
Hywel Dda Community Health Council

Babies and births in Hywel Dda

A follow up report to our 2021 Maternity survey

December 2022



Accessible formats

This report is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us.

You can download it from our website or ask for a copy by contacting our office.

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About Community Health Councils (CHCs)

CHCs are the independent watchdog of the National Health Service (NHS) within Wales. CHCs encourage and support people to have a voice in the design and delivery of NHS services.

CHCs work with the NHS, inspection and regulatory bodies. CHCs provide an important link between those who plan and deliver NHS services, those who inspect and regulate it and those who use it.

Each CHC:



Carries out regular visits to health services to hear from people using the service (and the people providing care) to influence the changes that can make a big difference



Reaches out to people within local communities to provide information, and gather views and experiences of NHS services. CHCs use this information to check how services are performing and to ensure the NHS takes action to make things better where needed



Gets involved with health service managers when they are thinking about making changes to the way services are delivered so that people and communities have their say from the start



Provides a complaints advocacy service that is free, independent and confidential to help people to raise their concerns about NHS care and treatment.

CHCs regularly hear from people in many different ways about their experiences of health care. Before the pandemic, CHCs routinely visited different NHS services such as GPs and hospitals to hear from people while they were receiving care and treatment. CHCs also heard from people at local community events and through community representatives such as councillors, politicians, and other key community figures.

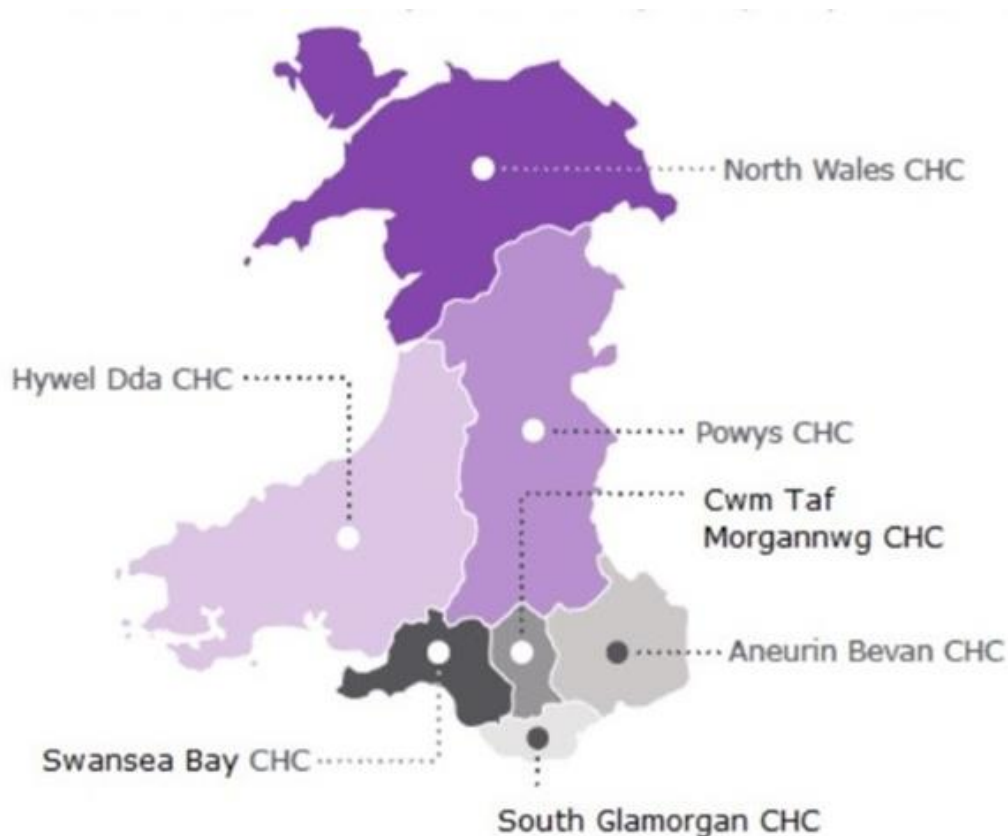
CHCs also had frequent contact with various groups and organisations within the community such as Citizens Advice, schools, voluntary organisations for different charities etc. CHCs also heard from people who were attending our meetings and contacting our offices and staff.

Since the coronavirus pandemic, CHCs have focused on engaging with people in different ways because we have had to

change our approach to keep people safe. This has meant new and different ways of working such as using surveys, apps, videoconferencing, and social media to hear from people.

We know that not everyone has been able to use technology or these new ways of communicating. To try to overcome this we have still been using more traditional methods such as paper surveys.

There are 7 CHCs in Wales. Each one represents the “patient and public” voice in a different part of Wales. Hywel Dda CHC represents the interests of people living within the three counties of Carmarthenshire, Ceredigion and Pembrokeshire.



Background

Hywel Dda Community Health Council has been involved in work on maternity services for many years. Before the pandemic we visited hospitals and spoke to parent and toddler groups to find out what people's experiences of giving birth had been like. We know that having a baby can be both exciting and worrying for people and people usually like to share their birth stories with us.

The CHC doesn't routinely hear many stories about healthy mums and babies being born because people may turn to us for support when their deliveries or maternity care have not been so good. Our complaints advocacy service provides support to parents who have had difficult times and who want to make formal complaints. Therefore, we know that to hear about the things that have gone well, we need to reach out to pregnant women and new parents to hear what their care was like.

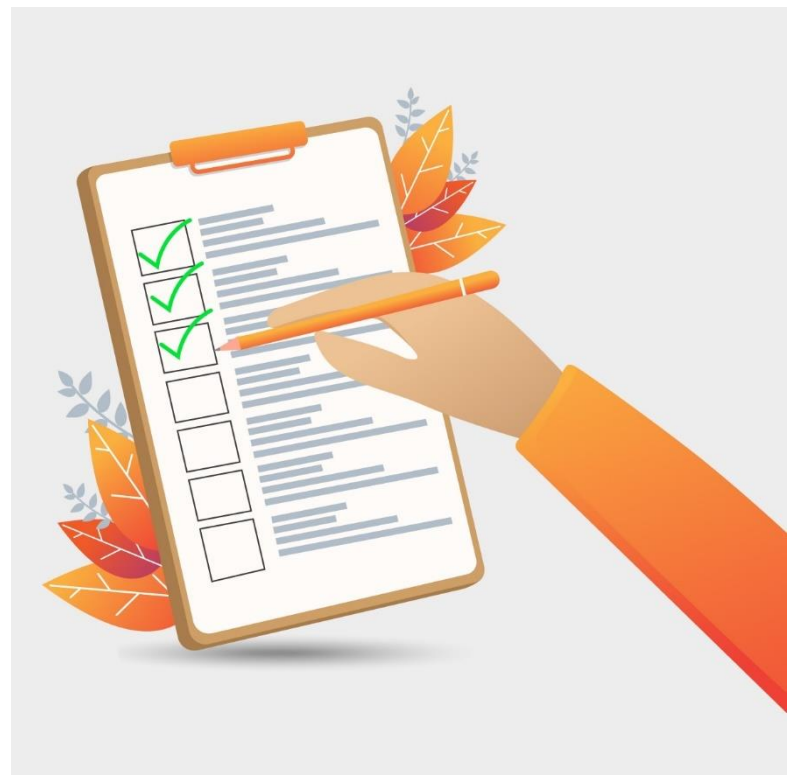
During the pandemic, although we wanted to hear from people about their maternity care, we weren't able to meet people easily. Our visits to hospitals were paused because covid was a risk to our communities. So, in 2021, we launched an on-line survey running over a couple of months to find out what was happening.

We had several hundred replies which allowed us to produce a report - <http://ow.ly/GBZw50M875n> with recommendations for Hywel Dda University Health Board to consider. We wanted people's voices to be heard so that changes could be made, and things would improve. The Health Board put together an action plan to make things better and now in autumn 2022, we wanted to find out from people using maternity services if there have been improvements.

What we did

We used an on-line survey to ask people the same questions that we had asked in 2021. This was important to see if people were giving us similar answers to those in our 2021 survey. We knew that because of the Health Board's action plan, things should have improved but we also wanted to find out if there were new or different issues that we needed to know more about.

We put the surveys up on our website and we promoted them on social media. We also sent the survey links to groups and that we knew about which focused on new mums and babies. We also were able to provide people with paper copies of the survey if they wanted to have them in that format.



Our maternity survey

We didn't want people to fill in lots of tick boxes about the things we might have thought were relevant, instead we needed to find out what people using the service were finding during their care, in their own words.

So, we tried to keep it simple and we asked mums:

- Where they had given birth
- When they gave birth
- Whether this was their first baby
- Whether their delivery had been normal, an assisted delivery, a Caesarean section, a complex delivery or an induction
- To tell us about their maternity care/delivery, what was good and what wasn't so good
- To tell us what needed to change, or any suggestions they could make

We ran our survey for a few weeks in early autumn 2022 to have a 'spot check' on the changes that had taken place since our 2021 report.

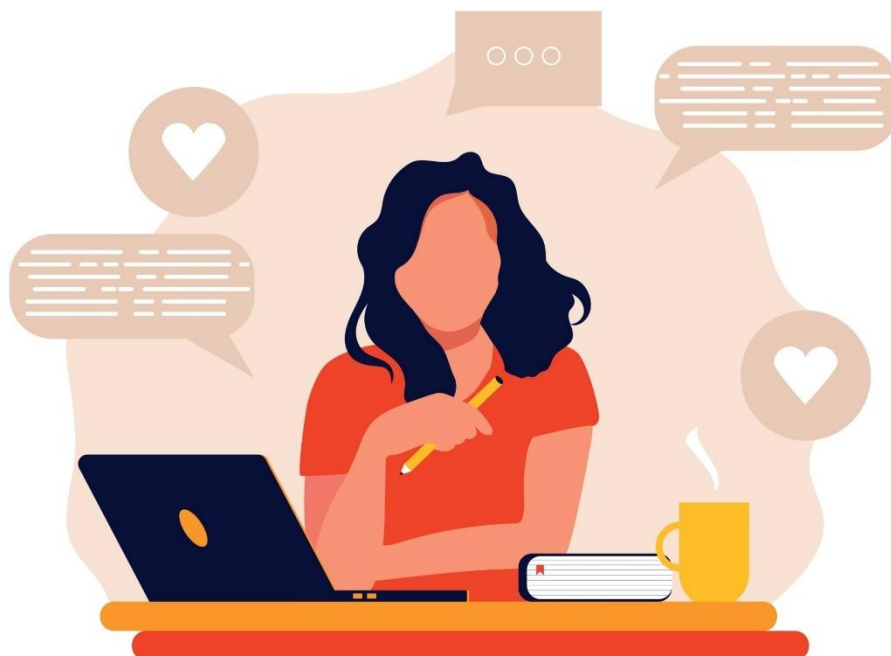
Even though our survey has now ended, we are always monitoring maternity services. We look at complaints that people bring to our advocacy service and even if you do not want to make a formal complaint, if you want to tell us what your maternity care and birth has been like please contact us using the contact details at the end of this report.

What we heard

As with our previous survey, we heard from people across our three counties who had delivered their babies in hospitals and at home. Most of the comments were really positive.

Even when mums had a delivery that didn't go to plan, they often had a lot of praise for the midwives who cared for them. Some were entirely positive about their maternity care from beginning to end. Very few people gave us entirely negative comments. People recognised that their suggestions could make things better and even mums with positive experiences could still identify things that could be improved.

We have not been able to include everyone's comments, but we have read every single response that we have received.



...the positive comments

Both hospital and community midwives received a significant amount of praise from mums in Hywel Dda. As in our 2021 survey we heard that people felt listened to and cared for:

"Pregnancy midwives were very good. Consultants provided good care. Majority of midwives were fabulous in the hospital, surgical team were good, anaesthetist was amazing, very calming and kept me in the loop at all times. After care of surgery was great, postnatal care was OK"

"The team of midwives were incredible"

"SCBU staff and care was amazing! Delivery staff were really nice too!"

"The ward I went to before having my elective c section was great. All staff were amazing and the anaesthetist made the c section very light hearted and more relaxed and enjoyable."

Many mums described staff as “amazing”, “fabulous” and “incredible”.

“The midwives in the labour ward were fantastic, communication was excellent and they were incredibly calm and comforting”

“My care from registering with the community midwives at 6 weeks pregnant to discharge at 10 days post-natally was incredible and faultless!”

“Fabulous, very person centred and great continuity. Supported me in a very professional but approachable way”

“The midwives were very supportive and made sure I was in control at all times.”

“The birth centre is amazing, comfortable and staff / midwives and welcoming and friendly and understand and respect your wishes.”

What we heard ...the negative comments

Compared to our 2021 survey we didn't hear so many negative stories. People could often find both positive and negative aspects to their experiences.

Some mums who completed our survey had been pregnant and delivered their babies when covid restrictions were in place. This had really impacted on their experience because they needed support from their partners or family and weren't able to have this. For some first-time mums, this was very frustrating because they were often in single rooms, had experienced difficult deliveries and they felt alone.

"It was during covid, meaning my partner couldn't visit when I was in for reduced movements. When baby was born he [my partner] was only allowed to stay for 2 hours."

Mums with more difficult deliveries, didn't always feel that they were well supported

"I had to have a spinal after a third-degree tear and my husband was made to leave me whilst I recovered and had to look after our son alone. As a first-time mum, breastfeeding and learning the needs of my son was scary enough without being paralyzed from the waist down. The health workers were too busy to sit with me and provide support. I was unable to reach my drink for the majority of the night and due to being so exhausted, it didn't occur to me to ask someone to help, and no one noticed I hadn't drunk anything."

This is like what we heard in our 2021 survey. Many of the mums commented on staffing levels and felt that this had contributed to some of their negative experiences:

"I don't believe anybody comes to work to do a bad job, but my delivery experience was not positive, and I believe this was mainly down to poor staffing."

"I requested a debrief, never happened. I appreciate though times are hard and people are stretched."

Antenatal care

Antenatal care involves visits to the midwife, hospital and sometimes a consultant before the baby is born. Regular checks and tests are done. Women get to meet their midwife and plans around birth are discussed in these appointments.

Our 2021 survey identified that mums felt that they didn't have continuity of care. It was frustrating seeing different people as it didn't give them a chance to build up a good relationship with the people caring for them. Again, we heard that for some mums this was still a problem:

"I felt very let down by the community midwife team. I saw so many different midwives and was given conflicting advice. I was consultant led and I felt that I was being torn between two different approaches and was left confused in the middle."

"The only negative I have is maybe not seeing the same midwife more than once during the pregnancy."

Some first-time mums told us that they'd had contact with the same professionals, and this had sometimes made a difference

"I saw the same midwife throughout and this took a lot of pressure away."

"By being consultant led, I saw the same consultant throughout my whole pregnancy. The week leading up to the birth of my daughter, I saw her a couple of times. When it came to breaking my waters, my consultant was the one to do this, but I didn't feel like she remembered who I was, and that I was just another person. I appreciate the immense pressure that is on maternity services, but had I felt like she reflected she knew me, I think this would have made the situation I was in less awkward."

Home births

Some mums who responded to our survey had home births and described their team of midwives as incredible

“Fabulous, very person centred and great continuity. Supported me in a very professional but approachable way. It was honestly excellent.”

It was suggested that there should be more support, information, and education for mums about home births.



First child

Mums told us that they felt they needed better postnatal support when having their first baby. This was true if they'd had a normal delivery and even more so if their pregnancy or delivery had not gone to plan and things had been unexpected or more complex.

In our 2021 report, we heard that mums sometimes felt helpless in hospital after delivery and were struggling to look after themselves and a new-born, with limited support on the ward to help them.

In our recent survey, we heard some similar experiences. In particular, first-time mums wanted to know more about breastfeeding and dealing with more complex births

"Felt unsupported on postnatal ward despite numerous requests for breastfeeding support. I appreciate things were busy but as a first-time mum who was exhausted and felt lost, I feel at times I was left to it and got spoken down to at times. When the Doctor came around, she said I would need iron tablets due to the volume of blood I had lost but there was no further mention at discharge, so I asked and was told I was given the wrong information"

"More information relating to c-section after care, more information for first time parents relating to progress and milestones. More caring midwives especially when mums are tired and struggling. More staff."

Other first-time mums felt that they'd had the support that they needed. We also heard that dads were supported when mums were recovering from their delivery:

"The care by healthcare assistants and midwives after the delivery was outstanding. Staff were attentive and helpful, especially being a first-time mum, they helped show how to change & feed, truly grateful for that"

"My post care whilst within GGH was exceptional. F took care of me when I first returned from the theatre, and completely supported my partner through life as a new dad as I was unable to at first. Once on the postnatal ward, M was our designated midwife, and she was exceptional. She listened and reassured me over any worries I had and was the friendly ear I needed as I navigated life as a new mum. M was attentive and despite the pressure she was under, I felt like she took the time to get to know me on a personal level very quickly, which made the experience all the more positive.

“Community midwives during pregnancy were great, especially C who listened and ordered tests which resulted in diagnosis of cholestasis. My care during the frequent trips to the day unit for cholestatic testing was also great. Midwife’s were lovely and reassuring. Midwives during labour were absolutely brilliant as well”



Inductions

In 2021, we asked mums to tell us about their experience if they had needed assistance to start their labour (usually called an induction). We mostly heard positive experiences, mums had felt well supported by staff and that they'd had a lot of information about what was happening. Negative comments had been about the lack of privacy and not always feeling that they were being listened to by staff.

Our recent survey in autumn 2022, gave us a different view, with mums feeling that more information was needed to help them manage with their induced delivery:

"Induction information was poor I needed to have it explained properly to me and my partner so we both understood the procedures"

"On induction more communication with patient re plan ongoing"

"Consultant did not explain induction process, was told not asked about whether I wanted one, was told this was due to FGR however baby was born at a normal weight, induction led to an emergency c-section due to 'failure to progress'. Little to no breast feeding support whilst in the hospital, struggled due to C-section."

We also heard that delays in induction and waiting for a bed made mums anxious:

“Induction process was terrible, strapped to a bed with wires after wanting a mobile birth, the wait for a bed was terrible, so my induction did not start despite my waters going for over 24 hours, I felt like I was bed blocking because nothing happened until the evening. started my induction at 10-11pm - was not a good start at that time”



Caesarean and assisted deliveries

Having a caesarean section is often an unplanned event. For first time mums it can be a shock to find that the natural delivery they had anticipated did not take place. They felt everything was more complicated and difficult.

In our recent survey, just as we heard in 2021, mums commented that staff had been very reassuring and supportive during the delivery itself:

"The ward I went to before having my elective c section was great. All staff were amazing, and the anaesthetist made the c section very light hearted and more relaxed and enjoyable."

"Throughout my labour I was supported by W and S and felt totally safe and guided through the whole process. S was the calm I needed from the offset when I had the emergency c-section and everyone who was within the theatre room, added to this calmness."

"The midwife that was with me through labour was absolutely amazing and the care I received in the high dependency unit after birth was outstanding"

In 2021 we heard that mums felt less well supported after their Caesarean delivery whilst they were on the postnatal ward. We heard similar views in our 2022 survey. Mums told us they wanted the staff to :

“Provide better recovery care for mothers who have a C-section”

Many mums told us about this – they felt they needed more individual after care and advice, especially when they ended up having c section or an assisted delivery that they hadn’t expected.

Some mums who made these comments were not always first-time mothers and had been able to compare their Caesarean delivery with previous normal births.”

“Postnatal care is awful, once I had my daughter I was left to fend for myself and I didn't have a clue what to do.”

“The ward after delivery was understaffed and I wasn’t given advice on when and how I should shower after c section, I had injections to take which were not shown to me how to use. I didn’t have the support that I did with my first child as a midwife had assisted me while I needed a shower etc but this time no help was given”.

Some mums suggested that there were particular issues that they'd experienced which needed to be addressed, for example we heard that:

- Skin to skin contact for the baby and either mum or a family member was not always made possible soon after birth, even though this had been part of the birth plan
- More support for families after a traumatic delivery was needed to come to terms with the unexpected kind of delivery they'd had
- More support for breastfeeding when trying to deal with a Caesarean delivery and positioning the baby because of the pain and wound.



Breastfeeding

Our 2021 report identified that mums generally wanted far more breastfeeding support than they received. This was both in hospital and once they were at home.

We also heard a great deal about breastfeeding support in our 2022 survey, showing that this was a topic that was very important to mums. We heard a wide range of comments about breastfeeding issues.

Some mums told us that they had a lot of support from the breastfeeding consultants that they had been able to access when they were in hospital:

“Breastfeeding consultants are fantastic, special mention to a C, D and R. I would be lost without their help and support.”

Others told us that they didn't feel supported in getting on well with breastfeeding on the ward and needed advice on positioning the baby, getting a good latch and in gaining confidence.

Mums told us that although there was a lot of positive talk about breastfeeding and it was encouraged, there wasn't always the practical help that new mums needed. Staff seemed to have too little time to provide the help that was wanted. This sometimes meant that mums were going home without well-established breastfeeding in place and this was particularly challenging for first time mums.

A few mums told us that they wanted better breastfeeding support after they had left the hospital. They may have been able to manage in hospital but once at home, they didn't always know where they could turn to. They found that the kind of support available wasn't always enough:

"My only wish was that a breastfeeding midwife/ILBLC could have come and seen me at home I was too exhausted to go to appointments and having that option might have helped me breastfeed for longer."

"Poor breastfeeding support from health visitor"

Our January 2022 focus group report -

<http://ow.ly/GBZw50M875n> had looked specifically at breast feeding. We had heard that mums were often actively seeking community support so that they could breastfeed their baby for months after birth. We found that the support group Llaeth Mam was something that mums felt was invaluable in helping them continue with breastfeeding:

"We were really well looked after in hospital overall. The checks carried out by the midwives and recordings was thorough. Most staff were kind and tried their best to support me and my baby. Met some lovely people on the ward prior to induction. Follow up checks at home were supportive. Llaeth Mam and breastfeeding support at Glangwili was crucial to my breastfeeding journey"

“Superb breastfeeding support group run by Tors on Facebook and in person, this is a vital service. Without this I would not have been able to continue breastfeeding. It needs to be funded!”

“Breastfeeding clinic and Llaeth mam group invaluable in supporting us in achieving our goal to breastfeed.”



Postnatal care

In 2021, people responding to our survey felt that this was the biggest area where changes needed to be made. We heard a number of positives but the time after having their baby was often the most challenging for new mums.

In our 2022 survey there were again positive experiences where mums were grateful to have had the safe delivery of their baby:

"All good- maybe more support during the night following c section"

"I had wonderful care at all stages"

We heard that the post-natal ward appeared to be short staffed or that staff were under a lot of pressure. Mums told us that more staff would allow them to have more care and support, giving them a better overall experience.

"Struggled after traumatic birth but was left in a single room on Dinefwr to fend for myself- if stuck in a single room why no partner?"

“Post-natal care, NOBODY came to check how my husband and I were doing after traumatic delivery. A doctor came (which I still don't know what for) and, very bluntly, just asked me why I had emergency c-section and left. I felt judged and like a failure.”

“I had absolutely awful care in the post-natal ward. I felt completely left to my own devices despite having had an emergency c section and my partner not being allowed to be with me all of the time.”

Attitudes

We heard that some mums felt that they felt they'd had good advice and guidance throughout their pregnancy. They felt it was very person-centred and they'd had great continuity of care. We heard that staff were attentive and helpful and that the care delivered by healthcare assistants and midwives was outstanding.

However, when it came to hospital-based care, this was not always so good, although some mums felt really well cared for:

“The midwives in the labour ward were fantastic, communication was excellent, and they were incredibly calm and comforting”

“Community midwives were great and really helpful! Hospital midwives were overworked and didn’t have the time to properly care”

A common theme we heard was that there were time pressures. This meant staff always appeared to be busy and sometimes mums felt that they could do with more time but were aware that there were other mums also needing support.

Feeling supported & communication

We heard mixed stories about how well women felt supported with and communicated with during their pregnancy, in labour and after their baby had been born:

“My community midwife was always on hand to answer any questions / concerns I had - if she wasn’t in work she’d always have an automated reply on which directed me to the correct people to contact.”

“The health visitor has been invaluable - D and is always available on the phone.”

“Postnatal care by health visitors needs improving, health visitors seem to have too many on their caseload to be helpful. Often seen by their assistants.”

Whilst mums recognised that there were times when they might be seen by different people or staff who were health care support workers or assistants, they felt that this was because of staffing pressures.

Specialist care

Sometimes we heard that people needed particular types of care during their pregnancy or delivery. In our last survey, we heard positive stories about babies needing specialist care from SCBU (Special Care Baby Unit). Again, we heard positive comments about this service:

“SCBU staff and care was amazing! Delivery staff were really nice too!”

We also heard that mums who needed particular care for complications of pregnancy felt that they were supported

“By being consultant led, I was seen regularly and monitored closely. I had Gestational Diabetes and was reviewed regularly by the Diabetic nurse; she was reassuring always. If ever I had any concerns the midwife team within MLU were always efficient in seeing me and organising further support if required.”

The environment

In our previous survey we heard that some of the facilities such as showers were not in good working order. Whilst we didn't hear that this time, we did hear that some of the facilities were not ideal;

"Dinefwr ward could defo do with a revamp, the ward is the same layout / decor as 14 years ago when I had my first child. The bathrooms really are drab and quite vile, also, bins could do with emptying more regularly. Also, a better system of cleaning, I found I had to put towels down on the floor to shower as it was dirty."



Suggestions

In our survey, we asked people to tell us what could make the service better for them. Continuity of care was important to women. We heard that sometimes, the only negative that people could comment on was not seeing the same midwife more than once during their pregnancy:

“Consistency with staffing. I saw different midwives throughout the majority of my pregnancy”

We also heard that postnatal care required much more attention. This was much the same as our 2021 survey which found that first time mums and those who had Caesarean sections or inductions or some kind of intervention during their delivery felt they needed more support.

As a result of our 2021 survey, the Health Board told us in their Action plan that they were going to make sure that there was written information available and that staffing requirements were going to be looked at. Mums still feel that more is needed.

“Better after birth treatment and appointments especially for those who had traumatic births”

We heard that mums wanting to successfully breastfeed their babies felt that they needed more support and better tongue-tie assessments, so that this could be addressed sooner, helping them continue with breastfeeding.

Mums also told us that they wanted more Welsh language opportunities so that they could feel more at ease in their pregnancy.

“Maybe Welsh speaking community midwife just because I feel more comfortable expressing myself through the medium of Welsh.”

Recommendations

Our 2021 report made 12 recommendations for the Health Board and an action plan was developed to address these. Whilst there have been some improvements which mums have told us about, we feel that further work needs to be done:

Recommendation 1 – Provide much more post-natal support for mums on the ward. Whilst mums who have had babies before or who have had normal deliveries may feel well supported, other mums with different kinds of births want more help to recover from their delivery. This includes managing to care for their new-born and in establishing breastfeeding. A particular focus needs to be given to first time mums, those with caesarean or unexpected types of deliveries.

Recommendation 2 – Use feedback from mums and families in discussions with staff, as these provide specific instances of good and bad communication. There were many examples of good communication on CHC’s findings but also times when there was a lack of empathy and compassion.

Recommendation 3 - Review the communication and advice given to mums during their pregnancy, delivery and after delivery, to provide better consistency. Whilst written information may be available on the wards and should continue to be available, potentially an 'app' that mums can access on their phones or devices will avoid the need to look for information on the wards, when staff appear to be busy. Information on an app can also be updated quickly and added to as women share their experiences about using maternity services. Alternatively, being able to access short videos, explaining what to expect on the ward could be helpful and might reduce the need to read lots of paper based information.

Recommendation 4 – Many mums want to breastfeed their babies but need more help on the ward and after discharge home. A further investment in breastfeeding support could help mums establish breastfeeding, continue with breastfeeding when they go home and receive support that could allow them to extend the length of time that they breastfeed.

Recommendation 5 - To share our 2021 report, the Health Board's action plan and this current report with all staff. To ensure that mums are clearly told about the actions being taken so that people can see what has improved.

Recommendation 6 - To thank both mums and staff for their input. This will also help staff identify where further work is still needed so that there is further improvement.

Who we heard from?

Our 2022 survey was designed to be a much shorter survey than the one we undertook in 2021. It was made available on-line for 4 weeks and promoted on our social media pages although it was also available as a paper survey on request

although no one asked for a paper version of our survey during this time.

In all:

40 mums replied to our survey

32 delivered their babies in Glangwili Hospital

4 delivered in Bronglais

2 mums had home births

2 delivered in hospitals outside the Hywel Dda area

27 of the mums live in Carmarthenshire

8 live in Pembrokeshire

5 are from Ceredigion.

17 mums had normal deliveries

16 had Caesarean births

5 had assisted deliveries

2 had complex births.

Our mums ages ranged from 23 to 45yrs. Most identified their ethnic origin as white English/Welsh/Scottish/Northern Irish/British, a few identified themselves as having mixed or other ethnic origin. About half of the survey respondents had no religion and the rest were Christian or chose not to answer the question. None of the mums surveyed said that they had a disability.

Thanks

We thank everyone who took the time to share their views and experiences with us about their health and care services and to share their ideas.

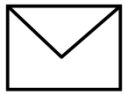
We hope the feedback people have taken time to share influences healthcare services to recognise and value what they do well – and take action where they need to as quickly as they can to make things better.

Feedback

We'd love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.



Contact details



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**Hywel Dda UHB Maternity Services
Community Health Council Report
ACTION PLAN November 2022.**

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
Recommendation 1					
<p>The CHC recognises that maternity units will be very busy sometimes. We think that the Health Board must do more to provide much more post-natal support for mums on the ward. Whilst mums who have had babies before or who have had normal deliveries may feel well supported, other mums with different kinds of births want more help to recover from their delivery. This includes managing to care for their new-born and in establishing breastfeeding. A particular focus needs to be given to first time mums, those with</p>	<p>1. Enhanced Monitoring Unit in place to provide enhanced support to mums following surgical birth to aid their recovery and provide support to care for the babies.</p>	<p>1 and 2. Birthrate Plus acuity tool is demonstrating expected levels of staffing is being maintained to provide enhanced care.</p>	<p>Head of Midwifery Labour Ward Manger Postnatal Ward Manager Public health Midwife Infant Feeding Co-ordinators Senior Midwife for GGH</p>	April 2023	Completed
	<p>2. Mums are given additional support in feeding their babies post-surgery and to help establish breastfeeding where there is enhanced staffing to support mothers.</p>			Completed	
	<p>3. We have opened up extended visiting for partners to support new mothers in providing care for themselves and their babies.</p>			Completed	
	<p>4. We have recruited additional Health Care Support workers to</p>			<p>3. Partners are using the additional visiting slots to good effect in providing additional access and support to their loved ones.</p> <p>4.</p>	April 2023

<p>caesarean or unexpected types of deliveries.</p>	<p>provide additional support to mums on the postnatal Ward</p> <p>5. We are Birth-rate Plus compliant for staff across HDUHB.</p> <p>6. Birth rate Plus Ward acuity tool to be commenced in January 2023 – one month bedding in phase to support understanding levels of acuity to ensure appropriately staffed to the level of activity.</p> <p>7. 3 Public Health Care Assistants have been recruited to support care in the community and are anticipated to commence work in the Spring 2023.</p>	<p>5. Completed</p> <p>6.</p>		<p>January 2023</p> <p>April 2023</p>	<p>December 2022 - completed</p> <p>January 2023</p> <p>April 2023</p>
<p>Recommendation 2</p>					
<p>The CHC acknowledges how informing the use of feedback from mums and families in discussions with staff is. These provide specific instances of good and bad communication. There were many examples of good communication on</p>	<p>1. Care is offered in the language of choice as indicated by the mother. Welsh speaking midwives are available to support this choice. We also offer care in other languages using language line to support women feel comfortable</p>	<p>1. Language Line available to all staff – Community Midwives now have access to an app to support providing care in language of choice.</p>	<p>Head of Midwifery</p> <p>Senior Midwife for Community, WGH and ANC's</p> <p>ANC Managers</p> <p>Community team Leaders</p>	<p>November 2022</p>	<p>Completed</p>

<p>CHC's findings but also times when there was a lack of empathy and compassion.</p>	<p>and confident in planning their care. Community midwives also have access to a translation services via their smart phones.</p> <p>2. We actively seek our women and families feedback through the use of surveys to inform and improve services. We publish and you said we heard response to these.</p> <p>3. Scope the availability of Emotional Intelligence training and education.</p>	<p>2. Surveys – Antenatal, Labour, Postnatal and Induction of Labour have been completed – 2 have been shared with the public the final 2 anticipated Spring 2023</p> <p>3. HB Culture and People Team are scoping this for our service.</p>	<p>Womens Experience Midwife</p> <p>Clinical Lead</p>		<p>In progress 2 of a series of 4 have been published. Anticipated in Spring 2023</p> <p>June 2023</p>
<p>Recommendation 3</p>					
<p>The CHC recognises the difficulties of consistent good communication the Health Board need to review the communication and advice given to mums during their pregnancy, delivery and after delivery, to provide better consistency. Whilst written information may be available on the wards</p>	<p>1. Public Health Wales are reviewing the Baby Bump and Beyond Book issued in pregnancy in conjunction with the 7 Health Boards in Wales. This is anticipated to be available in the Summer of 2023.</p> <p>2. Short information videos have been developed, filmed and translated</p>	<p>1. With PHW on track for publication later in 2023 and will be available on-line</p> <p>2. Date for release for use on the wards and</p>	<p>Head of Midwifery</p> <p>Postnatal Ward Manager</p> <p>Womens Experience Midwife</p>	<p>August 2023</p> <p>March 2023</p>	<p>August 2023</p>

<p>and should continue to be available, potentially an 'app' that mums can access on their phones or devices will avoid the need to look for information on the wards, when staff appear to be busy. Information on an app can also be updated quickly and added to as women share their experiences about using maternity services. Alternatively, being able to access short videos, explaining what to expect on the ward could be helpful and might reduce the need to read lots of paper based information.</p>	<p>and will be available to support mothers care of the new-born.</p> <ol style="list-style-type: none"> 3. A new welcome to the ward booklet has been developed to support new mums and their partners in how the ward works, how to ask for help and how to escalate and concerns for immediate resolution. 	<p>in community Spring 2023</p> <ol style="list-style-type: none"> 3. Date for release for use on the wards. 		<p>February 2023</p>	<p>Currently with Communications team for approval</p> <p>Currently in Welsh Translation prior to sending to printers expected February 2023</p>
<p>Recommendation 4</p>					
<p>It was clear that there was good practice around breastfeeding support in hospital but the Health Board needs to ensure that many mums want to breastfeed their babies but need more help on the ward and after discharge home. A further</p>	<ol style="list-style-type: none"> 1. To continue the yearly Breast feeding updates for all staff 2. To continue to recruit voluntary Breast feeding support workers. 3. Recruitment of 3 community based Public Health Care Assistants 	<ol style="list-style-type: none"> 1. UNICEF baby friendly accreditation. 2. UNICEF Baby Friendly Practice updated and reinforced on a daily basis via ward managers and the Maternity Newsletter. 	<p>Head of Midwifery</p> <p>Infant Feeding Co-ordinators</p> <p>Public Health Midwife</p> <p>Health Visitors</p>		<p>Completed</p> <p>Completed</p>

investment in breastfeeding support could help mums establish breastfeeding, continue with breastfeeding when they go home and receive support that could allow them to extend the length of time that they breastfeed.		<ol style="list-style-type: none"> 3. Compliant with annual mandatory Infant Feeding updates for all maternity staff. 4. Options to employ Band 4 NNEB (5.69wte) for the postnatal ward considered 			<p>In progress compliance expected March 2024 – rolling programme throughout 2023 – 2024</p> <p>August 2023</p>
Recommendation 5					
The Health Board should share the CHC December 2022 report, the Health Board's action plan and this current report with all staff. To ensure that mums are clearly told about the actions being taken so that people can see what has improved.	<ol style="list-style-type: none"> 1. CSfM's to share the report via the Lunch and Learn sessions with staff 2. The report will be circulated to all staff in the Directorate for shared learning 	<ol style="list-style-type: none"> 1. Lunch and Learn to share findings with staff. 2. Report circulated to staff end of January 2023 	<p>Head of Midwifery</p> <p>Clinical Supervisors for Midwives</p> <p>Clinical Lead</p>		<p>February 2023</p> <p>Completed - January 2023</p>
Recommendation 6					
To thank both mums and staff for their input. This will also help staff identify where further work is still needed so that there is further improvement.	<ol style="list-style-type: none"> 1. A formal thank you will be shared with our communities via our social media channels to ensure formal recognition for the time women and families took to share with us their 	<ol style="list-style-type: none"> 1. Thank you to be drafted to women and families. 2. The immediate learning implemented to be summarised 	<p>Head of Midwifery</p> <p>Clinical Lead</p> <p>Womens Experience Midwife</p>		<p>Completed – January 2023</p>

	<p>experience of our services and their suggestions for improvements.</p> <p>2. We will share the immediate learning implemented and the planned learning to be delivered.</p>				
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All Actions completed – Please confirm as completed. This report will be issued to Andrew Carruthers for approval for closure.

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Hywel Dda Community Health Council