The Future of the Hemel Hempstead Birth Unit and Related Maternity Services

Executive Summary of Focus Group Findings

Conducted for NHS West Hertfordshire

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Executive Summary

Introduction

1.1 Opinion Research Services (ORS) was commissioned by NHS West Hertfordshire to recruit, facilitate and report three focus group discussions with women of child-bearing age, and facilitate and report two groups with maternity staff about the future of the Hemel Hempstead Birth Unit (HBU) and other related maternity services in West Hertfordshire. The meetings were held during November and December 2009.

Discussion Issues

1.2 This executive summary covers the main outcomes from the qualitative discussions, which were based broadly around the following consultation questions:

- Do you support the findings of the independent review on the future of the Hemel Birth Unit, i.e. that it should not reopen? If you don’t agree, what other things should be taken into account?
- The NCT survey identified the most important issues for women when considering birth options. Do you agree with the ranking of issues? Are there other issues that you consider important that are not included?
- From your experience, what improvements could be made to support parents both before and immediately after the birth of their babies?
- Is there sufficient information and advice available for women to make an informed decision on how and where to have their baby? What else should be done?

Participants

1.3 The focus group programme comprised three groups with women of childbearing age – two in Hemel Hempstead and one in the West of St Albans – and two groups of staff participants – one in Hemel Hempstead Hospital and one in Watford Hospital.

1.4 All in all, the meetings gave 21 diverse women – all of childbearing age - and six members of staff the opportunity to scrutinise the future of the HBU and other maternity services in West Hertfordshire in detailed discussions.

Consultation Findings – Public Groups

Experiences of the HBU

1.5 Two participants had used the HBU to give birth, both of them because the Unit was near to home. These participants were very complimentary about their experiences of the HBU, as were those who knew of others who had used the unit. Participants were particularly complimentary about the friendliness and helpfulness of the staff and their ability to reassure mothers and put them at ease. The relaxed atmosphere of the unit was also particularly appreciated.
Concerns about using the HBU

Many participants expressed concerns about giving birth in a stand-alone birthing unit. Disruption and anxieties caused by the need to transfer to distant medical teams in the event of complications was considered to be a significant barrier to use, especially amongst participants who had themselves experienced birth complications.

Re-open or not?

Although there were some who disagreed for the reasons given above, participants in the two Hemel groups were, on balance, in support of re-opening the HBU in its original format (10 in favour; 5 against). They also felt that they would consider using it in future due to the birthing experience it offers and the distance to Watford. For some of these women, overcoming the distance from Watford for both expectant parents and visitors was considered to outweigh any concerns about the safety of the Unit.

Other reasons for supporting the re-opening of the unit were as follows:

- The offer of continuity of care via the HBU from antenatal to birth to postnatal
- Time given and high quality of care and help from staff
- To take pressure off the Watford maternity ward which is considered to be too rushed and where standards of care are considered to be falling
- For reasons of the increasing population and growth of Hemel Hempstead
- To offer wider choice to parents in West Hertfordshire

Those in the Hemel groups who endorsed the re-opening of the HBU had experienced complication-free pregnancies and births in the past, whilst those suggesting that it stay closed had experienced complications requiring medical intervention.

None of the six participants at St Albans West felt that they would use the HBU in future due to the lack of on-site medical back-up. For this reason, they supported its continuing closure as a birthing unit but suggested that it could possibly re-open as a clinic.

Access to Maternity Care

Generally speaking, participants are happy with the way in which maternity care is accessed in West Hertfordshire. All of those with children had gone to their GP in the first instance and were then referred (speedily in most cases) to maternity care.

Antenatal Care

Participants are relatively positive about their antenatal care and the choices available to them in the form of one-to-one and community-based provision.

Becoming familiar with a small team of medical professionals during the antenatal period is considered by participants to be important. Some also stated a preference for being attended at the birth by a midwife already known to them.

Most agreed that community-based antenatal classes are beneficial in building friendships and sharing experiences with other parents-to-be. However, participants who became mothers when they were teenagers described feeling ‘out of place’ when attending antenatal classes with older women. On the
other hand others who had attended classes for teenage mums found them very valuable for socialising and making friends.

The National Childbirth Trust (NCT) Survey

Participants generally supported the top ten most important issues for women when considering birth options (NCT survey findings), although they did not necessarily agree with the rank order.

In all groups high priority was placed on the importance of one to one support with breastfeeding and baby care.

The Hemel women agreed on the importance of continuity of care and being able to get to the place of birth within 20 minutes. They were not convinced of the importance of a special care baby unit on site given the infrequency with which these facilities are required.

Participants in favour of reopening the HBU found it difficult to reconcile this with the relatively high priority they placed on the option of Caesarean section being available at the place of birth but they ultimately felt that it all comes down to choice and allowing people to take the risk if they so choose.

The St Albans West group considered proximity to medical assistance as highly important and were certainly of the view that not having to move in labour if problems arise that require more specialised intervention should be ranked higher than ninth position. They were also in support of having a Caesarean Section available at place of birth in case it is needed and immediate access to epidural pain relief.

The St Albans participants did not agree that continuity of care should be ranked as top priority.

Birth Experiences

At least a couple of participants in each of the three groups had given birth at the Watford General Hospital maternity unit. Unfortunately, few had positive experiences to report. Participants particularly complained about the following:

- Lack of personal attention
- Overcrowding
- Lack of cleanliness

In contrast, those who had given birth at the co-located Alexandra Birthing Centre (ABC) were full of praise. The staff are considered excellent, as is the relaxed atmosphere, the personal attention given to each mother and the layout and cleanliness of the facilities. The unit is considered to offer the ‘personal’ touch but located within easy reach of specialist medical facilities.

Birth Options

The general consensus amongst participants was that there is not enough choice (or information about choices) in regard to birth options in West Hertfordshire – particularly for first time parents and those with potential complications.

A few people were aware that they can opt to give birth at a hospital of their choice – even if this hospital is outside of their local authority area. They had typically discovered this information via word of mouth from friends and family. However, it would appear that this choice is not routinely offered by midwives, nor is it typically mentioned in the literature and other information provided.
Postnatal Care

1.25 Adequate postnatal care is considered essential by participants in all three groups. Unfortunately, most participants considered postnatal care to be somewhat lacking currently during the immediate post-birth stay in hospital. Women complained of the general lack of help with breastfeeding and baby care. This was not put down to a lack of caring on the part of hospital staff, but rather to pressures of work. The limited time spent in hospital was also highlighted as a factor.

1.26 Postnatal support after leaving hospital is considered to be better, although still not ideal. Some complained of midwives and health visitors turning up at the wrong times (or even not at all), and brought up issues around cover at holiday times such as Christmas. Further, more general complaints about lack of support and information were common. It should be noted, however, that support with breastfeeding is thought to have improved considerably in recent years and some participants highlighted other positive experiences, particularly in regard to staff at Grovehill Clinic.

1.27 Participants appreciate the fact that they have a choice between provision of postnatal care in the community or at home.

1.28 Once again, the issue of mixing young mothers with older mothers was mentioned with young mothers feeling daunted and intimidated in group sessions.

Other Issues: Postnatal Depression

1.29 Several participants had personal experience of postnatal depression and many others knew of family or friends who had suffered from it. The assistance available to those with postnatal depression was considered somewhat lacking or insensitive. Whilst some acknowledged that classes alleviate the sense of isolation that can lead to or compound postnatal depression, others said that for them, these sessions were not enough to help them.

1.30 Participants called for the timely dissemination of information about postnatal depression to raise awareness of the condition and to reassure mothers that it is normal and treatable. ‘Someone to talk to’ was also a strong requirement.

Other Issues: Information Provision

1.31 As regards information needs at the antenatal stage, participants asked to be informed about what to expect following the birth. It was suggested that this information should be provided by a medical professional with whom the parent can develop a trusted relationship:

1.32 Participants do not consider that there is enough information available to prospective parents about birth options – particularly in regard to where they can give birth outside of West Hertfordshire.

1.33 Better information and signposting about the provision of local postnatal groups, classes and one-to-one support was strongly requested. Participants also feel that new parents require more information, reassurance and advice on baby care, family planning and postnatal depression.

1.34 Information provision is seen as a key role of midwives and health visitors. Participants also suggested that information could be provided along with the ‘Bounty Packs’. Others suggested that information could be provided right at the outset and incorporated into the maternity notes.

1.35 A one-stop-shop approach to the provision of information about all matters relating to antenatal care, birth options and postnatal care was also suggested.
Consultation Findings - Staff

The Hemel Birth Unit (HBU) – Staffing Issues

1.36 All staff participants acknowledged the excellence of the HBU and the high regard in which it was held by those who used it. However, staff shortages and the relatively low numbers choosing to give birth there were considered to have eventually compromised its effectiveness and economic viability.

1.37 Participants highlighted the different challenges in managing resources at both Watford and the HBU, with staff feeling underutilised, ‘bored’ or isolated at the HBU, whilst those in Watford were overworked and under pressure and also resentful of their resource-rich colleagues at Hemel.

Impact of HBU Closure

1.38 Staff considered that there have been no adverse effects following closure of the HBU and that safety has not been compromised – primarily due to the commitment and skill of the area’s community midwives.

1.39 The closure of the HBU has resulted in higher numbers of births at the ABC in Watford and more home births in the Hemel Hempstead area, the latter being as safe an option as a birthing unit.

1.40 Participants acknowledged that the main complaints are in relation to travel time, but consider that these times are relatively short at less than half an hour for most and that people should expect and want to travel for the best possible specialist care.

Re-open or not?

1.41 Re-opening of the HBU is not considered to be a viable option for a number of reasons, but mainly because of staff shortages, changes in the roles of midwives, economic non-viability and the negative impact the re-commission would have on services at Watford. All staff included in the consultation sessions agree that the HBU should remain closed and that resources should be focused upon Watford. They also claim that these views represent those of their colleagues.

1.42 Participants pointed out that if the HBU is re-commissioned, senior midwives would need to be sourced from Watford, leaving Watford short of senior staff and/or more dependent on agency staff. This would prove unsatisfactory for staff and parents alike.

1.43 It was also suggested that whilst there are successful stand-alone birthing units elsewhere in the country, none of these experience more than 500 births a year, meaning that their sustainability is always in question.

1.44 The ABC itself is thought to offer exactly what women want: a homely place in which to give birth that offers the personal touch, alongside all of the medical facilities that may be required in the event of an emergency. Participants also highlighted the greater consistency of care offered here in that many of the midwives that work at the centre also work in the community and know the expectant mothers.

1.45 The need to focus upon developing a centre of excellence in one location was strongly voiced at both staff sessions, as was the need to increase usage of the ABC which staff think should become the default place of birth for women in West Hertfordshire.

1.46 Overall, participants feel that NHS West Hertfordshire must think about the greatest good for the greatest number and that the decision should be made on this basis.
Antenatal Care

1.47 It was suggested that parental preference is *continuity antenatally and continuity after they have had their baby and nowadays you can’t get that and the same midwife during labour*. As such, one participant could foresee a ‘team’ approach to midwifery (where women are looked after by a group of midwives as opposed to an individual midwife) in order to overcome this issue.

The National Childbirth Trust (NCT) Survey

1.48 Staff agreed with the findings of the NCT consultation. Whilst acknowledging that women do not wish to transfer to another location during labour and that they do not want to travel for clinics and childbirth, they believe that standard of care and safety are always the most important issues. They feel that women are generally happy to travel for a service of high standard.

1.49 Specifically, staff participants consider that not having to travel in labour if problems arise was a significant barrier to the greater take-up of births at the HBU.

Birth Experiences

1.50 Staff were keen to defend the conditions and standard of care at the maternity unit in Watford. Whilst they acknowledged that there were some significant teething troubles immediately following the merger, they feel that these have now been overcome and that the delivery suite is both clean and safe.

1.51 Reasons given for the noisy, busy atmosphere complained about by focus group participants were the sheer number of patients, staff, visitors and treatments that are packed into one short hospital stay.

Birth Choices

1.52 Staff acknowledged that women can choose where to give birth and are able to do choose another health authority if they wish. However, the extra administration created for staff in West Hertfordshire, as well as user dislike of ‘disjointed’ care, may explain why women are not regularly informed of these choices by staff. Further, West Hertfordshire maternity staff are familiar with the pathways, processes and personalities of their own consultants, but have to work hard at finding out this information if their mothers choose to deliver in, say, Luton or Stoke Mandeville.

Postnatal Care

1.53 Staff are aware that there are shortcomings in the provision of postnatal care. They also acknowledge that processes, procedures and services are changing to address these issues, and that the provision of information to new parents is improving. New pathway paperwork is being prepared which will soon be available to mothers on discharge from hospital or after giving birth at home. This will include information on baby care and health as well as availability of midwives, clinics, groups and classes.

1.54 Criticisms from focus group participants about poor postnatal care within the Watford delivery suite were taken on board by participants, who admitted that the situation could be better – especially at night. However, staff did provide examples of how care has improved recently with more nursery nurses and more investment overall.

1.55 Participants believe that NHS West Hertfordshire should establish and develop more peer support groups for postnatal issues such as breastfeeding. Such groups, they argue, have proven to be very successful and beneficial in, for example, raising breastfeeding levels amongst new mothers.
Other Issues: Postnatal Depression

In discussing the issue of postnatal depression, participants considered that the changing role of health visitors has had an adverse impact on care. Staff suggested that the health visitor role has been undermined, resulting in women receiving less time and attention in the year following childbirth. They believe that in cutting the health visitor budgets, the government has underestimated the role that health visitors played in the continuation of care and health promotion.

Staff did, however, acknowledge that there is a big push on mental health at the moment; the PCT have taken it on board and we have appointed a consultant.

Other Issues: The Changing Role of Midwives

The ever-increasing demands on the midwifery profession were mentioned as a further reason for not re-opening the HBU. Staff are of the view that NHS West Hertfordshire should be focusing more upon the demands and needs of parents in respect to other aspects of service provision such as community antenatal clinics. In particular, the demand for information is increasing and this has an impact on the time that midwives are spending with women in clinics.

Participants think strongly that NHS West Hertfordshire has far greater issues to consider than the possible re-commissioning of the HBU – particularly in respect to the best use of midwives’ time.

In relation to the above (and also in relation to postnatal care), participants argued that the delivery of care after a birth should not always fall to a midwife – and indeed that new parents do not request this. The general consensus is that mothers simply need someone – anyone – to support them.

Releasing midwives from such duties would, it was felt, ensure they are available on delivery suites and would enable their greater involvement in serious issues such as child protection, mental health, domestic violence and postnatal depression.