The focus group held in April focused on Maternity services and was well attended by mothers, their babies and staff.

Staff in Attendance:
- Mai Buckley, Supervisor of Midwives
- David Connor, Supervisor of Midwives
- Shahida Trayling, Supervisor of Midwives
- Ruth Akoto-Appiah, Supervisor of Midwives
- Meg Wilkinson, Supervisor of Midwives
- Cheryl Walsh-Durand, Supervisor of Midwives
- Jude Bayly, Lead Midwife for Safeguarding and Vulnerable Families
- Sandra Dick, Supervisor of Midwives
- Seema Ramroop, Community Midwife
- Wendy Lewis, Community Midwife
- Elaine Frewin, Lead Midwife Antenatal Clinic
- Jilly Pride, Supervisor of Midwives

This meeting was used as an opportunity for women to feedback to members of the maternity team about the care they received at any stage of their pregnancy journey. All of the women gave birth in either October or November 2013.

Antenatal Care:
Most of the women felt that their antenatal care was good, although some clinics (Ms. Tuck’s and the endocrine) have quite long waits. Most agreed that there was a continuity of care at their antenatal appointments. There was one comment made about the attitude of some administration staff in the antenatal clinic, which will be addressed.

Women were happy that they got to choose where they had their baby. One woman was recommended the Royal Free by a good friend, having initially been offered Northwick Park or St. Mary’s by her GP.

One woman noted that pregnant women may go to the Emergency Gynaecology Unit. She felt this was not right as women who have suffered miscarriage are also treated in this location.

Labour Ward:
Care on the labour ward was generally good, although one lady mentioned that because it was a particularly busy day single rooms had been split up by dividers so that two women could be cared in one room. Another found inconsistency in her care on the labour ward. She had two midwives in charge of her care and felt there was a lack of rapport. One of the midwives came to visit on the ward the following day and did not recognize her. A midwife named Elizabeth Ujiliator received compliments from one of the ladies.
5 South Ward:
Comments about the ward have been split up into those made about staff, support, the ward environment and discharge processes.

Staff:
The Health Care Assistantss on 5 South ward were commended by the women, although some felt there were not enough “bodies” around to help with changing nappies etc. This was especially evident over the weekend.

The physiotherapy offered for SPD (pelvic pain) was good, but the woman had to refer herself. There was another not so positive comment made regarding physiotherapy. This time a lady was standing by her bed when the physiotherapists came to visit and instead of talking to her, they just left a leaflet.

It was felt that first time mums were prioritised by the midwives when it came to receiving care on the postnatal ward and this left some women feeling this was somewhat unfair. Sometimes, if there is a long gap between babies (one lady had a gap of 9 years between two of her children), women do not always remember what they should be doing with a new born and therefore they should also be prioritized

Some staff did not seem to be unaware of the blood sugar testing policy for babies.

Two members of staff were complimented by name, Judith Ellenbogen (Women’s Health Counsellor) was “fantastic” and Eunice Adjoboah Frimpong (midwife) was “very good”

Support:
The breastfeeding support on 5 South ward is inconsistent and not all women felt completely supported. One woman said she was not told how to dispose of soiled nappies so they were put in a bag and hung on the front of the cot. Nobody asked if they could assist or remove them. A few members of the group felt that there was a slight “it’s not my job” culture from staff on the ward and felt that this must change.

It was suggested for there to be more support; both peer support and from volunteers to help teach mums to be mums. It was felt that more could be done to empower women to undertake their own care.

Ward Environment:
The cleanliness of the ward was mentioned negatively on more than one occasion. The toilets were bloodstained and the bed sheets were not changed daily – one lady said she had to ask for the sheets to be changed. It was suggested that Clinnel wipes (for cleaning) could be situated in the bathrooms for women to use if needed.

Visitors, including partners and children were witnessed using the toilets within the bays, despite there being signs saying they are for patients only.

There were comments made regarding food and refreshments on the ward. One lady had to ask for a jug of water two hours after being transferred to 5 South from the labour ward. Also, food was not placed within reach of a lady who had delivered via Caesarean section. Food for partners following labour would be very welcome, as would toast for breakfast. Toasters are due to be rolled out to all wards over June/July 2014.
The noise on the ward, especially at night was mentioned a few times by the women present. They felt that staff did not actively try to reduce the level of noise (or the lighting) at night and were not in complete control of visitors who stay past usual visiting hours. These factors, when put together can be very disturbing.

Disturbances also come from other women in the bay/ward. It was mentioned that one lady was was on her mobile phone until 3am preventing the other mums and babies from resting. The women thought that maybe some signage suggesting that mobile phones should be used considerately/put on silent, especially at night should be displayed around the ward.

Women felt that if headphones were provided for use with the TVs it would improve their experience. Women are more likely to use the TVs if they feel they are not disturbing others.

There were two women within the group who said that they found the ward environment relatively quiet and conducive to sleep/rest. The fact that partners can stay with women on the ward was appreciated by the group. They felt it helped with bonding and family dynamics.

Discharge:

The label system and checklist on discharge were commended, as was the list of safety tips when women chose to bottle feed. Unfortunately, delays were a common theme when discussing discharge from 5 South ward. One woman shared her experience of being told she was going home at 10am only to still be on the ward at 4:30pm. Another woman, who was waiting for a psychiatric assessment before going home, said that she had to stay in hospital over the weekend to wait for this.

Community:

The women felt that the majority of the care they received in the community was good, although they felt they would benefit from extra support with regards to feeding. They said that the help from the health visitors (not the midwives) was “sketchy”.

Additional Comments:

One lady was very happy with the continuity of care she received under the red team and Fatmatu Kabba (midwife) from the unity team was commended for being “fantastic”.

One lady who was unable to attend the meeting wrote in with some comments on her experience. She wrote about being dilated at 2cm for a very long time before having an emergency Caesarean section. Doctors came to see her before she moved to the labour ward and one of them gave her a sweep which proved to be very painful. The doctor and her colleague then told the lady that she “wasn’t coping” with the pain and that she should think about having Pethidine, which she duly did. The lady felt that this was a “sure fire” way to lose confidence at a time when you really need to believe in yourself and she is still extremely angry about this. She would like it noted that “you’re not coping” is a terrible thing to say to someone who is in considerable pain.

Once in a single room and having been given an epidural, she was placed in the care of Anne Middleton (midwife) who she calls a “shining light”. She will be eternally grateful to Anne looking her in the eyes and letting her trust her. She says Anne was funny, kind, considerate, sympathetic, reassuring and honest – she’d like her at her next labour!
David bought the focus group to a close by thanking everyone for their participation. He went on to explain that the Royal Free is on track to acquire Barnet and Chase Farm Hospitals NHS Trust and at the beginning of July we will begin to work as one organisation. Maternity services will grow and the number of births per year will rise from 3,000 to 8,500. There will be more resources and all sites will pull together to make the most of what we have.