The impact of postnatal care on a women’s overall maternity experience

An analysis of stories from Patient Opinion

Report by: Joanna Fawcett, Sheffield Medical School

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# About this report

This report is the outcome of a study carried out by Joanna Fawcett, a medical student at Sheffield Medical School, during November-December 2015.

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Each story cited is identified in the text with a number, such as [91644]. To read this story and any responses to it online, you would visit the following address:

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# Preface

This report examines women’s experiences of hospital-based postnatal care across the UK, generating a range of insightful and important conclusions. Research of this kind is not unusual, and the key themes and findings of this analysis are in keeping with those reported by other academic researchers.

However, this report is unusual in one important respect: it is based entirely on stories posted by patients and carers to a public website. Thus, the data on which this analysis is based is already in the public domain, and freely available. This substantially reduces the cost of research.

Although this report is based on just 168 stories, on the Patient Opinion web site over 140,000 stories are now available, accessible and searchable, covering a wide range of NHS services across much of the UK. Using this report as a model, the kind of analysis reported here could, relatively easily and cheaply, be replicated for other geographies, conditions, or kinds of service.

Of course, this data is not in any sense “representative”. A self-selected sample of people have posted their experiences, and in doing so had goals in mind other than research. Nonetheless, it is remarkable that the findings reported here are consistent with those from more rigorous (and expensive) studies.

These stories were originally posted by people not as “data” but as active contributions to improving local health care services. Their authors intended them as interventions and, long before this analysis was undertaken, these individual stories were having an impact on particular people and services in particular places. Many have responses from staff, and some will have contributed to changes to services, systems or even culture.

If you wish, you can read all the stories included in this analysis yourself, online, allowing you to come to your own conclusions about what matters most to women experiencing postnatal care. You can also see for yourself where the experiences shared by women have been heard and acted on, and where they have not.

I hope you will find this report interesting and helpful in your own work, and perhaps you will be inspired either to share your own story online, or to conduct your own research – national or local – using the stories others have already told.

James Munro, chief executive, Patient Opinion

Sheffield

# Executive summary

This report is based on 168 stories about postnatal care in NHS hospitals across the UK. The accounts used in this report were written by patients and carers and posted on the Patient Opinion website. Nine key themes which emerged from this report are highlighted below.

## Breast feeding support

Women’s experiences of breastfeeding support received ranged from excellent to none, with a lack of breastfeeding support resulting in a negative postnatal experience. Some were told that they would receive guidance but this did not happen, resulting in an even more negative experience.

Mothers of a first child tended to report a more negative experience than mothers of multiple children. Isolation and loneliness were commonly used words when thorough breastfeeding support was not given, with some women believing that this contributed to their postnatal depression. Some women felt that some midwives did not prioritise giving breastfeeding support, with the added pressure of time constraints, and this lack of contact led to a negative experience overall. When breastfeeding support was given, some women stated that it was superficial and not situation specific. Women who had received excellent support were even more impressed if midwives were giving up their time to help on a busy ward. If confidence in breastfeeding was instilled in the woman by the end of her hospital stay, this resulted in a positive experience overall.

When shown how to breastfeed, if the staff appeared rude then this led to feelings of frustration and guilt, with some women feeling as though the midwives were not sympathetic to their “traumatic delivery”. Descriptions of midwives such as “caring”, “knowledgeable” and “patient” tended to indicate a positive breastfeeding experience. Again, this was valued even more if the ward was busy and in some cases even just a smile was enough to put a woman at ease.

Variation in the breastfeeding advice given by staff was reported by women both within the hospital and also between hospital and community. These discrepancies in advice led to a negative postnatal experience.

## Involvement of the partner

Inclusion of the partner in the decision making resulted in a more positive maternity experience. It was also important to women for a partner to feel well supported and put at ease. Women reported a more positive experience if the partner received guidance on how to offer support, even more so if she was a first time mother.

If confidence was instilled in the partner by the end of the stay then this resulted in a positive experience. Having a side room rather than being in a bay on the ward correlated with a more positive experience, as the partner was able to stay to offer additional support however the need for additional facilities for partners to stay was commented on.

## Visiting hours

It was common for stories to state the need for longer visiting hours. In a number of cases partners were not permitted on the wards, which resulted in a negative experience for the woman. If visiting times were relaxed this was seen as “common sense”. However, others felt that relaxed visiting hours resulted in a negative experience, in particular, as it led to overcrowded wards and a loss of dignity and privacy for one woman.

## Day care and night care

It was common for women to not want to stay on the postnatal ward overnight. Excellent care was commonly reported in the day time, but less so at night time. Some women reported no care given during the night and also not feeling that they could ask staff for help. Whether women felt they could ask for assistance was determined by the manner of staff. Descriptions of staff being “rude” and “abrupt” led to women feeling they could not seek help.

## The ward environment

Views on the ward ranged from general statements to details such as broken water coolers with standing water; using only single mops and sheets not being changed regularly. The majority of negative comments on the ward facilities were about bathrooms. However, women seemed more forgiving of unclean facilities if they felt staff were prioritising care.

Noise was commented on, coming from both babies and staff. In most cases it was staff noise that women spoke of negatively, and were less forgiving towards.

Privacy was valued by women on the postnatal ward. Women commented positively on curtains being drawn around beds and beds being arranged in a way to maintain privacy. However, some women actually preferred the company of an open shared ward.

Food appeared not to be a priority. However it was still commented on as a minor factor in having a positive postnatal experience. Women seemed surprised if the food was actually good. Meal variety was appreciated and women were impressed if dietary requirements were considered. However, some women were not offered food at all if arriving on the ward outside mealtime hours.

## Pain

Many cases were reported of women asking for pain relief but not receiving it. This caused the women to feel as though the staff did not care. In some cases women felt as though they were troubling staff if they asked for pain relief, even after recent surgery. Even if a woman’s requests were responded to, it could take hours before pain relief was administered. Women reported positive experiences if staff asked about pain on arrival on the ward and offered analgesia without being asked for it.

## Staying or leaving: issues related to discharge

Whether a woman wanted to stay longer or not appeared closely related to the quality of the care she experienced. Women commented negatively if they felt they were being rushed out of hospital, or if there were delays in discharge due to poor communication between staff, though as before, they were more forgiving if the ward was busy. Women commented positively on a fast discharge, if it was their wish to be discharged early. Women were happy to stay longer in hospital if they were made to feel welcome and if they felt staff intentions were good.

## Patient’s perception of service organisation

There seemed to be an expectation that the postnatal ward would be busy. Women appreciated being seen by the same midwife throughout their maternity care. They commented very positively on seeing the same midwife as they had during antenatal care.

Many women commented on the hospital staff appearing stressed and overworked. They stated that they were not visited often by staff, which was particularly negative if they were a first time mother. Some women said staff exhibited poor communication which led to an inefficient, slow service and a negative experience overall. However, if it appeared that the staff were trying their best then patients were more forgiving. A blame culture among staff was described in some services. Positive comments from women included being checked on regularly and seeing good teamwork among staff. Some reported no apparent staff shortage.

## A holistic approach to care

The word ‘care’ was used very commonly in women’s stories. They saw care in staff asking if they could be of assistance and treating people as individuals and not a number. Care shown by cleaners and caterers was also commented on positively; a lack of care was commented on negatively. Sometimes midwives would forget to carry out tasks; however women were forgiving of this if the staff member showed compassion.

Staff introducing themselves tended to lead to a positive postnatal experience.

A member of staff not explaining what was going on led to a negative experience. If a woman was kept informed of their situation then they tended to be more forgiving of staff members taking a while to carry out tasks. Women also commented positively on being listened to as well as being given information which relieved their concerns.

Feedback to staff on their care was in some cases met with hostility by staff members, leading to a more negative hospital experience.

# Introduction

Having a baby is the most common reason for a hospital admission (NAO, 2013), making it a significant healthcare issue affecting a large number of the population. In addition, the maternity department in the hospital is unique in the sense that healthcare providers are supporting and guiding a usually healthy woman through a natural event, rather than other departments dealing primarily with pathology with a focus on interventions.

In the majority of cases, having a baby should be a positive experience. However, there are occasions when women are not happy with the care they have received. In more extreme cases, there have been serious avoidable incidents of poor and unacceptable care leading to the deaths of mothers and babies.

This was highlighted in 2015 with the publication of the report of the Morecambe Bay Investigation (Kirkup B, 2015). The report concluded with 43 recommendations for the University Hospitals of Morecambe Bay NHS Foundation Trust and also for national maternity care services, as lessons had been learnt from these incidents. In 2015, NHS England also reported that they would conduct a major review into national maternity services (NHS, 2015), looking into models of care, choice and the professional culture and accountability. This review was launched as part of the NHS Five Year Forward View (NHS, 2014), in order to improve and develop the service to meet the needs of women and babies.

This report takes the form of a thematic analysis of stories of women’s experiences on the postnatal ward, posted on Patient Opinion, a public web site. Patient Opinion allows patients to post their experiences of health or social care online. Staff have the opportunity to respond to this feedback, resolving issues, avoiding complaints and improving services over time. This study therefore starts from the perspective of those who experience postnatal care. The study is confined to hospital postnatal care. Care in community settings is outside of the scope of this work.

Research has been conducted previously into the power of patient narrative. Charon (2006) stated that exploring the patient narrative will allow caregivers to become more ethical, more community minded and provide better care. In this case, by providing feedback the narrative gives an ‘authentic voice’ to the stories. Sharipo J *et al* (1993) also stated that there were benefits to the patient in providing a narrative story, including reducing anxiety and restoring personal harmony.

There are other studies looking at feedback in the maternity care setting. The latest was the ‘2015 survey of women’s experiences of maternity care’, which involved 20,631 women who had a live birth in hospital in February 2015 (CQC, 2015). This survey was conducted every 3 years, beginning in 2007, and allows changes to women’s experiences of the service to be monitored over time.

Indeed, the most recent survey in 2015 reported that more women said they felt that they were ‘always’ given the information and explanations they needed whilst in hospital after delivery. In addition, to date this survey has consistently shown postnatal care to be poorer than antenatal care and care given during labour and birth, hence why postnatal care was chosen as the topic for this report.

# Method

This report presents the findings of a thematic analysis of stories posted on the Patient Opinion website ([www.patientopinion.org.uk](http://www.patientopinion.org.uk)) which give patients’ views on the care they received on the postnatal ward in hospitals across the UK.

I began by entering the keyword ‘postnatal’ into the search bar on the Patient Opinion website. This produced a total of 369 stories from patients tagged with the keyword ‘postnatal’. To narrow down my search further, I restricted my search to stories between 18 November 2013 and 18November 2015. This gave me with a sample of 168 stories related to postnatal care which I analysed. I read through each of these stories and extracted the stories which were related to care on the postnatal ward. From this I identified nine key themes.

All of the stories cited in this report are freely accessible online at the Patient Opinion website ([www.patientopinion.org.uk](http://www.patientopinion.org.uk)).

Each story cited here is identified in the text with a number, such as [180949]. To read this story and any responses to it online, you would visit the following address:

[www.patientopinion.org.uk/opinions/180949](http://www.patientopinion.org.uk/opinions/180949)

# Breastfeeding support

The first few hours and days following birth are extremely important for implementing breastfeeding and allowing bonding. Therefore it is crucial that healthcare staff are available to provide thorough breastfeeding guidance to new mothers to instill confidence. All maternity care providers, both in the community and in the hospital, are recommended to have in place a structured breastfeeding programme that encourages breastfeeding for women (NICE, 2006). The Baby Friendly Initiative is described as a minimum standard for healthcare providers to follow in order to achieve this aim (UNICEF, 2012).

This theme can be further divided into the following three categories; the extent of support offered; the staff’s behaviour when offering breastfeeding support and the variation in information given.

## Extent of support offered

There appeared to be discrepancies in the thoroughness of breastfeeding support offered to women on the postnatal ward, ranging from none at all to excellent care. In the ‘2015 survey of women’s experiences of maternity care’ (CQC, 2015) only 63% of women reported that they were always given active support and encouragement about feeding their baby. This has not changed since 2013.

In the cases where women received no breastfeeding support or guidance on the postnatal ward this was stated factually:

“No breast feeding help.” [180949]

“No one was there to help show us how to feed.” [227543]

Some stories showed that women viewed breastfeeding support on the ward as very important in ensuring that they were able to successfully breastfeed when they returned home:

“I also didn't have any other breast feeding support while I was in hospital which I think is something they need to work on if they want women to successfully breastfeed at home.” [180435]

Indeed, a study by Lewallen *et al* (2006) showed that 68% of women were still breastfeeding at 8 weeks. It stated that the most common reasons for breastfeeding cessation were preventable by midwives interventions. Therefore, more successful breastfeeding at home can be achieved by addressing breastfeeding problems in hospital.

In some cases, women had an even more negative experience when they were informed that they would receive guidance and support on breastfeeding, but this did not happen:

“On top of that I received poor care whilst on the postnatal ward; no one helped me with breastfeeding when they said they would.” [251457]

The above story was from a woman who had delivered her first baby. Stories about the birth of the first child seemed to comment more on the lack of support received on the postnatal ward, compared to mothers of previous children. Indeed, a study involving focus groups in Australia, by Forster *et al* (2008), discovered that first time mothers were more concerned about their lack of confidence to care for and ensure the safety of their new baby. There was also the view that the presence of professional support (on a postnatal ward) would help to reduce these concerns. Although this study was conducted in Australia rather than the UK, the stories from Patient Opinion also support this study and therefore it could be applicable to women’s feelings receiving postnatal care in the UK.

Other statements gave information about the women’s feelings and emotions towards not receiving breastfeeding support. The feelings of isolation and loneliness are expressed by a number of mothers who did not receive breast feeding support:

“I felt isolated and alone.” [251457]

“I have never felt more alone and vulnerable than I did when I was a patient on that ward.” [131416]

Both of these women [251457, 131416] also stated that they went on to develop postnatal depression and posttraumatic stress disorder, they thought as a result of their ordeal. Another woman also felt the lack of breastfeeding support lead to postnatal depression:

“I so wished that a midwife could have spent a little more time with me and the baby to have this sorted while we were inpatients and I could have breastfed him. I had postnatal depression and I believe that the lack of help to breastfeed played a major role in causing it.” [278725]

In addition, a study by Watkins *et al* (2011) suggested that women who had negative early breastfeeding experiences were more likely to have depressive symptoms at 2 months postpartum. It concluded that screening women with breastfeeding difficulties to assess them for depressive symptoms would be beneficial. According to the ‘2015 survey of women’s experiences of maternity care’ (CQC, 2015) 97% of women were indeed asked about their emotional wellbeing, at least to some extent, during postnatal care. This had increased from 96% in 2013.

The time available from the midwife appeared to be a factor determining whether women received thorough breast feeding support. Even after asking multiple times for support, some midwives were still unable to offer guidance. It appeared that breastfeeding support was not made a priority.

Exclusive breastfeeding for six months provides health benefits to the infant such as a lower risk of gastrointestinal infections and faster maternal weight loss after birth (Kramer *et al*, 2009). It is recommended and encouraged by the World Health Organisation. NICE guidelines (2006) state that “in the first 24 hours of birth, women should be given information on the benefits of breastfeeding”. In some cases on the postnatal ward, midwives deviated from these recommendations.

“The midwives mostly had absolutely no time to give me any real help with breastfeeding. My baby had gone a considerable time without milk and asking several times for help feeding I was advised at 11pm that my husband should get milk from Tesco. I was distraught that after having had no sleep my husband had to run around shopping. I came to the hospital with everything I had been told to and had no intention of bottle feeding. Had I been given proper help breastfeeding or been provided milk at least for the night it would have saved us more trauma.” [255777]

According to the ‘2015 survey of women’s experiences of maternity care’ (CQC, 2015), 29% of women who did not eventually breastfeed reported trying to before deciding on formula milk compared with 26% in 2013. This suggests that more women are being encouraged to breastfeed in the first place on the postnatal ward, rather receiving no guidance at all.

Even when the stories did not explicitly state that the midwives lacked time to help them with feeding, the words used to describe midwives’ actions suggested that the mother did not feel that her care was being prioritised. A number of accounts commented on the midwife disappearing soon after the mother asking for guidance and not returning for a long time:

“Lack of breastfeeding support when at my most vulnerable (crying in the middle of the night as I could not get my baby to latch on only to have syringes tossed onto the bed and told to hand express and not seeing the midwife again until the next morning)” [237557]

“I asked where to sort baby's milk out, as my sister couldn't walk at this point due to being numb still. The midwife didn't tell me, just walked out.” [126177]

“I had terrible problems breastfeeding and none of the midwives I saw - and I saw a lot - were willing or able to give more than cursory assistance before disappearing off again.” [131416]

These statements commented on the lack of contact the mother had with the midwife which led to a negative maternity experience. It is hard to tell from these stories whether it was because breastfeeding support was not being made a priority, or whether the midwives just lacked time to provide any support at all due to a busy ward.

According to NICE guidelines, “healthcare professionals should have sufficient time, as a priority, to give support to a woman and baby during initiation and continuation of breastfeeding (NICE, 2006). A number of these stories gave the impression that supporting the woman with breastfeeding was not a priority of the midwife.

Even when breastfeeding guidance was given, the mother sometimes deemed it superficial, especially in mothers who were having trouble breastfeeding. Other accounts commented on the lack of specific and personal advice on breastfeeding in women who had experienced a caesarean section:

“No advice given on how to cope with a c section or how to breastfeed with one.” [167160]

According to NICE guidelines, “additional support with positioning and attachment should be offered to women who have had a caesarean section, particularly to assist with handling and positioning the baby to protect the woman's abdominal wound (2006)”. In a number of reported cases, this additional support was not offered to women.

Other stories commented on midwives assumptions that the woman would be able to breastfeed without assistance. Women felt that the midwives had not assessed gaps in their knowledge and ability and had not given tailored guidance:

“My only constructive feedback is that I could have done with more assistance with breastfeeding during my overnight stay. The advice given by the overnight midwives was to keep feeding, as if everyone can just do it automatically, and no one seemed to consider that I might not be able to.” [139197]

Despite this there were cases of women who did receive breastfeeding support on the postnatal ward, although the extent of support varied. A few of these accounts were neutral:

“They supported me with breast feeding my baby, looked after us both and were always on hand to offer advice if needed.” [157544]

“On the postnatal ward I was given a lot of support with breastfeeding.” [227017]

Other accounts included positive language expressing their feelings on the support received:

“The midwives and also the student midwives were brilliant. They showed me how to breastfeed and were a great help.” [257949]

“I could hear other ladies receiving constructive help on breast feeding (mine was going well at this point).” [247037]

“Given excellent support, advice and assistance with breastfeeding, despite the ward being busy and short staffed.” [242494]

This final account also shows that, even when the ward seemed busy and the women had the impression that the midwives lacked time in helping them, it appeared that staff exceeded expectations as constructive support was provided. The fact that the ward was busy did not lead to a negative postnatal experience if advice and assistance were still offered.

Accounts suggested that it was not necessarily having trouble breastfeeding that led to a negative maternity experience, but it was the dedication and patience of the midwives that were conducive to a positive experience. If the woman felt the midwife was giving up her time to help her with feeding then this was deemed impressive:

“The midwife stayed with us until she was sure that our little girl had taken on some feed, over an hour in one case. Very impressed.” [246453]

If a woman had a positive maternal experience, “confidence” was often mentioned to describe the feelings at the end of the stay on the postnatal ward. This confidence was gained through receiving lots of breast feeding help, the midwife making time to sit with the mother and not rushing her out of hospital. If confidence was not gained by the end of the stay then this tended to result in a negative experience.

“We had lots of help with breastfeeding and left hospital feeling confident.” [216150]

“All staff were very accommodating and in no rush at all for us to leave as they wanted to ensure we were both confident and that my wife was comfortable breast feeding.” [126739]

“I was shown how to hand express and breast feed my son and was not discharged until both the nurse and I were happy with how to do this.” [150073]

## Staff’s behaviour when offering breastfeeding support

The attitudes of staff to the woman when they were receiving breastfeeding support was documented and influenced whether they had a positive or negative maternity experience. Descriptions such as “rude”, “rough” and “sarcastic” were used in a number of cases:

“My only little gripe was that the midwife looking after me during recovery was quite rough and a little rude when showing me how to breastfeed.” [180435]

“When asked help with breastfeeding and nappy changing I was given instructions in a rude manner with sarcastic comments.” [187559]

Other stories revealed women’s feelings towards the attitudes of the midwives. These feelings included guilt, frustration and humiliation due to the perceived lack of sensitivity and understanding of the midwives. These stories also described situations where midwives were not respecting the dignity of the individual by bringing their own personal opinions into the care of the woman, rather than respecting the woman’s wishes.

According to the ‘2015 survey of women’s experiences of maternity care’ (CQC 2015), 81% of women said their decisions on feeding their baby were always respected by midwives.

“I felt I was humiliated in many occasions by a very arrogant midwife who made me feel like I was less than a normal human being for not being able to fully breast feed my child. Despite I told the midwife I was planning on mixed feeding since my (a year older) first born was fed the same way, as I was easily getting cracked-scarred-bleeding nipples, which I was struggling with this time too! The midwife walked around calling my name and told many people I was bottle feeding, and not breast! The midwife came to me, and spoke to my child, said ‘mummy not breast feeding you’... I felt very guilty, frustrated and very humiliated” [237999]

“I wanted to breastfeed but had very little help starting this until several hours had passed and the midwife on duty reproached me for leaving it so long and told me to hand express and use a syringe to collect the colostrum. I felt I had been told off just hours after a traumatic delivery with little support or understanding.” [259980]

The above story [259980] suggests that the midwives appeared insensitive to a woman who had just had a traumatic delivery, which left her feeling vulnerable. As for the previous story [237999], the Patient Opinion website indicates that a change has been planned in the hospital as a result of the story being shared. It does not give further details of the changes that have been planned but it shows how important patients’ feedback is in promoting improvements to the service.

Non-constructive criticism was also described in this story:

“I had a midwife - telling me that I am going to kill my baby by breastfeeding on a side. Great thing to tell and the wonderful choice of words.” [207121]

The Forster *et al* (2008) study involved focus groups in Australia that revealed a common theme in women’s emotions on the postnatal ward, namely anxiety and fear. Participants were anxious and fearful about their baby’s safety which created a perceived need for constant, professional support. This above quote [207121] could frighten the mother further and knock her self-esteem, rather than encouraging her.

In addition, NICE guidelines state that “from the first feed, women should be offered skilled breastfeeding support to enable comfortable positioning of the mother and baby” **(NICE, 2006). Thus it should be the responsibility of the staff to support the mother from the beginning in order for her to breastfeed correctly.**

A metasynthesis, by Schmied *et al* (2010), concluded that person-centred communication skills and relationships are of optimal importance when supporting a woman to breastfeed. Stories from Patient Opinion contained descriptions of staff being “patient”, “knowledgeable” and “caring” which led to a positive maternity experience. These words were usually used in a context where the woman’s worries were listened to and the staff had a smile on their face. Patience was valued even more when the staff were having to deal with a busy ward:

“Incredibly patient whilst also dealing with a busy ward. They helped me get to grips with feeding.” [167237]

“On the postnatal ward, I was attended to by a midwife and a student midwife. I was so impressed with her, who had the perfect demeanour to be a midwife. She was very smiley and answered all my questions… She assisted me with breastfeeding in a knowledgeable and caring way.” [139197]

There were no specific examples in the above story of what is meant by giving breastfeeding assistance in a “caring way” but it was clear from this story that even just a smile can make a woman feel at ease.

## Variation in information given

There were inconsistencies in the breastfeeding guidance given to women. Some described variation in the information given by different staff members within the same hospital:

“No one was in charge of me and each midwife/lactation consultant gave me a different opinion about feeding the baby.” [203706]

“Luckily all was well with baby and myself after the operation but my baby was not latching on. I tried several times myself over the next 12 hours and no joy. I was being helped by midwives very briefly, one told me not to worry if the baby doesn’t feed in the first 24 hours. The next morning when baby was 15 hours old I asked the midwife to help me as baby has not been fed since birth and she was horrified. I was then seen for 5 minutes by a breastfeeding buddy who was unable to help my baby latch on instead she helped me express to cup feed. I was only able to cup feed throughout the day as nobody had the time to help me.” [178725]

This variation in information could lead to a woman becoming frightened and confused over how to correctly feed her baby.

The discrepancies in information were also described between staff in the hospital and community:

“Since leaving the hospital we found that community staff often give different advice (e.g. relating to breastfeeding) than in the hospital but I think consistency of advice is an issue in the NHS generally.” [125321]

However, there were no further details regarding what information was given by the different members of staff. Indeed, only 55% of all women surveyed in 2015 said they were always given consistent advice on feeding their baby (CQC, 2015).

# Involvement of the partner

Involvement of the partner was important to the mother, and led to a positive maternity experience, if both she and her partner were involved in the care given. Women expressed pleasure and disappointment with care according to the level of acceptance of their partner’s involvement (Forster *et al* 2008). The more her partner was involved in the care, the more pleasure the woman would experience and the less involved he was, the more disappointment the woman would feel. However, a study involving focus groups in Yorkshire, by Proctor (2002), established that there were key differences in the beliefs of midwives and women over the involvement of the woman’s partner in the delivery of care. Therefore, despite the new mother valuing her partner being involved in postnatal care, midwives may not share this belief.

The mother valued that her partner’s presence on the ward to provide support and reassurance. In many cases the woman felt nervous about her partner leaving:

“I was really nervous about my partner leaving (especially since I was struggling to sit up, let alone look after a baby).” [197154]

It was also important to the mother that her partner felt well supported and was put at ease.

It was particularly valued if the staff gave the impression that they were genuinely interested in the partner and cared for him as well as the baby and mother:

“They always made time to answer questions and involve me and my husband in decision making.” [254013]

“I felt that she was very interested in me, my husband and our baby and genuinely was enthusiastic about looking after us.” [139197]

Some stories described the partner being informed on how he could offer support, which resulted in a positive maternity experience. This also took some of the burden of care from the staff.

“The midwife was also considerate of my partner's needs as someone who struggles with hospitals - he felt at ease and was kept informed of how things were progressing and how he could support me.” [259223]

The partner also has needs in the postnatal period. An international survey that took place in six sites across four countries, by Stainton *et al* (1999), reported that the new father’s “caring-for needs” dominated during the first week following birth and the late weeks (6 to 8 weeks post birth) in all but one group studied. This included fathers feeling that they required knowledge about how to support their wives to “find body comfort”, assist with breastfeeding and “maintain overall happiness”. Thus support would need to be given to fathers on the postnatal ward as new fathers appreciate support in the first week following the birth.

Some stories included the partner’s, as well as the woman’s, perspective:

“We felt comfortable and reassured, my partner was involved throughout as well! It was an amazing experience having our daughter on an amazing ward! As a first time mum I was offered much support with postnatal care which reassured me and gave me comfort and confidence!!” [173224]

As a first time mother the desire to have the support of a partner may be important and appreciated. In addition, Leahy-Warren *et al* (2011) concluded that midwives needed to be aware of the significant contribution of social support, from family and friends as well as partners, in improving first-time mothers’ mental health and well-being in the postpartum period.

The term “reassured” has been used in multiple stories and results in a very positive maternity experience for the mother but also for her partner. As with breastfeeding support; confidence is commented on in the context of having a partner involved in the care. It was important for confidence to be gained by the mother but it was valued even more highly if the staff ensured that both parents left the hospital feeling confident.

The use of NHS private rooms on the postnatal wards tended to correlate with a more positive maternity experience. These involved paying a supplement and allowed the partner to stay and offer additional support and help the mother settle in.

“We were luckily to have a private room in postnatal so we could stay until the following day to give my wife as much support as possible with breast feeding.” [126739]

“Once on postnatal we were allowed a private room so my partner could stay with me the whole time.” [250645]

“The rooms are like a home from home environment and my partner was able to stay with me after the baby was born (there are double beds) which made such a difference.” [147793]

Two stories gave feedback on how to improve the facilities for partners on the postnatal ward. The latter story [246453] was from the father’s perspective:

“We opted for a private postnatal room, which would have been much much better if there had been a reclining chair or something else for dad to stay the night - it really wouldn't have been feasible for him to stay more than one night.” [207324]

“I also got to stay, albeit on the floor. I do think that could be improved. Space is a premium but if you offer that Dads can stay to help and support, then a better provision needs to be in place for them too.” [246453]

If the partner was not allowed on the ward then this led to a negative postnatal experience:

“The only downside was after delivery of my baby at 18.00pm I stayed on delivery ward until 21.00pm and because I was going into a bay with other ladies in the postnatal ward my partner was not allowed to come with me and the baby to settle us in. He had to leave once we were taken around.” [238627]

Indeed, Hildingsson (2007) led a Swedish study which discovered that one of the strongest associated factors for new mothers’ dissatisfaction was new fathers not being able to stay overnight on the postnatal ward. Although there may be larger factors which caused dissatisfaction for women in hospitals in the UK, this study highlighted the importance of family-orientated postnatal care.

# Visiting hours

The argument over whether visiting hours should be extended or reduced is explored through the stories. This issue also tended to affect the overall postnatal experience. Some stories reported the need for longer visiting hours so that family can spend time with and offer support to the mother:

“Only recommendation would be longer visiting hours (2-8 is the norm for most hospitals now) as my in laws only had 10mins with us as we did not get up from recovery until 7pm.” [207256]

There were a number of stories commenting on the husband not being permitted on the wards:

“When I was transferred to the Marsh Ward at around 3 am my husband was asked to leave and come back after 9 am. We both were not prepared for this and he ended up sleeping in the car as he was too exhausted to drive.” [206839]

In addition, other stories commented positively on the relaxed visiting hours and viewed it as common sense being applied to the situation:

“It was also very refreshing for the staff to be laid back about visiting hours and having both birthing partners in the postnatal ward. It's great to see common sense applied to our situation.” [126739]

On the other hand, other women were opposed to a relaxed visitor’s policy:

“Other patients were having more than the restricted 2 visitors which made the ward very loud and even more cramped. When my husband complained about this, nothing was done.” [198898]

“Curtain was left open showing the whole of my lower naked body - husbands were visiting at the time - I knew I was exposed but could do nothing - had to see these men on the wing everyday so upsetting they saw me like this.” [208870]

The above story [208870] raised the issue of compromising a woman’s privacy and dignity. This may be more likely to be breached if visiting hours are relaxed or extended. Therefore a balance should be struck which allowed family to be present to offer support to the woman, without compromising other people’s privacy, a quiet environment or space on the ward.

# Day care and night care

There was a common feeling in the stories that women did not want to have to stay overnight on the postnatal ward. This feeling was probably because they wanted to go home as soon as possible with their new baby.

“I really did not want to stay overnight!” [168196]

Discrepancies between women’s opinions on the care given in the day time and night time were evident in the stories. Some reported receiving adequate care during the day, only to feel uncared for during the night time:

“During the day the checks on my baby were regularly carried out and to a good standard. The only problem was that someone was supposed come and check him at 8.30 and no one did all night until the morning. There is a distinct difference in quality between the day time and night time staff.” [125579]

“On postnatal ward I was left all night with a screaming baby.” [180949]

One woman described not feeling that she could ask for assistance as she felt the staff did not have enough time for her. Looking back at her time in hospital she realised that she probably did need help from staff:

“Far too busy in the night time especially which prevented me in adding for help that I probably needed.” [141594]

Others noted variations in care with respect to the attitudes of the staff. Descriptions such as “uncaring”, “abrupt” and “rude” were used to describe the staff on the ward during the night. These descriptions could explain why some women felt that they were unable to ask for assistance:

“The night staff were very abrupt, uncaring and as if they would rather not be there. They seemed keen to discharge people ASAP though the bays were not totally full. I felt quite left to 'get on with it' despite being in a lot of pain. Several team members seemed burned out and had little empathy. I felt somewhat bullied to get up sooner than I felt comfortable and that I was making a fuss to buzz for help in the night after having had the c section. Awareness of the emotional needs of mothers appeared limited as I saw several other mums in a tearful state and feeling as if they couldn't ask for help in the night.” [258741]

“The staff were rude, unapproachable and cold! In the night when the lights were out they would hide behind the doors and gossip about colleagues and patients personal information when I was trying to sleep .There was a support worker who told me to not press the buzzer I should get up and get whatever I want.” [253619]

The above statements describe a culture in the hospital at night time where women feel that they were not supposed to ask for help from staff. This creates an unhealthy, and potentially dangerous, situation where women may not inform staff of their problems which could lead to a deterioration in their health and wellbeing or that of their baby.

In addition, it appeared that women were much less forgiving of staff not providing enough assistance if they were seen to “gossip about colleagues and patient’s personal information” [167160]. This was in comparison to midwives who were unable to provide assistance as they were having to deal with an extremely busy ward.

In other cases women reported that the staff were actually willing to help in the night time as much as the day time:

“The staff were friendly, welcoming and professional - never once unwilling to help either during the day or during the night.” [245138]

Some other stories commented positively on the care received by midwives on the night shift:

“I'd like to say a special thank you to the midwife who was on the night shifts for the two night I was in postnatal ward for the care & support they gave to me and my daughter. They are a definite asset to the hospital” [261701]

“On the ward I was supported all night by excellent staff helping to change baby and me as couldn't move still numb!” [207256]

“The overnight staff were amazing and so comforting to talk to it really put me at ease when my little girl cried the whole night.” [168196]

“Help is available if you ask throughout the night.” [256176]

This final quotation shows that perhaps, in many cases, help is only available at night time if you ask for it. Also it is the attitudes and manner of the staff which determine if a patient feels as though they are able to ask for it. Words used to describe attitudes which led to women feeling they could seek help included ‘friendly’, ‘welcoming’ and ‘comforting’. This inevitably leads to a positive night time experience on the postnatal ward.

# The ward environment

## Hygiene

Women on the postnatal ward noticed the cleanliness of the ward. The more unhygienic the ward was, the worse the experience they had. Key issues included dirty wards, not having bed sheets changed regularly and dirty bathroom facilities.

However, the ‘2015 survey of women’s experiences of maternity care’ had shown some small improvements in the woman’s perception of hygiene. 67% of women reported a very clean hospital ward or room compared with 63% in 2013 (CQC, 2015). But bathrooms were less often reported to be of a satisfactory standard, with 56% reported very clean in 2015 compared to 52% in 2013 (CQC, 2015).

Some generic statements were given:

“The hospital itself was dirty.” [126177]

However, this did not give specific details about what was meant by ‘dirty’ and describing the whole hospital as “dirty” may have been a generalisation. However, it is still evident from this statement that this issue affected the experience of the woman and led to a negative opinion.

Other stories gave more specific details on what areas need to be improved:

“Cleanliness seems a real issue, broken water coolers with standing water, cleaners using single mops to clean everything on the ward.” [159959]

Other stories commented on sheets not being changed regularly on the postnatal ward. One woman was told to change her sheets herself:

“When I asked for my bed to be changed or have fresh sheets to do it myself (as my son had been sick on them) I was greeted with the reply 'why should I do it'.” [158994]

“We didn't like the ladies who change the beds, one of whom I had an argument with on my last day who maintained that everyone was asked if they'd like their sheets changed daily (not true!), whereas I only had mine changed once in four days.” [195103]

However, the majority of women’s comments were on the state of the bathroom facilities, which supports the CQC (2015) survey results. A number of comments stated that the bathrooms were not cleaned regularly enough, especially on the shared ward facilities:

“Filthy bathroom facilities.” [237557]

“And above all the filth of the bathrooms on the postnatal ward was so disgusting with blood everywhere and bins overflowing.” [227543]

“The rooms were absolutely filthy and the bathrooms on the postnatal Alexandra ward were cloggy and dirty every time I needed to use them.” [215178]

“My only criticism would be the cleanliness of the postnatal ward bathrooms which could have been better.” [198815]

“The toilets were dirty.” [167160]

“From my experience the shared ward ladies facilities (3 in total) had blood in them for a significant period of time (from early evening until the next morning all 3 facilities) and I feel that all toilet/shower facilities would benefit from more regular inspection (staff and budget depending). To be fair, following my stay in hospital I have read the policy and it does state that you should report hygiene issues but I was aware that the midwives were stretched as it was and I did not want to bother them further over general assistant/cleaner concerns and I valued their medical attention instead.” [163324]

The above story highlighted the priorities of the patient. She acknowledged that the bathroom facilities were not clean, but she would rather that the staff focused their attention on her medical care. If the ward was busy then the woman was more forgiving of dirty bathroom facilities and almost expected them.

Other women also acknowledged the unclean toilet facilities but did not see this as impacting their overall postnatal experience, as they felt that it was inevitable on a busy ward:

“Toilets were a bit dirty at times, but that's to be expected in such a busy ward.” [232566]

Even the private NHS bathrooms were described as unclean:

“The only negative issues are that the bathroom in our room was not as clean as I felt it should have been when we arrived.” [125321]

 One woman described the bathroom facilities in her room as clean but her private room was not of an acceptable level of cleanliness:

“As far as postnatal is concerned, in my private room the bathroom was cleaned every day but the room per se wasn't for the entire week I was there other than the mopping the floor and not in a very thorough fashion (not under armchairs or bedside table).” [249059]

Other stories reported clean conditions, which led to a positive postnatal experience. A clean ward led to some women being “impressed”:

“I was impressed with the standards of cleanliness and hygiene.” [249326]

“Spotlessly clean surroundings.” [159993]

“The cleanliness was also outstanding” [141959]

“It is spotlessly clean” [126739]

“Postnatal ward was very clean.” [256176]

## Noise

Noise has been reported as an issue on the postnatal ward leading to women not being able to sleep at night. Some stories described the noise coming from the babies on the ward:

“A bit of noise at night (other babies crying)” [257949]

However, many stories stated that the majority of the noise came from staff rather than babies:

“If I'm being picky then I would say that it is pretty noisy in Cedar Ward, not from babies but the general hubbub of staff milling about and shouting (to find each other) and cleaners complaining loudly about their jobs.” [195103]

“The staff left the door open and kept running in and out, chatting to their colleagues and other mums throughout the night so that I did not get any rest whatsoever.” [206839]

“During evenings the loudest thing are the staff.” [159959]

“It was really hard to sleep as staff left the door open and were not very quiet in the corridor.” [125321]

“It was quiet the night I stayed and I was able to get some sleep.” [256176]

Women gave the impression that they were more forgiving of noise due to babies, as this was expected. However they were less forgiving if it was unnecessary such as “cleaners complaining loudly about their jobs” [195103].

## Privacy

The women’s privacy was an important issue on the postnatal ward and was clearly valued. Women appreciated curtains on the ward and the way the beds were arranged to maintain their privacy:

“Postnatal ward was better than I expected, with curtains to be drawn for privacy.” [232566]

“The way the beds were arranged, allowed for as much privacy as possible on a shared bay.” [256176]

However, some women actually preferred the company on the ward, rather than having the privacy of a single room, as it allowed them to meet people (Forster *et al* 2008).

“Whilst the postnatal ward is cramped I preferred the company than being on my own in a single room.” [215695]

## Food

Nutrition is of extreme importance in a hospital setting but even more so for a breastfeeding woman. It is considered important for both its nutritional value but also in creating a comforting and homely environment for patients on the ward. Even if not a main theme, it was discussed as a minor aspect of the postnatal experience. Some opinions were brief with minimal detail. There seemed to be a preconception that food on the postnatal ward was not good and if pleasant food was provided this exceeded a patient’s expectation:

“Meals were actually nice!” [156033]

“The only downsides were the food…” [257949]

The variety of meals was important to women. Having the same meals each night led to disappointment:

“Meals were good, variety and portion sizes.” [253362]

“The food was the only slightly disappointing part of my stay, same choices each night. However, this didn't really matter as everything else was exceptional. .” [247037]

It was also important that portion sizes were sufficient.

A number of stories involved issues surrounding dietary requirements. Staff considering a person’s specific dietary requirements and discussing it with them led to a more personal and caring service resulting in a positive postnatal experience:

“I would also like to say a huge thank you to the catering staff: I am gluten and dairy free and without warning, they were able to provide food for me throughout my stay, that closely followed my diet, and they often came to see me in the morning to discuss my options.” [160346]

However, despite liking the food, one woman stated that there were no breakfasts for people with gluten intolerance:

“The food was lovely, although the lack of breakfasts for people with gluten intolerance was annoying - the options were toast or cereal, which I can't have. I had to ask for fruit, which was provided every day thereafter which was great, but it got a bit boring after a few days!” [195103]

In some cases women were not offered any food at all:

“After 24 hours of labour and no food I was offered nothing to eat and when I asked they said they were too busy.” [180949]

This woman had arrived on the ward late at night, outside of mealtimes. This raises the issue of providing meals for women arriving outside regular mealtime hours. Indeed, NICE guidelines states that women should have “access to food and drink on demand” in order to create an environment to allow breastfeeding (NICE, 2006).

# Pain relief

Pain relief is a theme in many stories about postnatal care. Descriptions highlighted a number of issues in relation to women’s feelings towards the staff, based on how the staff reacted to and dealt with pain.

A number of stories involved the woman repeatedly asking for pain relief but not receiving it. These stories also described the woman feeling as if the staff did not care about her and her being ignored:

“Following day I asked for medication that was prescribed to me after immense pain day before (an injection) I asked nearly every hour since early in the morning only to be told in a moment then at the end of the day I could buy it tablet form from the pharmacy - I could not walk Far and chemist had shut for my husband to get at this point. I was told injection is better however this midwife ignored consultant’s recommendations and left me without - I went through the rest of my stay without - they did not care.” [208870]

“I felt quite left to 'get on with it' despite being in a lot of pain.” [258741]

“I was in a high amount of pain and was left screaming with my baby next to me - a fellow patient came to my bedside to help who then raised concern to staff who did nothing.” [208870]

Other women were never offered analgesia in the first place, despite just undergoing a caesarean section. This led to a negative postnatal experience. Patients were made to feel as if their pain did not matter and that they were “troubling staff” if they did ask for help:

“I was never offered analgesia following this major operation, even though I understand midwives undertake drug rounds, I was not offered any pain relief or asked how my pain was considering my recovery.” [198898]

“Had to beg to be given even paracetamol whilst on the ward.” [197970]

“I was made to feel like I was troubling the staff for asking for more than paracetamol one day after an emergency C-section.” [125435]

“Being made to feel like you couldn't even ask for pain relief and when you did it took over an hour to get it.” [158994]

Even if a woman did ask for pain relief, it would take a while to receive it, or the staff would forget to give it. Naturally, if the woman had described herself as having a traumatic delivery then she commented even more negatively on the waiting times for basic analgesia.

“I had to wait hours for the most basic analgesia despite having a very painful episiotomy. I had to ask three times over the course of 6 hours at one point, while being alone with my baby and needing to care for her.” [259980]

“Pain meds were forgotten many times over our 36hr stay…I was discharged with no pain meds.” [227543]

Women reported a very positive postnatal experience if they were in a lot of pain and staff checking, without prompting, if she required anything:

“They even kept coming to me to make sure me and baby were fine and to see if I needed anything as I was in a lot of pain.” [179322]

# Staying or leaving: issues related to discharge

A number of concerns were raised when it came to staying on the ward or being discharged home. Many accounts described staff attempting to discharge the woman as quickly as possible. These accounts described women being “bullied to get up sooner” [258741] which made the them feel that the staffs’ priority was to empty beds rather than provide them with appropriate care.

In some cases, the thought of having to leave the hospital earlier than the woman had expected led to feelings of anxiety and fear (Forster *et al* 2008). This all created a negative postnatal experience:

“Uncaring and as if they would rather not be there. They seemed keen to discharge people ASAP though the bays were not totally full.” [258741]

“I was in a cubicle and basically ignored for the whole time except when they came to see when I would be leaving because they needed the bed.” [135650]

However, other accounts describe a delay in being discharged due to problems in communication within the team. This service inefficiency reflected badly on staff. This also led to a negative postnatal experience.

“I had a dry birth so both me and my son were more susceptible to becoming ill. They were supposed to check me every 2 hours and since I came out of labour at 6:00am I was not seen too till 6:00pm and that's only because I was pushing to leave. Even though no one looked after me all day when I wanted to leave they told me I couldn't because I had cut catch infection and put me and my son under a lot of stress as they wouldn't take the security tag off him so we could leave. This was one of the worst memories I have had. I'm not even sure if I want another child after as I am terrified I will get the same service again somewhere else.” [257553]

“My only gripe would be that handovers and communication between teams can sometimes be a bit lacking - e.g. the message hadn't been passed on by the doctors that I could go home leading to quite a long wait to be discharged.” [159993]

“I asked to be discharged but this took another six hours and none of the staff seemed to understand why we were so desperate to leave.” [206839]

“Having spent a whole 4 days in Barnet Hospital most of the times in bed I was still not "priority" to leave on the Monday!” [237999]

“I had a particularly bad experience with being discharged and having spoken to quite a few other Mums, they have also experienced similar delays and frustrations.” [236826]

“Trying to leave the postnatal ward was equally as hard. As the midwives were quiet they were laughing and joking & having a lovely time whilst I was left. Then once my partner arrived to pick me up (8am) we were not released till 3pm & rarely visited by them.” [141668]

The above story [141668] shows that women were less forgiving of having a slow discharge if the ward was quiet and midwives appeared not to be busy. In general, the experiences demonstrated that it is a combination of factors that influence whether a woman wanted to leave the ward as quickly as possible if they felt that they were having a negative postnatal experience. These were explored in the other themes in this report.

If the woman had a poor quality stay then they appeared more determined to leave the hospital. Further stories described people discharging themselves as they did not want to stay in the hospital any longer:

“We discharged ourselves early due to the horrendous level of care.” [227543]

“My sister discharged herself on the Sunday as she had had enough.” [126177]

Positive hospital experiences were reported if they received a fast discharge from hospital, if the mother had had a positive experience in the hospital; and if it was her wish to be discharged quickly. This indicated that the woman appreciated feeling in control and having her individual wishes respected.

“On the postnatal ward they made me a priority and did mine and the babies check and was able to send us home the same day.” [229701]

“I asked for quick discharge back to Osw MLU and this was carried out as soon as they could.” [253362]

In addition, women appreciated it if they were not rushed out of hospital and if there was flexibility in allowing them to stay in hospital as long as they deemed necessary. McLachlan *et al* (2008) reported that having a fixed length of hospital stay on the postnatal ward may have inhibited individualised care for women following childbirth. This supports the need for flexibility in the length of stay following the birth, with a focus on the individual rather than on organisational requirements.

It was the attitude of the staff that most influenced the desire to stay or leave. The word ‘welcome’ was used a number of times to describe staff, in the context of women commenting positively on staying in the hospital for a longer time period:

“We were always made to feel welcome and never felt like we should go home before I was ready. That helped so much.” [249821]

“I was not rushed out of the hospital post birth, in fact I was welcomed to stay an extra night to ensure I was more confident, which was highly reassuring.” [227074]

# Perception of service organisation

## Continuity of care

Within the context of this report continuity of care refers to women having care provided by the same caregivers much as possible from the antenatal to postnatal period.

It was important to women that there was a sense of continuity in the care they received. They commented favourably on having the same midwife looking after them from antenatal to postnatal care. Hodnett (2000) reported increased maternal satisfaction from having continuous care from midwives. The ‘2015 survey of women’s experiences of maternity care’ also stated that the most positive responses were from women who had seen the same midwife (CQC, 2015).

 If the midwife from their antenatal care came to visit after the delivery this resulted in a very positive postnatal experience:

“I had a midwife and trainee midwife who stayed with me throughout. They were exceptional in their bedside manner and in their medical help. They visited me and the baby in postnatal care.” [247037]

“I was fortunate to have the same midwife in the run up to the birth and they made sure they visited me after the birth to check how I was doing.” [227017]

“The midwife who started with me at the beginning of my labour even came to visit me on the postnatal ward as her shift had finished before the birth of my baby. I found this very nice of her and shows the care and passion they have for their job.” [156230]

“I was highly impressed by the care I received during my third pregnancy. Being able to see the same midwife throughout my antenatal appointments, having them deliver my baby and for my postnatal care was fantastic, as was having a number to call or text at any time with questions or concerns. It made the whole experience of pregnancy and birth a lot easier and calmer knowing there was someone on hand you could trust and who would take your wishes into account.” [202774]

Women appreciated having the same midwife as it meant they did not have to give repeated explanations to every new midwife who was involved in their care:

“The crux of the issue is communication, there was no continuity with the midwives and we had to explain everything that had happened multiple times during the day.” [190836]

From the ‘2015 survey of women’s experiences of maternity care’, 91% of women who saw the same midwife every time said their midwives were aware of their medical history (CQC, 2015). Of those who did not see the same midwife every time, but wanted to see the same one, only 55% reported that their midwife knew their medical history (CQC, 2015). However, there was little difference in the findings for those who saw the same midwife and those who did not but who did not mind seeing multiple midwives. This again suggested that the continuity of care itself achieved through knowledge of medical history may be as important to women as seeing the same midwife.

## The hospital team

There were many comments in women’s stories on their perceptions of the staff. Many stories reported the hospital team appearing stressed and overworked.

“The postnatal ward…felt over stretched and the team appeared stressed and burned out.” [258741]

This had repercussions for the care women received. They were not visited as often, which was especially detrimental to new parents who tended to need more support and guidance:

“My next gripe comes with how we were handled, or lack thereof, after the birth. The Postnatal Notes say it all; seen at 10.47am and not again until 9.31pm! I can understand the nursing team were busy, but as clueless new parents we really needed a little bit of guidance of what we should be doing and the timeframe moving forward.” [258399]

Women also reported what appeared to them to be a lack of communication between the staff, giving the impression that they did not know what was going on.

According to the ‘2015 survey of women’s experiences of maternity care’, 54% of women said that they were always able to get help from a member of staff in a reasonable timeframe after giving birth. This was lower than the 64% for the same question during labour and birth (CQC, 2015). Indeed, women reported a feeling of an inefficient, slow service and a negative postnatal experience:

“But things do slow down and it becomes quite obvious that they are understaffed and do not communicate/ coordinate well between themselves.” [249059]

“Better communication between staff” [236926]

“The communication between staff was poor and we ended up being discharged at five minutes to midnight despite being told all day that we were going to be discharged- far from ideal with a week old baby.” [190836]

“No one knew what was going on” [227543]

Some women reported noticing a blame culture on the ward:

“Drug rounds were administered late or skipped entirely. Handovers between shifts were disorganised and the new attendants would simply blame their predecessor for the confusion/lack of continuity. The doctors were good (thankfully), but everything goes through the midwives which made this a very unpleasant experience. Fortunately my baby was relatively easy but for some of my neighbours dealing with real problems, the midwives handled them in an appalling manner and often made the situation worse.” [242406]

Other women appreciated that the staff were extremely busy and the difficulties of caring for the many patients. However, this this did not always lead to a negative postnatal experience if it was deemed that they were trying their best to care for everyone. Some examples of staff appearing to care included descriptions of staff being “incredibly patient” and “attentive”.

“…who were clearly run off their feet but tried their hardest to provide care to each and every new mum on the ward, not an easy task but they tried their best to do so under very difficult and stretched staffing levels.” [227812]

“However on many occasions they seem very short staffed and I get the impression they find it difficult to give the best care due to staff shortages which is a shame for them as they are just trying to do what's best for the women in their care.” [195074]

Positive comments on the hospital team included descriptions of being checked on regularly and excellent teamwork:

“What impressed me most was the excellent teamwork shown by the midwives, doctors and support staff.” [254973]

“Again the staff here were attentive and efficient.” [246453]

“We were checked on regularly.” [218442]

“The postnatal care was great also, with the midwives checking on me regularly to make sure we were fine.” [147793]

Other women reported that they experienced no staff shortage on the postnatal ward:

“There were plenty of staff around, I had to call quite a bit (immobile due to catheter) and was seen v quickly each time.” [215695]

“no shortage of staff that I was aware of and I was in fact very lucky to only be sharing a bay with one other lady on post-natal.” [156033]

The use of the word “lucky” suggests that it may be an expectation on the postnatal ward that the bays are crowded and having a quiet ward was a pleasant surprise.

# A holistic approach to care

## What does ‘care’ mean to patients?

The most common theme discovered in analysing the stories was about how staff demonstrated care through their actions and words. The word ‘care’ was used very frequently in stories:

“I'd like to say a special thank you to the midwife who was on the night shifts for the two night I was in postnatal ward for the care & support they gave to me and my daughter.” [261701]

“My daughter was treated with care, professionalism and encouragement.” [254973]

“All involved in our care from start to finish were professional, caring and treated us with dignity.” [249326]

“I never had an episode or rudeness or lack of care.” [249059]

“The care given was compassionate, professional and faultless.” [241068]

“I felt cared for and would recommend this dept to anyone.” [247802]

“And the postnatal ward was fantastic - superb care and attention from dedicated, genuinely lovely midwives, nurses and support workers.” [159993]

As well as the keyword ‘care’, a number of other keywords used in stories correlated with a positive maternity experience:

* support
* reassurance
* professionalism
* encouragement
* compassionate
* dedicated
* passionate

But what was meant by the word ‘care’? Some stories included examples of when women felt care was demonstrated by staff:

“If babies were screaming, midwives asked if they could be of assistance. They would look after new-borns at the midwife station whilst new mums got some much needed sleep. They counselled anyone who was upset. The care assistants were equally amazing.” [247037]

“The knowledge of the staff, their passion and drive to treat each patient as an individual not a number and provide everyone with outstanding care is evident.” [159883]

Taking an individualised approach to care and treating the patient as an individual resulted in a positive maternity experience.

It was not just the medical team who made the women feel cared for, but cleaners and caterers:

“People whose duties didn't directly involve the medical care of my Partner and child, namely cleaners and caterers were conspicuous by their kindness and interest.” [232037]

“On the plus side, the staff serving the food always had a smile on their face and was very polite.” [215178]

Other women reported a poor bedside manner. The ‘lack of care’ was mentioned in a number of the stories:

“It's like they didn't care if I lived, died, ate food or not. I was in a high amount of pain and was left screaming with my baby next to me - a fellow patient came to my bedside to help who then raised concern to staff who did nothing.” [208870]

“The night staff were very abrupt, uncaring and as if they would rather not be there. They seemed keen to discharge people ASAP though the bays were not totally full.” [258741]

“She is a first time mother and barely received any support from the midwife on the ward. The midwife assigned to her was rude and did not seem to care about my daughter or the baby.” [126180]

“The midwives were, on the whole, uncaring and had no time for me at all.” [131416]

Other descriptions were used in other stories conveying a lack of care:

“Other than 1 midwife, were not very helpful, snapped at me when I asked a question and were rude, not great for a first time mother.” [176758]

“I found one of the postnatal midwives to be very stern and sharp and she made me a little nervous to buzz if I needed help.” [168196]

“Some of the midwife on the postnatal care were quite rude, as well!” [168040]

“The nurses barely bothered to check on us and rarely offered any help - too busy gossiping at their station.” [167160]

“Postnatal care absolutely disgusting with the most compassion and advice coming from someone who was changing the dressing. Lack of professionalism or simple care throughout.” [157573]

Other common words used to describe ‘uncaring’ staff included:

* stern
* sharp
* rude
* snapped
* unhelpful

Having a caring and empathetic manner appeared, to some extent, to mitigate against the lack of time for the women’s needs. Many observed that staff overlooked some tasks, but this was usually forgiven if the staff showed compassion:

I feel the postnatal care was very good the staff were kind and empathetic. Although they sometimes forget to give you things you ask for.” [228925]

Women were not forgiving of staff not acting as though they cared, if they were seen to be engaging in tasks unrelated to their work:

“The midwives appeared not to have enough time to be friendly (although at various times I saw them on Facebook on their phones and other sites buying train tickets!).” [190836]

In addition, 71% of women in the ‘2015 survey of women’s experiences of maternity care’ stated that they were treated with kindness and understanding after the birth on the postnatal ward. This was the highest percentage since the survey began (CQC, 2015).

## Introducing themselves

The #hellomynameis campaign (Granger K, 2015) has already raised awareness of the importance of NHS staff introducing themselves to patients. Knowing the name of the staff member providing the care makes the service more personal, creates a sense of safety and accountability for the patient and also helps builds a trusting relationship. Introductions from staff led to a positive postnatal experience:

“All midwives always introduced themselves after the shift change. They were curious and did their job brilliantly.” [219720]

Indeed, a lack of introductions correlated with a poor postnatal experience:

“The first midwife spoke to me once just to say I couldn't have a shower due to extensive blood loss... That's it... No name... No hello...” [186066]

## Everything explained and the two-way relationship

Women valued medical staffs’ explanations of their situation and impending procedures before beginning:

“On the ward the staff didn't explain anything to her, just poked and prodded her.” [126177]

“being left in a room alone needing the loo but not being able to stand up for hours after haemorrhaging and with no baby and not even being told what’s happening is just shocking.” [135650]

“No one from the obstetric team came to see me the following morning and explain what had happened and why and be there to answer any of my questions.” [198898]

A lack of information could lead to women feeling scared and out of control. In the ‘2015 survey of women’s experiences of maternity care’ 62% of women reported that they were always given the information they needed in hospital after the birth, which had increased from 59% in 2013 (CQC, 2015).

Other women commented positively on staff keeping them informed of what was happening with respect to their care:

“When I was moved up the postnatal ward all the staff again were all friendly and helpful and explained everything I needed to know or had concerns about.” [173685]

“As first time parents we had many questions and concerns and the nurses kindly and patiently answered them all.” [150073]

“We were kept informed as to what was happening with tests and also with the general care to both baby and Mum.” [246453]

Even if the service was busy, women were more forgiving if they were kept informed about what was going on:

“The service was extremely busy but the staff kept me informed as to what was happening at all times. Thoroughly recommend the unit.” [199579]

Women really valued being listened to as well as being given information. In the ‘2015 survey of women’s experiences of maternity care’ 77% of women felt that after the birth their midwife always listened to them (CQC, 2015).

A two-way relationship can offer reassurance to the patient and lead to a more positive hospital experience:

“…listened to all my worries.” [167237]

As previously reported, a positive postnatal experience was achieved if women felt confident before they were discharged. This was even more important if they were first time parents:

“I cannot praise enough the midwives and nurses of the postnatal ward for their help and support. They gave me great comfort and confidence. The whole experience would have been traumatic, but with their positiveness, support and friendliness I had a great experience.” [179745]

 “After the birth we spent 2 days in the Postnatal Ward where we were taken aback by the level of attention, help and assistance we received. The support greatly improved our confidence in becoming parents for the first time.” [245138]

## Giving feedback

Feedback on a service is essential in order to improve it for future users. Patients should feel as though they are able to provide feedback to staff members and staff should welcome it. However, one story showed that staff did not welcome feedback on the service:

“When I asked whether my experience could be fed back to the people concerned (not a complaint just to make them aware of the impact of their actions), I was met with quite a bit of hostility.” [236826]

# Conclusion

Patient Opinion offers women and their families an easy way to put their views of their experiences in the public domain. It is unique as it allows two-way public communication on individual experiences of care, both good and not so good.

In one instance a hospital said that care would be changed as a result of reading a story about care received at their hospital on Patient Opinion [237999]. In addition, it must be noted that sharing stories could be good catharsis for patients; being able to talk about their experiences in an anonymised forum. This was useful for one mother as it allowed her to give feedback online. When she gave it in person on the postnatal ward she was met with hostility from the staff. [236826].

The 9 themes identified in this report reflect the current literature available regarding postnatal hospital care. There is a reasonable selection of positive experiences including opportunities to thank members of staff, as well as negative experiences. All comments are useful as the aim is to improve care for future patients.

Patient Opinion has demonstrated that staff can always improve their interactions with patients and in the care they give, in response to this feedback. However, in some instances, patients will have different ideas on what they would see as a positive experience, such as whether visiting hours should be extended or reduced. This can makes it harder to resolve problems and reach good care-related decisions for patients.

In many cases it was a women’s expectations of the service that decided whether she had a positive or negative postnatal experience. For example, women who did not expect adequate food on the postnatal ward were less disappointed when it was not of an adequate standard [156033]. However, there were essentials to a good service including adequate communication. This was a recurring issue in most of the themes discussed. Other significant themes included maintaining patient dignity and respect for and treating people as individuals. This is a professional responsibility for all midwives (NMC, 2015).

Stories also revealed that midwives did not have as much time as they would have liked, which may have affected how much support they are able to offer. However, women were generally forgiving if they knew staff were trying hard and were showing compassion along the way. Overall it was useful that women had posted positive experiences as well as negative, allowing readers to identify what was good about the service as well as less acceptable experiences.

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# Appendix: About Patient Opinion

Patient Opinion is a not-for-profit social enterprise based in Sheffield. Since 2005, Patient Opinion has pioneered new forms of online, public feedback for health and social care services across the UK.

Patient Opinion’s award-winning web site ([www.patientopinion.org.uk](http://www.patientopinion.org.uk)) enables patients, carers and service users to give feedback to the services they use in ways which are safe, simple and effective. To date, over 140,000 stories of care are available on Patient Opinion. About half of these were contributed via NHS Choices (nhs.uk).

Patient Opinion is currently used at some level by 90% of NHS trusts in England and Wales, and all public-facing health boards in Scotland. A similar service is provided by affiliated teams in Ireland and Australia.

The service is also used by the national care regulators CQC and the Care Inspectorate, and a range of commissioners and patient organisations. Three universities are now using Patient Opinion to bring the experiences of patients and carers into professional education.

Approximately 65% of stories in England, and almost 100% of stories in Scotland, receive a response from the relevant health care provider(s), and 5-10% of stories raising a concern lead to an identifiable change.

## Further information

A wide range of resources, information, video and animation is available at the Patient Opinion web site: [www.patientopinion.org.uk](http://www.patientopinion.org.uk)

To contact Patient Opinion directly, please email info@patientopinion.org.uk, or call 0114 281 6256.