

## AGENDA ITEM

2.2.9

### QUALITY & SAFETY COMMITTEE

#### BRIEFING PAPER MATERNITY SERVICES IN WALES: WHAT CHCS HAVE HEARD DURING THE CORONAVIRUS PANDEMIC (OCTOBER 2020)

**Date of meeting**

19/01/2021

**FOI Status**

Open/Public

**If closed please indicate reason**

Not Applicable - Public Report

**Prepared by**

Sharon O'Brien, Assistant Director of Nursing & People's Experience

**Presented by**

Greg Dix, Executive Director of Nursing

**Approving Executive Sponsor**

Executive Director of Nursing

**Report purpose**

FOR NOTING

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

**Committee/Group/Individuals**

**Date**

**Outcome**

(Insert Name)

(DD/MM/YYYY)

Choose an item.

#### ACRONYMS

CHC

Community Health Council

## 1. SITUATION/BACKGROUND

Since the coronavirus pandemic the CHC have focused on engaging with people in a different ways, including surveys, apps, video conferencing and social media to hear from people directly about their views and experiences



of NHS services across Wales, as well as through community representatives and groups.

The CHC have produced a paper summarising feedback from women receiving maternity services and care throughout Wales during the COVID-19 pandemic. Below are some of the main themes and comments that were captured.

## **2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)**

Whilst people told the CHC that they understood things, they also heard how this was affecting them. They heard that for some people this was not only affecting their experience of antenatal care and labour, but also on their on-going care and support after birth.

The CHC emphasise that they will continue to work hard in their local communities to help make sure that the NHS continually listens and responds to things that matter to people locally.

### **During Pregnancy**

- Overall, people felt supported and cared for throughout their pregnancy
- Good support from community midwives
- Fantastic level of consultant led care and midwives and doctors were fantastic
- Successful on-going and antenatal care
- For some whom it was their first pregnancy, felt very anxious at the start of the pandemic as their level of contact was reduced as was their contact with health services to ask questions
- Some women who were deemed high risk pregnancy felt forgotten about as essential appointments were not provided
- Majority of feedback referred to the level of anxiety and impact on families of not being able to have partners and loved ones involved in antenatal appointments, including scans

### **What we did in CTM for antenatal care during Covid-19**

- Despite staffing challenges, we were able to maintain all core antenatal services during the pandemic
- Reduced the number of face to face contacts but maintained contact virtually and by telephone
- Staff used social media platforms to continue virtual parent education and tours of our units
- Families found the restrictions around attendance at scans difficult and upsetting. We were able to maintain Public Health Wales recommendations and continued to offer partners attendance at 12 and 20 week scanning appointments despite challenges for our sonographers

- We have recently risk assessed antenatal attendance for partners following publication of the All Wales Hospital Visiting Guidance, unfortunately, due to the current rates of COVID we continue to be in a high risk category and therefore previous restrictions remain in place. We continue to work with families to review these arrangements in some circumstances.

## **Giving birth**

- People were very grateful to the healthcare workers for the care and support they provided when giving birth during the pandemic
- Once again in the early stages of the pandemic, women were worried about giving birth without having their birth partner present

Some women did not have good experiences and fed back that they felt alone, unsupported as staff were busy and under pressure.

## **What we did in CTM for intrapartum care during Covid-19**

- We were able to maintain all types of care during Covid-19. Unfortunately the Tirion Birth Centre at the Royal Glamorgan site did temporarily need to close however, it maintained the numbers of births in a midwifery led setting by transferring care to the alongside facilities at the Prince Charles and Princess of Wales sites. The Tirion Birth Centre has now re-opened
- Partners have continued to support mothers once in established labour. Although this has meant that some mothers may have faced induction or early stages alone with their partners, the feedback from families has been overwhelmingly positive
- During the pandemic staff have made videos to introduce themselves to families on social media platforms and have also filmed demonstrations of what staff will look like in the various forms of Personal Protective Equipment (PPE).

## **Care and Support after birth**

- Overwhelming feedback regarding the anxiety and distress at not allowing partners to visit and support after the birth
- Continued anxiety because their birth partner was not able to stay with them after they gave birth to provide them with help and support and this made it much harder for women
- Improved well-being as partner at home to support and enjoy time with their new baby
- Mixed feedback regarding GP and Health Visiting support from excellent support to delayed and disjointed check-ups.

## **What we did in CTM for postnatal care during Covid-19**

- To minimise separation from Partners (and to minimise transmission risk) where possible families have been discharged from the delivery suite once Mothers and Babies were assessed as fit for discharge

- When further inpatient care was required, partners were allowed to stay until transfer to the postnatal wards
- Staff have worked hard to provide additional support and again feedback has been overwhelming positive. There have been unintentional benefits of the no-visiting policy with Mums commenting on more restful recovery and the opportunity to get to know other Mums. For others, the situation has been very upsetting and we will continue to risk assess the situation on a regular basis.

### **Care when things go wrong**

Most pregnancies and child birth led to healthy mother and baby. However when things do go wrong, the impact can be devastating and long lasting. Some women shared their distressing experiences including:

- One woman was bleeding early on in pregnancy and refused an early visibility scan. She had suffered a ruptured ectopic
- Baby born requiring Neonatal Intensive Care Unit (NICU), father could not visit for 10 days which was extremely stressful for both mother and father
- A woman who was bleeding was informed she needed to attend an urgent scan alone whilst under the care of fetal medicine. During the scan informed that there was no fetal heartbeat.

### **Our care within CTM when things go wrong**

- We have worked alongside our sonography colleagues to provide an environment whereby partners can attend as per the All Wales guidance, and if possible in exceptional circumstances. The size of scan rooms has presented a challenge and led to considerable stress for sonography colleagues
- Visiting to all in patient areas such as NICU have been maintained in line with All Wales guidance, and IT has been used where possible to support family interaction.

### **Communication, advice and information**

- Positive feedback and how grateful people were when they felt communication was good
- In the early stages of the pandemic, people struggled to find advice and information they needed
- Feedback on the importance to keep up regular contact and ongoing communication
- Important to take time to explain things without rushing making sure information is shared between healthcare staff.



### 3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

#### Learning from the feedback

People wanted to share their experiences good and bad because they want to make a difference. Some people struggled with some aspects of maternity care and services as health boards first responded to the pandemic. Most importantly the involvement of loved ones in appointments such as scans over the summer period.

The NHS needs to drive further development and improvement in areas highlighted in the report where things didn't go so well:

- Making sure everyone gets the support and information they need easily when they need it
- Actively keeping in touch and 'checking in' to provide support families need before and after birth
- Understanding and responding to the individual needs of women and their families, including those who may have had difficult experiences in the past.

As the COVID-19 pandemic continues, the NHS decision makers need to continue to think about and balance the impact of COVID-19 restrictions with the mental health and wellbeing of women and their families going through this life changing experience in such difficult circumstances.

Within CTMUHB this report will be shared with our user group – My Maternity My Way, to support co-production of a questionnaire to enable wider user engagement in responding to the findings of the report to ensure the service remains responsive to the on-going needs of our families during the pandemic

#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
<b>Related Health and Care standard(s)</b>	Safe Care
	If more than one Healthcare Standard applies please list below:
<b>Equality impact assessment completed</b>	No (Include further detail below)
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.

<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Choose an item.
<b>Link to Strategic Well-being Objectives</b>	Work with communities and partners to reduce inequality, promote well-being and prevent ill-health

## 5. RECOMMENDATION

The Committee is asked to **NOTE** the All Wales CHC report and the feedback that they have provided regarding women's experiences and the impact that the pandemic has had on their mental health and wellbeing. The Committee and Board will need to consider the public feedback and suggestions as the Health Board sets out plans for winter and the challenges of COVID-19.