



Maternity services

FROM THE PERSPECTIVE OF A PARTNER OR FAMILY MEMBER

A report summarising the views and experiences of partners or family members who have supported someone accessing maternity services.

MARCH 2023

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Background

The CQC commissioned Healthwatch Oldham and Healthwatch Rochdale to gather experiences from partners and or family members who had supported a pregnant or birthing person through the maternity journey between September 2021 to February 2023. We have summarised the responses in this report.

Healthwatch Oldham and Healthwatch Rochdale are both independent champions for people who use health and social care services.

Please note that the statements within the report are subjective accounts by individuals given on the day they submitted the survey and do not represent the views of Healthwatch Oldham or Healthwatch Rochdale. This research was conducted in line with accredited guidelines set out in Healthwatch England's Research Framework.

If anyone has any queries relating to the content of this report, please contact a member of the Healthwatch Oldham team via info@healthwatcholdham.co.uk.



Executive Summary

In December 2022 Healthwatch Oldham and Healthwatch Rochdale were commissioned by the CQC to carry out time-limited engagement with partners and or family members who had supported a pregnant or birthing person through the maternity journey between September 2021 to February 2023.

We co-produced a survey with the CQC which we circulated online, through various social media platforms but was also promoted through direct engagement at over 21 outreach sessions at 16 different care settings or community groups. In addition, we collected more in-depth experiences in 5 case studies and held 5 focus groups.

Findings

Overall, to each question we received more positive responses than negative ones, with more than 60% of people responding positively to every question. However, there was significant variation in experiences with each question as can be demonstrated by the range of positive and negative examples provided.

The highest positive scores were in response to the question which asked if their partner was cared for (84%) and if the supporting partner or family member felt able to speak up on behalf of their partner (86%). There were many examples shared of the excellent care that the pregnant or birthing person received and examples of individual staff showing kindness and compassion.

“The nurses and doctor were amazing and made us feel so comfortable, we were in such safe hands”

The greatest variation in experience and those with the most negative responses were concerning the questions on individualised care, with 40% reporting that it was not personalised to their needs, 27% reporting care was not personalised to their partner’s needs and when asked if the supporting partner knew whom to raise concerns with, 35% did not.

In those areas where there was a greater variance of views and negative experiences shared, the following themes were expressed;

Poor communication and levels of empathy shown – some partners expressed frustration at the lack of information provided and insufficient compassion of some of the staff involved in the care of their partner. Many of the negative experiences shared expressed that the maternity team seemed too busy and did not take the time to understand their individual needs or circumstances. Many of the negative experiences were that the partner’s views or involvement weren’t welcomed or considered. In some of the experiences, the individual practice of the health professional did not show the level of empathy or understanding that the partner or family member would have expected.

Witnessing poor quality of care of their partner or family member – where negative experiences were shared the majority of these were regarding the quality of care at appointments, particularly where scans were significantly delayed and at hospital ante-natal settings, where the birthing person was required to wait for significant periods. Concerning the birthing experience, there was significant variation in the continuity of care between different departments and if a transfer of care was required when shifts changed. In many of these examples, the partner or family member didn’t feel that their experiences were being listened to and enough was done to rectify the poor experiences when they were raised.

“My wife lost twin girls at 20 weeks, after the procedure and losing them, she was made to sit there for 8 hours in the waiting room whilst pregnant women came and went. She was left a wreck after that. It was like torture.”

Ideas for improvement

Partners and family members were asked for any specific ways that the maternity services could be improved. Their ideas included;

- Staff need more time so that they aren't as rushed and can provide more individualised care. Several people mentioned there could be a role for volunteers with direct experience in maternity services to provide some practical support in the hospital setting or ante-natal settings.
- Provide refresher training to convey the importance of compassionate care and deeper listening by key staff to the experiences and needs of the pregnant or birthing person and the partner or family member.
- Ensure the Birth Plan is continuously referred to throughout the whole maternity journey and added to as new information is shared. This should include cultural and individual needs.
- Provide more information about whom to go to and how to raise a concern, if this is needed. Encourage people to speak up and have posters and other prompts to help aid this.

“I know these wards are under pressure and often understaffed but this needs to be addressed and staff also need to be more compassionate and caring. A little kindness goes a long way.”

About the CQC

In the survey and focus groups, people were asked how the CQC could make it easier to share experiences with them, and if anything currently would prevent people from going to the CQC. Several people responded that they had not heard of the CQC and were not aware that you could raise concerns or provide feedback directly to them. Ideas shared with us about how the CQC could make it easier for people to share their experiences were

- Increase awareness that CQC wants this kind of experience information and what it will do with it e.g., provide information/posters in the waiting rooms with QR codes and more info in birthing packs.
- Link the [CQC form](#) to places that people may go to make a complaint or share their experience e.g., on Healthwatch websites, on NHS Trusts friends and family test pages.
- Provide other ways that people can share their experiences easily and in various formats e.g., quick surveys on screens as you are waiting or in the clinics.

Most people answered that there isn't anything specifically that would prevent them from reporting to the CQC. Some people said that they would want to remain anonymous if they did report an experience and would therefore want assurance this is possible.

Methodology

In December 2022, the CQC commissioned a partnership between Healthwatch Oldham and Healthwatch Rochdale to conduct this time-limited research. The CQC stated they wanted to hear the experiences of parents, family members and doulas throughout the full maternity process. The CQC were particularly keen to hear from people who are more likely to experience poor care which they defined as

- People with disabilities including people with additional communication needs
- People with long-term health conditions
- People from different age groups
- People from the LGBT community
- People from ethnic minority communities
- People from the Gypsy and Traveller community

The CQC also asked for feedback about whether people knew about the CQC and whether they can be contacted with feedback or to share their experiences of care.

Data collection methods

We co-produced a survey with the CQC and circulated this widely, it was publicly available for anyone to complete through Healthwatch Oldham and Healthwatch Rochdale websites and was shared numerous times across social media platforms, through GM Healthwatch network partners and Healthwatch England. We used the same survey form in person at 21 outreach sessions in 16 different care settings or community venues where we could speak to partners or family members directly. As agreed with the CQC, we specifically targeted places where we would be more likely to speak to the target demographics. We worked with local partners and with the Rochdale and Oldham Maternity Voices Partnership to cascade the survey to the target groups. A copy of the survey questions is shared in Appendix A.

The survey went live on 16 December 2022 and closed on 21 February 2023. In total, we received 105 responses to the survey questions.

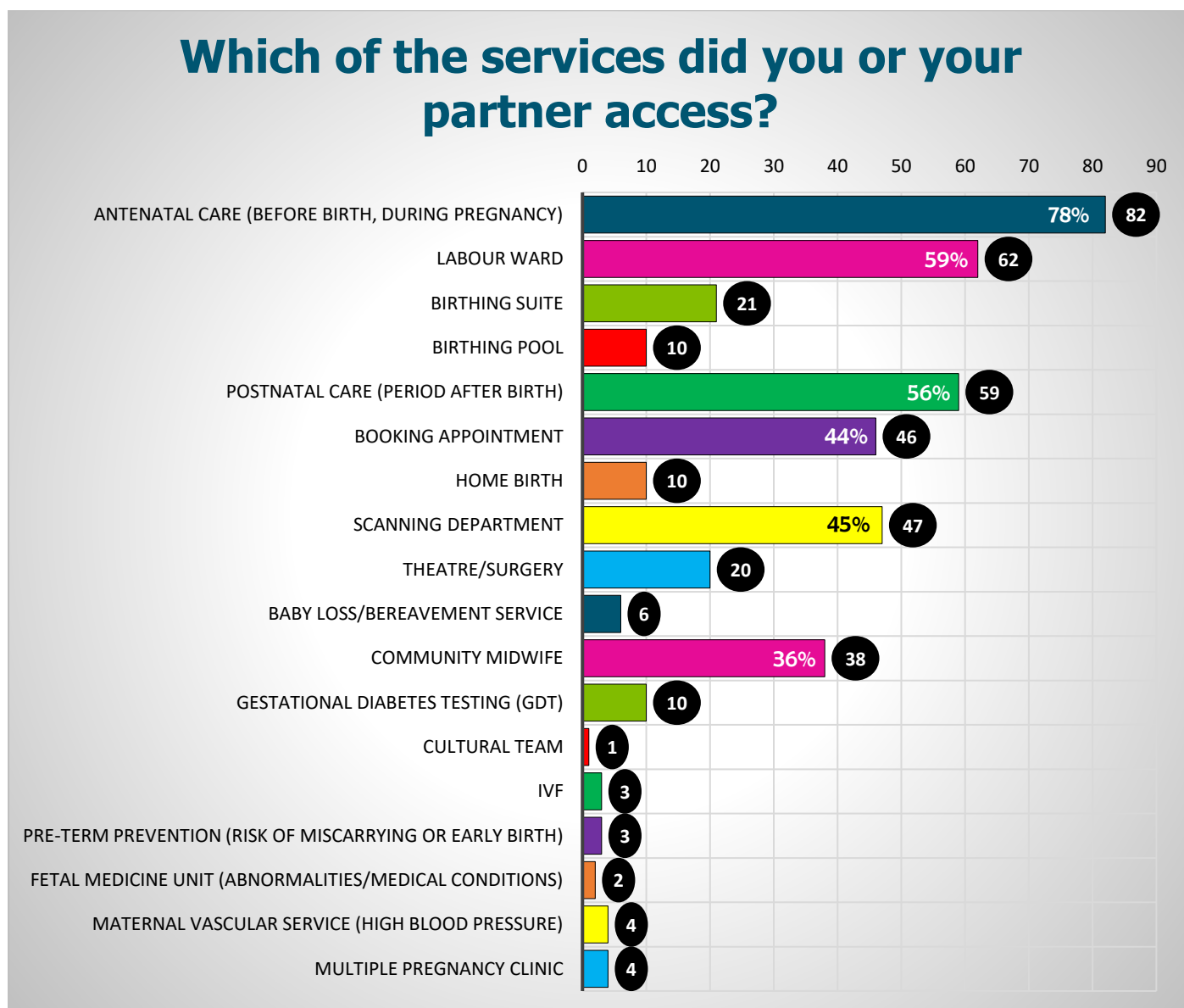
We invited everyone who completed the survey or whom we met through attending a care or community setting to attend a focus group to share more detail about their experiences or to complete a case study. We also collected demographic data of those people that we had spoken to and through working with community partners targeted invites to capture absent views. 4 people agreed to complete a case study with a member of the team who took a more detailed account of their experiences. We held 5 focus groups, attended by 12 people.

From the demographic information we collected on the survey, we captured experiences from people who self-identify as

- White/British (47%), Asian/Pakistani (23%), British African (9.5%). We also spoke to people who describe their ethnicity as Bangladeshi (1%), Indian (1%), Arab (1%), Caribbean (1%) and Gypsy/Roma (1%).
- 7% of respondents stated they have a disability
- 3 people identified as lesbian, gay or bisexual
- 1 person stated their gender was different to that assigned at birth
- 20% of the respondents have a long-term condition.
- 87% were aged 25-49 years old.

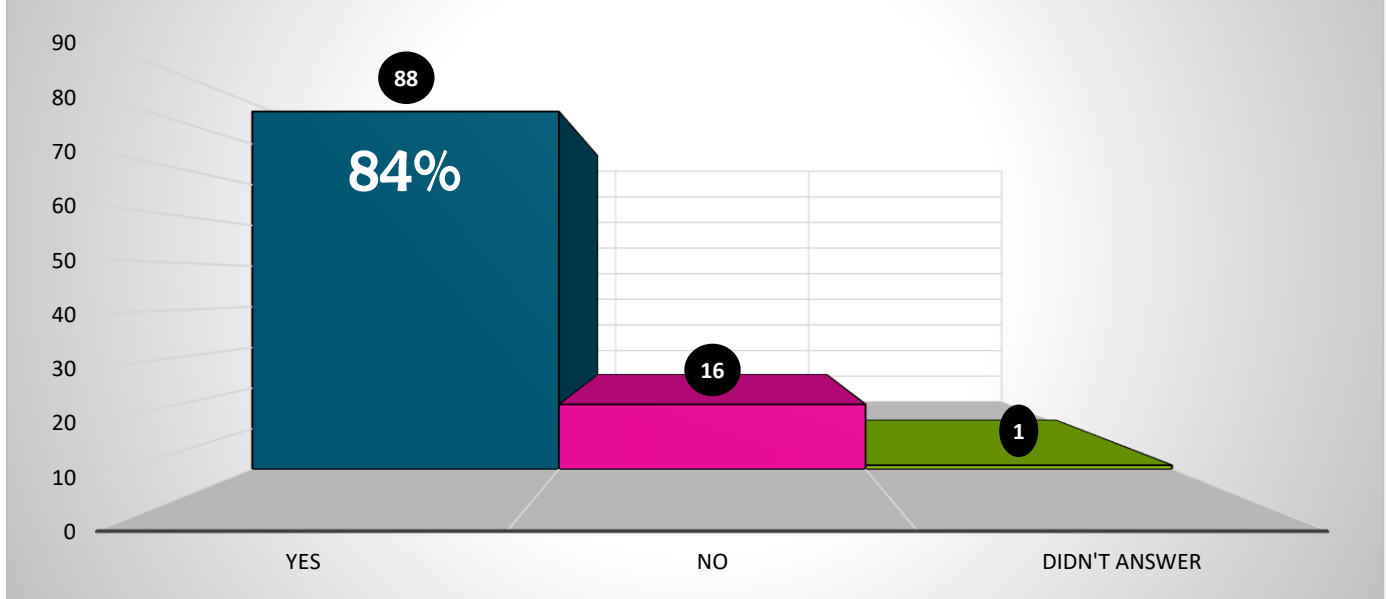
Detailed Findings

The following sections highlight the responses we received to each of the survey questions. We have included some of the quotes we received to illustrate some of the experiences.



Of the 105 respondents who completed this survey, the service which has been accessed the most is Antenatal Care which 82 people accessed (78%). Other high services which have been accessed are Labour Ward 62 people (59%), Postnatal Care 59 people (56%), Scanning Department 47 people (45%), Booking Appointments 46 people (44%) and Community Midwife 38 people (36%).

Did you feel your partner was cared for during your appointment?



Of the 105 respondents, we asked whether they felt that their partner was cared for during their appointment. 88 people (84%) stated that they were, compared to 16 people (15%) who stated that they were not. One person did not answer this question.

“The theatre team were amazing with my wife, they always kept us in the loop, remained calm, which in turn made us stay calm.”

“My wife lost twin girls at 20 weeks, after the procedure and losing them, she was made to sit there for 8 hours in the waiting room whilst pregnant women came and went. She was left a wreck after that. It was like torture.”

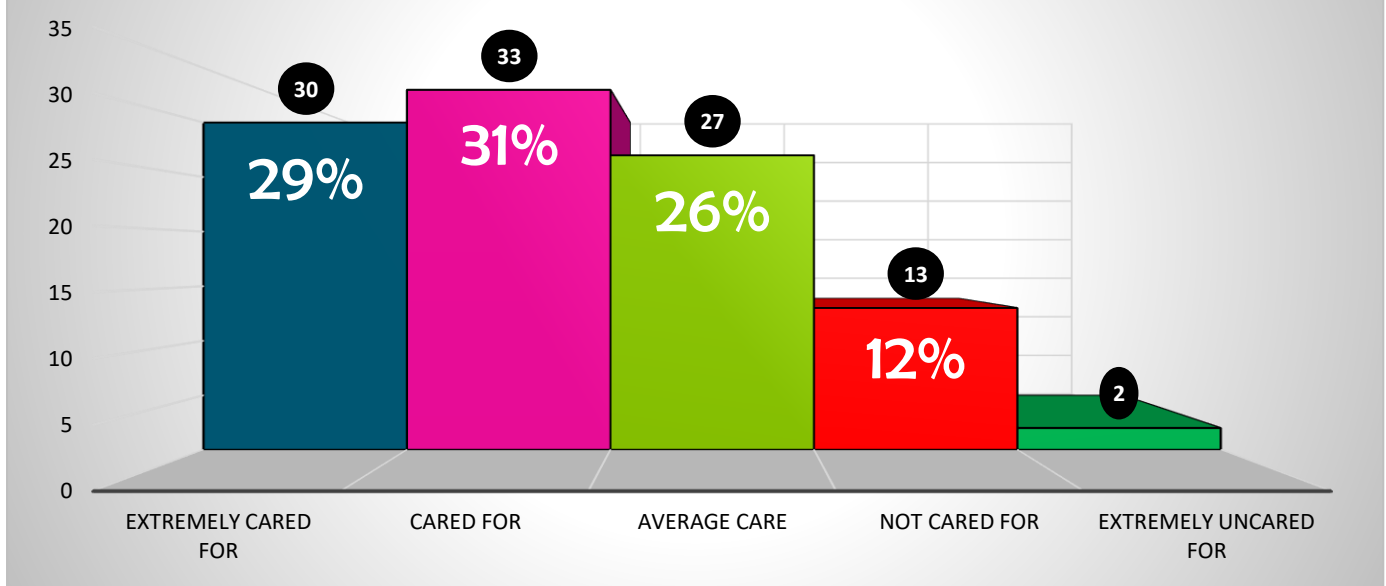
“The sonographer was amazing... he went into so much detail and reassured us throughout. It made a massive difference on our experience.”

“The majority of the nurses were kind and quick to respond when any issue arrived or if we had a question, however in the post-natal ward the response time from some of the nurses was shocking and they are literally 20 feet from the ward.”

“The care my daughter-in-law received was lovely, the nurses where polite, informative and friendly.”

“I do not feel that during some of our appointments the midwives had read our notes so therefore did not be as caring or compassionate as they could have been.”

Did you feel cared for in your appointment as a partner to someone who is expecting a child?



Of the 105 respondents, we asked if the partner felt cared for as they supported someone who is expecting a child. The answers to this question were more positive than negative with 63 people (60%) giving a positive response compared to 15 people (14%) who gave a negative answer. 2 people (2%) stated that they were extremely uncared for.

"I felt cared for because the nurses and doctors always spoke to me and told me exactly what they were doing to help my wife, this helped me remain calm."

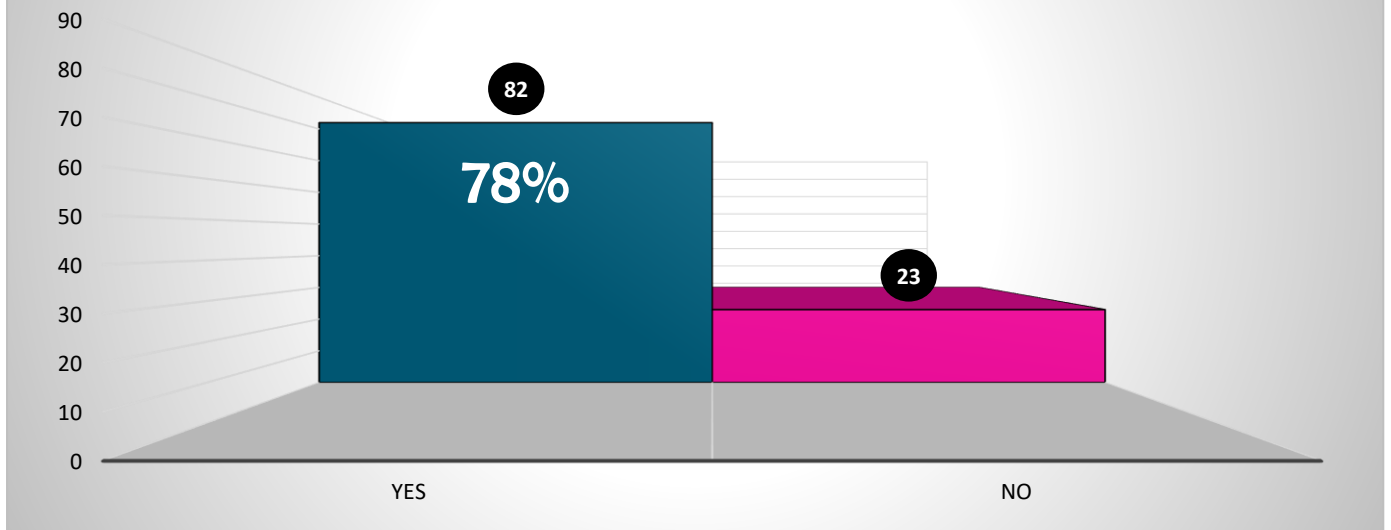
"There was not a lot of attention paid to the partner beyond asking who I was."

"This pregnancy was not my partner's first, and previously I had felt quite excluded from the process and not cared for. This time felt different, for a number of reasons. I was included in the appointments in a way I'd not experienced before."

"Whenever I would try to include myself in a conversation with a medical professional it was hit and miss as to how this would be perceived. More often than not I was made to feel my input wasn't needed or wanted, and sometimes I was treated like I was not even there."

"The sonographer and consultant both introduced themselves to me and included me in the conversations. Which I thought was lovely and respectful."

Did you feel your cultural/religious needs were taken into account throughout the process of accessing and using maternity services?



Of the 105 respondents, we asked whether they felt their cultural/religious needs were taken into account throughout their experiences with maternity services. 82 people (78%) stated that they were in comparison to 23 people (22%) who stated that was not.

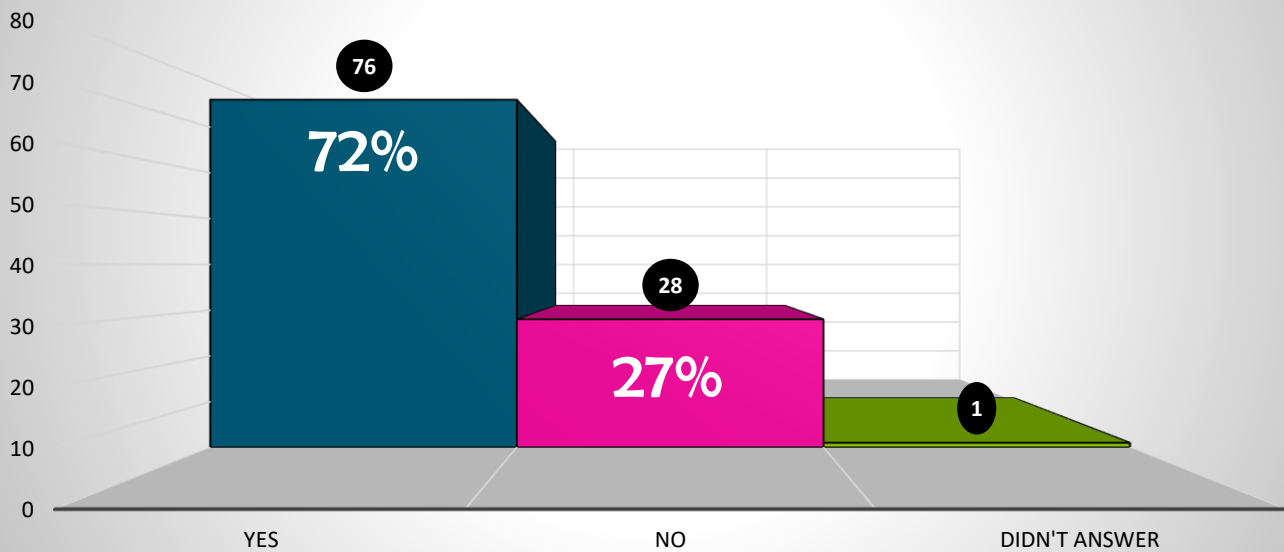
“Nurses were aware of my partners cultural needs as was also stated on notes/birth plan.”

“Culturally and religiously it is not acceptable to have male doctors examine my wife. Given the level of complications, and the extent of her pain and discomfort we accepted the situation as it was. But, it was clear this wasn't a consideration for staff on duty at the time.”

“Cultural appropriate support wasn't offered. Maybe due to lack of awareness and knowledge. Cultural practises concerning childbirth and labour in the African culture are different and these weren't taken into consideration amidst the necessary medical care.”

“We are Muslim and felt our needs were respected.”

Did you feel the care was individualised/personalised to your partner's needs?



Of the 105 respondents, we asked whether they felt their care was individualised/personalised to their partner's needs. 76 people (72%) stated that it was compared to 28 people (27%) who stated that it was not. One person did not answer this question.

"As a same sex couple and a carer to my wife all of our needs were taken care of!"

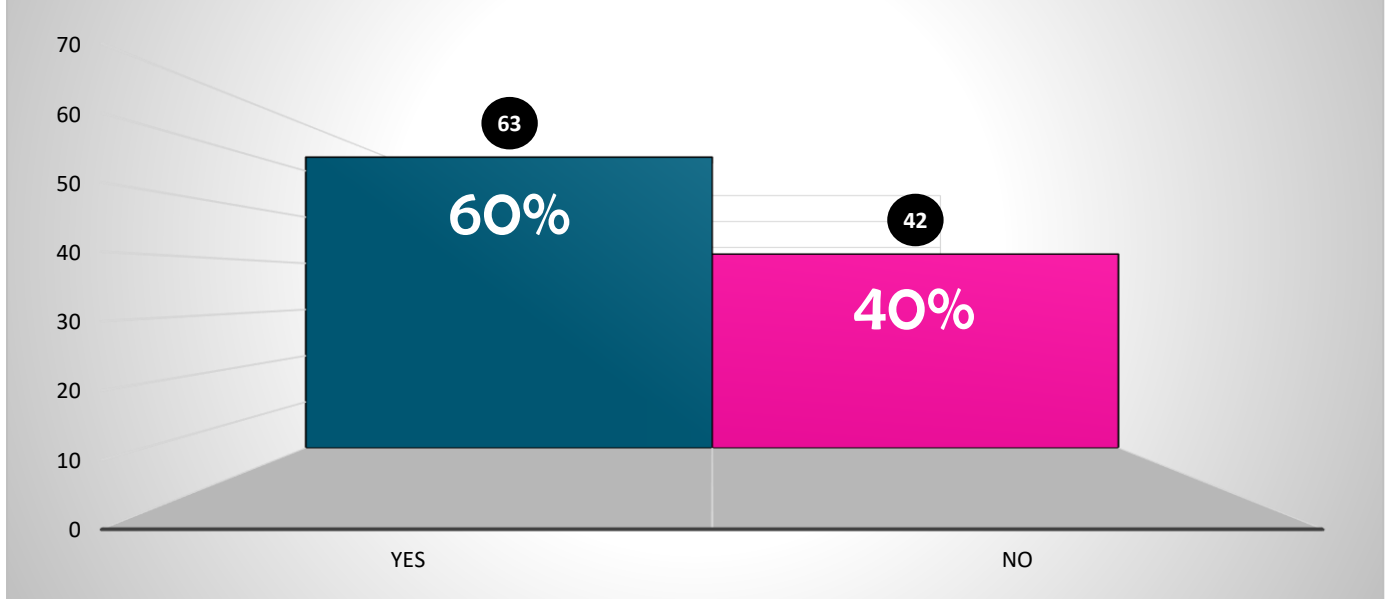
"My wife had extreme pain with fibroids, not all of the staff would pick up on this, and the attitude was very much like she was just another patient."

"The way the midwives and nursing staff handled my wife's mental health needs was exemplary, and not just helped my wife cope with the pregnancy but me too."

"It felt like we were just a number in the line."

"Very much so. My partner's fear of hospitals was also taken into account. The community midwife team applied slow and thoughtful pressure on my partner to think about a home birth as a viable option but without any undue pressure. It was very well done."

Did you feel the care was individualised/personalised to your needs?



Of the 105 respondents, we asked whether they felt that the partner's care was individualised/personalised to their needs. 63 people (60%) stated that it was compared to 42 people (40%) who stated that it was not.

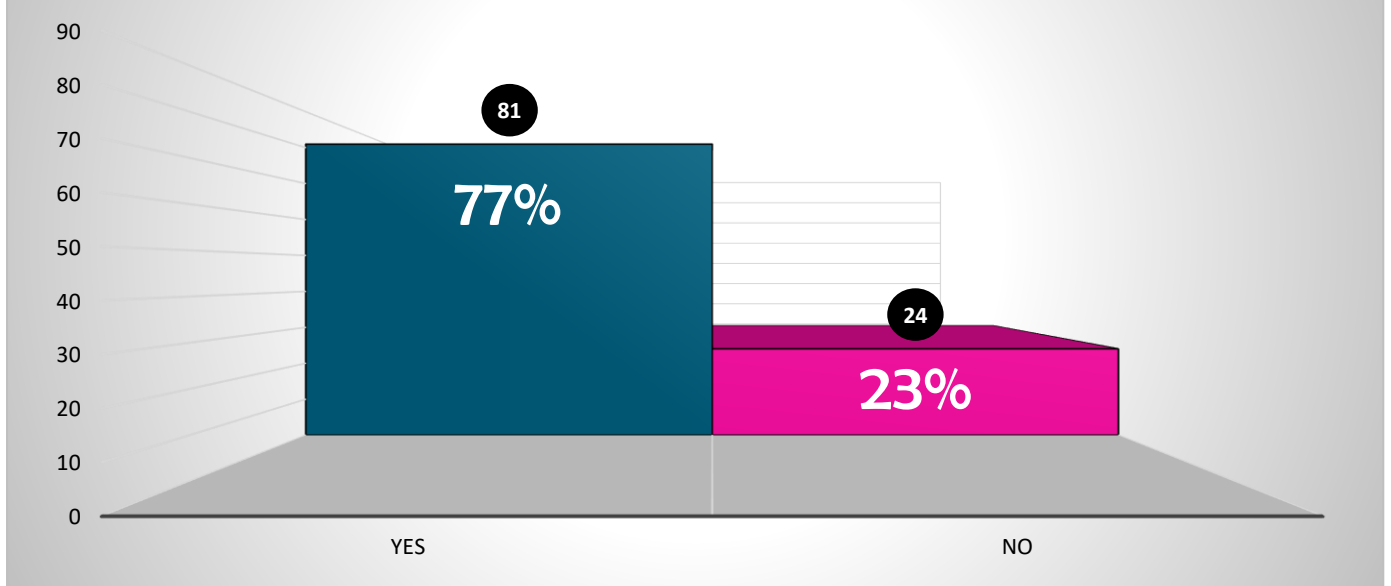
"The staff asked me if I needed anything and also asked how I was feeling."

"They don't really bother about the dads I had to keep asking things."

"Yes - when asking questions, I felt listened to and was included in the decision making and felt supported by them all."

"I do not feel there is enough for new or first-time dads in place. I was excited and I was interested, and no-one seemed to have the time to see if I was understanding all the jargon they threw at us at Rochdale Infirmary."

Did you feel you were involved in decisions made about your partner's care and treatment?



Of the 105 respondents, we asked whether they felt they were involved in decisions made about their partner's care and treatment. 81 people (77%) stated that they were compared to 24 people (23%) who stated that they were not.

"I was informed every step of the way and always felt involved in decisions."

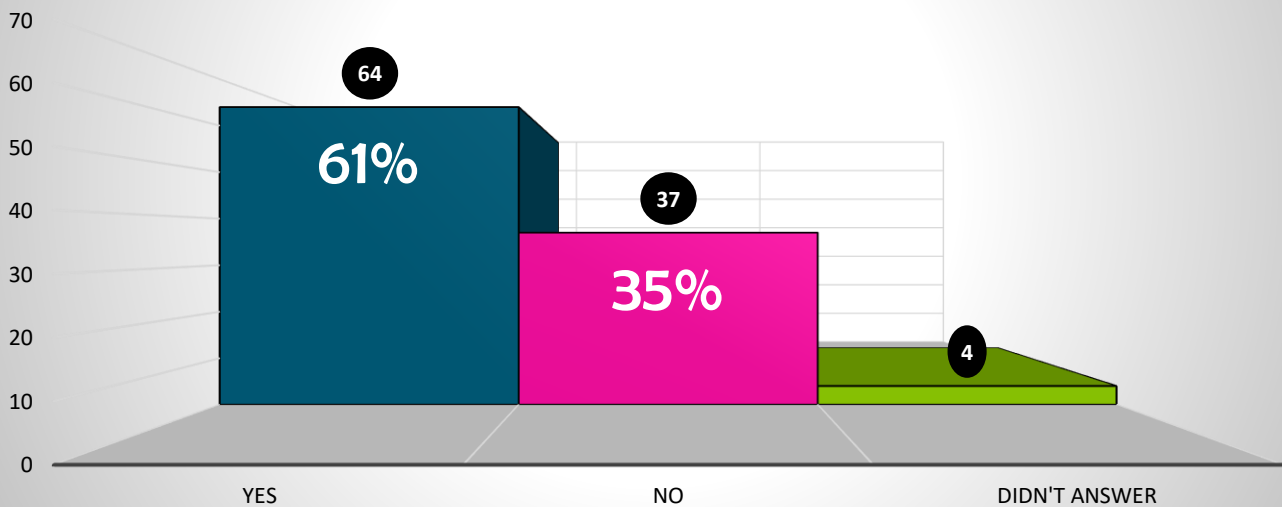
"They asked my partner and never me, I was not involved in those decisions."

"My suggestions were taken seriously."

"I was bluntly put down. I even had a midwife roll her eyes at me after asking why we weren't told more about the fact you can give vitamin k orally rather than inject."

"Our community midwife especially was very good at including us both in conversations. I felt able to speak about my wife's care and the plans for her birth freely and like my voice was appreciated and respected."

If you had any concerns about the care and treatment your partner was receiving, did you know whom to raise them with?



Of the 105 respondents, we asked whether they knew whom to raise any concerns too regarding care and treatment. 64 people (61%) stated that they did know whom to speak to compared to 37 people (35%) that did not. 4 people (4%) did not answer this question.

“No, I did not know whom to go to. Even now I still don’t know whom I would go to.”

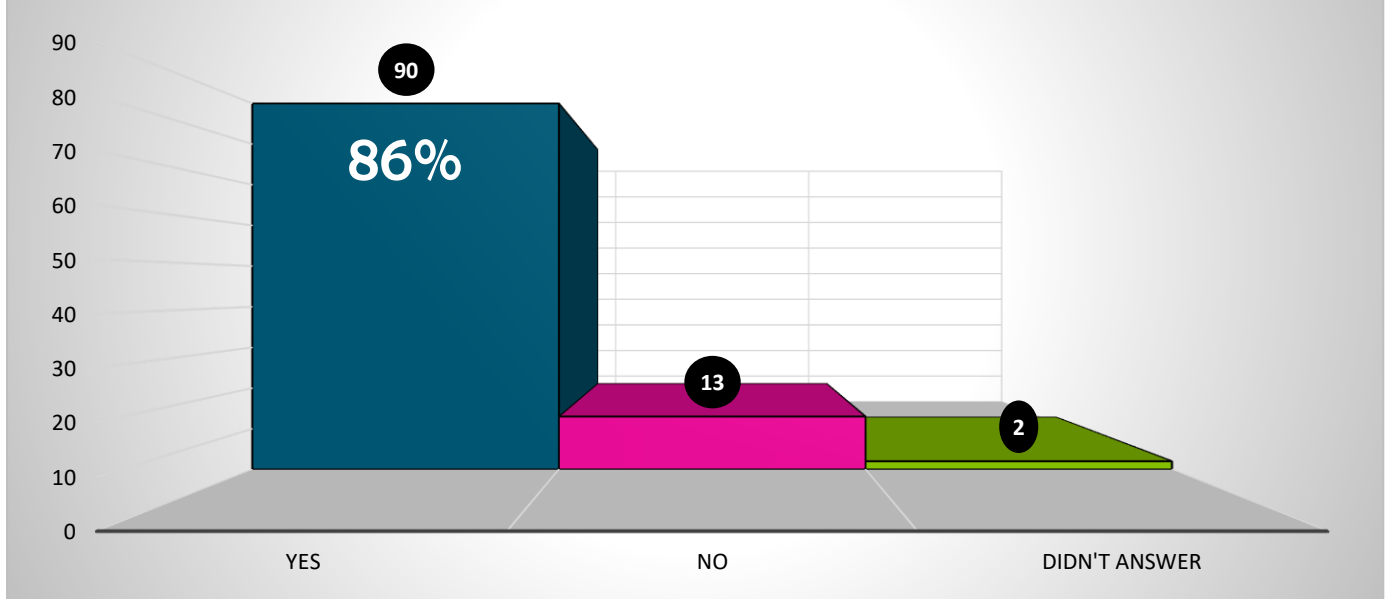
“We were given contact numbers along with the green notes at the booking in appointment.”

“It was not always clear who was leading the department or the ward, I had to insist that I was given access to the most senior midwife.”

“There are information posters up in the areas.”

“Previously we used the green coloured paper maternity notes and that had all the telephone information we needed - and have had to use due to past problems. Now this time it is a digital app on my wife's phone.”

Do you feel you were able to speak up on behalf of your partner as and when necessary?



Of the 105 respondents, we asked whether they felt if they could speak up on behalf of their partner as and when necessary. 90 people (86%) stated that they felt they could, compared to 13 people (12%) who stated that they could not. 2 people (2%) did not answer this question.

“The nurses that supported her in the hospital, listened to me as well. So, when my partner needed something and I would ask they would help or come and see us.”

“Some staff did not like me doing this, and you could tell they were never going to act on what I was saying. They made me feel like, me speaking was out of the ordinary and not needed.”

“Yes. During the appointments and when I attended and the birth my concerns and questions were answered.”

Yes, I could ask the midwife and health visitor questions my partner felt too silly or embarrassed to ask.”

If you have any other feedback to share about your experience of supporting your partner to access maternity services, you can use the space provided below.

These are quotes we received from the open question in the survey or at one of the focus groups.

“I want to thank everyone for the brilliant support they gave me and my wife. We felt in safe hands. Also to home start who supported my wife after the birth with breastfeeding, along with the midwife and health visitor.”

“I will look into making a formal complaint about the member of staff involved, this was a very traumatic time for our family and the support we should have received was not there which has made it extremely difficult for us whilst grieving for this huge loss.”

“We can’t praise the Oldham midwives enough they were brilliant with my wife and myself.”

“We raised this with the hospital and received a very poor response which could be summed up as ‘yeah but Covid.’”

“The support at Rochdale Infirmary have been great especially the scanning department they were very respectful of my partner as a Muslim women, and first-time mother.”

“I think the priority in this setting should be the choices and agency of the birthing parent. However, every visit has made me feel like the father shouldn't be too actively involved in their child's birth or life and I don't think that is positive.”

“We had a wonderful experience and can’t thank everyone involved from Oldham maternity services, health visitor and GP enough. They are all amazing!”

Other comments or suggestions

“I think fathers should be able to stay with the children when they are born rather than sending them home because of time. It’s important time for birth parents.”

“Everything feels as though it is rushed apart from the care sometimes.”

“I can’t thank the maternity services enough. It was a wonderful experience, and we have a beautiful daughter. There is lots of waiting about at clinics, but everyone is doing the best they can, so you need to be patient. The midwives are so busy, I do worry about their mental wellbeing.”

Case Studies

5 people agreed for us to capture more in-depth information in the form of a case study. All 5 of these case studies provide further insight into the experience of being a partner, family member or doula supporting a pregnant or birthing person.

CASE STUDY 1: PHENOMENAL CARE AFTER CESARIAN PROCEDURE

My girlfriend's first baby 2 years ago was born early at 35wks so for this pregnancy we had fortnightly appointments alternating with the community midwife and the hospital, which was reassuring. They were very cautious and we got regular progress on the baby's development. I felt welcome and included in all of the appointments and if needed would have felt comfortable challenging any decisions I wasn't happy with but this wasn't necessary.

We got to see a few different community midwives, who were all up to speed with our history and plan. We did do a birth plan, but were made aware and had no illusions that this was not set in concrete. We would have liked a home birth but knew due to the previous experience this may not be possible.

Four weeks before our baby's due date, my girlfriend was in a lot of pain so we ended up going to the hospital. They said she wasn't in established labour but had an infection. As a precaution, she was transferred to the labour ward for 1:1 monitoring. Around 4:30pm, she started to dilate slowly. I was advised to go home and rest. Later that evening I received a call to advise that they wanted to deliver the baby by emergency c-section and I should get to the hospital as soon as possible.

On arrival, although this was now an emergency everyone was calm and reassuring. They explained what would happen and I stayed outside the theatre whilst they prepped everything and then was allowed to go in and support my partner. By 11pm our beautiful son arrived by c-section. As soon as the baby was born, the priority was to get him checked. It was still a wonderful experience though and I felt confident in the clinician's abilities and not at all worried. I did feel a bit disappointed that I didn't get a chance to cut my son's cord, however, I can understand that there were other priorities.

We were given time to bond with the baby and skin-on-skin as soon as possible, which was important to us and part of our birth plan. Our baby needed to go to the neo-natal unit and we were given a side ward where I could stay. This was great as I could spend time with my girlfriend and regularly visit my new baby son. When he was transferred to the ward, I could then help to take care of him. I have been looked after, and they have fed and watered me when needed (I often declined as felt cheeky).

We have now been in the hospital for 6 days and everything has been brilliant. Our care has been outstanding the neonatal team is phenomenal, they have been informative and explained every piece of equipment and why it was being used. It was scary seeing a tube down babies throat, but once we knew why it was easier to accept. We have been constantly kept up-to-date with why they are doing tests and the results. We comfortably asked a lot of questions (especially me) and they answered everything. We have had some blood taken this morning and if everything is ok, we can head home.

CASE STUDY 2: HOME BIRTH

My experience as a partner was generally good. The Community Midwifery services were fantastic. My partner and I were very impressed with how involved, up-to-date and informed they were. I was absolutely 100% dead set against a home birth, the idea seemed terrifying to me but it was my partner's decision. The Community Midwife explained everything in detail and answered all the questions I asked. My partner was dead set against it when we started as well, but the information provided was done so well. The birth itself was terrifying for me because of the things I see as a Paediatrician. But it was so nicely done and well managed. The follow-up afterwards was fantastic, the support was brilliant and I have no bad things to say about the Community Midwife team. They just did a great job from start to finish.

The only main negative thing about all the maternity services was the ultrasound department. For both scans, my partner was scanned without me being present for the vast majority of the procedure and then I was allowed in at the end. The logic of this was so as not to spread COVID. The problem with this was if somebody had COVID then whether I attended the full appointment or just the end, it wouldn't matter as I am still there to transmit the virus. The main issue is what if there's something wrong with your baby and the partner wasn't there to support the mother. We were advised: "Oh, you know, but we'd invite the partner in that scenario". But if you have to call the partner in, then that would suggest that there is a problem and could create more anxiety. Luckily everything was fine. However, there was somebody else who was given some awful news with her partner out of the room. It was just terrible and there's no excuse for it. It maybe would have been better if they just said partners aren't allowed in at all, that would have at least been consistent with trying to reduce the spread of COVID. We complained about this and didn't receive a response on numerous occasions and when it was finally picked up, we were told that it was all because of COVID. I thought this response was rubbish.

Another area of concern was when my partner had a miscarriage which was a very upsetting time. She was PV bleeding and she lost all of her pregnancy symptoms, she no longer felt nauseous or had a headache. She was very worried that she had a miscarriage. During this time she didn't get an appointment immediately. When she was seen, she had the scan and another one verified by somebody else, and that was all done well. They then confirmed she had a miscarriage. There's no way of making that a nice situation, that's just going to be grim no matter what the problem was. The disappointing thing was she was left alone for about 3 hours in a room. Somebody in this situation needs to come and talk to you about the next steps. The person was busy and, understandably, this happens as emergencies are happening. However, in that scenario, there needs to be a bit of thought around what you do because the person needs emotional support. If it's known that it will be hours then maybe let the partner take her home and arrange to discuss it at a later point.

Overall, as a partner, I felt listened to and I'm not the most important person in that scenario, my partner is absolute. My partner was keener on the idea of a home birth much more quickly than I was. I continued to have reservations and those were addressed not just as me being a partner, but as me being a partner with a medical background. So, the answers were tailored to me, which I thought was very impressive.

We mainly saw the same midwife in the community throughout. She was instrumental in helping set up the birth centre and she is very experienced. Whilst Diane couldn't be there at the birth, the midwives we had were both very nice. Every time we had an appointment with Diane, she actively engaged me in conversations and asked me how I felt. Apart from the two scans, all appointments were in the community, as it was pretty straightforward. There was a massive difference this time post-delivery, within a couple of hours of delivering, we were all in bed. It was delightful.

CASE STUDY 3: TWINS

We found out in the springtime that we were expecting again. We already have two young children, at our first scan at 12 weeks, we discovered that we were having twins. They were due at the end of September 2022 and they arrived in early September. So they are now four months old. So we now have a household of six, which is taking some getting used to.

I was quite unsettled the first time I went through the pregnancy journey. I felt very excluded from the process and I took time off from work and attended every appointment. More often than not at these appointments, the midwives were often different every time. There was no continuity. It's harder to build a rapport, there was no relationship to build.

During the appointments, most of the staff just didn't make eye contact with me and didn't acknowledge my presence in the room. It was quite a strange experience. These were people who were talking very friendly and chatty with my partner and had what looked like a good bedside manner but wouldn't engage me as a partner, which I found quite odd. I spoke with my partner about trying to bring me into the conversations at future appointments and I had information that I could relay if they needed it and it was surprising how much resistance there was to my presence. It is not like it is new for partners to attend appointments.

We actually moved areas numerous times in previous pregnancies and things didn't seem as bad but there was still a rare occurrence that people wouldn't acknowledge me. I remember going into one of the first appointments where we walked into the room and were asked "how are you"? I started answering and realised very quickly they weren't interested in me as the question was for my partner. It wasn't for me, even though I was the first person in the room and I was holding the door open for my partner. Their focus was directed at one person and one person alone. It wasn't me, I wasn't a patient. I wasn't of concern. So when prompted with the question, did I feel like I was being cared for? The answer was no.

I felt much more cared for this time. I felt one of the differences was that it was medically led, and the consultant may have stronger views than the midwife. We actually developed a really nice relationship with this consultant over the period of time that we were with him. But in our first session, I felt like he wasn't listening very well and he jumped to some conclusions, including about how my partner would manage a natural delivery. The ideal birth plan was to have a natural delivery, if possible, which is quite rare with twins. My partner didn't plan or want to have a C-section, particularly unless it was medically necessary. However, our consultant didn't really explore that. He was like, "OK, so you'll be having a C-Section".

My partner indicated her preference and I advocated the plan and said "I think you need to stop planning and start listening to the patient here". This did make me quite important in the discussions and in the room. I also think he was having a bit of an off day that first in retrospect. We found on the way out that they were about 3 midwives down that day as people had called in sick. There was a COVID outbreak, and they lost a bunch of staff. They were running so late. So by the time the consultant got to see us, he was stressed, he was just in a different world. And the next time we saw him, he was much more composed and able to engage. So I think it was just a stressful day and we all know about those in the NHS. We have both worked in the frontline for the NHS, so see the other side from the storyteller, and in the long term, we received good care.

When I was in the Post Natal ward some of the staff were fairly good. I was quite often got offered a cup of tea when they came around, so that was a bit more consistent. But you know I did have to at times leave the building and go and scavenge food from the shops. I was made to feel valued, as when I was on the Post Natal ward, I was visibly haggard and although it was a simple question to ask "Are you all right"? I could reply and tell them "I am tired".

CASE STUDY 4: PARTNER FEELING DISCONNECTED FROM MATERNITY SERVICES

As a partner at some appointments, I felt my presence was welcomed and valued by the person seeing us. However, on other occasions, I felt my presence/input was not welcomed or well received. Our pregnancy was full of difficulties and issues, and we were both very nervous throughout. Personally, I found the first scan very difficult (I was panicky in all of them), as I was nervous about receiving bad news because we had been trying for a while, and it somehow didn't feel real to us. There was always a feeling of disbelief and that something might go wrong.

One or two gynaecologist doctors we met with during appointments and admission in hospitals, only spoke to my wife and didn't bring me into the conversation until I asked questions. Then, I felt they were dismissive of my involvement in the conversation.

My other observation from appointments was that we were always spoken to like we should know about the pregnancy journey, almost like we have been parents before. Naturally, the partner to the mother isn't a key priority for staff, (of course, it should be the patient who is pregnant), but in my case, I had very few people to speak to about how difficult it was to support my partner. Almost on a daily basis, my partner was having issues, she was in discomfort and in pain, after some time I found this hard because apart from reassurance and physical help I was not sure what else I could be doing.

However, through the many appointments and hospital admissions, there was never a discussion about my care or support. I am not sure whether there should have been, I am merely sharing my observation. Throughout the journey and for different reasons, we spent numerous times in the hospital. During this time, I was only asked on one occasion if I need any drink or food, on all other times I made my own arrangements.

When I was panicking or stressed during these experiences, I didn't feel reassurance was a concern, it would have been nice if there was more empathy and emotional intelligence shown during the whole experience.

Also, as practising Muslims, it is not appropriate for male doctors to be examining female patients. When we raised this, we could tell from the body language that it almost felt like an inconvenience and not something they were instantly wanting to remedy. I had to be quite assertive about this. I would have presumed; these things are discussed in the early stages of pregnancy but I didn't find this was the case.

I spent a lot of my time supporting my partner and raising issues where I thought there were gaps in her care. My perception was as a partner, my care was the least of their concern, as the impression was given that they do not like partners being involved or speaking out.

Apart from one occasion, the staff did not show much enthusiasm for me as a partner. I was made to feel I was in the way, or perhaps raising things they did not want to hear. There was little consideration, for my stress, anxiety or stress, especially when my partner had to be rushed into the hospital via ambulance.

CASE STUDY 5: THE STRUGGLES OF BECOMING PREGNANT

We've been together for 4 years and live together in Rochdale. We were trying for a baby and 12 months in – still not pregnant. Went to GP surgery in Rochdale to discuss this. GP was rather unhelpful, they spoke about positions, timings of the month, diet, stop smoking and drinking. The GP said that 1 year was not really a long time especially after previously being on contraceptives for the past 12 years. Told to continue trying and come back after 6 months. Also given advice on folic acid, healthier lifestyles – joining a gym etc. We were not signposted anywhere or given information for local organisations etc.

We followed all the advice and 6 months later – still not pregnant. We went back to the GP. They sent us both for tests and nothing was wrong with either of our results. At this point, we were referred to a specialist around fertility. They informed us of the cost of Private IVF for example and the way that NHS works and funds the infertility journey as well as the criteria that are needed to match.

We went away with a lot of information. At this point, my partner got rather depressed as all their friends were getting pregnant or already had children. She was very low and felt that there was something wrong with her (although wasn't), sex was also becoming a chore rather than an enjoyable experience. We then looked into the finances of IVF – there was no way we could afford this.

A few months later, we went to St. Mary's in Manchester – which were fantastic. My partner started some medication to boost fertility. These had side effects on her which created mood swings and bloating. All this impacted on the amount of time we both had to have off work – I am self-employed but it all has a huge impact on work/life balance. Many appointments we attended went over time by a few hours so were never reliable, couldn't say "I'll just be an hour" as they were almost always 4 hours.

The local GP was still not really helping us and I had to complain to the Practice Manager regarding the general dismissiveness of the situation. St. Mary's did share some information for me to contact a group called Dad Matters for support. There is also a large cost element to all of this when you include kits, tablets, vitamins, minerals, holistic therapies, travel costs to appointments (fuel and parking), and refreshments whilst at them. It is also quite hard going to many appointments and people are there with their babies or visibly pregnant.

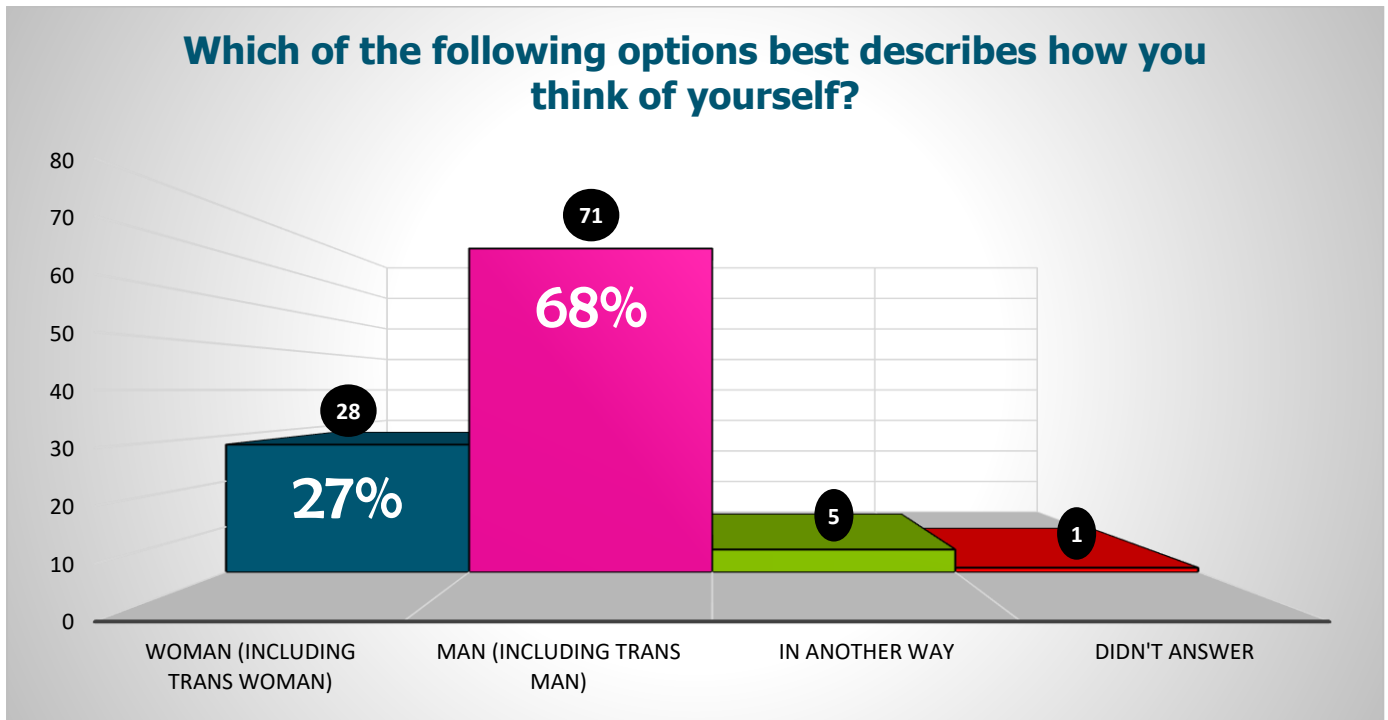
There doesn't appear to be much information out there around informed choices either as he did not know that you can refuse things or further request things if you were not happy or did not want to go with the suggestion. I felt that I bottled up a lot of my emotions and tried to bear the weight of it all to be strong for my partner. This is also difficult as I felt I had to keep up the image of a "typical Male" around my mates, making light of it and not really discussing it. I was not often asked by any of the vast amounts of professionals that I saw how I was.

We are now looking at injections, as part of treatment to boost chances. I don't feel as a partner that my views or feelings have been taken into account at times and as a male, I feel that with some staff I'm just expected to just sit down and shut up as it's all about my partner.

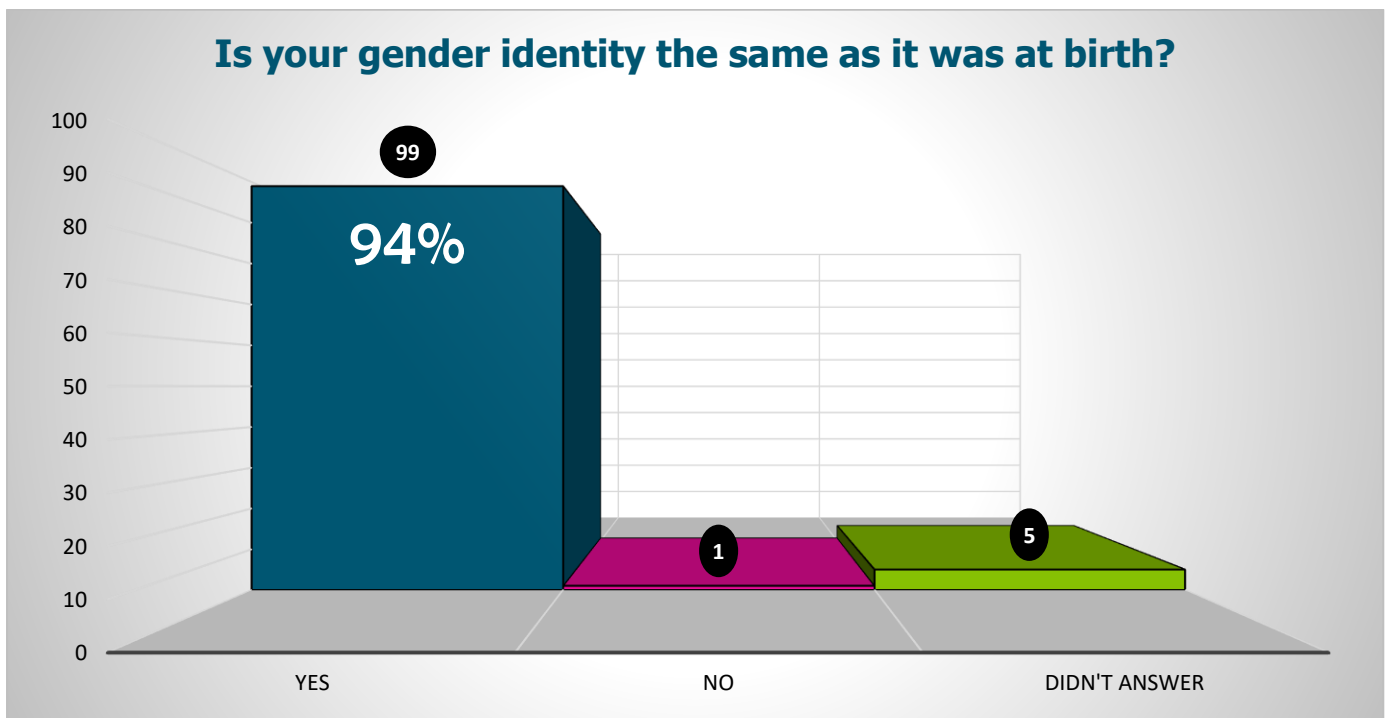
I've had comments from professionals like "oh you're here again" or "maybe I won't need to see you next time" and I don't think this language is helpful. Also, there aren't many posters or information in the various places we have visited on how to raise a complaint or even give feedback about an experience. Overall, we are hopeful for the future and I think that everyone has the right to a chance of pregnancy. We are hoping that their journey will not take much longer for us to get pregnant.

Demographic Information

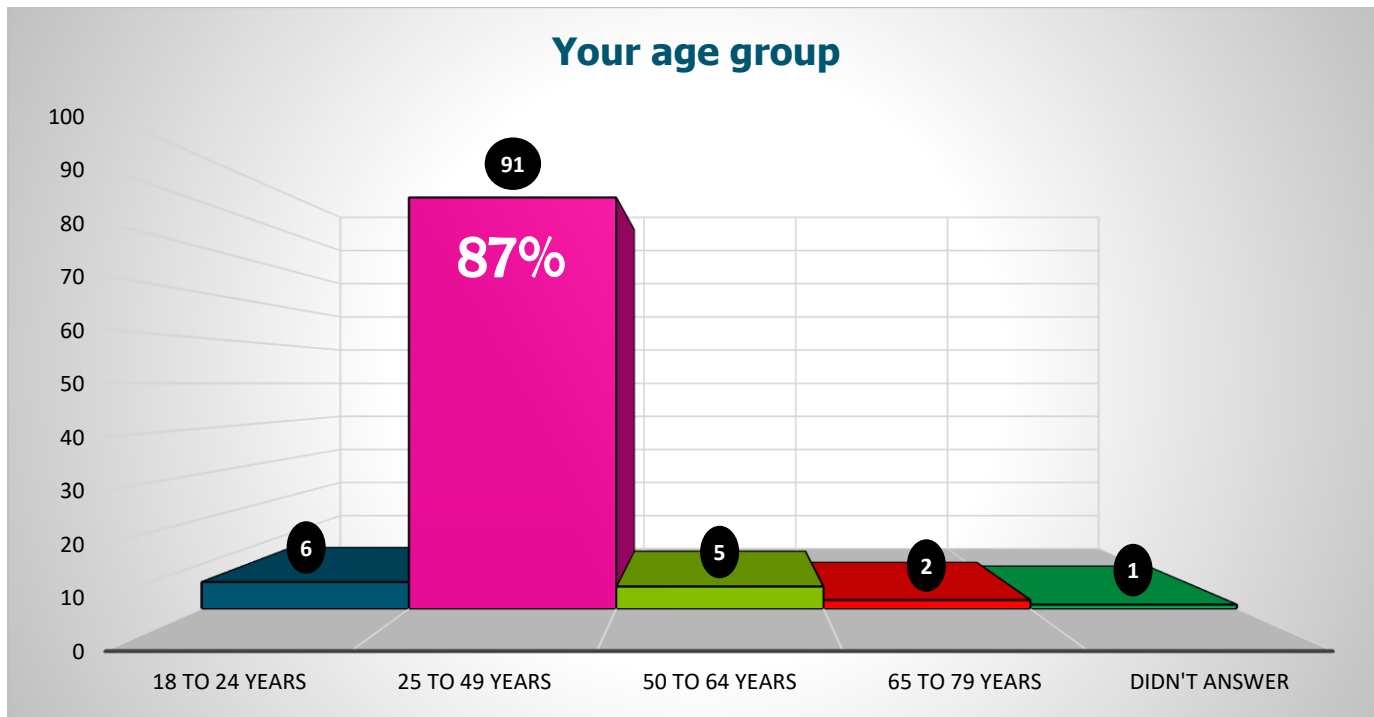
We asked the people who completed a survey to tell us more about themselves.



We asked what gender best described them. Of the 105 respondents, 71 people (68%) stated they were male compared to 28 people (27%) who stated they were female. 5 people (5%) stated that they would describe themselves differently.



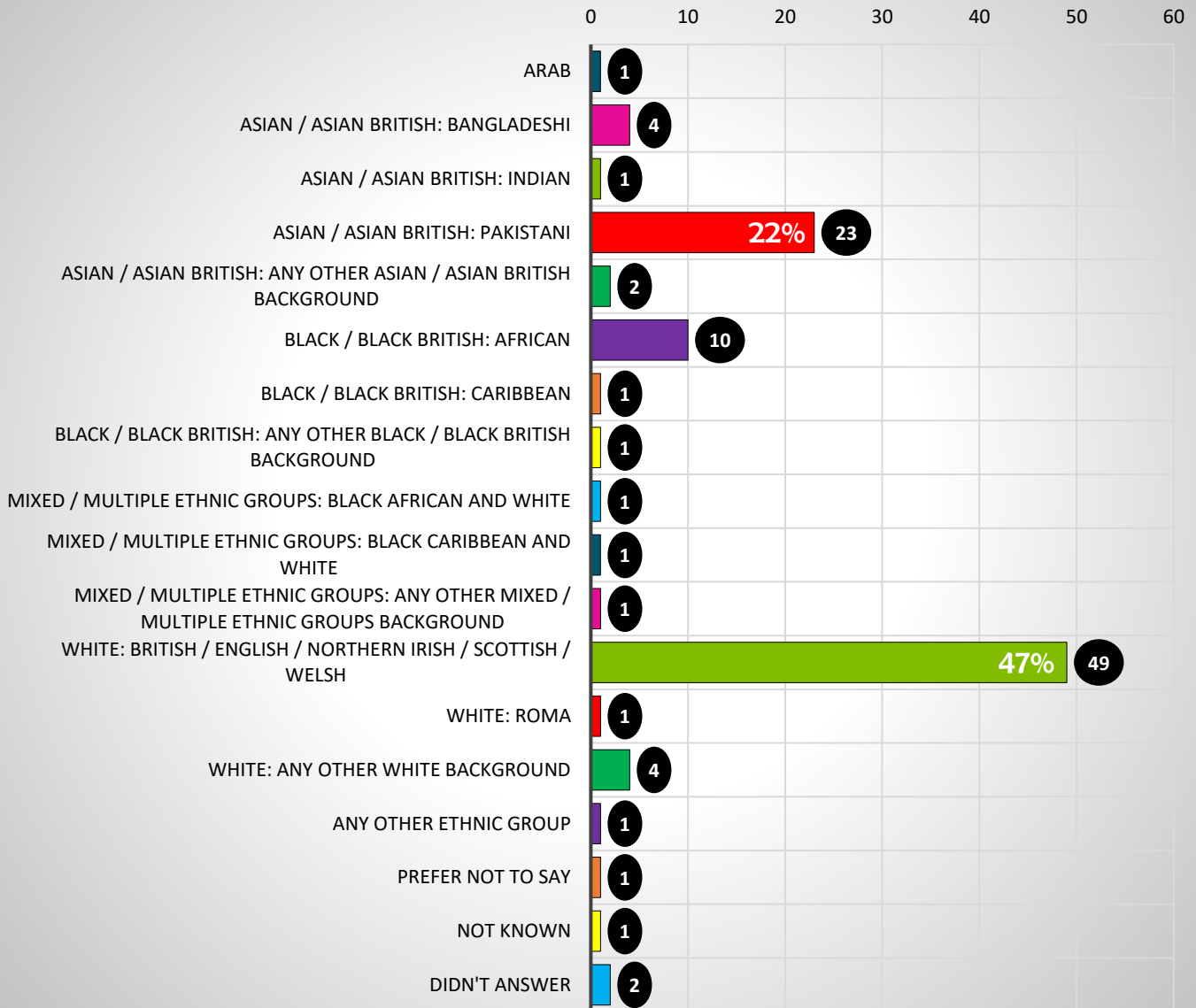
We asked whether their gender was the same as it was designated at birth. Of the 105 respondents, 99 people (94%) stated that it was compared to 1 person (1%) who stated that it was not. 5 people (5%) did not answer this question.



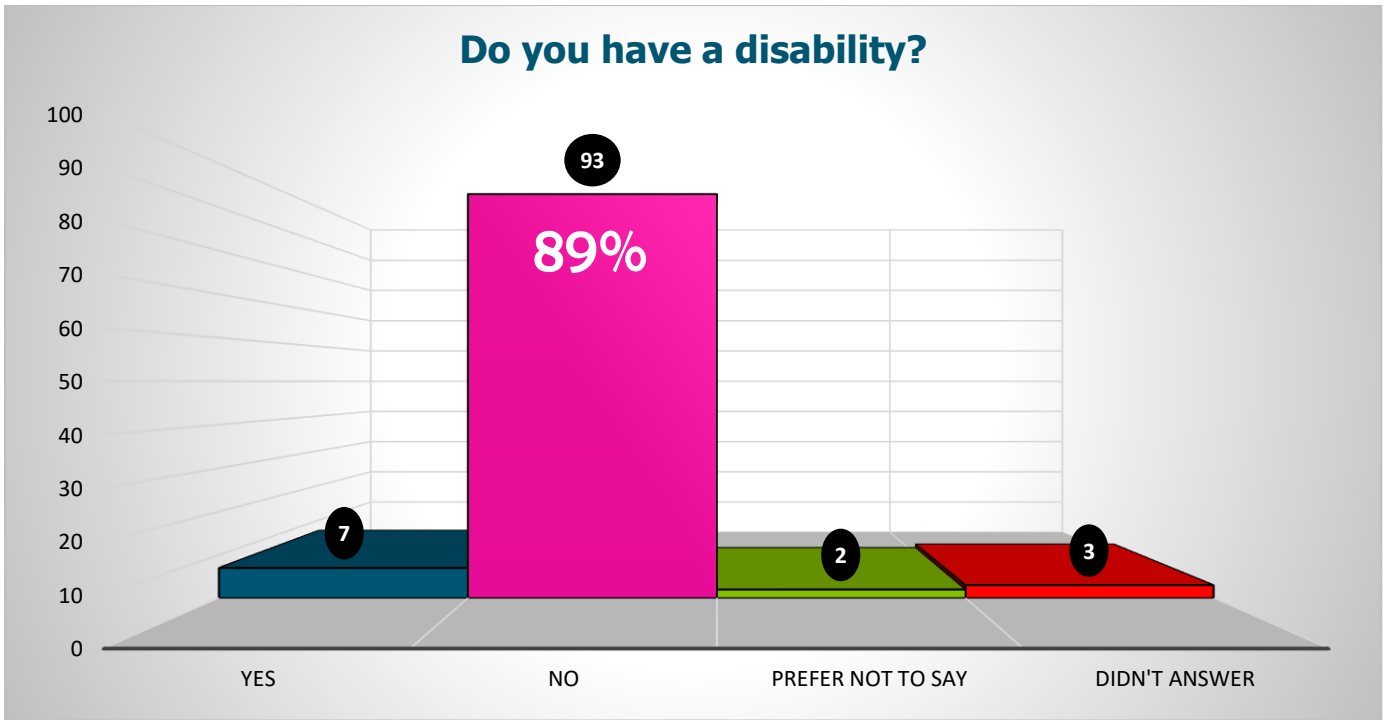
We asked what age group best described them. Of the 105 respondents, 91 people (87%) stated that they were between 25-49 years old. 6 people (6%) stated that they were between 18-24 years old.



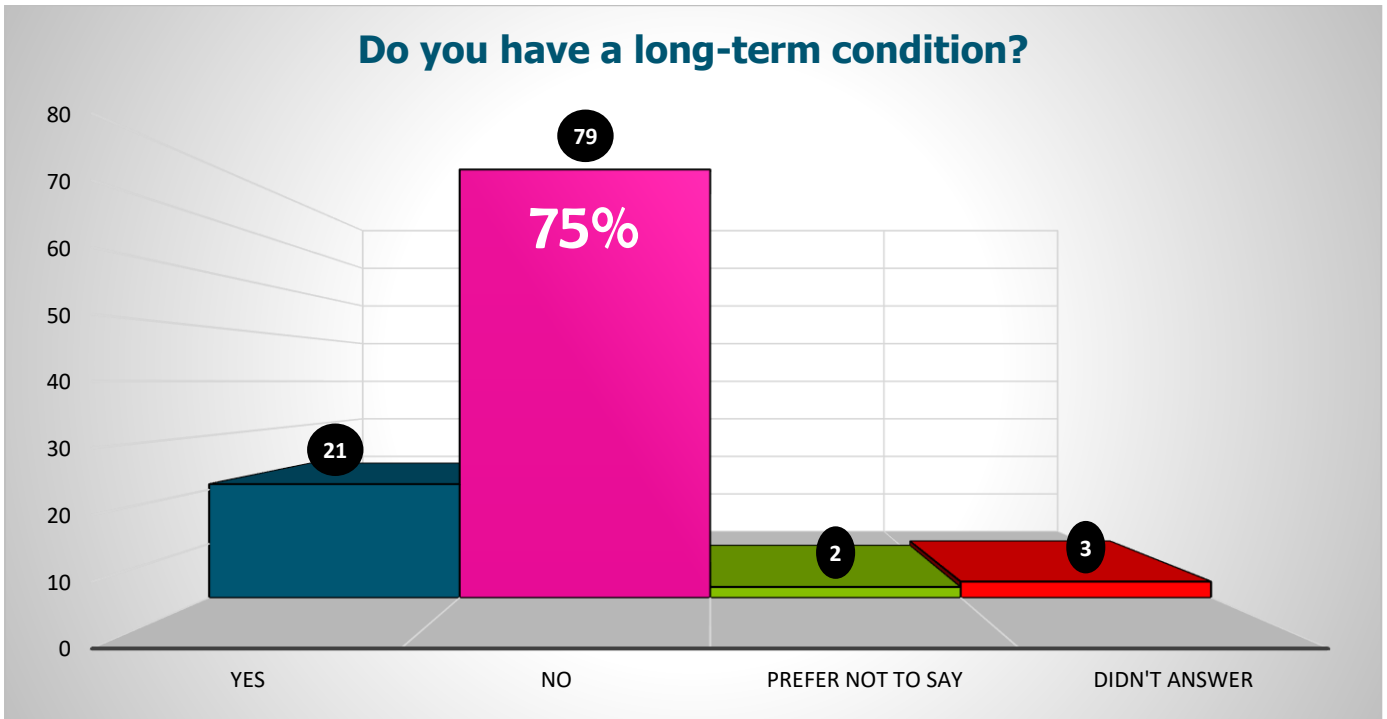
Ethnicity



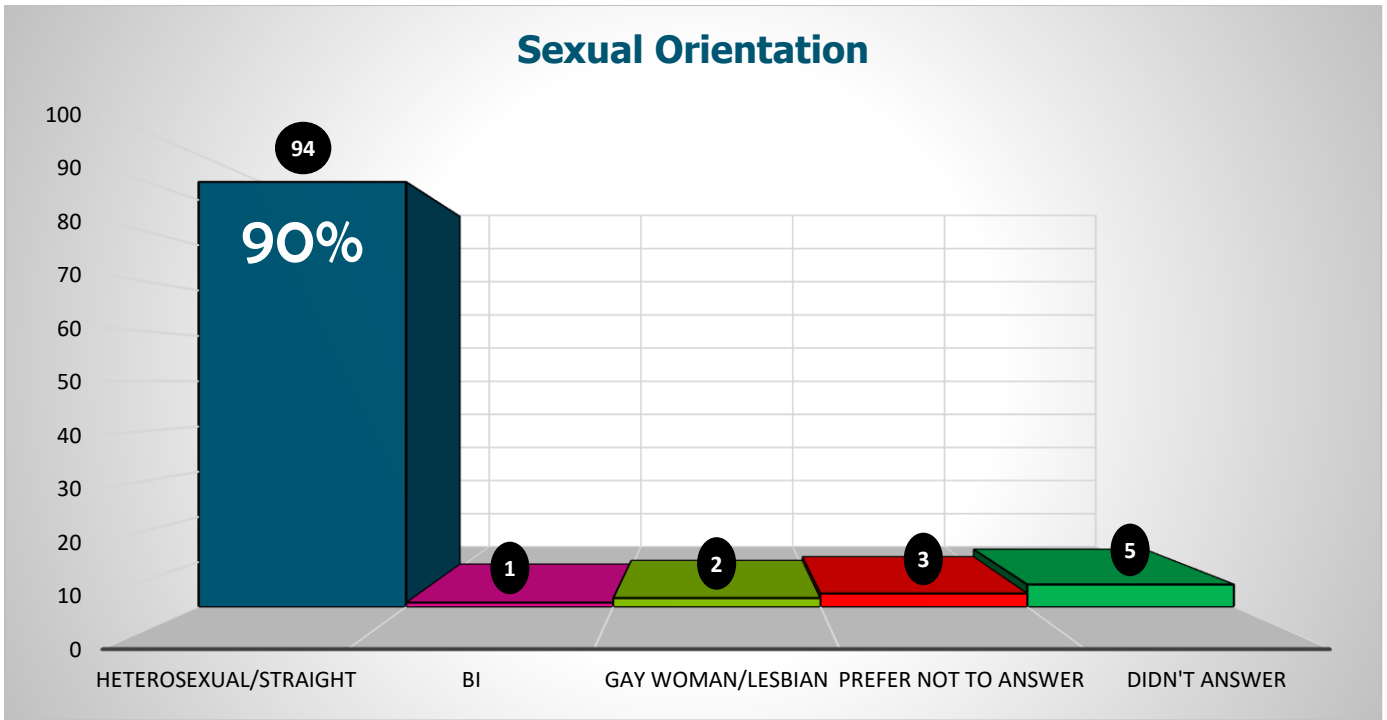
We asked which ethnicity best described them. The range of ethnicities was high with 53% of people identifying with an ethnicity that was not White British/English/Northern Irish/Scottish/Welsh (49 people). The next highest response was 23 people (22%) who stated they were Asian/Asian British: Pakistani.



We asked whether they had a disability. Out of the 105 responses, 93 people (89%) stated that they did not have a disability compared to 7 people (7%) who stated that they do. 2 people (2%) preferred not to answer this question and 3 people (3%) chose not to answer this question.



We asked whether they had a long-term condition. Of the 105 respondents, 79 people (75%) stated that they do have a long-term condition compared to 21 people (20%) who stated that they did not.



We asked people to describe their sexual orientation. Of the 105 respondents, 94 people (90%) identified as heterosexual, and 3 people described themselves as either Bisexual or Gay Woman/Lesbian. 5 people did not answer.



Conclusion

This research specially focussed on the experiences of partners or family members. We captured experiences on how the person supporting the pregnant or birthing person was cared for, if they felt the care they received, and their partner received, was individualised to their needs if their cultural needs were met and if they felt involved in their partner's care and treatment.

Overall, to each question we received more positive responses than negative ones, with more than 60% of people responding positively to every question. However, there was significant variation in experiences about each question as can be demonstrated by the range of positive and negative examples provided.

The highest positive scores were in response to the question which asked if their partner was cared for (84%) and if the supporting partner or family member felt able to speak up on behalf of their partner (86%). There were many examples shared of the excellent care that the pregnant or birthing person received and examples of individual staff showing kindness and compassion.

The greatest variation in experience and those with the most negative responses were about the questions on individualised care, with 40% reporting that it was not personalised to their needs, 27% reporting care was not personalised to their partner's needs and when asked if the supporting partner knew whom to raise concerns with, 35% did not.

In those areas where there was a greater variance of views and negative experiences shared, the following themes were expressed;

Poor communication and levels of empathy shown – some partners expressed frustration at the lack of information provided and insufficient compassion of some of the staff involved in the care of their partner. Many of the negative experiences shared expressed that the maternity team seemed too busy and did not take the time to understand their individual needs or circumstances. Many of the negative experiences were that the partner's views or involvement weren't welcomed or considered. In some of the experiences, the individual practice of the health professional did not show the level of empathy or understanding that the partner or family member would have expected.

Witnessing poor quality of care of their partner or family member – where negative experiences were shared the majority of these were regarding the quality of care at appointments, particularly where scans were significantly delayed and at hospital ante-natal settings the birthing person required to wait for significant periods. Concerning the birthing experience, there was significant variation in the continuity of care between different departments and if a transfer of care was required when shifts changed. In many of these examples, the partner or family member didn't feel that their experiences were being listened to and enough was done to rectify the poor experiences when they were raised.

Ideas for improvement

As part of the survey and in the focus groups we asked if the partner, family member or doula had any ideas, based on their experiences, about how the maternity experience could be improved. The ideas shared with us included

- Staff need more time so that they aren't as rushed and can provide more individualised care. Several people mentioned there could be a role for volunteers with direct experience in maternity services to provide some practical support in the hospital setting or ante-natal settings.
- Provide refresher training to convey the importance of compassionate care and deeper listening by key staff to the experiences and needs of the pregnant or birthing person and the partner or family member.
- Ensure the Birth Plan is continuously referred to throughout the whole maternity journey and added to as new information is shared. This should include cultural and individual needs.
- Provide more information about whom to go to and how to raise a concern, if this is needed. Encourage people to speak up and have posters and other prompts to help aid this.

“I know these wards are under pressure and often understaffed but this needs to be addressed and staff also need to be more compassionate and caring. A little kindness goes a long way.”

About the CQC

In the survey and focus groups, people were asked how the CQC could make it easier to share experiences with them, and if anything would prevent the person from doing this.

Several people responded that they had not heard of the CQC and were not aware that you could raise concerns or provide feedback directly to them. When the CQC was known it was about visiting and reviewing care settings like hospitals or care homes. When we explained who the CQC is, some people found it easier to understand the role of the CQC when we made a comparison to who Ofsted is to schools as this helped them to understand the significance of its role and the power it has.

Ideas shared with us about how the CQC could make it easier for people to share their experiences were

- Increase awareness that CQC wants this kind of experience information and what it will do with it e.g., provide information/posters in the waiting rooms with QR codes and more info in birthing packs.
- Link the [CQC form](#) to places that people may go if want to make a complaint or share their experience e.g., on Healthwatch websites, on NHS Trusts friends and family test pages.
- Provide other ways that people can share their experiences easily and in various formats e.g., quick surveys on screens as you are waiting or in the clinics.

Most people answered that there isn't anything specifically that would prevent people from reporting to the CQC. Some people said that they would want to remain anonymous if they did report an experience and would therefore want assurance this is possible.

Thanks

We would like to thank those who completed a survey, attended a focus group, or shared their experiences through a case study. All the input and feedback we have received, have contributed to the findings within this report.

We would also like to thank the following community groups and care settings for their participation and support to promote and publicise this project; Royal Oldham Hospital and Rochdale Infirmary Maternity Services, Right Start, Royton Children Centre, Coldhurst Children Centre, Beaver's Children Centre, Greenfield Children Centre, Shaw Children Centre, Failsworth Children Centre, Werneth Baby Clinic, Oldham Library, Diggle Children Centre, SAWN (West African Group), Royton Leisure Centre, British Red Cross, Kashmir Youth Project (KYP), Home Start, Oldham Leisure and Rochdale and Oldham Maternity Voices Partnership.



Appendix 1

The Survey

1. Have you supported your partner to access maternity services since September 2021?

- Yes
- No

If you selected no, please stop this survey and use the link below to share your experiences with maternity services.

<https://healthwatchrochdale.org.uk/share-your-experience-local-maternity-services>

2. Which of the following services did you and your partner access?

Please tick all that apply

- Antenatal Care (before birth, during pregnancy)
- Labour Ward
- Birthing Suite
- Birthing Pool
- Postnatal Care (period after birth)
- Booking appointment
- Home Birth
- Scanning department
- Theatre/Surgery
- Baby Loss/Bereavement Service
- Genomics (genetics)
- Community Midwife
- Gestational Diabetes Testing (GDT)
- Cultural Team
- IVF
- Pre-term prevention (risk of miscarrying or early birth)
- Fetal Medicine Unit (abnormalities/medical conditions)
- Maternal Vascular Service (high blood pressure)
- Multiple Pregnancy Clinic

3. Did you feel your partner was cared for during your appointment?

- Extremely cared for
- Cared for
- Average care
- Not cared for
- Extremely uncared for

4. Please use the space below to explain why you gave this answer. This could include specific examples of care given to your partner or could be areas that need to be improved.
5. Did you feel cared for in your appointment as a partner to someone who is expecting a child?
- Extremely cared for
 Cared for
 Average care
 Not cared for
 Extremely uncared for
6. Please use the space below to explain why you gave this answer. This could include specific examples of care given to you as a partner to someone giving birth or it could be specific examples of areas where you didn't feel involved or supported.
7. Did you feel your cultural/religious needs were taken into account throughout the process of accessing and using maternity services?
- Yes
 No
8. Please use the space below to explain why you gave this answer.
9. Did you feel the care was individualised/personalised to your partner's needs?
- Yes
 No
10. Please use the space below to explain why you gave this answer.
11. Did you feel the care was individualised/personalised to your needs?
- Yes
 No
11. Please use the space below to explain why you gave this answer.
12. Did you feel you were involved in decisions made about your partner's care and treatment?
- Yes
 No
13. Please use this space if you would like to explain anything about your experiences of making decisions throughout this process.
14. If you had any concerns about the care and treatment your partner was receiving, did you know whom to raise them with?
- Yes
 No

15. Please use this space if you would like to explain anything about your experiences of making decisions throughout this process.

16. Do you feel you were able to speak up on behalf of your partner as and when necessary?

Yes

No

17. Please use this space if you would like to explain anything about your experiences of making decisions throughout this process.

18. How can CQC make it easier for you to share your experiences with them?

19. Is there anything that would prevent you from sharing your experience of care with CQC?

20. If you have any other feedback to share about your experience of supporting your partner to access maternity services, you can use the space provided below.

Thank you for completing this survey. To be in with a chance of winning £50 in our prize draw, please provide us with your email address below:

About You

Which of the following options best describes how you think of yourself?

Women (Including trans women)

Man (Including trans man)

Non-binary

In another way

Is your gender identity the same as it was at birth?

Yes

No

Your age group

0 to 12 years

13 to 15 years

16 to 17 years

18 to 24 years

25 to 49 years

50 to 64 years

65 to 79 years

80+ years

Prefer not to say

Not known

Ethnicity

Arab

Asian / Asian British: Bangladeshi

Asian / Asian British: Chinese

Asian / Asian British: Indian

- Asian / Asian British: Pakistani
- Asian / Asian British: Any other Asian / Asian British background
- Black / Black British: African
- Black / Black British: Caribbean
- Black / Black British: Any other Black / Black British background
- Mixed / Multiple ethnic groups: Asian and White
- Mixed / Multiple ethnic groups: Black African and White
- Mixed / Multiple ethnic groups: Black Caribbean and White
- Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic groups background
- White: British / English / Northern Irish / Scottish / Welsh
- White: Irish
- White: Gypsy, Traveller or Irish Traveller
- White: Roma
- White: Any other White background
- Any other ethnic group
- Prefer not to say
- Not known

Do you have a disability?

- Yes
- No
- Prefer not to say
- Not known

Do you have a long-term condition?

- Yes
- No
- Prefer not to say
- Not known

Sexual Orientation

- Heterosexual/Straight
- Bisexual
- Gay Man
- Gay Woman/Lesbian
- Prefer not to answer
- Prefer to self-describe, please state here:

Please provide us with the first part of your postcode:

Thank you for taking the time to complete this survey

