

Maternity Report

Investigating the experiences of mothers feeding their newborn babies and smoking during pregnancy



Contents

Healthwatch County Durham.....	3
Executive summary.....	4
Background to the work.....	7
What we did and what we found.....	10
Recommendations.....	14
Next steps.....	17
Thanks.....	18

Healthwatch County Durham (HWCD)

On the 1st April 2013 under the provisions of the Health and Social Care Act 2012 152 local Healthwatch organisations established throughout England.

These Local Healthwatch have been set up across England to create a strong, independent consumer champion whose aim is to:

- Strengthen the collective voice of citizens and communities in influencing local health and social care services to better meet their needs
- Support people to find the right health and social care services for them by providing appropriate information, advice and signposting
- To encourage and support people and groups to share their views about services; listen to people's needs and experiences of services

We achieve this by:

- Listening to people, especially the most vulnerable, to understand their experiences and what matters most to them
- Influencing those who have the power to change services so that they better meet people's needs now and into the future
- Empowering and informing people to get the most from their health and social care services and encouraging other organisations to do the same



We advise



We listen



We speak up

Executive Summary.

The commissioners of maternity services for North Durham and Durham, Dales, Easington and Sedgefield CCG's approached Healthwatch County Durham (HWCD) to assist them in carrying out some research into two key performance indicators for maternity services, using the analysis in NHS RightCare Commissioning for Value Focus Pack Maternity and early years -May 2016. These indicators are:

- Breastfeeding at 6-8 weeks (%)
- Women smoking at time of delivery (per 100 maternities)

The research was split into two distinct areas of work,

- gathering the views and experiences of mothers in County Durham in relation to feeding their newborn babies and their smoking behaviour whilst pregnant
- contacting demographically similar CCG areas where they are higher achieving in relation to these two performance indicators with a view to identifying positive initiatives or best practice.

HWCD identified the top performers for these specific indicators, in the respective NHS RightCare packs for the two CCG's and then contacted them to speak with commissioners/service providers to investigate whether there were any tangible actions which they believed had contributed to their improved performance. In total, eight of the fourteen CCG areas responded, providing information about their service delivery mechanisms.

Telephone conversations took place with a range of health care professionals and agencies to talk about the work they were doing, which they believed was improving the outcomes for mothers and babies. Some of the key themes that emerged are listed in this report and HWCD also provided a separate report for NECS which gave more detailed information and key contacts.

Discussions took place with a number of women from across the county on their experiences of the choices they made on how to feed their baby and also their experiences of smoking in pregnancy. These were run as two separate surveys.

The research that we carried out showed that overall, women did feel supported in their choice of feeding their babies, however, the information provided during pregnancy on breastfeeding did not reflect the experience of the mother postnatally. It was felt that breastfeeding was sold as being pain free and natural, whereby the reality is that breastfeeding is a learning curve with many new mums experiencing problems such as breast and nipple pain, problems with latch and positioning, and tongue tie.

Many mums approach their midwives and health visitors for help and advice, however, an increasing number of mums also rely on peer support from breastfeeding cafes and organisations such as the La Leche League. It is recommended that information on support groups outside of the NHS be more readily publicised to give mums more access to support services. The feedback on these types of services is exceptionally positive, however some mums do not know about these until they have either experienced problems with feeding or stopped breastfeeding.

In addition to this it is recommended that antenatal workshops are more realistic in their promotion of breastfeeding so that mums and their partners are still fully aware of the benefits of breastfeeding but also clear on the common problems that may be encountered, particularly during the early weeks of their breastfeeding journey - which is when most mums are likely to stop. Healthcare professionals should be more open to formula feeding, recognising that most mums do not take the decision to bottle feed lightly, and that they too require both emotional and practical support.

With regard to smoking in pregnancy, it is clear that women do generally understand the risks to themselves and their babies, however, as with all addictions, early intervention is the key. It is recommended that the testing of carbon monoxide levels is carried out at all booking appointments and that where a level is raised, the midwife makes the referral to the stop smoking service immediately, by telephone, thus, stressing the urgency and concern to the mother. 50% of our women surveyed did not attend their appointment with the stopping smoking team with the main reason being that they did not want to go. Through stressing the significance of stopping, or at the very least reducing (with a view to stopping) smoking and making a convenient appointment while the mother is at the booking appointment could increase the number of appointments with the stopping smoking teams being attended. It is also suggested that the support to stop smoking is maintained postnatally, at a time when smoking is likely to re-commence, in order to assist families maintaining a smoke free home and life.

Looking at the methods adopted by similar CCGs (by comparison), early intervention and access to nicotine replacement therapy from the initial booking appointment, while waiting for the initial appointment with the stopping smoking service may increase the numbers of women who stop smoking in pregnancy. Likewise, a buddying network with non-smoking family members and friends who can offer support by telephone, text and in person may also prove successful and take some of the pressure off healthcare professionals.

Consideration should be given to enhanced support packages for higher deprivation and rural communities as a 10% increase in breastfeeding has been seen in other, better performing areas.

Overall, the recommendations that we are making are minimal in terms of cost, however, based on the feedback from other CCGs and women across the county these would be the most

likely to increase the uptake and continuation of breastfeeding post 8 weeks and to reduce the number of mothers who smoke at the time of delivery.

Background to the work

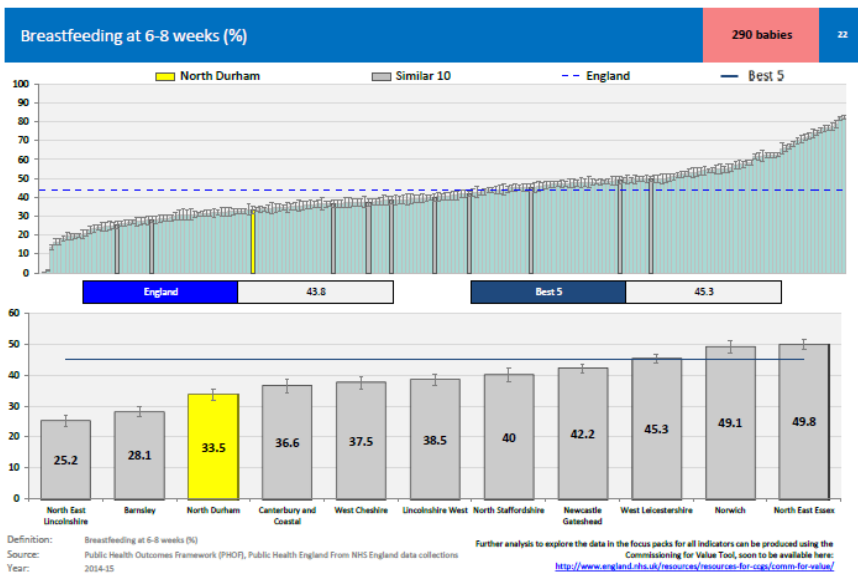
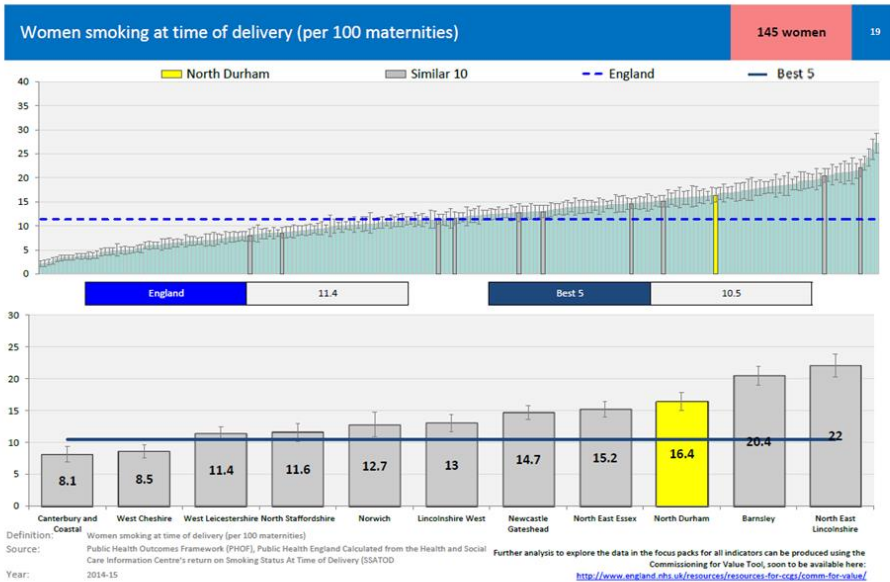
North of England Commissioning Support (NECS) is a Commissioning Support organisation. Building on core NHS values, experience and expertise, NECS is proud to be part of the NHS, with a sharp focus on customer care and a relentless pursuit for improvement. To further that aim it asked for the assistance of Healthwatch County Durham to gather the experiences of mothers and to look for examples of good practice, which would in turn help them to ensure they were commissioning the services which were improving the outcomes for mothers and babies. The work plan request was submitted to the Healthwatch board in July 17 and it was agreed by the board that the work could go ahead. Healthwatch worked together with the CCG's and Public Health to develop 2 questionnaires to gather information in relation to the key performance indicators identified.

HWCD also identified the top performers for these specific indicators, in the respective packs for the two CCG's and then contacted them to speak with commissioners/service providers to investigate whether there were any tangible actions which they believed had contributed to their improved performance.

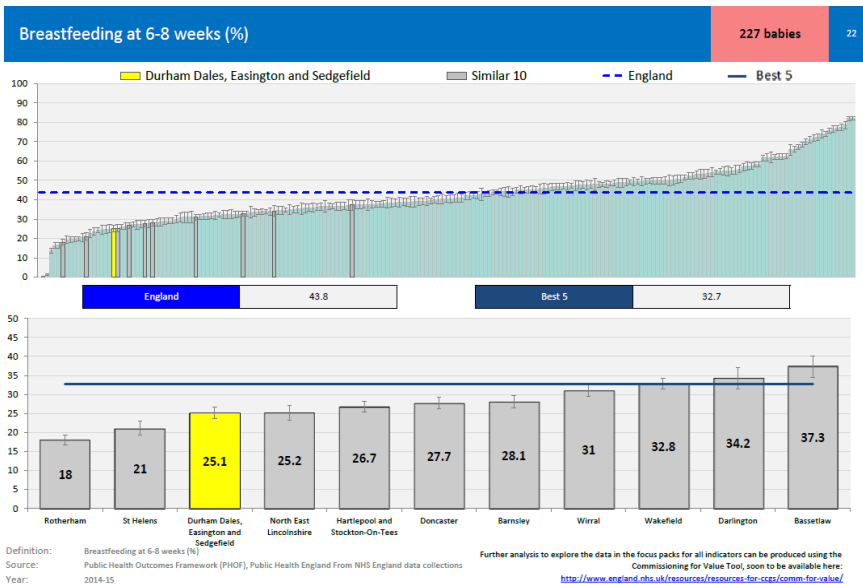
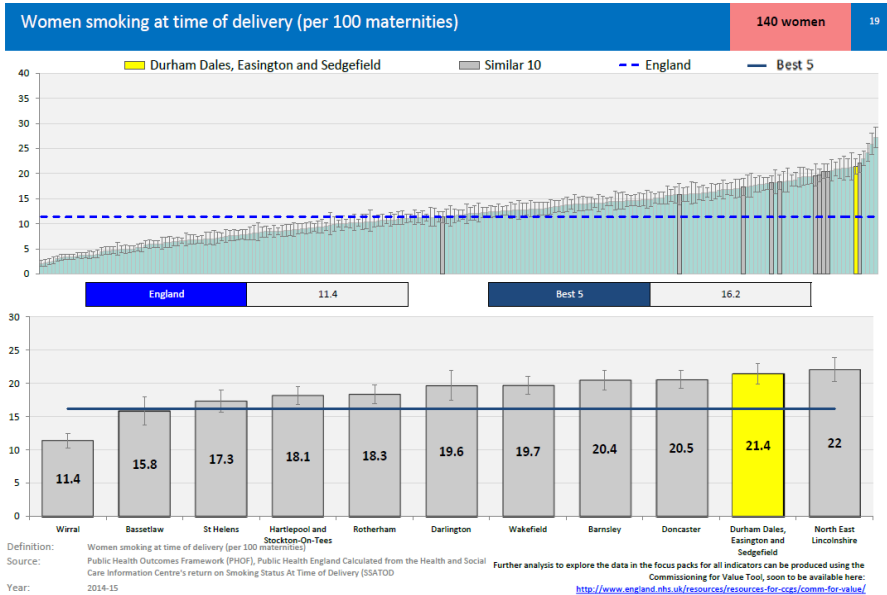
In total, eight of the fourteen CCG areas responded, providing information about their service delivery mechanisms. Healthwatch would like to thank everyone who responded for their help and willingness to share their experiences of service improvement.

Detailed below is the performance for the 2 CCG's in their comparative demographic groups. (RightCare Commissioning for Value Focus Pack Maternity and early years -May 2016).

North Durham



Durham, Dales, Easington & Sedgefield



What we did and found

Researching the performance indicators

Below are listed some of the key messages the health professionals in other areas told us in relation to the work they were doing to improve the outcomes for mothers and babies.

Women smoking at time of delivery (per 100 maternities)

- Commissioners are ensuring that specifications for services in hospitals and the community, clearly reflects the need for seamless service provision and partnership working.
- Providing Carbon Monoxide (CO) monitors for midwives and checking all women's CO levels at booking in. Where the CO level was above a pre-determined threshold, then the midwife discusses the concerns for mum and baby's welfare, making an appointment with the smoking cessation provider by telephone whilst she is still with the expectant women. This gives a greater emphasis and instils a sense of urgency about the health implications and ensures an appointment is made before she leaves, whenever possible. One provider advised that their midwives can prescribe up to 7 days of NRT until the appointment with the smoking cessation service.
- Offering expectant mothers other interventions in the first two weeks of trying to stop smoking, such as relaxation and stress reduction techniques as the provider felt this was the most stressful time for expectant mothers.
- Smoking cessation services providing training for all midwives, health visitors and children's centre staff.
- Having protocols in place where the smoking cessation provider gives regular feedback to the midwives about the progress expectant mother be is making in reducing/stopping smoking, enabling her to discuss this at her antenatal appointments, offering encouragement and information. One provider said that although they do not advocate the use of e-cigarettes, they will support an expectant mother if this is the choice she has made as they still believe it is preferable to smoking normal cigarettes.
- Having a "buddying" network, whether this is non-smoking family member/friend or a volunteer, in the locality, who can offer encouragement through meetings, telephone calls, texts etc.

Breastfeeding at 6-8 weeks (%)

- UNICEF accreditation at level three both in maternity services and in the community.
- Breastfeeding groups starting prenatally to start giving information and advice as soon as possible
- Fast tracking for babies who have tongue ties for minor surgery to help with feeding problems.
- Having support groups in the community, where experiences can be shared and advice given on a 1 to 1 basis at home. This is a joint venture between Health visitors and the volunteer group, Bosom Buddies. This informal support mechanism can also make referrals to more specialist clinics if required.
- A facebook page setup by the volunteer support group - This is followed by a significant number of mums and its available 24/7 so mums can access this when they are breastfeeding during the night. One authority had a facebook page which was geared to support younger mums.
- Having a breastfeeding champion within teams, to promote and disseminate information. The role also includes, training, auditing of services and evaluation. Breastfeeding mums in areas of higher deprivation can be offered an enhanced package of support, there is a flowchart of the support pathway and includes more calls and visits. We were informed they had seen a 10% increase in breastfeeding in deprived areas after offering more enhanced support.
- Distributing the breast feeding magazine, “Baby Express”, up to 12 issues. They particularly like this magazine as it is very easy to read. This health authority also mentioned “The Mothers and Others Guide”, which they thought was a good publication. They had a breast feeding friendly campaign on local buses.
- Antenatal workshops- these are proving very successful for one health authority. They are held in the hospital (This venue was chosen after they found that there was better take up if it was held in a hospital setting.)The workshop is about 2 hours long and expectant mums can also bring along partners/family or a friend. Sessions are led by specialist community nursery nurse/health visitor. They make sure the size of the group is manageable and they also offered a separate shorter version of the workshop, where appropriate for young expectant mothers. They have seen greater numbers of mothers continuing with breastfeeding if they have attended the workshop. Also at the workshop they are given a named contact for any enquiries, so they do not need to run a helpline.

- Aiming to have no more than three named midwives/assistants supporting expectant mothers through pregnancy and postnatally. This authority had an increased number of home births which they also believed increased the numbers of breastfeeding mothers. In line with “Better Births” ante and post-natal care are delivered by the same team. Maternity assistants are present at the birth, they can help straight away with breastfeeding. Midwives can support a mother in the community for up to 6 weeks after the birth. All visits take place in the home, not clinics.

Gathering the experiences of mothers

Working in partnership with NECS and Public Health, Healthwatch developed two questionnaires (see appendix A) first for the experiences of feeding newborn babies and the secondly to capture the views from mothers who had smoked during their pregnancy.

During August and September 2017 the questionnaires were made available on Survey Monkey and shared through our social media network and hardcopies were made available at breastfeeding cafes, schools and nurseries. Healthwatch also attended a number selected venues to talk directly to women about their experiences. We did an interview with BBC Radio Newcastle to promote our surveys along with the work and remit of Healthwatch. In total we engaged with 18 groups throughout the county, including hard to reach communities such as Gypsy, Roma and Traveler (GRT), rural, and LBT. The surveys completed are as follows:

- 152 surveys about experiences of feeding newborn babies
- 47 survey about the experiences of smoking during pregnancy

Data gathered from the surveys

Smoking in pregnancy

82% of respondents said that their home was smoke free. When speaking to women it was apparent that smoke free, does not necessarily mean that no one smokes in the home, it could mean that smokers chose to do so, outside of the house, therefore acknowledging that smoking does carry health implications.

59% smoked under ten cigarettes a day and 29% under twenty with no one smoking over thirty a day. The rising cost of cigarettes was attributed to the lower level of smoking.

49% of women had smoked while pregnant and, while 48% had successfully stopped smoking 36% had unsuccessfully tried to stop, with almost one quarter of women using nicotine replacement methods to reduce their levels of smoking.

The vast majority of women told their midwives that they smoked and how many cigarettes they smoked per day (89%). It is reassuring to learn that 97% of women felt that the information provided to them on the effects of smoking on their unborn baby was helpful and easy to understand.

67% felt that they were given the support they needed to stop smoking, however of those who were referred to the stopping smoking scheme, 50% did not attend their appointment - 40% said that it was because they did not want to go.

Feeding newborns

66% of mothers responded to our surveys with birth experiences from 2016 and 2017.

83% were encouraged by their midwife or healthcare professional to breastfeed and 82% felt supported in their feeding choices.

In terms of the choices made by women, on how to feed their babies:

62% exclusively breastfed their babies and 50% formula fed their babies - this includes breastfeeding mothers who chose to introduce formula at some point during the baby's first year. The reasons for this included, returning to work, wanting help from a partner/family member with feeding, and as part of the weaning process.

Our surveys showed that the main problems faced by mums are:

- Breast / nipple pain (68%)
- Problems with latch / positioning (42%)
- Tongue tie (30%)
- Colic (27%)

The main channels for seeking help and advice are:

- Midwife (69%)
- Health Visitor (65%)
- Family / Friends (57%)
- Facebook groups / social media (42%)
- La Leche League (37%)
- The internet (35%)
- Support Groups (26%)

When asked “Thinking about the information you were given about feeding before the birth of your baby, did this match your experience?” 46% did not feel that their experience matched the information they were given about feeding before the birth. Many of the comments received, and discussions were around the fact that women were made to feel that breastfeeding is easy, pain indicates that the latch / positioning is wrong and that breastfeeding should not be painful when in actual fact, this is not the reality for many women and contributes to many women stopping breast feeding.

Comments from mums



“The biggest critic was myself. I hated the fact that I smoked but when I felt guilty it made me crave more”

“Health professionals should be open to all ways of feeding”

“Too many mums are left struggling with no support and made to feel guilty for using formula”

“I was glad to receive daily telephone support from the maternity care assistants”



Recommendations

Following a review of our findings we would recommend the following actions:
Research in other CCG areas:

- For the commissioners of services to look at the information provided about good practice in other areas to determine if this is already happening in their
- whether there is an opportunity to share good practice with service providers
- Whether some aspects of the good practice/ procedures etc can be incorporated into any future service specifications.

Experiences of mothers:

Following our consultation across the county it is clear that there are a number of relative simple actions that could be taken:

- In line with best practice from other CCGs ensure that carbon monoxide monitoring is carried out at all booking appointments. Raised carbon monoxide levels are not just associated with smoking and should be recorded for all patients as a matter of course.
- Where a carbon monoxide level is raised, the midwife should make the referral to the stop smoking team during the booking appointment, by telephone, and to get an appointment at a time convenient for the mother. This not only emphasises the seriousness of the implications of smoking in pregnancy, it also ensures that a convenient appointment is made and gives the midwife the clarity to raise missed appointments at future antenatal visits. Overall, women do understand the risks of smoking in pregnancy and to their own health, however, nicotine is an addiction and it is necessary to ensure that the support to stop smoking is provided as early as possible. Continual support should be given to mothers throughout their pregnancies, and, postnatally to ensure that once they have stopped smoking they have continued access to resources to help them maintain a smoke free life.
- Information provided to expectant mums on breastfeeding to be realistic. Breastfeeding workshops should encourage breastfeeding and focus on the benefits, however, more reference needs to be made on problems that may be experienced, how to overcome them and where to go for help
- Midwives and healthcare professionals to be more supportive of formula feeding and acknowledging that for some mums, stopping breastfeeding is not necessarily a decision that has been taken easily

- Provide more information on support available outside of the NHS such as the La Leche League. This allows for mums to independently make contact with support groups before the birth of their baby and speak to other new mums and experienced feeding consultants

Overall, the recommendations that we are making are minimal in terms of cost, however, based on the feedback from other CCGs and women across the county these would be the most likely to increase the uptake and continuation of breastfeeding post 6- 8 weeks and to reduce the number of mothers who smoke at the time of delivery.

The Next Steps

This report will be forwarded to NECS for their consideration with a view to sharing with the CCGs. It is anticipated that the recommendations made by healthwatch County Durham will be considered as part of any future service improvement plans for maternity services in the County.

Thank you.....

Healthwatch County Durham would like to thank those who have contributed to this piece of work:

The CCG's, Public Health and NHS services who gave their valuable time and shared their thoughts with us:

Bassetlaw & Doncaster
St Helens
North Staffordshire
North East Essex
Newcastle & Gateshead
Rotherham
West Cheshire
Wirral

Smokefree Life County Durham
Clart About Ltd
Consett Breastfeeding Café
Peterlee Breastfeeding Café
Durham Pride
Kidzone Day Nursery
Upsy Daisy Sling Library
Mums in Durham
Natural Parenting Durham
BBC Radio Newcastle
Young Parents Unit, Durham and Bishop Auckland
North East Sling Library
University Hospital North Durham
Darlington Memorial Hospital
Peterlee Community Hospital
The Dales Centre, Stanhope
Health Visitors from across the county
Community midwives across the county
All of the mums that took time out of their busy day to complete our surveys and talk to us.