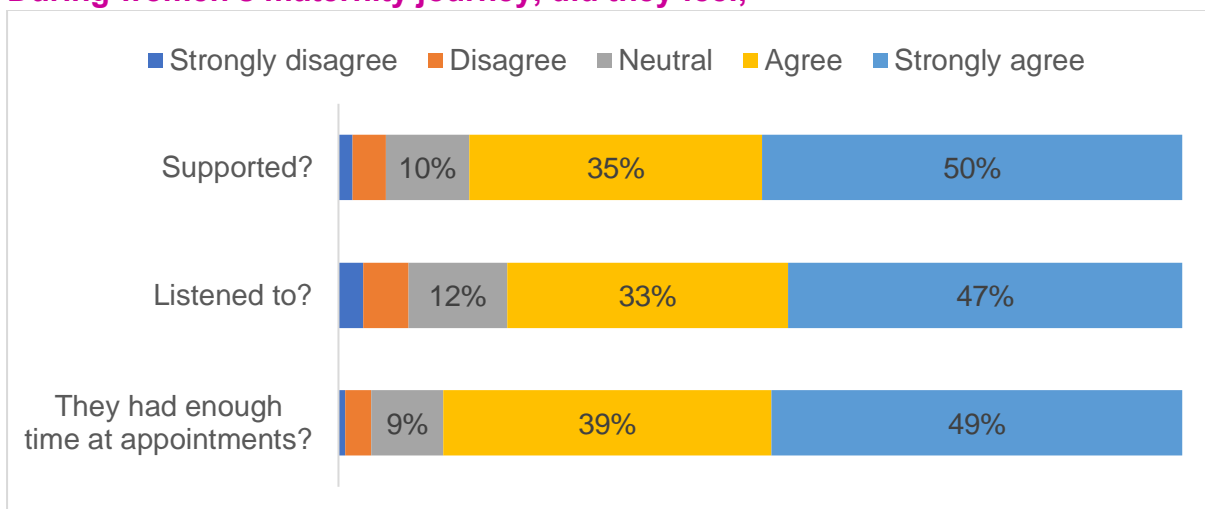
**Did you see the same midwife during your pregnancy, at home visits and after you had your baby?**



The nearly even split highlights an area for improvement in achieving the Best Start's goal of continuity of carer. We saw **49%** of respondents see the same midwife consistently, with **51%** seeing different midwives or infrequently seeing the same one.

We have seen a **10%** increase in women seeing the same midwife since our initial survey and the introduction of case load holding models in maternity services. We have also seen a **5%** reduction in women sharing no when asked this question.

**During women's maternity journey, did they feel;**



The majority of women felt supported, listened to, and believed they had enough time during their appointments, indicating positive aspects of the maternity care provided.

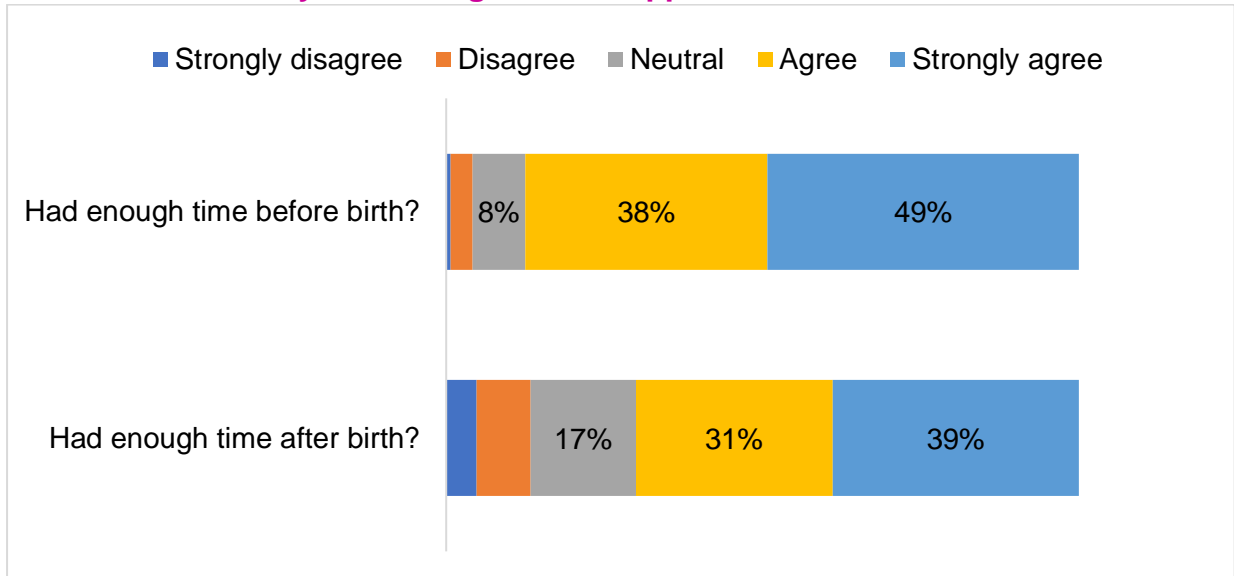
When compared to previous engagement activity we have seen an improvement in regard to how listened to women felt. During our first engagement asking this question we saw **72%** of women agree they were supported in some manner, with us seeing **85%** in the most recent group.



## Time at appointments

The following section provides insight into appointment time in maternity care through two lenses: overall satisfaction with appointment durations pre and post birth while also sense checking if any more time could have been helpful to women.

### Did women feel they had enough time at appointments?

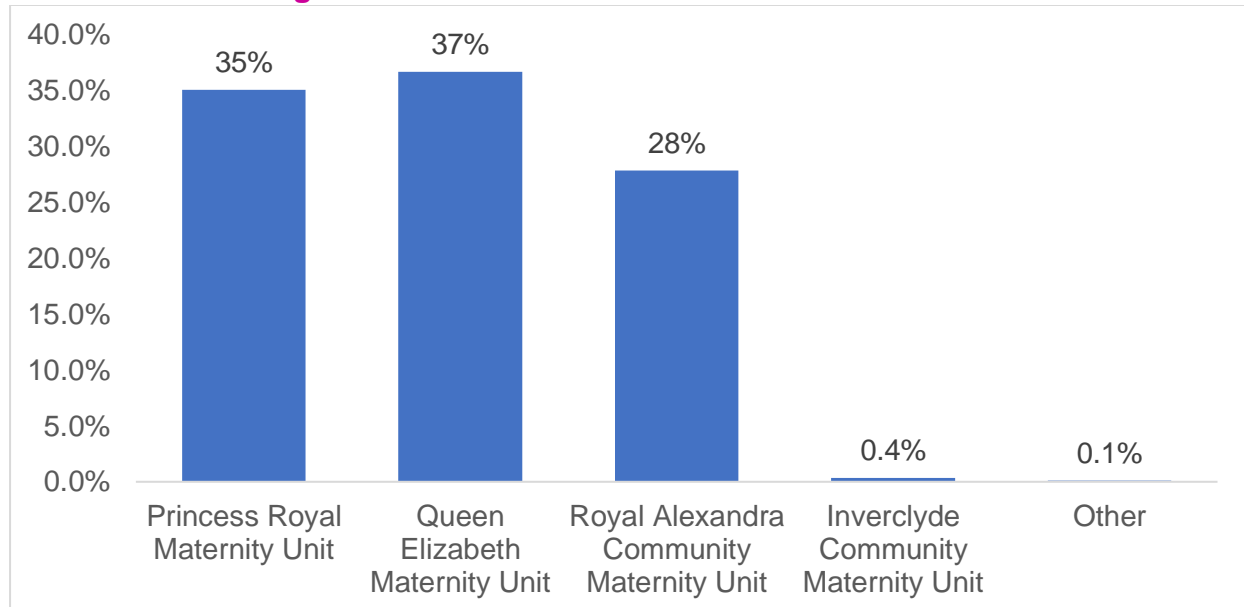


This question was added to our survey following patient feedback received during our first large scale survey in 2023. As a result of that initial feedback NHSGGC has increased appointment time for women across the board and we wanted to better track the impact of these longer appointments overtime. The data shows that a significant majority (87%) felt that they had sufficient time during their appointments, which we are hopeful will continue to increase across future surveys.

## Birth experience

This section of the report examines the settings and circumstances surrounding where women gave birth, aligning with NHS Scotland's Best Start strategy that emphasises accessible, personalised maternity care. Understanding the environments in which women choose to give birth helps in evaluating the adequacy of options available and tailoring services to meet diverse needs and preferences.

### Where did women give birth?



We saw the majority of responders share that they gave birth at the Queen Elizabeth site, followed by Princess Royal and the Royal Alexandra. When compared to previous engagement work we see a more even distribution of responses between these services, previously the QEUH site accounted for 43% of response, PRM 29% and RAH 22%. We have unfortunately seen a reduction in responses from women giving birth at the Vale of Leven and Inverclyde Royal sites, and future engagement will look at how we can capture voices from women giving birth in these locations.

### Why did you give birth here?

When asked to tell us more about why they chose to give birth where they did women share a range of themes. These themes highlighted a range of factors that

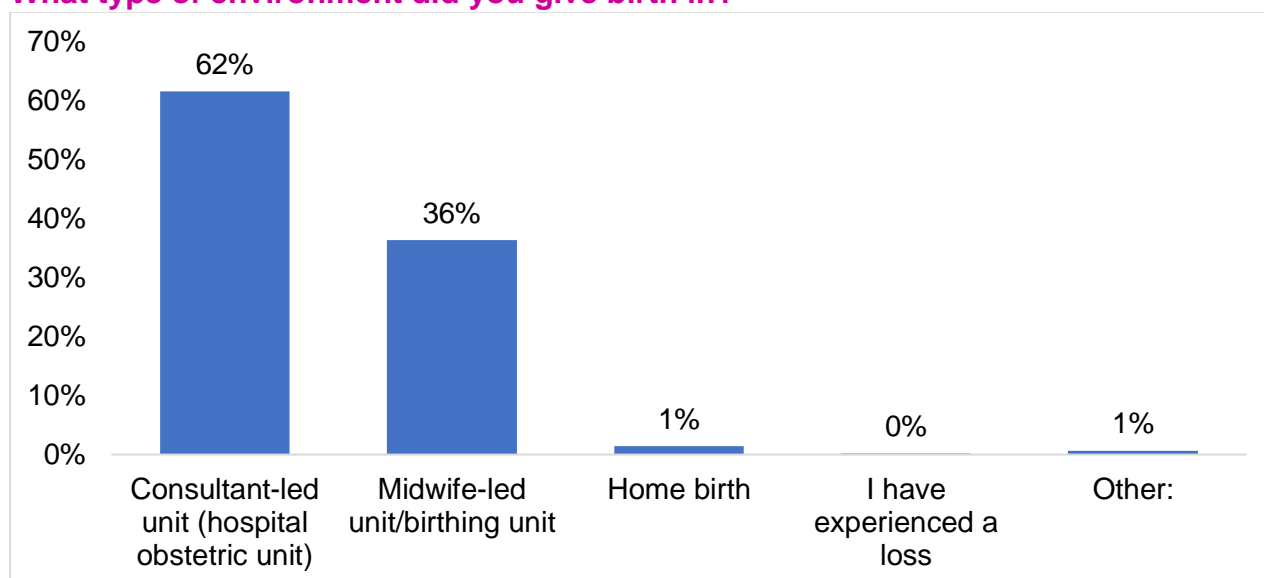
influenced women's choices for their birthing locations, ranging from medical reasons to personal preferences and previous positive experiences.

Key themes were:

- **Medical Reasons and Safety:** High-risk pregnancies, medical conditions, or the need for specialised care led some women to choose specific hospitals. The presence of neonatal units or the availability of medical interventions was also a factor.
- **Personal Preferences and Comfort:** Some women preferred a hospital setting for the reassurance of having doctors and consultants on hand. Others chose based on the availability of specific birthing options, such as water births.
- **Previous Positive Experience:** Women who had previously given birth at a particular hospital and had a positive experience often chose to return to the same hospital.
- **Proximity and Convenience:** Some women chose to give birth at a location that was closest to their home. Convenience in terms of travel and parking was also a factor.
- **Recommendations and Reputation:** Recommendations from friends, family, or medical professionals influenced some women's choices. The reputation of the hospital or the care received by others also played a role.

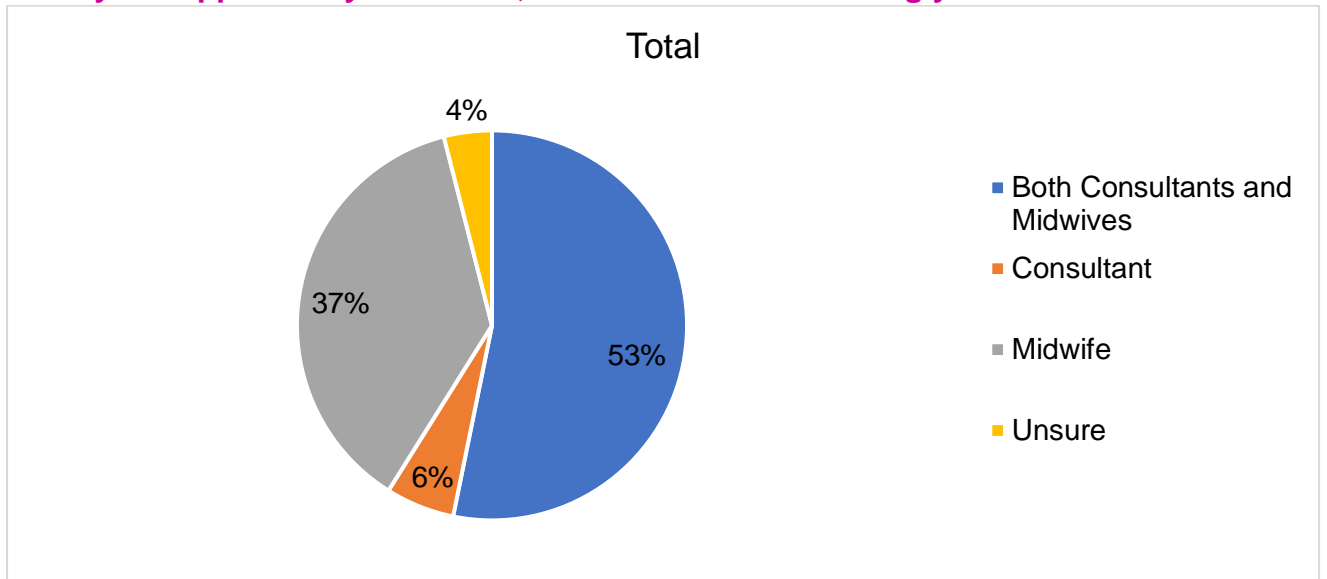
In our review of maternal choices and support systems during childbirth, the data reveals a diverse range of birthing environments and support types, reflecting the varied preferences and needs of expectant mothers. This diversity underscores the importance of offering tailored birthing options and support mechanisms, a principle championed by the Best Start Scotland initiative.

### What type of environment did you give birth in?



Looking at the responses of women asked about the environment they gave birth in we saw a significant number (62%) of mothers sharing they gave birth in a hospital consultant-led setting. However, the data also shows a meaningful selection of midwife-led units and home births.

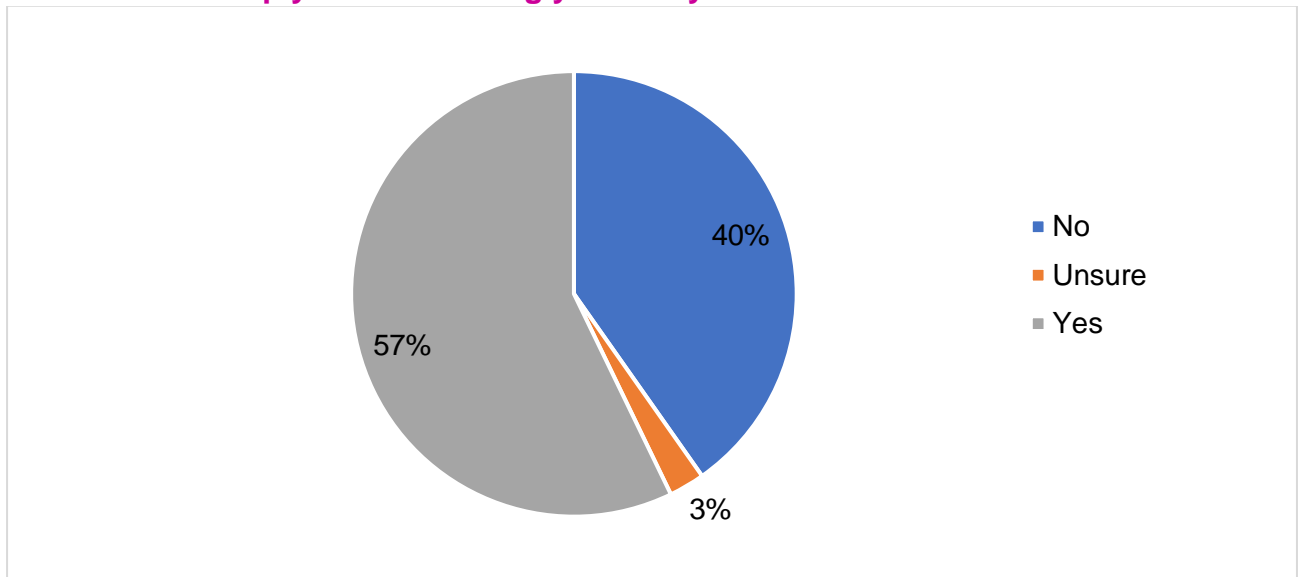
**Were you supported by a midwife, consultant or both during your birth?**



The support received during birth varied, with many mothers stating they received combined care involving both midwives and consultants (53%).

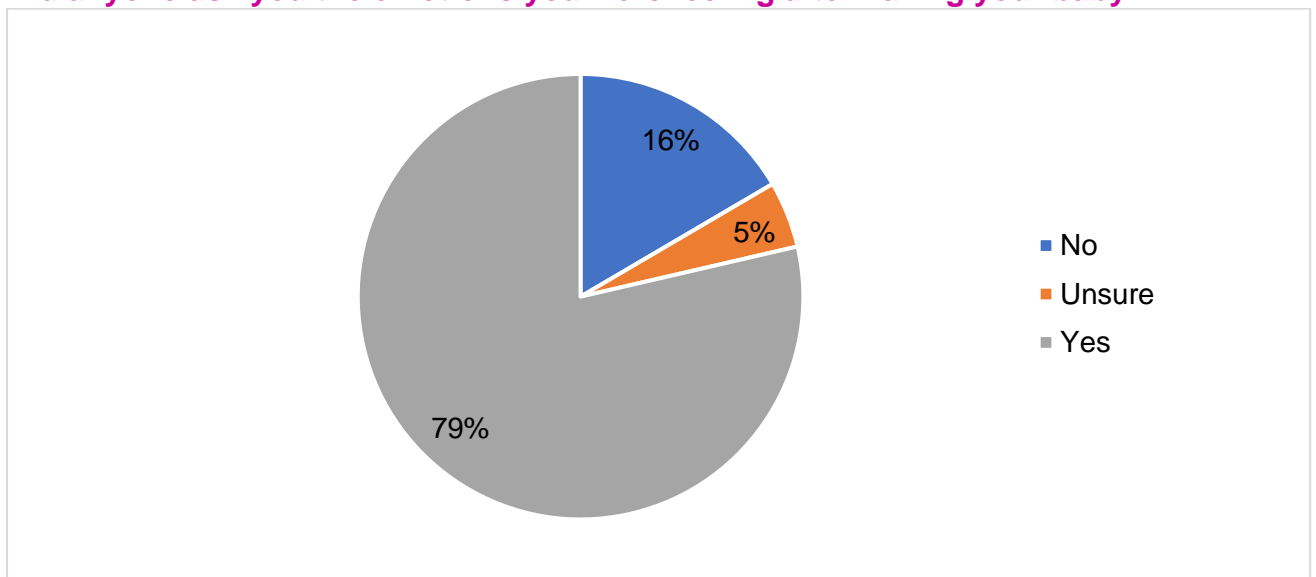
## Post Birth Support

### Did someone help you with feeding your baby?



The responses to the question "Did someone help you with feeding your baby?" revealed that 57% of women received assistance, highlighting the critical role of postnatal support in establishing feeding routines. However, 40% of respondents indicated they did not receive help, and 3% were unsure, pointing to potential gaps in the post-birth support system.

### Did anyone ask you the emotions you were feeling after having your baby?



A significant majority, 79%, shared that they were indeed asked about their emotions, reflecting NHSGGC maternity service desire to better recognise and support mental and emotional health in postpartum care. This proactive approach by healthcare providers helps ensure that new mothers receive the necessary support to navigate the complex emotional landscape following childbirth.

## Support Provided

The survey provided women the opportunity to share additional comments on particularly good aspects of care, what they felt could have been better or different and any advice they think would help future mothers. The following section provides insights into the main themes identified.

### What care or support stood out to you as good, and something you want to see more of?

Answers to this question helped highlight several key areas where the quality of care has not only met but surpassed expectations, showcasing practices that could serve as benchmarks for future improvements. Comments received have been shared with maternity colleagues across NHSGGC, with the below section providing high level themes based on these comments.

#### Themes Identified:

##### Supportive and Professional Staff:

- Many comments highlighted the professionalism, knowledge, and supportive nature of the staff, including midwives, consultants, and health

##### Consistent and Continuous Care:

- Comments appreciated the continuity of care, seeing the same midwife or health visitor regularly, which helped build trust and comfort. The importance of consistent staff in daycare and home visits was also highlighted.

##### Emotional and Mental Health Support:

- Several comments mentioned the importance of emotional support, empathy, and understanding from the staff, especially during challenging times. Mental health support was noted as a crucial aspect of care.

##### Breastfeeding and Postnatal Support:

- Postnatal support, including home visits and aftercare, was highly valued. Many comments emphasised the importance of breastfeeding support and the positive impact of knowledgeable and supportive staff.

##### Personalised and Respectful Care:

- The importance of personalised care, listening to patients' wishes, and respecting their decisions was frequently mentioned. Comments appreciated staff who took the time to understand and address individual needs and preferences.

## **What care or support stands out as something you would change or like to see provided differently?**

While most comments reflected positive experiences and satisfaction with the care received, women did share some areas where they felt they would like to see improvements that could enhance the overall quality of service.

### **Communication and Listening**

- We heard from some women about how they felt communication could be better, and that staff could be better at listening to and addressing concerns during their pregnancy. Additionally, there were comments shared expressing a desire to see better cross department communications alongside better pre appointment note checking by staff.

### **Support and Aftercare**

- Some individuals highlighted that they felt follow-up care post birth could be better, particularly when they sought help with breastfeeding after challenging births. Better communication about pain relief and next steps during labour, as well as increased support for mothers experiencing postpartum depression, were also suggested by women.

### **Staff Attitude**

- While the majority of comment shared around staff were very positive, we did receive some negative experiences were about staff being less considerate and understanding during appointments. Examples shared were around ultrasound appointments and interactions during labour.

### **Facilities and Environment**

- Comments about facilities and the environment generally related to waiting times, improvements to privacy, and noisy wards. One person suggested the need for a separate room after a Caesarean birth to improve their recovery experience.

### **Consistency and Continuity of Care**

- The need for more consistent care was a recurring theme. Some individuals mentioned seeing different midwives at each appointment, while others highlighted the lack of continuity in care from consultants, and how seeing the same midwife improved the appointment quality

## Is there any advice or help you would have liked to see mothers receive in the future?

Here are the themes from the comments in the document for the question: "Is there any advice or help you would have liked to see mothers receive in the future?"

### Support and Continuity of Care

- Many women expressed the desire for more support, especially when separated from their babies. They also emphasised the importance of regular checks from midwives and health visitors, even if the baby is not at home<sup>1</sup>. Consistent advice from midwives, doctors, consultants, and health visitors was also highlighted as crucial.

### Breastfeeding Support

- Breastfeeding support was a significant theme. Women mentioned the need for better resources, such as NHS lactation consultants, and more comprehensive breastfeeding classes that address challenges and alternatives<sup>3</sup>. Some women felt that the current breastfeeding support was insufficient and had not improved over the years.

### Antenatal and Postnatal Care

- Women suggested improvements in antenatal classes, specifically on how to breathe and push during labour. They also mentioned the need for more checks on mothers themselves, not just the babies, and better aftercare. Including fathers more in birth plan discussions was also recommended.

### Communication and Information

- Clear and consistent communication was another common theme. Women wanted more advice on the pros and cons of being induced, face-to-face discussions rather than just receiving leaflets. They also emphasised the importance of being well-informed about what to expect during labour and postnatal care.

### Emotional and Practical Support

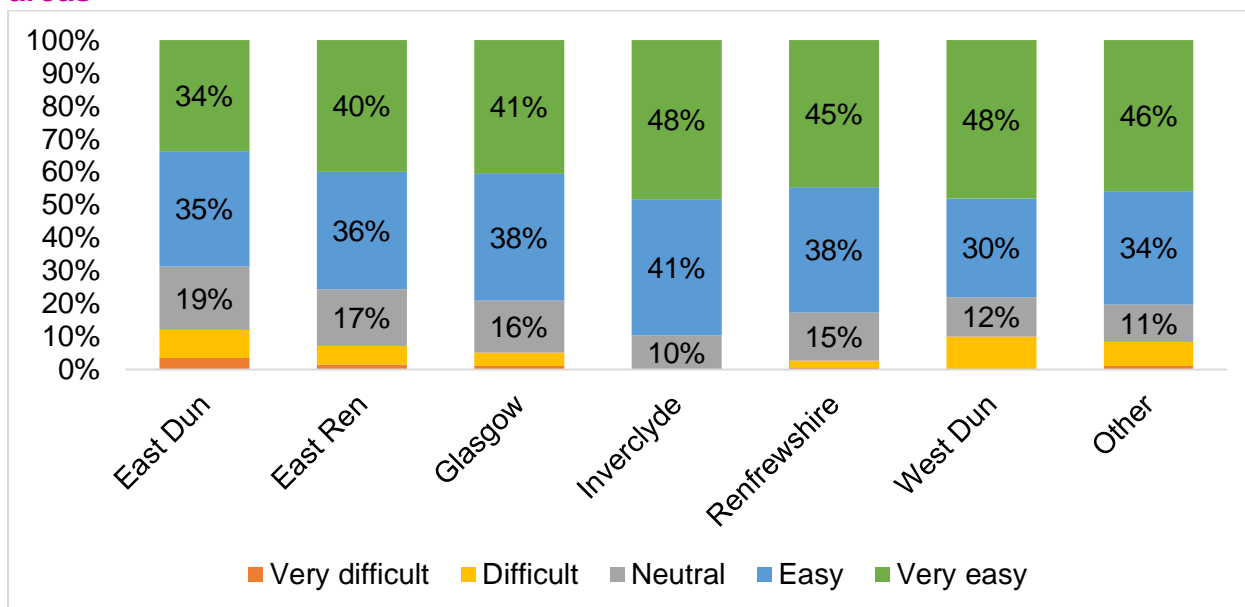
- Some women highlighted the need for emotional support and practical advice, such as the importance of snacks after labour, advice on activities to do with newborns outside the house, and ensuring that feeding is well-established before leaving the hospital.



## Cross Comparison of experiences by Local Authority area

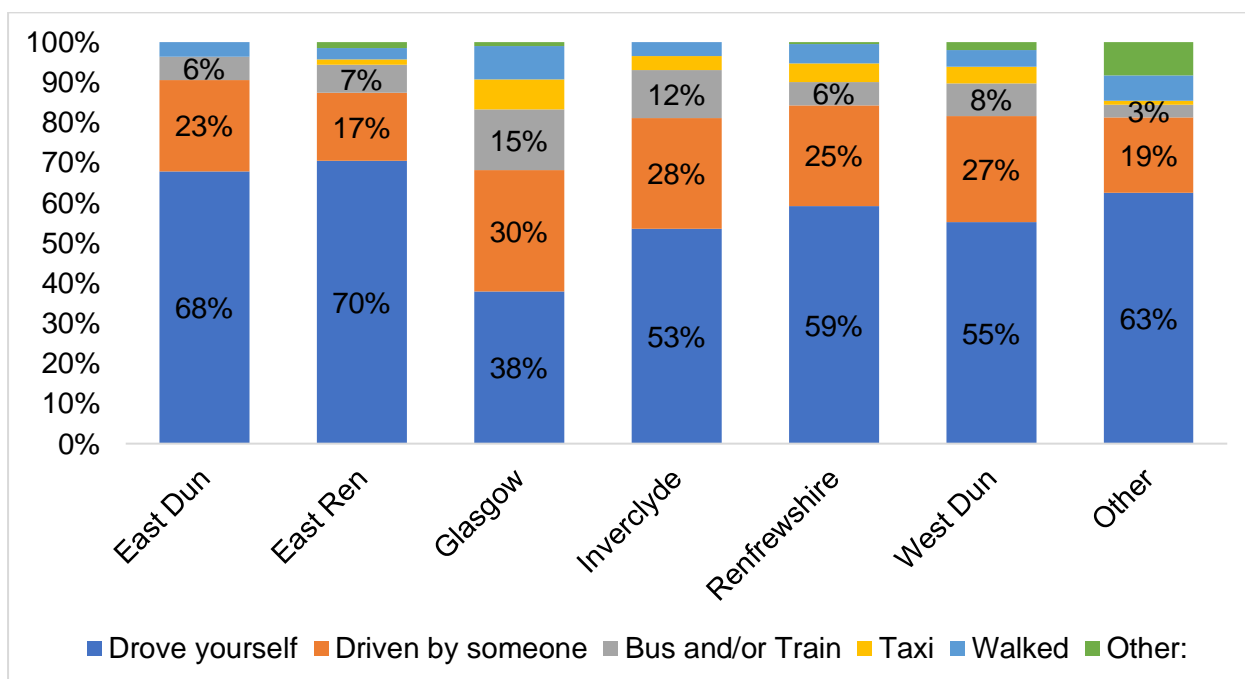
NHSGGC were interested in exploring how women's experiences with maternity services vary depending on their locality. This section provides a brief cross comparison of these experiences across different Local Authority areas, offering insights into various aspects such as travel to appointments, satisfaction with continuity of care, and overall service quality.

### How did women find travelling to appointments from different Local Authority areas



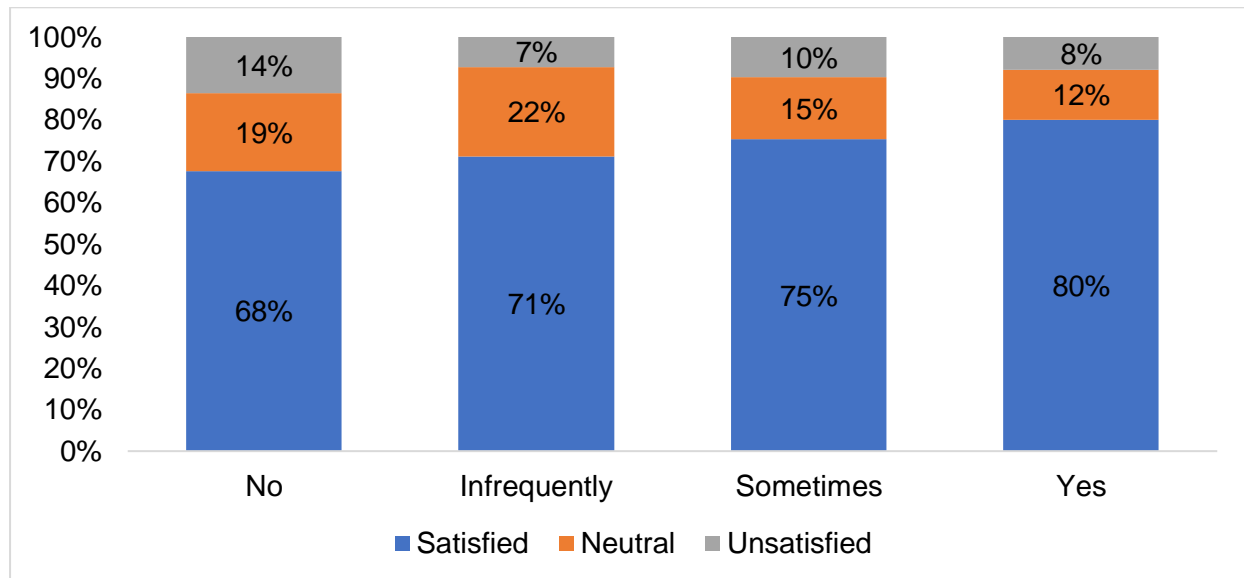
### How did women get to appointments across different Local Authority areas

We saw the largest deviation in method of travel to appointments in Glasgow City, which saw a lower volume of women drive themselves, and a greater incidence of women being driven by someone, getting a taxi or walking.



### Satisfaction changes between reported continuity of carer

There was a clear link in responses between a higher level of continuity of carer reported and the satisfaction with care. Overall satisfaction dropped to 68% when no continuity was reported and this rose to 80% where the woman mainly saw the same midwife through her appointments.



## Conclusion

The findings from the 2024 Maternity Survey provide valuable insights into the experiences of women who gave birth in NHSGGC. The majority of respondents reported positive experiences, with high levels of satisfaction regarding the location of care, appointment times, and continuity of carer. The data highlights the importance of continuous care provided by the same midwife, which significantly impacts maternal satisfaction levels.

While the overall feedback is encouraging, there are still areas for improvement. Addressing these in partnership with women will be crucial in enhancing the quality of maternity services and ensuring that all women receive the support they need throughout their maternity journey.

Future evaluation and engagement work will continue to assess women's experiences, driving service improvements across NHSGGC. By maintaining an open feedback mechanism and regularly engaging with mothers, NHSGGC can ensure that maternity services evolve to meet the needs and expectations of women and their families.