WIRRAL CHILDREN'S TRUST BOARD – 20th May 2014

Birkenhead Foundation Years Project for The Foundation Years Trust up-date

1.0 Background

In September 2012, Wirral Metropolitan Borough Council Cabinet made a number of resolutions in respect of the Birkenhead Foundation Years Trust initiative, including:

"(1) to release an initial sum of £50,000 of the Child Poverty budget allocation to the Foundation Years Trust to develop a comprehensive business case for the 'Springboard' project and that at the same time a pre-pilot phase of work be undertaken which will involve engaging thirty families.

(2) to consider the business case at a future Cabinet meeting, and, subject to being satisfied that the business case is satisfactory, robust, clear about the expected outcomes of the Trust's work, that the activity represents value for money and that the monitoring and performance management arrangements will accurately measure the outcomes, take a further decision as to the release of a further £250,000 to support the "Springboard" project."

A full Business Case was submitted in September 2013. This was subsequently amended to include a summary document, including a statement of purpose and outline of delivery plans, with a revised budget and was considered by Cabinet in March 2014.

The following sections are extracts from the summary document as submitted in January 2014. Please note:

a. The Business Plan is an over-view of the planned approach and so aspects of delivery are anticipated but require further discussion and agreement with other services.

b. In 8 months since September 2013 delivery has been continuously monitored, assessed and modified. The project seeks to develop interventions where there is evidence of successful engagement with poor families and an impact can be identified. As a consequence Sections 3 and 4 below contain activity which has subsequently ended or the time scales have changed; additional activity has been planned which is not recorded here. The budget is a statement of the anticipated spend as it stood in January. A current statement of activity is available.

c. The 'pre-pilot phase' referred to in (1) above had been completed in January, the report was finalised in March, but not included in the documents for Cabinet. This report has been submitted to the Council and is included here in Appendix 2 for information.

2.0 Statement of Purpose/How the project will work

The project's purpose is to reduce child poverty. By supporting children's early development we aim to increase the likelihood that they will do well at school. We seek to reduce the developmental gap that currently emerges between better-off and poorer children at a very early age. We are working to prevent poor children becoming poor adults. We will do this by seeking to influence those factors which impact on early learning and development: the home learning environment, parental warmth and sensitivity, and parental mental health and well-being. These factors are significant for all children and families but poorer families have fewer resources to draw upon, both to avoid difficulties and to do something about them if they arise.

HOW THE BIRKENHEAD FOUNDATION YEARS PROJECT WILL WORK

This plan is designed as a test of a transferable model of family support with the flexibility to complement local strengths and supplement local weaknesses. The plan takes account of the reorganisation of Wirral Children and Families services and the prioritising of support for the Intensive Families Intervention Project (IFIP) and therefore focusses work at the universal level. Local service experts (commissioners, managers and front-line staff) have had a central influence on the thinking behind this business case. We will:

- Work to complement and supplement existing services; deliver services for families at the universal/Level 1 and 2, with resources concentrated on those in most need. Recognise the principle that those families at the higher levels of need are currently engaged with IFIP services; work respectfully and in the spirit of multi-agency collaboration.

- Be guided by local expertise and seek to establish specialist groups to inform the development of Project services.[1]

- Where possible commission Project pilots from partner organisations, to test how easily the service can be introduced to an established local infrastructure. This contributes to value for money.

- Situate pilots so that they are visible and accessible at places where popular universal services are located e.g. alongside the Health Visitor clinics.

- Aim to bring a questioning and reflective voice that champions early learning, child development and family support with the ultimate aim of addressing inter-generational poverty.

- Draw upon the Trust's Advisors to bring fresh ideas and a UK perspective to the Wirral, through their advisory role, seminars or conference opportunities.

[1] For example 6 VCS organisations, recruited by open invitation to the sector, met to scope the nature of the Project's volunteer mentoring pilots.

3.0 How the Birkenhead Project will make a difference

The Birkenhead Foundation Years Project will make a difference to Birkenhead families by influencing factors which impact on early learning and development

Where and how the project makes a difference	Home learning environment	Parental warmth & sensitivity	Parental mental health & well-being
Extending community capacity & strengthening universal services	Parent & child play in public places: (1) Early Explorer groups in Health Visitor clinics or other facilities (Jan 14 onwards, in development) There is the potential to develop further activity in other public places, in the light of the experience with the pilots above. (2) Support for un-funded faith and other community play groups with training and resources.	Antenatal resources: (3) DVD and booklet for all families – a Merseyside-wide development (longer term aspiration)	Giving parents a voice – focus groups, interviews and web-based opportunities; publication and dissemination: (4) Perinatal consultation with 30 mothers (July – October 13) (5) 6 months – 2 years (May – September 14) (6) 3 – 5 years (May – September 15)
	Training and learning opportunities: (7) Multi-agency PEEP Practitioner training for staff and volunteers with optional accreditation (Oct 13) (8) PEEP Practitioner network linking Children's Centre PEEP trained staff with staff and volunteers from the voluntary sector (March 14, and thereafter) (9) Multi-agency PEEP Practitioner training for additional staff and volunteers, subject to evaluation and demand (Oct 14) Influencing parent-centred approaches and multi-agency collaboration in the delivery of services:		

Where and how the project makes a difference	**Home learning environment**	**Parental warmth & sensitivity**	**Parental mental health & well-being**
	(10) Foundation Years Seminars (Feb 14 onwards) (11) Issue-based working groups (in development)		
Open access groups and services available to all	Parent & child play groups: (12) Baby and Toddler Peep Brassey Gardens & St Werburghs Parish Centre (Nov 13 onwards); Rock Ferry (Jan 14 onwards)		Parent volunteer support: (13) St James Centre project (in development)
	Parent and child reading groups: (14) Reader Organisation open group e.g. based with church play group (March 14 onwards)		Parent volunteer support: (15) Bump-Start: Home-Start volunteer-delivered perinatal support up to 1 year of child's life (potential for extension if pilot phase successful, April 14 onwards)
Proactive and targeted support	Parent and child reading groups: (16) Reader Organisation perinatal group (Feb 14 onwards)		Parent volunteer support: (17) Bump-Start: Home-Start single parent perinatal support project (Oct 13 onwards)
	Parent volunteer support: (18) Home-Start volunteer support for disabled children in groups (Oct 13 onwards)	Parent volunteer support: (19) Tranmere Community Project Young Mums project (in development)	
		Parenting programme: (20) Antenatal PEEP (Feb 14 onwards)	
		Parent volunteer support: (21) Volunteer doula/birth partner support (longer-term aspiration)	

4.0 Budget summary

Budget Summary, Years 1 and 2 September 2013 – August 2015					
		Activity	**Cost**	**Committed**	**Projected**
Extending community capacity and strengthening universal services	1.	Early Explorer groups	18,600		√
	2.	Support for community groups	1,500	√	
	3.	*Antenatal resources Y 2*			√
	4.	Giving parents a voice	2,200	√	
	5.	*Giving parents a voice Y 2*[2]	*500*		√
	6.	*Giving parents a voice Y 3*			√
	7.	Multi-agency training	9,000	√	
	8.	PEEP network	400	√	
	9.	*Multi-agency training Y 2*			√
	10.	Foundation Years Seminars	1,600	√	
	11.	Issue-based working groups	250		√
Open access groups and services available to all	12.	Baby and Toddler PEEP	20,000	√	
	13.	St James Centre	4,930		√
	14.	Reader group church	3,000		√
	15.	Bump-Start (open)	25,500		√
Proactive and targeted support	16.	Reader group perinatal	5,100	√	
	17.	Bump-Start single parents	5,000	√	
	18.	Volunteers and disabled children	5,000	√	
	19.	*Young mums Y 2*			√
	20.	Antenatal PEEP	17,420		√
	21.	*Doula support Y 2*			√
Project management		Staff salaries (director, family and volunteer co-ordinator, administrator), office and equipment costs.	133,495	√	
Total			**253,495**	208,795	44,700

5.0 Recommendations

The Children's Trust is asked to note that the following decision was made by Cabinet in March 2014:

Cabinet agrees to allocate the child poverty funding of £250,000 being held in reserve to the Foundation Years Trust on the basis of the business plan.

The Children's Trust is asked to note that the maternity report in Appendix 2 is envisaged as the first stage of a discussion on the issues raised by this consultation.

[2] Activity completed in Year 2 but information gathering and some costs incurred in Year 1.

The Foundation Years Trust is seeking responses and intends to publish those in a subsequent report. A format for responses is available on request.

Report Author: Zoë Munby **Contact:** zmunby@foundationyearstrust.org.uk
0151 6474830

Appendices:

Appendix 1: Illustrative examples of the approach from the Report

"It takes a village to raise a child"[3]: what does extending community capacity and strengthening universal services mean in practice?

The project's purpose of reducing child poverty means that it has to reach as many families as possible. In particular those families which don't seek help; those which feel unconfident about their own education and unambitious for their children; and those which are suspicious of officialdom. We aim to create as many opportunities as possible for 'accidental engagement' with services.

Example:

Early Explorer PEEP groups
These are play activities for babies and toddlers, run in public places (in the same room as a Health Visitor Clinic, in a GP's surgery, in a shop where queuing happens etc.). The parent and child will be there, waiting to get a baby weighed or to see a doctor, and there is an opportunity to occupy a bored child. Play staff offer free fun and encourage parents to stay as long as they like, sign-post to other services, and build relationships. See (1) below.

Extending community capacity and strengthening universal services can involve a single resource.
Example:

A DVD for all parents at the antenatal stage
A locally produced DVD, showing local parents playing with their babies and demonstrating how very new babies are able to benefit from being talked to and their capacity to respond and enjoy stimulation. This idea is based on a long-standing and widely admired service developed in Tameside. See (3) below.

Services with a wide reach are expensive unless the impact can be multiplied by same messages being delivered by statutory and voluntary sectors, by community and faith groups and crucially, by influencing how everyone from parents to grandparents, neighbours and friends all 'raise the child'. Extending community capacity involves drawing upon awareness, knowledge, skills and enthusiasm for early learning embedded within communities.

Example:

Training and learning opportunities
Parents move on from receiving services, to volunteering, to training and into paid work. See (7-9) below.

[3] A version of an African saying, quoted by Hilary Clinton.

Existing faith/community-based services collaborate and share their skills and are strengthened and benefit from training and resources. See (2) below.

Appendix 2
MATERNITY - Voices of Birkenhead Mothers
Mothers in Birkenhead speak about their experiences of pregnancy, giving birth and the support they received in the first few weeks after the birth

INTRODUCTION

Following the publication of The Foundation Years: preventing poor children becoming poor adults[4], the Foundation Years Trust was established, firstly to pilot the recommendations made in that report, and then to roll out the strategy around the country. The ambition of the Trust is to abolish the intergenerational transfer of poverty, shifting the emphasis of poverty interventions to a focus on improving life chances. Central to the Report's recommendations is the emphasis on the importance of the foundation years, from the antenatal period to the child's 5th birthday. This local review of mothers' experiences was undertaken by the Trust's Birkenhead Project to explore what is important to mothers in a period which has been increasingly identified as crucial not only for longer term maternal and infant physical health, but for children's long term social, emotional and intellectual developmental potential. The significance of these voices is that they provide insights into the experience of maternity services which are not necessarily captured by either routine consultation or evaluation undertaken by the services themselves or by external monitoring. Confident service users, typically also better educated and better-off, are more likely to complete questionnaires, have the skills to express their preferences and articulate what they found unsatisfactory. This group are also more likely to feel able to express dissatisfaction with a service directly to the service through these formal mechanisms. By asking Birkenhead mothers, some of the poorest mothers in the Wirral, to speak, rather than write, about their experiences, in a neutral environment, we are complementing and expanding on the official record of how well services are doing.

The Trust's interest in the period from pregnancy to when a child is five is wide ranging. The particular focus of this report is on one aspect of the Trust's work in relation to this period, from pregnancy until the first few weeks of the new baby's life, and is based upon the analysis of current child development research undertaken for The Foundation Years report. There is increasing understanding of the mechanisms whereby maternal ill-health and distress impact on the foetus and mothers' and babies' ability to form a secure bond and how the baby's very early development is significantly affected by the extent to which mother and child can form a secure attachment.

Mothers' capacity to adjust to and enjoy a new baby is affected by her life before pregnancy. Some of the women we spoke to described lives in which they were managing challenging circumstances. Our sample includes women who had been homeless, those who had experienced periods of mental and physical ill-health, or were pregnant when teenagers and therefore less well equipped in some ways to manage the responsibilities and ties of parenthood. The sample also includes women who had not experienced those difficulties. The project's purpose here is to report on what we were told by this small

[4] Field, F (2010) The Foundation Years: preventing poor children becoming poor adults. HM Government, London.

group of mothers, to illuminate their perspectives and to explore how this could be relevant for service providers and commissioners in considering the implications for children's social, emotional and intellectual development. This work has the potential to enable a dialogue between service users and providers as the second phase of this consultation will be to ask for comment and responses from providers and commissioners. These will be incorporated into the final report.

These accounts place a greater emphasis on what could be improved, rather than what was good. Every mother had something positive to say about aspects of their experience and individual midwives, nurses, health visitors and doctors were singled out for special praise. Hospital ward cleaners were mentioned by more than one person as helpful and sympathetic. The significance of this is explored later. However, it is perhaps inevitable that bad experiences loom larger in the memory than good ones. This point is returned to in section 7 below.

1. SCOPE OF CONSULTATION

We asked voluntary organisations working with women and families in Birkenhead to identify women they knew who had given birth in the last two years[5], or were currently pregnant, and invite them to a focus group. Of the 30 women

- 10 were supported by Home-Start Wirral
- 7 by Tranmere Community Project
- 5 by Tomorrow's Women Wirral
- 4 by Forum Housing
- 4 by Ferries Families Groups[6]

The services the women were accessing ranged from breastfeeding support, through family support and educational groups, to drop-ins, one-to-one peer support and a hostel for young mothers. They were people who sought out support of one type or another. This is not a statistically significant or necessarily representative group. It is a sample of the experiences of mothers from an area with high levels of poverty whose voices are rarely captured.[7]

AGE OF MOTHERS

9 of the women were teenagers when they had, or were about to have, their most recent child; 11 women were in their 20s; 9 were between the ages of 30 and 34; one was 42 years old.

PARENTING EXPERIENCE

Of the 30 women 15 were 1st time mums

- 5 were pregnant when we met them, 3 of whom were pregnant with their 1st child

[5] Despite aiming to find out about current experience of services, some women contributed whose experiences are older: 24 of the women gave birth in 2012-13; 3 in 2010 and one each in the years 2002/4/5. Where significant or exceptional issues were raised by those giving birth prior to 2012, and are used here, we have noted this.

[6] See section 11 Acknowledgements to find out more about these organisations.

[7] The Wirral Teenage Pregnancy Consultation undertaken between April and November 2012 which involved 20 young women covers some common ground to this report – see section 3.e below.

- 8 had two children
- 6 had three children, including one set of twins
- 1 had four children
- Of the 15 mothers who had more than one child, 6 had been teenage parents when they had their first child – so exactly half our sample had experienced being a teen mum.

This consultation consisted of 5 focus groups varying in size from 6 to 2 people and 9 individual interviews undertaken with people who missed a focus group. The groups and interviews followed a semi-structured questionnaire[8] and participants were encouraged to raise those issues which concerned them most. This means that not all topics discussed here were explored with each participant. A version of the questionnaire was produced to use with fathers but none were recruited. Contributions were recorded and a total of 7 hours and 37 minutes of recordings were transcribed and thematically analysed.

2. MIDWIFERY AND HOSPITAL SERVICES

a. Midwifery and hospital services available to Birkenhead families

This section describes the main maternity and related services that are available for women in Birkenhead. This is the information that the mothers interviewed here are trying to make sense of in making choices about the kind of birth they want to have. This context shapes their experiences, before, during and after giving birth. It also shapes the working conditions, reporting regimes and professional support for those working in and providing maternity and related services in the Wirral.

Wirral University Teaching Hospital NHS Foundation Trust, managing **Arrowe Park Hospital** and incorporating the **Wirral Women's and Children's Hospital** is located in Upton, approximately 4 miles from the centre of Birkenhead. It provides -

- A **community midwifery service** which can be accessed at the Arrowe Park Hospital, and St Catherine's Health Centre, Birkenhead (with other contact points in Bebington and Wallasey)
- A **teenage pregnancy service** which supports mothers 18 years or under at conception (and other younger women by exception) via a separate clinic at the 12 week scan and on-going support from a dedicated midwife and the Teenage Pregnancy Advisor (funded by the Local Authority).
- A **midwife shop** at the Pyramids Shopping Centre in central Birkenhead
- A **midwifery-led delivery unit** at Wirral Women's and Children's Hospital

Other maternity hospitals which periodically cater for women resident in the Wirral:

- Liverpool Women's NHS Foundation Trust, managing the **Liverpool Women's Hospital** which is located 5.5 miles from the centre of Birkenhead.
- The **Countess of Chester** NHS Hospital Trust's maternity unit is located 15 miles from the centre of Birkenhead.

[8] See Appendix 1

The **One2One midwifery** service is a private company which delivers an NHS-funded community midwifery service across the Wirral, supplementing the Hospital Trust's community midwifery team. This service is available to Birkenhead mothers (and was originally piloted as a service for Birkenhead families only, with the aim of addressing the need for more support in a community with high levels of deprivation). The service is offered by some GPs or could be requested by mothers themselves. One2One midwives work a 'case loading' system in which a named midwife carries a case load of mothers and provides continuity of care from referral, through labour if a home birth is chosen and postnatally. This is distinctive from the system operated by the community midwives and hospital where care is provided by a named community midwife, one or more hospital midwives (changes of shift may mean a transfer between midwives during labour) and subsequently a midwife who visits the home in the postnatal period.

The **Family Nurse Partnership** (FNP) service is a voluntary home visiting programme for first time young women, aged 18 years or under at conception. A specially trained family nurse with a health visiting, midwifery or school nurse background visits the young woman regularly, from early in pregnancy until the child is two. The Family Nurse Partnership programme aims to enable young mums to:

- Have a healthy pregnancy
- Improve their child's health and development
- Plan their own futures and achieve their aspirations

FNP is a commercial programme, originally developed at the University of Colorado in the US. It has an evidence base with a 30 year track record. It has strong UK government support and has been funded across England by the NHS since 2012. Wirral is an 'early adopter' site having run the programme since 2010.

b. Midwifery and hospital services used by the women in this consultation

The majority of the women (28) gave birth to their babies at Arrowe Park Hospital. Of these women, all but 3 were supported ante- and postnatally by the Hospital Trust's community midwifery service. The 3 who had One2One midwives transferred to Arrowe Park Hospital for delivery. Two women used Liverpool Women's Hospital: 1 was supported by Liverpool community midwifery service and 1 by the One2One midwifery service, offered via Liverpool Women's Hospital. In this sample of 30 recent births none had a home birth: one respondent with the One2One midwives felt there was some pressure to consider this option but wanted a hospital delivery. Another mother, contributing an account of her 2012 experience of hospital child birth and a Caesarean section, also talked about her first baby, born very comfortably at home, with One2One support, at 17 Years, in 2010[9]

Few of the women we talked to seemed aware of or confident in any choice in the maternity services they could use. This may be because of limited access to information or a lack of confidence or understanding about the options. 'Choice' could mean choosing the midwifery service they used or the place of birth, whether at home or in hospital and if hospital, which hospital. Two respondents said that their GPs had offered a choice between the Community and One2One midwifery services and in both cases they had chosen

[9] We did not specifically ask about home births and with this one exception, home births were not mentioned. Many issues were raised spontaneously and this one was not. It might merit further research but within this small sample it did not appear to have been considered.

One2One. It seems possible that choices are being offered to women by health practitioners with little underpinning experience of or commitment to different approaches. This would happen if, for example, midwives with limited experience of or confidence in delivery at home were tasked with discussing this option with women, or if only those GPs who supported NHS-funding for an independent midwifery service chose to offer it to their patients.

The respondents had limited awareness of the One2One maternity service. Two women thought that it was a private service which they would have to pay for and therefore did not consider using it. One respondent knew of 4 friends who had a One2One midwife but of those, only 1 had a home birth, so she felt it was more straightforward to opt for support from the community midwives at the start. Another respondent's friend had given birth alone, unable to reach One2One when she went into labour. From this the friend deduced that the referral system to the hospital service was not properly managed. The 2 women who chose to go to Liverpool Women's Hospital did so because of their own or anecdotal experience at Arrowe Park. One woman had a bad experience of labour management in Arrowe Park Hospital 18 years previously. Another had heard 'good and bad reports' of Arrowe Park and had a poor experience of being a birth partner for a friend at this hospital; she also had a mother-in-law who was a midwife at Liverpool Women's Hospital.

The significance of this anecdotal evidence is that information of this kind influenced all of the women who discussed services in terms of choices. This does not mean that the second hand experiences recorded above are fair or accurate – it means they are they are powerful. The 2 women who chose not to give birth at the local hospital had some personal connection to the Liverpool hospitals.

The midwifery shop, established and run by the hospital community midwifery service, was popular. This shop-front facility, located in the Pyramids Shopping Centre in central Birkenhead, offers a range of services, from routine checks to opportunities for reassurance and a place to ask questions. Of the 30 women, 6 (a fifth) mentioned that they had made use of the Shop and commented favourably.

One teenager arrived in Birkenhead from Wales when 6 months pregnant and used the Shop to arrange her booking with Arrowe Park. For a young person navigating a hospital system on their own this was a convenient option. Another 18 year old experienced several periods of pain and bleeding in early pregnancy and was critical of the perceived inflexibility, lack of sympathy or reassurance she received when she rang the community midwives. She used the Shop for immediate support and reassurance, although she also pointed out that the Shop does not house a toilet so women who are asked to provide a urine sample have to find a public toilet –

> "I had to go to Birkenhead Market toilets or the Pyramid toilets, which is about a 5 minute walk each way…and I couldn't walk standing straight up, I had to lean over because I was in that much pain in my stomach. She could see I was in pain, I was crying when I got there."[10]

The flexibility of the Midwifery Shop service appealed to women in quite different circumstances. There was fulsome praise for the Shop from the respondent in her 40s:

[10] Tranmere Community Project resp.7

> "I've got to say the best thing was that drop in shop down town because I was working full-time, I used to pop in there for my antenatal if I couldn't get to my doctors. I'd go down there with my file and they'd do my tests…I had a couple of sweeps there as well…that is such a good idea."[11]

The Shop was also used by a One2One midwife contracted via the Liverpool Women's Hospital to support a woman in Birkenhead – the respondent said:

> "this nurse wouldn't come into my doctors because she was from Liverpool but she did go to the Shop…She told me on what days she went to the Shop which was nice because then if I felt ill or knew I wanted some questions answered, instead of going all the way to Liverpool or ringing her up, I could go in there….even after the baby was born, I could go into there, although generally she came to my house."[12]

3. ANTENATAL EXPERIENCES

a. Health in pregnancy

Just less than one quarter (7) of this group of pregnant women experienced significant physical or mental health problems in pregnancy. This is probably a higher level of ill-health than found within the general population of pregnant women. It could be accounted for by ill-health associated with poverty or by this being a self-selecting group who had experienced untypically stressful pregnancies and sought additional help from the voluntary sector.

- 3 had a cluster of related conditions: weight gain; suspected gestation diabetes; blood clots; extended sickness; symphysis pubis disorder

These 3 women, a 19 year old and two 18 year olds, had to inject themselves to manage the dangers of the blood clotting. They discussed the varying and conflicting guidance and support they received in injecting – something they found frightening. It is significant that young women were expected to manage their own health condition whilst not recognised as adults in other aspects of the service they received (p.8 below).

The other 4 women experienced serious health problems including:

- Preeclampsia and an extended period of time in hospital
- A pre-existing heart condition
- A kidney problem which had been treated immediately prior to becoming pregnant and which caused problems during pregnancy
- A leaky liver diagnosed during pregnancy which required monitoring and a planned induction to avoid danger to the foetus

Two of the seven women discussed pre-existing depression and mental ill health which affected their experience of pregnancy. These underlying health issues were not visible and were either not picked up or not addressed during their initial midwifery consultation. One of these women also had physical ill-health. The challenges of managing multiple health problems was common to this group, described by one woman in relation to un-coordinated care involving several appointments across a week for scans, physiotherapist, midwifery and consultant appointments.

[11] Home-Start resp. 10
[12] Ferries resp. 4

b. GP care

The GP surgery, the most well-known part of the local health service, was the first place all respondents had visited once they knew or suspected they were pregnant. They saw their GP for a pregnancy test or to confirm one taken privately. These visits were for the most part only referred to in passing and were seen as an insignificant routine event. The exceptions were 2 teenagers who reported a shocked or negative initial response ("are you married?"). Two other women noted that the timing of their pregnancy was commented upon – in one case because it was a pregnancy with a 9 months gap since the last baby's birth and in the second case when two pregnancies occurred at 18 and 21 years old. These GPs clearly had concerns for, or disapproval of, younger women having babies or having babies in quick succession. However the effect on the mothers of these comments, unrelated to advice, suggestions or offers of help, appears to have been simply unhelpful.

A respondent with preeclampsia explained difficulties encountered with the GP altering her medication without coordination with the hospital, suggesting an experience of being powerless between two medical systems.

c. Experience of scans

Seven respondents chose to talk about their experience of scans as significant. Positive experiences included reassurance in relation to a baby's viability or risk of foetal abnormality. Although scans are potentially exciting there were negative experiences associated with fear, physical pain, vomiting and feelings of being rushed and not having sufficient time to ask questions. The routine timing of scans have become a formal marker for mothers that their babies are alive and developing as they should be, especially at 20 weeks, when few if any external signs of pregnancy may exist. The operator conducting the scan needs to focus on undertaking a careful and thorough investigation and their primary tasks are to check the baby's growth, position and check for any abnormalities. However there appears to be a mismatch between the time allocated for this clinical task and the opportunity for the pregnant woman to ask questions and come to terms with the growth of an independent life within her. This may be an opportunity to talk to mothers about the baby, to sow the seeds of sensitive parenting, which from these few cases was being missed.

d. Antenatal classes

Antenatal services include a variety of ways in which parents can learn more about pregnancy, childbirth and the care and feeding of new babies and this preparation and knowledge has the potential to be significant in laying the foundations of a calm or stress free experience. Services available to Birkenhead parents include classes arranged by the community midwifery service to Natural Childbirth Trust private fee-paying classes. Some young women are supported by Family Nurse Partnership nurses with one-to-one tailored educational in-put; historically Children's Centres in Birkenhead have run young mums groups[13] and the Tranmere Community Project's 'Young Mums to be' course has been in existence for 6 years, recruiting from Job Centre Plus referrals of pregnant women across Wirral who are NEET. During the period when this consultation was being conducted the Teenage Pregnancy Service developed a new model of antenatal class exclusively for young

[13] These are run if and when there is demand. None were mentioned by the respondents in this sample. These are typically groups which support young women when they have had their babies.

parents, in response to their 2012 Consultation. The two cohorts of this programme which have subsequently run have been well attended.

Just under one third of respondents had attended some form of antenatal course. However, the take up of antenatal education in this sample is inflated by the numbers of the respondents who were recruited to a focus group via the Tranmere Community Project's course (5). Discounting this group there were only 4 of the 30 respondents who attended any other form of antenatal education. The four respondents who had attended hospital antenatal classes spoke enthusiastically about them. These were all women in their late 20s and early 30s, two being 1st time mothers. One mother referred to her earlier experience of pregnancy –

> "Even though I knew some of the bits from years ago, I had forgotten it."[14]

Although the need to 'catch-up' was expressed by this woman, several others in their 30s gave a number of reasons for not attending classes, from not needing to, because it was their second or subsequent child or because they were having a caesarean section; or because the classes were inconvenient, too far to travel to or clashed with work.

Of the younger respondents 3 had attended the Tranmere 'Young Mums to be' course in the past and 2 others were current students. This group all rejected the hospital classes which they were offered but were not able to clearly explain why they did not attend. One 18 year old with FNP support had rejected the idea of attending any class. She said "I thought that – well, it comes naturally, so I'll wait for that."[15]

e. Attitudes to young mothers

An interlocking pattern of discrimination against young pregnant women and young mothers – whether actual or perceived – and the reaction it creates, was a thread throughout most of the interviews with women under 22 years. Nine of the younger mothers explicitly raised the issue of prejudice against them. This ranged from 'the looks' they got out in public when pregnant or pushing a buggy, and being called 'this little girl' by a nurse on a maternity ward, to more a more subtle sense that they received different treatment.[16]A 19 year old trying to arrange an appointment and worried about missing college ended up in a public argument with a clerk:

> "I went outside and I was crying to my mum…'she's made a holy show out of me in front of everyone. The whole place was packed and she threw the book at me'."[17]

The same mother experienced other conflicts at the hospital and was escorted from a clinic by a security guard on one occasion. Whatever the actual behaviour on both sides involved in this specific situation, this was a young person navigating hospital systems independently for the first time. The complexity of hospital bureaucracy can be stressful for any adult encountering it so it does not seem surprising that younger patients struggle. A younger woman asked to change her community midwife because at her first appointment she believed that she was being unfairly judged. The pregnant women was wearing an electronic tag. Although it was invisible under her clothing she believed that this had been reported to the midwife and she was treated differently as a result.

[14] Home-Start resp. 8
[15] Forum resp. 3
[16] These comments were not made in relation to the Teenage Pregnancy Support Service.
[17] Tranmere Community Project resp. 7

4. CHILDBIRTH EXPERIENCES

The management of childbirth itself was not the focus of dissatisfaction with services[18] with the exception of the period covering the early stages of labour. Several mothers talked graphically about their experiences of giving birth but these were recalled because of the length of labour or the discomfort of induction, rather than for any specific problem that was encountered. Dissatisfaction was focussed upon the limited capacity of the hospital to accommodate women in the early stages of labour. This is made harder because the hospital is located some distance from Birkenhead and has limited car parking. The regime - expressed by one midwife as "you're not technically in labour until you're 3 cm (dilated)" – is not something a pregnant women can assess for herself.[19] Five of the 27 mothers giving birth at Arrowe Park described difficulties when they arrived at the hospital in labour as they were not considered sufficiently advanced to be admitted and were asked to return later.

> "I was in labour for days and every time we went in thought, 'Oh, this is it.' And ended going back home again, had to go all the way home. They always used to say, 'Come in, no matter what.' So you'd have to go all the way in and having all that pain, and be sent all the way home….because I didn't have a car either, so I had to rely on other people to take me."[20]
>
> "They said I could go home, but I couldn't go home because I couldn't walk very far and I kept thinking… you know your instincts didn't feel right, and I said I can't go, I cannot go home. She said well …there's no room on the labour ward if you're not in labour and you're not technically in labour until you're 3cm and I'll see you in a few hours. I think it was like 40 minutes later I gave birth and I only just made it to the labour ward because I couldn't move, once I started it was so fast. They couldn't believe how quick it was, no pain relief, no gas and air because there was nothing there. I was in shock for hours afterwards …it was really quick so it was quite traumatic. I think it took me quite a while to recover, to be honest, I couldn't hold him or anything because I was just shaking."[21]

Other mothers deferred arrival to the hospital, aware that they would be sent home if not well advanced in labour. This did result in several instances of somewhat precipitous birth – 'as soon as I got in the ambulance he was crowning.'

Twelve of the thirty mothers experienced some form of medical intervention in childbirth. These included 5 women who were induced, 2 where forceps were used in delivery and 7 who had caesarean sections. We are unsure if this percentage of women experiencing

---

[18] One mother recorded an interview describing her experiences of giving birth to 3 different children, as she wanted to compare and contrast the difficulties and distress she experienced and how lessons from these were and were not learnt by services. She wants this account to be available to services but we are not including the accounts of childbirth here as they took place earlier than the time frame used for this report. Please contact the Birkenhead Foundation Years Trust if you want access to this account.

[19] NHS guidance states that, with advice from the hospital, women should go in when "contractions are:

- regular
- strong
- about five minutes apart
- lasting about 45-60 seconds."

[20] Home-Start resp. 7

[21] TWW resp. 4

interventions typical of deliveries at this hospital. These accounts are the experience of a selected sample. However, an understanding of whether Birkenhead women's and their babies' experience of labour could be made calmer and less stressful would be informed by the analysis and comparison of Wirral-wide, Birkenhead and UK-wide statistics of intervention in childbirth.

Most expressed gratitude to the midwife who had delivered their baby. One, aware that in a long hospital labour consistency of care was unlikely, said her midwife 'was amazing…you were with the same one, right to the end. She stayed late to deliver."

5. POSTNATAL EXPERIENCES

a Baby's nursing care in hospital

Mothers were generally positive about the care and attention their babies received in hospital. The only area of dissatisfaction, for a small number of respondents, was around baby feeding and the perceived pressure to bottle feed poorly or low weight babies (see section 5.d below). None of the babies in this sample had very high levels of support needs: 5 babies had jaundice at birth; 5 were tongue-tied[22]; two babies went to the Special Care Baby Unit (SCBU) with infections for short periods of time. Apart from delays – in one case with identifying jaundice and in the other a tied tongue - there were no complaints with the care received.

b Mothers' postnatal nursing care in hospital

The period immediately after the baby was born, when mother and baby were resting and recovering in the hospital, was not always successfully supported. This was implicitly and explicitly associated with low staffing levels, especially at night. Staff attitudes, willingness or capacity to provide support were criticised. It is possible that these two elements – low staffing levels and staff attitudes - are related. When nursing staff are very busy clinical care is likely to be prioritised above advice and emotional support. Given that the first few hours and days after giving birth are an opportunity to establish secure bonding between mother and baby, this environment is not contributing to the wider objectives of midwifery and health visiting services, in relation to support for mother/baby attachment. Of the 28 women who gave birth at Arrowe Park, 7 described a lack of care and/or a sense of isolation and distress.[23]

> "It seemed more inexperienced people at night-time….nobody really tells you who's who when you go into your little room."[24]

Many mothers could not distinguish between different staff roles, especially with night staff. This uncertainty about who is available to help, and who can help with which problem, is compounded for those having a first baby. An 18 year old, recovering from an epidural and on her own after giving birth for the first time, described her sense of helplessness:

[22] Tongue tie is a problem which occurs in babies who have a tight piece of skin between the underside of the tongue and the floor of their mouth. The medical name for tongue tie is ankyloglossia and the piece of skin joining the tongue to the base of the mouth is called the lingual frenulum. It can sometimes affect the baby's feeding, making it hard for them to attach properly to their mother's breast.

[23] Several who did not make this observation were able to take advantage of early discharge or did not experience care over-night.

[24] Home-Start resp. 7

> "Once I'd had him it was just different women and they were not good at all…I was facing this way and [the baby] was that side and I started crying. I couldn't move and I got really upset. And he was screaming, I couldn't do nothing and they didn't come….she eventually came in, explained and I was dead upset and I was quite narky. I explained I couldn't walk and she said not to be daft and of course I could walk…she said, 'We've all been there'….they just explained to press the buzzer but obviously facing this side, I couldn't move to press the buzzer."[25]

Another 22 year old first time mother, from Eastern Europe, without the support of her own family, described similar disorientation and fear:

> "I was just left in my room and I had to buzz for help. The baby was crying nearly most of the night and I didn't really know what to do. I was exhausted and in pain. Nothing helped him, whether I was feeding him, rocking him, anything like that."[26]

Women who had experience of having babies in Arrowe Park prior to the remodelling in 2011, compared the experience of recovery in a ward with the individual rooms provided in the remodelled hospital. There was recognition that the privacy of an individual room was in some ways more restful, but all commented on the isolation. Only the oldest mother, who remained in Liverpool Women's Hospital for five days after giving birth because her baby was jaundiced, enjoyed the experience – "It was lovely just me and her being together on our own."[27]

Four mothers contrasted the help they had experienced a few years previously with the level of support available now.

> "With my first one I got help in the shower…she stood there while I had a shower…she got me into the shower, she got me out of the shower, I was being sick and everything, she got me buckets…the third time [I had a baby] was not like that at all."[28]

Whatever the reasons for the lack of care, isolation and distress mentioned by seven women, the majority of respondent's accounts commented on or inferred an awareness of staff shortages. Several women who did not mention bad experiences did comment on the pressure nursing staff seemed to be under. A number commented on helpful or sympathetic conversations with ward cleaners. It is possible that if nursing staff are under pressure, cleaners may be the people with time to notice patient distress and the capacity to offer support or understanding. Whether the needs expressed by the mothers were for physical help, guidance or reassurance, the absence of staff compounded the problem.

> "I had quite low blood pressure and they put you in your own room, they said get a shower and get changed, this was about four hours after my caesarean. I remember sitting in the shower crying because I couldn't stand up after, I felt that ill. I got into bed and not one person checked on me that night, not one person came and said do you need help feeding him or anything. They left one bottle on the side and I must have slept, you know the way you do, you're exhausted. They just shouted at me the next day for not waking up to feed the baby."[29]

---

[25] Forum resp. 3
[26] Tranmere Community Project resp. 6
[27] Home-Start resp. 10
[28] Tomorrow's Women Wirral resp. 2
[29] Tranmere Community Project resp. 3

There were a cluster of complaints about unsympathetic staff at this stage of postnatal care.

> "You could see the different staff. Some are just hard-faced, get on and do, and some give the emotional help. Your hormones are everywhere anyway and you're worried. Like I was worried for stuff going wrong with her, even though nothing was wrong with her, I still had that fear that something's going to happen. And some of the nurses were lovely and some were - open your mouth, temperature, out they go. Two different types of people work there."[30]

c Discharge from hospital

Many women just wanted to leave the hospital as soon as possible, to return to their partner, mother or friend. The minority who stayed in longer so that they or their baby could be cared for and assessed, valued this support. Four women experienced difficulties with discharge from the hospital, having to wait for hours or a day after the discharge had been agreed.

d Support for breastfeeding

A breastfeeding support service is available to mothers provided by Home-Start Wirral, in collaboration with the hospital midwifery service, delivered by a team of volunteer mothers who have breastfeeding experience. Advice and information is available at the hospital antenatally, on the delivery wards and after in the home, for as long as it is wanted.

Experience of breastfeeding	**numbers**	**Any support?**
Breastfeeding for an extended period	15	Liverpool Women's Hospital nurse (1) One2One (1) Home-Start (9)
Breastfeeding initiated but not sustained	5	
Bottle feeding	10	

The percentage of breastfeeding to bottle feeding mothers marks this out as an unrepresentative sample, in part accounted for by the number of respondents contacted via Home-Start and supported by the Home-Start breastfeeding service. This relatively large sample does expose the complexity of establishing what works in this area, as the type of support which was valued varied widely from individual to individual – from satisfaction with a short demonstration of how to position a baby to someone describing as "an onslaught and very intrusive" telephone support they had signed up for when having a baby in 2004[31]. Breastfeeding presents NHS staff with the challenge of supporting and encouraging a behaviour which requires active support from services and commitment and stamina from the mother. The generation of women giving birth today have rarely or never see babies being breastfed around them in everyday life. A generation of midwives and health visitors are supporting a practice they may be personally detached from themselves. Encouragement to breastfeed requires supporting a change in attitudes and feelings not just the passing on of information. NHS staff are skilled at communicating factual health

[30] Ferries resp. 3

[31] This refers to a service offered from Liverpool, not the Home-Start service.

information, possibly less experienced in being agents of cultural change. Despite the high numbers of breastfeeding mums in this sample, there were criticisms of the support available, especially in the first few hours after birth.

Four of the mothers supported by Home-Start's breastfeeding service had the additional difficulty of coping with a baby that was tongue-tied. They described various degrees of delay in identifying and addressing that difficulty and in the meantime, the lack of consistency and knowledgeable support from hospital staff. Help came from unexpected sources, such as the cleaner who suggested nipple shields[32]. Sympathy was not necessarily forthcoming from nurses. There were many, many accounts of feeding a baby whilst crying in the early days and weeks, both from mothers who continued to breastfeed and those who did not. The potential for mothers' ill health or recovery from a caesarean section to create difficulties with milk supply were not explained or discussed. Two mothers who needed rest and recuperation for themselves and made use of an offer from nurses to take the baby at night and feed it in the hospital nursery with expressed milk, believed that in the event the baby had received formula. The two babies who spent time in the Special Care Baby Unit faced additional obstacles to breastfeeding and although Arrowe Park Hospital has access to the Milk Bank[33] the concern of paediatricians and special care nurses for a new baby's weight gain was sometimes at odds with the mechanics of establishing a supply of breast milk for a mother who had never breastfed before.

In this sample very few mothers explicitly said they did not consider breastfeeding. If bottle feeding was not necessarily a matter of preference or expectation, it could result from a lack of opportunity or support to breastfeed. A teenage mum who was distressed and alone in the hospital described this feeling:

> "I wanted to breastfeed him but he wouldn't latch on…there was a lady (to help) there but she went. 'Well he's hungry we're going to have to' – she said you can't just keep trying. I was too upset, I didn't like the environment I was in."[34]

Another respondent, a 3rd time mother, who wanted to breastfeed this child but had not done so with previous children, felt she was rushed home to release a bed when her preference was to stay in and have support with breastfeeding. Another woman who had initiated breastfeeding in hospital but gave up at home described how a telephone offer of help came too late. Time and stamina to feed was lacking because of the pain of early feeding, the demands of school runs for another child and tensions with her partner.

Of those who bottle fed, two were on medication which made breastfeeding unsafe. Others were coping with a mixture of emotions with no one able to support and give them a chance to explore their feelings.

> "I wanted to breastfeed. I found it difficult with my other two children, I wanted to try it with my last one. And they put him skin to skin on me after I gave birth and

[32] Nipple shields are thin silicone covers worn during breastfeeding with holes at the tip which allow milk to flow to the baby and help protect cracked nipples. Painful nipples often occur early on in breastfeeding when milk is not established and the baby is sucking hard on the breast to stimulate the milk supply.

[33] Wirral Mothers' Milk Bank collects donations of breast milk and dispatches pasteurised frozen banked milk to Arrowe Park Hospital, Liverpool Women's Hospital and many other neonatal units in the North West. Babies who benefit from donations are mainly premature and sick babies in neonatal and special care baby units when their own mother's milk is in short supply.

[34] Forum resp. 3

> they left me for an hour with him on my chest. I didn't like it because I'd had a bit of a bad pregnancy with my boyfriend and stuff and I felt I didn't connect with the baby. I couldn't say to the midwife take him away, she'd obviously left the room and I was left with my friend and I just didn't like it."[35]

The message that breastfeeding is the healthy option had an impact not only on those who could not, or did not, breastfeed, but was also reported by breastfeeding mothers when they discontinued or moved to mixed feeding. This caused distress and worry for many of the women at a level out of proportion to the impact on the child's health.

> "The first time they gave me formula [for him] I felt like the worst person in the world. I really thought I was poisoning him, honestly. And I just felt awful for that."[36]

Information on mixed feeding, a pragmatic response to sustaining the health and emotional advantages of breastfeeding whilst reducing the pressure on the mother, was not explained. This had negative effects in one case -

> "I was doing breast[feeding] and I was finding it quite demanding; no one could take her for more than a short while…I wanted to change over to mixed feeding…she was crying so much…and I can't understand why she's not taking the bottle…I just didn't know how to. And I thought, 'Well, it's probably best to just get rid of my milk then she can't smell it'…then cold turkey, which wasn't nice."[37]

Set against these negative comments there were examples of individuals who impressed mothers with their sensitive and supportive approach. The nurse from the Special Care Baby Unit who sat with a mum and made suggestions; the Home-Start volunteer visiting at home who 'just kept popping in – she was lovely'. The mother having her third baby at Liverpool Women's Hospital saw a difference in attitudes from her experience of child birth many years before:

> "The midwives were quite bossy I remember…they've totally changed now…she (recent baby) was under the UVA light and she was upset and I had to do something and I gave her a dummy…and the midwife came in and I went to pull the dummy out of her mouth and she (midwife) went to me – 'Listen, that's your baby, you can do what you want with her.' I thought that hasn't half changed because you were quite scared of midwives when I had my other two."[38]

e Care for mothers affected by postnatal depression

Just under a quarter of the thirty mothers mentioned that they had experienced postnatal depression. They also reported that this problem was not always identified or appropriate support offered. In one case a mother described a midwife running through questions related to depression and answering them herself, leaving no room for the mother to reply. There was understanding from this respondent of the difficulty professionals face in broaching this topic, but frustration that simple listening strategies were not deployed – the woman felt that simple communication would help:

[35] Tomorrow's Women Wirral resp. 2
[36] Home-Start resp. 7
[37] Home-Start resp. 6
[38] Home-Start resp.10

> "Or [she could] look up and just see your face and hesitate and say, 'Oh, are you alright?' Because sometimes you don't want to bother people with it, do you? You think, 'Well I'm alright, I can cope.'"[39]

Another mother described months of tiredness and 'feeling low' before depression was diagnosed. She felt that as the focus was on the baby, her own needs were not visible. She felt it was easier to perform as expected. She describes "putting on a bit of a show…put that kind of face on things…and then when they go you think 'Oh god'." The mother who struggled with breastfeeding on p.14 above was facing the difficult dilemma doing what was best for the baby or for herself, of asking for medication for her depression or breastfeeding. She managed this alone:

> "I think they really need to look into your notes more when you go in, to see what needs you've got. I come across some days that I'm fine, no one knows I've got depression….I wanted to go straight onto medication. I was never offered it at the hospital because I stayed for two nights."[40]

Of all the mothers who experienced postnatal depression one woman's experience stands out as both unique and uniquely insightful. Drawing upon earlier child birth experiences she was able to describe a pattern of staff behaviour:

> "Some of the staff, when you're up on the ward … how can I say? They're there because it's a good job and they're paid to do it and I think they've lost the care, why they went into the work. It's just this regimental way of doing it. If you were sat there crying; some of them would say, 'Are you alright?' and talk to you… one come in and [just] said to me, 'Why are you crying?' "[41]

It may be inevitable that signs of depression are missed as women seek to hide their distress for reasons such as wanting to appear able to cope or because of fear of being judged a failing mother. However, with hindsight at least a minority of these women wished they had received help earlier.

6. POSTNATAL SUPPORT AT HOME

By the time we met these women, when most babies were at least 3 months old, they did not recall much about the weeks immediately after giving birth. Many seemed uncertain about the home visits they had received and there was confusion in relation to which support is ascribed to which service or what help they had received.[42] Mothers had most to say about the support they received from midwives and health visitors at home in this early period immediately after birth on the two topics of baby feeding and depression. These are covered in the two previous sections, as this care started in hospital and continued at home. It seems likely that busy midwifery and health visiting services were arriving at a judgement that individual mothers were managing well and did not require more than the minimum visits but if this was the case, this decision was not explained to or recalled by the women.

[39] Home-Start resp. 7
[40] TWW resp. 2
[41] Ferries resp. 3
[42] All mothers receive visits postnatally from their midwife depending on individual needs but this is anticipated as 3 visits and a postnatal discharge by telephone after 28 weeks. Health visitors similarly provide support dependent on individual need but the universal offer involves 2 visits in the first 8 weeks.

A 24 year old mother living in a hostel with a 13 week old baby looking back to when she had left hospital expressed the sense, if not the reality, of being abandoned:

> "I've not seen anything. I've not seen the midwife since she was about 4 weeks old, 5 weeks old… And the health visitor she's not been around for a month. I don't know where she's gone."[43]

Most mothers were aware that they could ring someone for help or go to clinics but at least one twenty-two year old felt that she shouldn't make this call upon services because she had support from her own mother. She commented that as a first time mum the health visitors were making an assumption that she was doing a good job. Several mothers were articulate about what they would like a health visitor to provide and this was mainly longer-term support and more availability; a mother-like presence.

Of the 9 teenagers, most would have met the criteria to receive enhanced support from a Family Nurse Partnership (FNP) nurse. Not all identified the type of support they were having. Of those who did, a 17 year old mother living in a hostel very much valued her FNP support:

> "The health visitor, she was lovely. [Baby] was born with jaundice and his levels went like, they would go up and then they'd go back down. She was constantly in and out and taking his level readings up to the hospital and making sure everything was okay. She was nice…I think I had about three visits. She still weighs him and stuff now because … well she got involved while I was pregnant as well. She's really helpful. She helps with like when he was 3 or 4 months old, how to wean him on to foods. She was just really, really helpful."[44]

Another found the FNP style and intensity of support challenging:

> "She just goes on about things…she treats me like an idiot to be honest. She treats me like I'm 8 and well, I'm 18…when I was pregnant she'd come out every week with these picture cards and stuff like that and I had to match these picture cards and one week she came with this doll and I was fuming. Because I lived on the bottom floor – hostel, you know, everyone sits on the front. She's got this baby doll and …show me how to feed it…and I said no, it's a doll…So she got the doll…opened the curtain, got the doll in the curtain and she started waving….There's people out the front there…and I thought well, I've got to keep up a rep here."[45]

This mum navigated her relationship with the FNP nurse via encouragement from her housing support worker whose approach was more acceptable - 'She's on it. She's on the ball.' And she had managed to sustain the relationship with the FNP nurse after being prompted to explain how she felt – 'She does treat me a lot better now I've told her. I'll give her that.'

Many more comments were made on health visitor support in relation to issues such as weaning and sleep which went beyond the scope of this report. We will incorporate these in a later report focussing on the period from the baby at 3 months to 2 years.

[43] Forum resp. 1
[44] Forum resp. 3
[45] Forum resp. 4

7. WHAT THIS REPORT DOESN'T TELL US

Many individuals were singled out for special praise by the mothers who talked to us. Moments of sensitive, timely and skilled care were recognised and appreciated. In one instance a young mum who had been through a traumatic, complex birth and remained on the ward for several days, was full of appreciation for her care –'the staff were dead nice…they were really lovely.' These words of appreciation were heartfelt, as were many others, but do not tell us clearly what is valuable to mothers. Respondents were more articulate in their criticisms.

It was notable that mothers did not talk much, if at all, about the support they got from the organisation which had set up their interview/focus group. The result is that the organisations which contribute a specific intervention during this period (Home-Start and Tranmere Community Project) may receive less credit for their work than was deserved. It is likely that the value of that support was assumed. When a transcript of an interview was returned for checking to one woman, she annotated it with a thanks to the support group.

This consultation generated a large volume of detailed description of bad care or treatment, with explanations of how it felt; accounts of clusters of problems and how these affected a woman afterwards. This does not necessarily indicate that the balance of maternity and postnatal care is bad. We don't know if this sample of mothers are typical of all mothers in Birkenhead. Experiences must also be understood as just that – an experience. A statement such as 'no one came for hours' may not be literally true – but it does represent how a mother *felt she had been treated.* Accounts of unhappiness with the availability of care or support, or complaints about staff attitudes, need to be accepted as the experience of that individual. A further stage of investigation may be needed to establish whether a real problem exists, or if expectations of some patients are unrealistic.

In particular younger mothers' sense of being stigmatised can be understood in several ways. It is likely to represent some aspects of their experience accurately and some inaccurately; it can lead to misinterpreting other people's behaviour wrongly; and it can increase the likelihood of challenging behaviour on the part of some young women which itself perpetuates the problem. Awareness of and sensitivity to this issue can help, as it would for all of the issues raised here.

This report is not a balanced account of care as delivered by services supporting women in pregnancy, giving birth and the support they received in the first few weeks after the birth and it does not claim to be. It records the experiences a group of 30 women.

8. SUMMARY

These accounts identify a pattern of dissatisfaction which can be summarised into three broad areas:

a. Lack of equality of experience

- Very few of the mothers were offered informed choice in the maternity services they received. Explanations of the availability of different types of service were not recalled or had not been understood. The minority who were informed had made

choices, others did not. Lack of informed choice impacts disproportionally on poorer people, those who are less well educated and less confident and so leads to inequality

- Younger mothers encountering new procedures or physical challenges as pregnancy progressed were not always accommodated in a way which helped them understand what was happening and the systems with which they would engage

b. Lack of continuity and coherence of care

- Poor transfer arrangements between the One2One midwifery service and the Women and Children's Hospital
- Bad experiences of admission when in labour – the hospital had limited capacity so sent mothers away, resulting in unnecessary tiredness/distress and several examples of rushed admissions
- High levels of dissatisfaction with postnatal care, especially at night – staff shortages, isolation, lack of basic nursing care, information and emotional support.
- Inconsistent discharge arrangements
- Inconsistent and insufficient support for breast feeding, especially in the Women's and Children's Hospital

c. Poor staff attitudes and approaches

- Judgemental attitudes experienced by younger mothers
- More respectful behaviour to 2nd or 3rd time mothers but associated with an assumption that they had less need for information and offers of help
- Lack of sympathetic and empathetic responses to mothers in distress
- Lack of identification of mothers with low levels of prior mental ill-health issues or awareness of the potential for hidden mental health problems
- Inconsistency of advice and didactic advice.

These negative experiences led to a sense of being out of control; feelings of stress, distress, tiredness, fear, loneliness, inadequacy; sometimes challenges and aggression from younger women. These experiences do not support parental mental health and well-being or create a basis for secure attachment between mother and baby. The Foundation Years Trust, concerned with the promotion of calm and happy pregnancies and childbirth, seeks to discover ways in which the problems identified here can be avoided or ameliorated.

9. OTHER PERSPECTIVES

This report offers one perspective on maternity support in the Wirral. Other local reports and consultations touch on some of the same issues. The issue of lack of equality of experience in so far as it affects young women echoes the findings of the Teenage Pregnancy Consultation (Allen, 2012) which had a different focus and a Wirral-wide scope but did find that "all the girls said they felt stereotyped and judged"[46]. It also emphasised

[46] Teenage Pregnancy Consultation, p.17

that the support provided by FNP nurses was valued (5 respondents in this consultation had been supported by FNP), as well as that provided by the Tranmere Project and by the Joseph Paxton Hospital School. These young women also mentioned the positive aspects of being parents when young and made recommendations including "free young mums' health and physical sessions such as pregnancy yoga, aqua natal etc. and more choices of young mums groups… a post baby group."[47]

Poor staff attitudes and approaches are mentioned in relation to parental feedback in The Wirral Way (Sharp, Appleton and Davies, 2011), a service development project focussing on the specific needs of children born prematurely or with a condition associated with developmental delay across the Wirral also has findings in common with this consultation. Although the focus of The Wirral Way is on children with specific needs and their parents and the period of care covered longer, this report mentions isolation in postnatal wards and private rooms and records a low parental score for midwifery communication. This project also records dissatisfaction with breastfeeding support and support for bottle feeding when breastfeeding was not possible.

Other local reports and evaluations provide evidence of good practice and patient satisfaction. The Wirral Women and Children's Hospital has UNICEF Baby Friendly Status[48] at the highest level, as is also the case for Wirral Community NHS Trust and Children's Centres. This status reflects information gathering which includes surveys of parents. This represents systematic work on the part of services to achieve good standards of support for breastfeeding and the recognition of that support by parents.

The Care Quality Commission (CQC)'s most recent report 'National findings from the 2013 survey of women's experiences of maternity care' gives a picture of maternity care across England in which all of the concerns mentioned in this local consultation are repeated. It is heartening that Arrowe Park Hospital's website tells us that Wirral Women and Children's Hospital is named as "one of the top seven Maternity Units in England and the best in the North West" by this survey with scores compared to the 2010 survey of -

- Labour and birth. 8.6/10. 'About the same'
- Staff. 8.7/10. 'About the same'
- Care in hospital after birth. 8.9/10. 'Better'

The national report suggests that 'the same' or 'better' may be relatively modest standards against a backdrop of serious concerns about maternity care. Without access to the local or regional evidence (not published along with the national report)[49] it is unclear how much the CQC local survey provides more extensive or robust evidence than the Foundation Years Trust's survey findings (based on recordings of 30 women's experiences).

---

[47] Ibid p. 13

[48] The UNICEF UK Baby Friendly Initiative provides a framework for the implementation of best practice by NHS trusts, other health care facilities and higher education institutions, with the aim of ensuring that all parents make informed decisions about feeding their babies and are supported in their chosen feeding method. Facilities and institutions that meet the required standards can be assessed and accredited as Baby Friendly. The UNICEF website states that both the hospital and the Community Trust have Level 2 accreditation but we believe that they have recently achieved Level 3.

[49] The local review findings are not published so we do not know the mechanism for contributing parental experience, whether on-line only or paper-based responses; the number of local respondents; what their comments were.

Looking at the national or UK-wide context in which these local reports are located it is striking how this pattern of concerns is repeated. This could suggest that wider policy or political trends outweigh the power of local NHS Trusts to develop different approaches. Studies of maternity services in recent years paint a consistent picture of problems created by changes in how services across the country are configured:

> "Despite years of government policy that upholds the importance of autonomous midwifery, midwifery-led care and continuity of care, despite strong evidence of the effectiveness and safety of midwifery-led care, services are being centralised and organised in ways that make the more personal midwifery…more difficult."
> Professor Lesley Page, President of the Royal College of Midwives[50]

The findings of a 2011 survey of 1,400 mothers undertaken jointly by the Royal College of Midwives and Netmums[51] were

- A social divide developing in our maternity services – those on a lower income are getting a poorer deal from maternity services during pregnancy and postnatally
- A feeling of being less well supported and prepared antenatally for birth
- Lack of choice in relation to where they might like to give birth - nearly two thirds had not been offered a home birth.
- Poor postnatal care
- An overstretched maternity service

The extent to which this national picture reflects the situation in the Wirral, and how much the experiences of poorer parents in Birkenhead are in part a result of this situation, is not clear. The existence of a midwifery-led unit at Arrowe Park may be one of the ways in which a more humane and 'personal' service is being delivered, despite external pressures.

The issues raised in this literature include the impact of centralisation of services and the concentration of resources in larger obstetric units; one consequence of this is described as an increase in maternity care being delivered by several specialist midwives rather than a single professional holding a 'case'[52] from pregnancy until the mother is at home and midwife care ends. The Royal College of Midwives (RCM) January 2014 report into maternal mental health argues for local perinatal mental health strategies.[53] Wider than the specifics of midwifery services are the recent findings of the Francis Report into Mid Staffordshire NHS Trust and the NHS England report into the Leeds General Hospital children's heart surgery unit, published in the last week, both identify a lack of compassion in NHS care.

In addition to these longer term trends there is the impact of NHS reorganisation starting in 2013 and continuing; the demise of Primary Care Trusts, the emergence of GP commissioning. Local examples of services change include the movement of the Health Visiting Service from one form of governance to another; Wirral's Child and Adolescent Mental Health Service (CAMHS) which is currently undergoing reorganisation along with the small Parent Infant Mental Health Service (PIMS) provided within that wider service. Local Authority cuts are having an impact on Children's Centres which are one of the community

[50] New Vision for Maternity Care, Association of Radical Midwives, March 2013.
[51] Community Midwives survey http://www.netmums.com/home/netmums-campaigns/community-midwives-the-view-of-mothers
[52] See 2013 Cochrane Review on continuity of care during childbirth www.cochrane.org
[53] Royal College of Midwives, Maternal Mental Health: improving emotional wellbeing in postnatal care, Pressure Points, 2014.

sites for antenatal and postnatal services. Health services and the staff working within them are under immense pressure.

This consultation has been undertaken to explore what is important to Birkenhead mothers at a stage which is associated with children's long term social, emotional and intellectual developmental potential. It will only be useful as part of a dialogue between mothers and providers of maternity services; and if it generates a discussion around which aspects of the report are accurate reflections of the available service, which are less typical, where there may be misinterpretations. This discussion offers the possibility of prompting local changes which will have a real impact and can be shared nationally.

The report is being circulated for consultation widely so that:

- Errors of fact or analysis can be corrected
- The report can be re-publish with responses included
- A dialogue is generated and change can take place, where it is necessary.

We welcome your comments and responses. Please use the attached form so that we can record who has contributed.

10. REFERENCES

Allen, Fiona, Teenage Pregnancy Consultation, Wirral Metropolitan Borough Council, 2012

Association of Radical Midwives, New Vision for Maternity Care, March 2013

Care Quality Commission, National findings from the 2013 survey of women's experiences of maternity care, 2013, www.cqc.org.uk

Hodnett, Gates, Hofmeyr and Sakala, Continuous support for women during childbirth, Cochran Review, July 2013

Royal College of Midwives, Maternal Mental Health: improving emotional wellbeing in postnatal care, Pressure Points, 2014.

Sharp, Appleton and Davies, The Wirral Way, A service development project for children born prematurely or with a condition associated with developmental delay, University of Liverpool and NHS Wirral, July 2011.

11. ACKNOWLEDGEMENTS

The Foundation Years Trust thanks the following organisations for their support in undertaking this consultation:

Forum Housing - www.forumhousing.co.uk is a Housing Association specialising in supported accommodation for single young people. Staff provide coaching, information, advice and guidance, as well as offering a range of learning opportunities. Their properties in Birkenhead include one house tailored for parents and babies.

Ferries Family Groups - www.ferriesfamilygroups.org.uk move people from isolation to integration in the local community by providing weekly neighbourhood support groups, The Nurturing Programme, 1-1 crisis work, parenting support, a reading group, an allotment project, training courses and workshops for all the family. Social integration activities such as bingo nights, swim nights, holiday activity clubs and picnic and play activities are also provided throughout the year.

Home-Start Wirral – www.homestartwirral.co.uk provide help and support for families who live in Wirral, to help give children the best possible start in life. Home-Start supports parents as they grow in confidence, strengthen their relationships with their children and widen their links with the local community. The core service is delivered by trained volunteers who are parents themselves who support parents of children under 5 years.

Tomorrow's Women Wirral – www.tomorrowswomenwirral.co.uk is a women only project for all women in the community. One of its principal aims is to help women with any issues they may have in order to prevent offending and divert women from custody. It offers support to women who may have lost their confidence and feel isolated.

Tranmere Community Project – www.tcp.org.uk takes young people who have disengaged from learning and re-defines 'learning' for them in a way that develops confidence, self-worth and a permission to dream and to aspire to better things through learning. Alternative education programmes focus on developing a person's personal and social skills

by developing their emotional literacy and thus providing them with the skills and strategies to re-engage in learning or move into further education, training and employment.

The women who contributed their experiences – thanks to Amanda, Charlotte, Lauren, Sam, Sophie, Katie, Hannah, Jodie, Justina, Chloe, Alisha, Katy, Mary, Zoë, Jade, Katie, Emma, Sarah, Gail, Emma, Sue, Claire, Tyrell, Emma, Stephanie, Jill, Claire, Mandy, Vicki, and Lucy. Their help is very much appreciated.

Focus groups/interviews were conducted by Lauren Upton and Sara Atherton for Home-Start contributions and by Jenny Dodd for Tomorrow's Women Wirral. Interview and focus group support was provided by Wendy Robertson, Katy Lucas, Lesley Rogers and Helen Wade. Coding and commentary on the transcriptions was undertaken by Hazel Thompson and Ali Gollins.

The Foundation Years Trust, Birkenhead Foundation Years Project

205b, The Lauries Centre, 142 Claughton Road, Birkenhead, Wirral, CH41 6EY

Tel. 0151 647 4830

Email info@foundationyearstrust.org.uk

The Foundation Years Trust is a limited company (company number: 8194371) registered in England and Wales. The registered office is c/o Tranmere Community Project, 1 Whitfield Street, Birkenhead, CH42 0LF. Its registered charity number is 1149609.

March **2014**

APPENDIX 1

Questions for interviews/focus discussions: experiences of ante-natal care, childbirth and care in the first few weeks after giving birth, V1 - mums.

Explain: we'd like to hear about your experience of having a baby because we're trying to make things better for mums, dads and children in the future. We're recording interviews and discussions like this with people across Birkenhead. We'll transcribe what you say and give you a copy – so you can tell us if it is correct. We'll give you a voucher to say thanks for helping with this. We are planning to produce a booklet to let people working in health and other organisations how services could be improved.

1. Record name of person speaking

2. Can you tell me/us when you had your **first** baby (year)?

3. Do you mind telling us how old you were then?

[In a group we could record this info at the beginning for everyone]

[Questions are guidelines – use them to prompt if the person speaking dries up or you think there is something they aren't saying; use questions if you think they are helpful – no need to ask all questions]

The main things to ask which will normally fill up a whole interview are:

What were your experiences when you got pregnant – how was it with the doctor, scans and midwife? Which midwife service did you have (Community or One2One)?

What was your experience of giving birth?

What was it like when you brought the baby home? What was the help and advice like?

What was helpful? What was not helpful or unpleasant, a problem?

If people don't seem to just talk, here are some more questions to avoid silence. Don't bother with them if people are talking away!

1. When you first realised you might be pregnant, how did you know what to do (things like going to a doctor etc.?)

2. Who was the first person you saw and what happened? How did you feel?

3. After that first appointment, tell me/us about the people you saw during the rest of your pregnancy: check-ups, scans, visits to the hospital?

4. Were there any problems or issues? Tell us about them?

5. Tell us what happened when you went into labour.

6. In labour: who was with you? What staff were with you and what were they like? What was the most helpful? What was the least helpful?

7. Back home: where were you living when you took your baby home? Was anyone around with you in the first few days/weeks? What was it like?

8. Who visited you? (midwife, health visitor) How did they help? What help would you have liked but didn't get?

9. Looking back now – what didn't you know when you got pregnant that you'd have liked to know?

10. Anything else which you think we should know?

Thanks for helping us!