

Healthwatch Sutton

People's experiences of
maternity services in the
London Borough of Sutton

June 2025



healthwatch
Sutton

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About Healthwatch Sutton

Healthwatch organisations are statutory (legally required) bodies that have been set up to ensure that the voices of local people are heard in the design and delivery of health and social care services. The council for every local authority area must procure a local Healthwatch organisation.

Healthwatch Sutton is the local Healthwatch organisation for the London Borough of Sutton. We are a charity and a company limited by guarantee. Our principal activities are projects that investigate specific areas of health and social care, and we use our statutory power to influence improvements for residents, and for people who work or who are educated in the borough.

We also provide an information and advice service, and support access to NHS complaints advocacy through the Together for Sutton Partnership (<https://togetherforsutton.org.uk/>)

Introduction

In July 2023, Healthwatch Sutton's Board of Trustees carried out a prioritisation exercise using a scoring system to identify new areas of health and social care to investigate through project design and delivery. The process used a variety of criteria and a weighted scoring system. Maternity was identified as the highest priority in part due to a small number of complaints being supported by the Sutton NHS complaints advocacy service that centred on people's experience of giving birth at St Helier hospital.

Shortly following this process, in August 2023, the Care Quality Commission carried out a short announced focused inspection of the maternity service at St Helier Hospital as part of their national maternity inspection programme. Information from the Care Quality Commission states that "the programme aimed to give an up-to-date view of hospital maternity care across the country and helps to understand what is working well to

support learning and improvement at a local and national level.” Please visit <https://www.cqc.org.uk/> for more information.

The inspection looked at only the safe and well-led key questions for the maternity service.

‘Is the service safe?’ found the following areas as Inadequate:

- Mandatory training – not all anaesthetic staff had completed the required mandatory training.
- Safeguarding – not all staff had training on how to recognise and report abuse.
- Cleanliness, infection control and hygiene – the service did not always control infection risk due to the environment in some clinical areas.
- Environment and equipment – the design of the environment was not fit for purpose in all areas. The use of facilities and equipment did not always keep people safe.
- Assessing and responding to risk – Staff did not consistently complete nor update risk assessments and did not always take action to remove or minimise risks. Staff did not always identify and quickly act upon women and birthing people at risk of deterioration.
- Midwifery Staffing – the service did not have enough maternity staff in the right areas with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. The service did not always make sure staff were competent for their roles. Though managers regularly reviewed and adjusted staffing levels and skill mix, the staffing establishment for inpatient maternity services did not meet requirements.
- Records – Staff did not always maintain detailed records of women and birthing people’s care and treatment.
- Medicines – Systems and processes to safely prescribe, administer, record and store medicines were not always effective.
- Incidents – Managers did not always ensure that actions from incidents were implemented and monitored.

'Is the Service well-led' found the following three areas as Requires Improvement:

- Culture – Dignity and respect were not always intrinsic elements of the culture.
- Governance – Leaders did not always operate effective governance processes, throughout the service and with partner organisations.
- Management of risk, issues and performance – Leaders and teams did not always use systems to manage performance effectively. They identified and escalated relevant risks and issues but did not always take timely action to reduce their impact. However, the service had plans to cope with the unexpected events.

The Inspection Report was published on the 14th of February 2024.

In January and February 2024, the CQC undertook a large survey of the experiences of 18,951 women in maternity services across 120 NHS trust. (For details see <https://www.cqc.org.uk/provider/RVR/surveys/65>)

Questionnaire responses were received from 123 people at Epsom and St Helier University Hospitals NHS Trust. Results were reported for the hospitals combined. On most measures (14/18), the performance was assessed as about the same as that in most other trusts in the survey. On the remaining measures, performance was reported to be better than that in most other trusts. Find more details about the survey at: <https://www.cqc.org.uk/provider/RVR/surveys/65>

Rationale

To ensure that service providers and commissioners make changes to service delivery that will deliver better patient outcomes and experience, evidence should be collected from current service users that will support the identification of current positive and negative areas of service delivery.

As a result of the August 2023 inspection (mentioned above), the 2024 Care Quality Commission (CQC) report on maternity services at St Helier, highlighted 5 areas for improvement:

- “Maternity service users receiving health and advice from health professionals about their baby’s health and progress in the six weeks after their birth. ”
- “Maternity service users receiving help and advice from a midwife or health visitor about feeding their baby in the six weeks after giving birth. ”
- “Midwives or the doctor appearing to be aware of service users’ medical history during antenatal check-ups.”
- “Maternity service users feeling that the midwife or midwifery team took their personal circumstances into account when giving advice during care after birth.”
- “The midwife or health visitor asking about service users’ mental health during their care after birth.”

Participants were asked questions related to the above 5 areas.

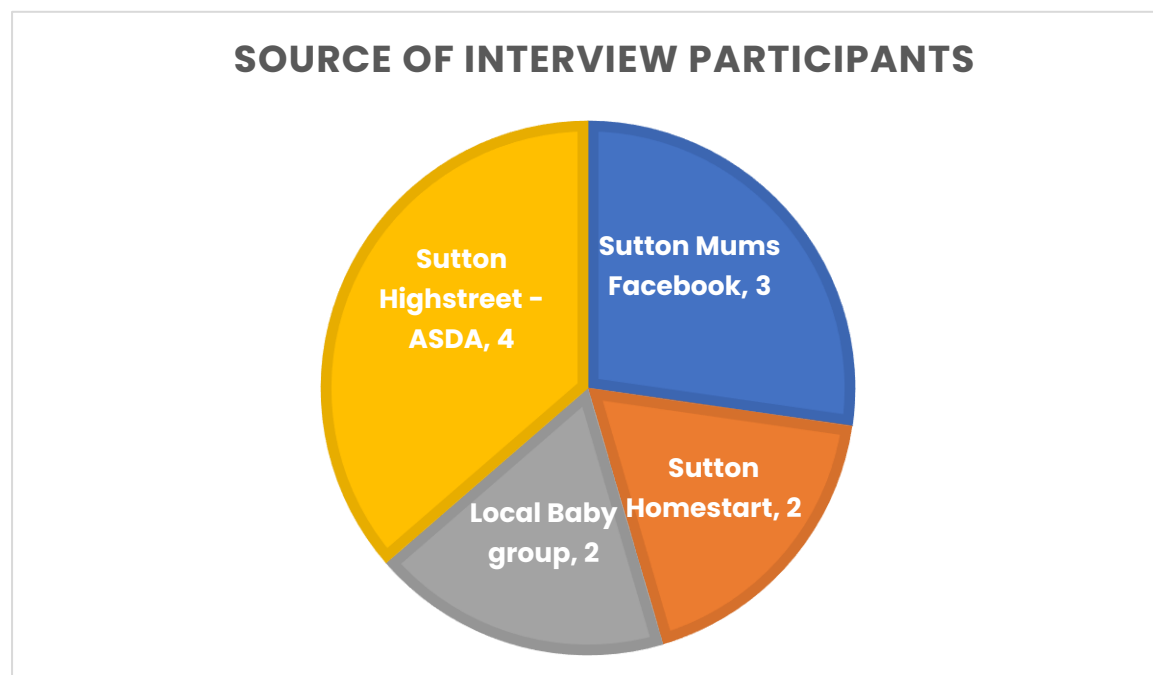
Methodology

The highly personalised experience of giving birth, and the large range of factors that can influence an individual’s experience, makes semi-structured interviews to capture in-depth qualitative information the preferred engagement method. This will enable us to capture patient stories that identify examples of good service delivery with positive outcomes for the user of the service and conversely, to identify gaps in service or areas.

Participants were asked a range of open-ended questions while being given the space and opportunity to share their experiences, going into as much detail as they wished.

Participants were encouraged to speak freely about their individual perception of their experience. A 2011 report by Elizabeth Form of Queen Mary University of London and Susan Ayers of the University of Sussex, showed that an individual’s perception of what they went through is an important risk factor in developing Childbirth-related PTSD: “Women who feel lack of control during birth or who have poor care and support are more at risk of developing PTSD.”

Interviews were conducted via Zoom or over the telephone and audio recorded. If permission was obtained, Zoom calls were visually recorded. In cases where individuals did not consent to be audio recorded, notes were



taken. Individuals were offered the opportunity to be interviewed in person if this was preferred.

HWS carried out a **semi-structured interview** with **11** people who had given birth at St Helier within the past 12 month. The qualitative interviews have been reviewed to highlight the most common gaps in service or areas where service provision has detrimentally affected the service user.

Common gaps in service were further explored during ad-hoc, **informal conversations** with women at Infant Feeding drop-ins and Baby groups. **23** individuals contributed to these conversations.

To encourage diversity in interviewees, HWS staff attended a range of community services, such as food banks and local supermarkets, as well as contacting HomeStart and using 'Sutton mums' social media to find participants.

Limitations of interviews

The experiences of 11 people were captured in the initial interview process, so the findings may not fully represent the experiences of all people who have used the maternity services at St Helier within the last 12 months.

Demographics of interviews

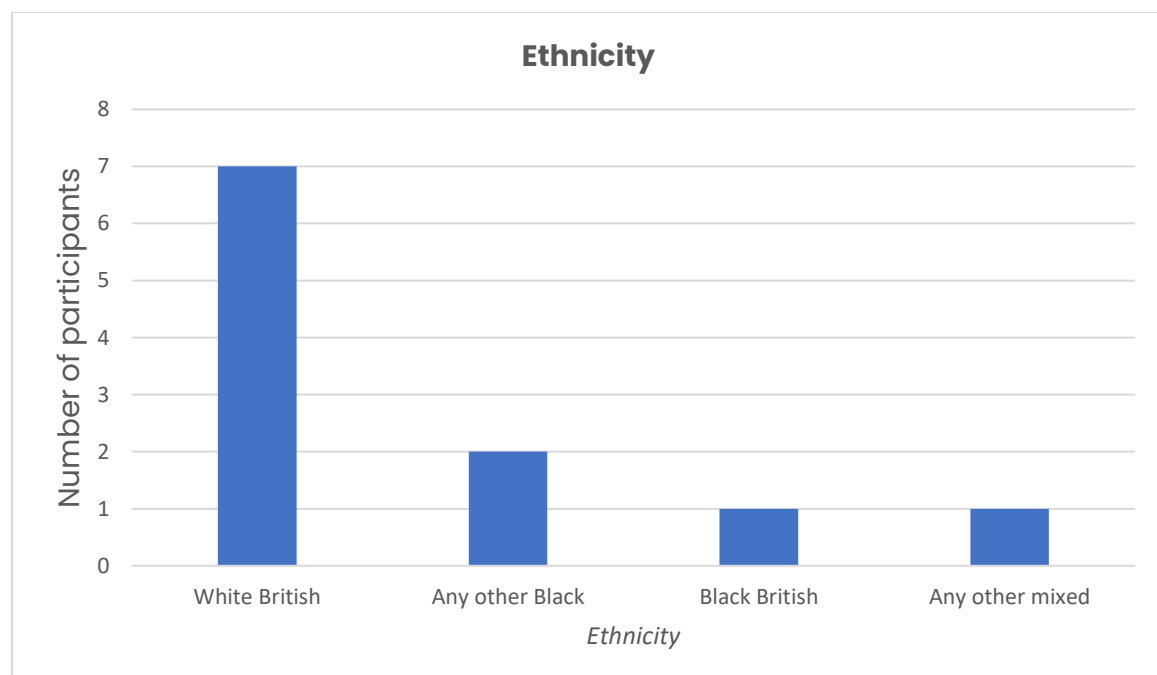
Age Range:

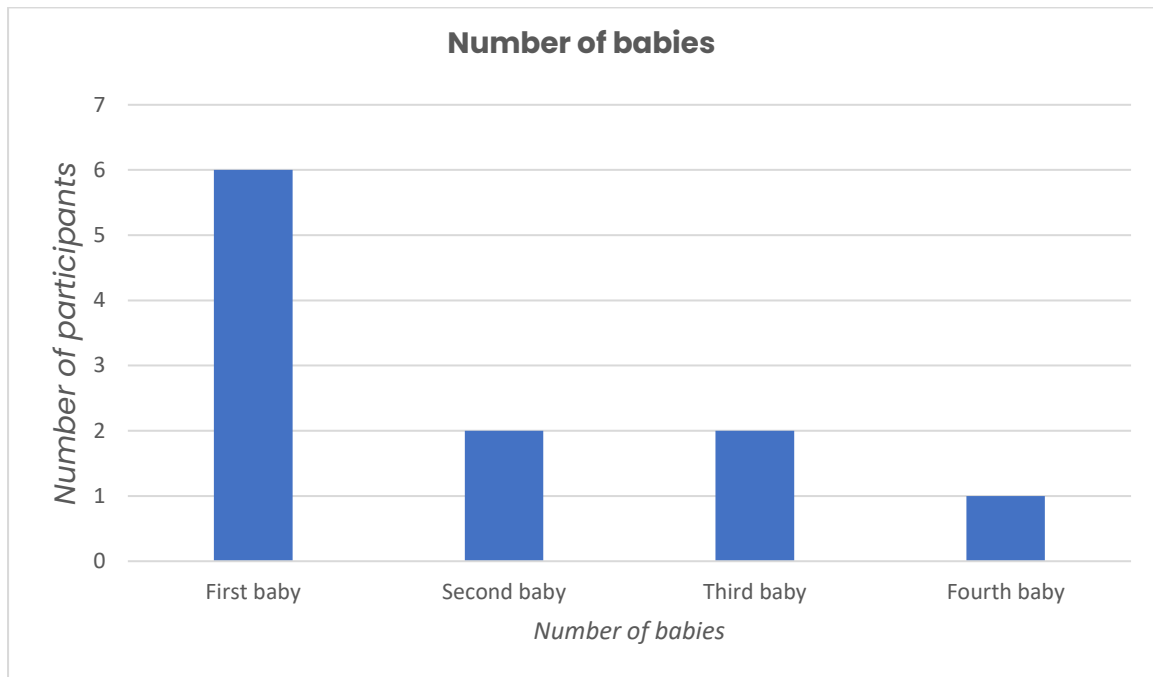
18-24: 5

25-49: 6

Gender

All participants identified as Female.





Interviews were carried out via Zoom or phone.



Interview Questions

Questions were broken down into four categories:

- Antenatal
- Labour
- Before being discharged
- Postnatal – up to 6 weeks after birth

There were between 3 and 11 questions in each category. However, these were only used as a framework and participants spoke freely about each area.

For the full list of question, please see the appendix.

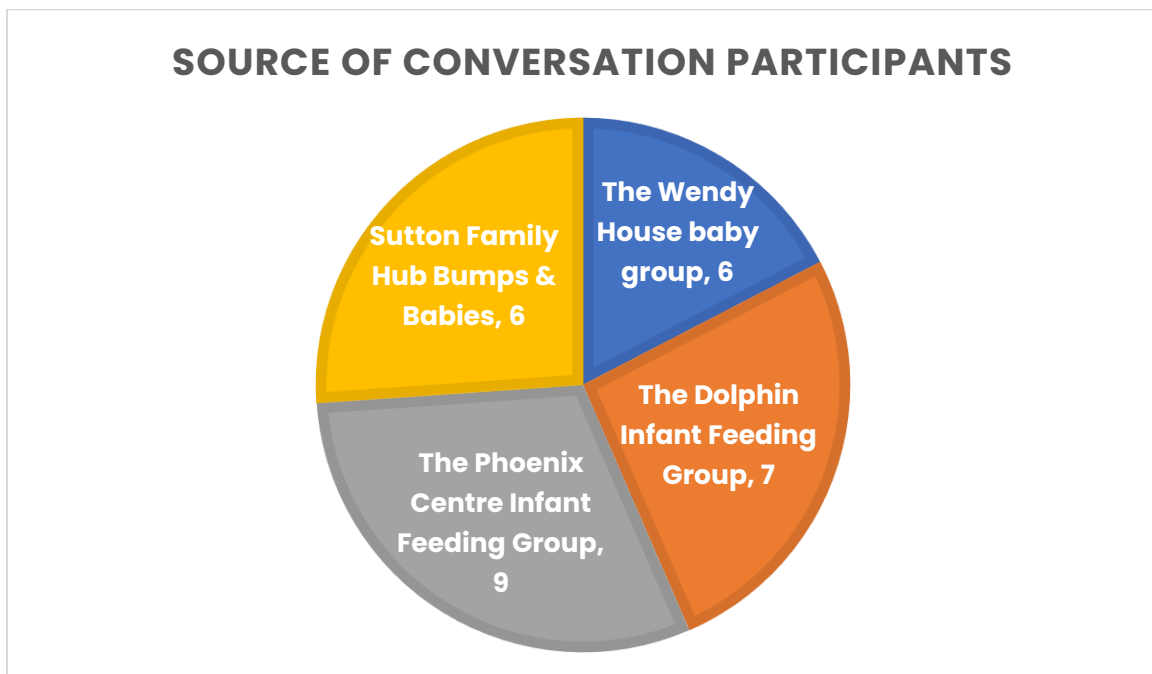
Informal conversations

The qualitative interviews highlighted the following 6 areas for further exploration:

- Being left alone while at St Helier maternity unit or birth centre
- Being listened to

- Communication and understanding, particularly of medical tests needed before discharge from hospital
- Discussions after labour, including a chance to ask questions
- Being given information on baby vaccinations
- Unsympathetic/unempathetic treatment by staff

During informal conversations, participants were asked about their experience of the above 6 areas, while also being encouraged to share their feedback and thoughts on the experience of giving birth at St Helier. 22 women contributed to these interviews. During the conversations, we also spoke to two grandparents and four fathers.



Results

Responses were analysed to draw out the most relevant and useful feedback and identify themes.

Key Findings: What is going well:

- **Continuity of Care**

Six women praised the continuity of care they received and highlighted how much difference this made for them.

"And it was just, it was a nice relationship, made me feel much more comfortable. And I could advocate for myself as well."

"I had pretty much the same person the whole way through. I had a really good relationship with her. When I had issues unrelated to my pregnancy, she was really supportive."

"Having the same midwife was really nice as she remembered personal things about me."

However, two participants felt that they had a lack of continuity of care. Having to explain information again made one mother wonder "Why is this information not on my notes?"

"I had to keep explaining again and they did not know me and did not see or understand the progress of me and baby."

"I was anxious because people weren't catching things. I was low on iron, but they just said they would put it on the notes."

- **Praise for staff**

Two women praised the midwives who had supported them during their labour:

"The midwife that I had was incredible. She helped me to move into a different position that she felt would minimise the tearing and really, like, really helped me to get into that position and then just literally coached me through the pushing to really minimise."

Another woman whose placenta hadn't come away said: *"She was brilliant at explaining to me what my options were and what she was going to do and asking consent for that. And, you know, explaining that she was going to try this and otherwise we'd need to go to theatre, and she was great."*

Praise was also given for the care given during their pregnancy, particularly support with mental health: *"My anxiety got worse throughout the pregnancy, and they took that on board. I got offered more scans due to the history and they explained everything. It calms your nerves a bit."*

Another woman reported being encouraged to ask questions by her midwife.

Individual members of staff were remembered for their empathy after labour: *"She was so kind and caring and sat with me and listened."*

One woman praised a midwife who helped her with breastfeeding and pumping, talking through the options for feeding.

"My baby was in neo-natal for a month. It was hard to go back to the ward after labour without a baby, but they put me on a ward with mums waiting to give birth, rather than with babies, which was nice."

"I am an older mum, but it was not mentioned, and I felt supported."

- **Clear understanding and choice**

Five participants praised the calmness of the C-section team and how the procedure was explained to them. *"The doctor even said, I know this wasn't your goal, but are you sure. He went through it all."*

One woman reported that after being offered Pethidine and being given an explanation of the side effects, the staff left the room to give her time to think.

"The Anaesthetist spoke to me in a 'medical' way that I understood and I felt that it was my decision. "

A woman who had had Postpartum haemorrhage with a previous labour, was keen to labour in the birth centre. She praised the staff for being supportive and helping her write a very detailed birth plan, with ways to reduce the risks of bleeding and interventions such as having a canula in. *"It was all in my notes and felt very organised and prepared." "I thought I was going to have to fight but I wasn't made to feel like that."*

A member of the Maternity Assessment Unit was praised for taking the time to explain what the Consultant had said, using layman's terms.

- **General Feedback**

We received a large volume of non-specific feedback that demonstrated a very positive experience.

Key Findings: What is not going as well

- **Being left alone**

Six women reported being 'left alone' during their time at maternity department of St Helier. One woman felt alone and that there was a lack of emotional care after giving birth.

One pregnant woman was left in a room at the end of a hallway for the day and said no-one checked on her and she received no pain relief. She had a seizure and was taken for a C-section.

Another woman said when she arrived at the Birth Centre "it was completely deserted. There was no one around. And my husband was like looking around for a midwife or someone."

After a C-section, a woman reported that there were no nurses around and the only support given was medical – giving medication and checking blood pressure. "I would have liked the staff to be more present and more attentive."

All participants had support from family members or a partner after labour who visited regularly or stayed in the hospital. It was reported that visitor regulations did not allow for the main visitor (often the partner) to leave for a rest and be replaced by another family member.

- **Not being listened to**

Some women felt they were not listened to and believed.

One woman reported that she felt labour was progressing but was told 'you'll be hours and hours yet' and then the baby came 15 minutes later – *"So it was a little bit of a rush. it's just a little bit of frustrating that I wasn't sort of believed in that moment. But I think it would have been, I would have felt more comfortable had she kind of believed me at that point."*

Similarly, another woman said, *"It was just a bit frustrating of really trying to advocate and say, no, I really I really am very far along and just not being believed."*

Two women felt that the pain of being induced, particularly early induction, was not clearly explained to them – "I was told it was like having a smear."

One woman said she had the confidence to request Gas & Air for the procedure, but this is not offered as routine.

- **Not being given enough information to make a choice**

A woman reported that due to hypertension, after 20 weeks she was having growth scans every 4 weeks. This led to having to do blood glucose testing and brought up more interventions. It was not until the 2-week midwife appointment that she realised this was a choice and she could have said 'no'. She felt that she was not given full information and there were repercussions to the growth scans that she did not realise. It added more anxiety and appointments.

Another woman was told her only option was to deliver in the hospital birthing ward due to gestational diabetes but felt that as her blood sugar was under control this was not necessary.

One woman was told during scans that her baby was going to be big (10lbs or more). Due to this information, she was induced – however the baby was 7lb. The mother consented to being induced due to the information she had been told regarding the size of the baby.

Another woman, whose baby was estimated to be 4.1kg, was told by a midwife that “your body wouldn’t make a baby it couldn’t cope with”. After induction was unsuccessful the baby was born by C-section, weighing 4.4kg. The mother felt she would have liked the maternity unit to have suggested an elective C-section as the baby was big.

One woman said that there should be more transparency around being induced, particularly early-induction, and the likelihood of a failed induction resulting in a C-section. *“For early induction they should champion an elective C-section over early induction as the likelihood is that it will end in an emergency C-section.”*

Conflicting advice from midwives and consultants

A father reported that, due to his wife’s high blood pressure, the maternity department wanted his wife to stay overnight and be induced. He had to ‘fight’ with the doctor as they did not want to stay overnight and wanted a natural birth. They felt pressure to stay overnight and be induced. They were only allowed to use the birth centre when a midwife told the doctor that they supported this decision. The father felt *“the staff like to word it like you don’t have a choice.”*

A mother said that while a consultant said induction was necessary, a midwife said *“you still have a choice.”*

The most common area of conflicting advice was regarding giving birth in the birth centre or on the ward.

- **Unsympathetic/lacking empathy**

Five women reported occasions they felt they were treated in an unempathetic way.

One woman was anxious due to recurrent miscarriages and was told *‘anxiety is not any reason for any extra support’* and *‘if you think you should get an extra scan, then you could just pay for it privately.’*

A woman reported having an (unattached) Canula left in her hand from Wednesday morning until she was discharged on Friday, despite repeatedly asking for it to be removed.

Another women who was unable to feed her baby and called the alarm was told, *'What do you mean you haven't fed your baby for five hours? We're going to have to feed him a bottle now.'* The woman reported that: *"I still feel really, like, triggered a little bit by that interaction with that one woman at that time."*

A woman who had her third baby via C-section, due to the baby being in the breach position, had to leave her baby at the far end of the room while she walked to the kitchen to prepare his milk. Despite asking for help, she had to leave her baby alone crying while she went to prepare his milk. *"What you want most is empathy."*

One woman reported concern over the lack of guidance and rules for using mobile phones on the wards. *"When you are listening to other people's horror stories about what has gone wrong it is really unsettling."*

"After labour, I sent my husband home. A staff member came in and said, why is baby still in a towel. And I was like, cos no one helped me. "

- **Discussion after labour on how it went**

Only two people could recall being given a chance to discuss how the labour had gone or ask any questions regarding this.

"I was very traumatised after giving birth. I would not have wanted to talk about it immediately, but maybe a few days after. "

"There is not enough discussion afterwards. No conversation about baby or mother's body."

- **Aftercare, including care of stitches.**

After a C-section, a woman was told that she was on the enhanced recovery programme (ERP), which entails early mobilisation. Despite the

baby being born at 11am, by midnight no staff had supported her in standing and she was told 'we can do it in the morning.' This is despite the woman having been told how important it is to stand as soon as possible after a C-section on the ERP.

"I was bleeding very badly, and my mum had to go and look for someone and ask them to check. It took a long time until they came. The bleeding was normal but what if it had not been?"

One participant, who had an emergency C-section was not aware of C-section recovery and scar massage. Three participants who had planned C-sections were aware of recovery as they had researched this beforehand.

One woman felt that she had to advocate for herself and demand that someone look at her stitches. Another woman reported that no one checked her stitches, and they got infected.

Appointments at St Helier sometimes ran late which was difficult for women who were unable to sit down due to stitches. One woman had to stand, holding her baby, for an hour while waiting for her appointment.

A grandmother reported that her daughter had lots of vaginal tears after labour and was not healing well. They "kept trying to get help" and were thinking of going private due to a lack of help. It was only through a family friend, who was a Gynaecologist, that they were able to get contact details for help.

- **Understanding of tests on baby (including Tongue-tied)**

One woman was told throughout the day that she would be 'going home soon' but at the end of the day the baby had a jaundice check, as a result of which they were not discharged. This was not expected and affected the woman's mental health.

In one case, some of the pre-discharge tests on baby had not been put through in time and so had to be redone. This delayed discharge time.

Not all women were aware that if the baby 'failed' a test they may have to stay in hospital another night so the test could be redone in the morning.

One woman reported that it was not until her (4 day old) baby was not putting on weight that a Health Visitor noticed the baby was tongue-tied. The baby had been breast feeding while in hospital, but no one checked or watched the baby feeding.

- **Not being given information on vaccinations**

Only two women remembered being informed about vaccinations for their baby before having the baby.

One participant recalled being informed about vaccinations while in hospital after labour and a member of staff went through a checklist with them.

Four women recalled being informed about vaccinations for the first time when they had been discharged and received the red book from a midwife or health visitor. In one case the midwife underlined key information in the red book, including information about vaccinations.

In other cases, participants cannot recall vaccinations being mentioned until their baby had the 8-week check.

"I think I saw a poster about vaccinations. Someone must have told me about vaccinations at some point."

"I think even though it could be your first or it could be your fourth, they still need to remind you and go through the basics with the parents because after having three and then this one, my brain is all mush and when you have a newborn you forget everything."

A participant recalled being told that her baby would need vaccinations, as part of a checklist read out by a midwife. She felt that there was too much information in one go, and it was hard to remember what had been said.

- **Finding support after leaving hospital, including feeding support**

A quarter of participants were unsure where to go for support if their baby was unwell after 28 days (when support from midwives is no longer available).

Sutton Health and Care have put together a Perinatal and Infant Mental Health Padlet that provides an overview of all Perinatal and Infant Mental Health services and resources for families living in Sutton. It also provides links to other external services where there are potential triggers affecting mental well being such as bereavement. Visit the Padlet at:

<https://padlet.com/maisiedavis2/perinatal-and-infant-mental-health-e2qoljx80hozqcsc>

"It is hard to go out and look for help after labour. The QR code for Padlet is hidden in the pamphlets."

"The information is on Padlet but you are not in a good frame of mind to find it."

"I would have liked to have known about problems with breastfeeding, how the milk comes in and latching. I would have liked awareness that breast feeding doesn't come easily."

Women on maternity feeding plans are not always aware of the infant feeding team and the groups they run.

Recommendations

It is recognised that pregnancy and the immediate postnatal period is a time when families have a lot on their minds and are bombarded with information. Bearing this in mind, it would not be surprising if some information or advice that was given may not be absorbed or be forgotten. Whether advice is not given or forgotten, the effect is the same and action needs to be taken to rectify this.

1. Being left alone

People giving birth at St Helier need to be aware that the expectation is that they are responsible for the care of their baby after giving birth and support from a partner, friend or family member may be needed. This should be discussed as part of Birth Plans and reinforced in writing.

2. Not being listened to

Staff should be aware that it is important to people giving birth that they feel listened to.

Is there a procedure for women to raise concerns about their birth with staff? If so, at what point do women find out about this procedure?

3. Not being given a choice

Recommendations for interventions, such as induction, should clearly state the reasons, possible benefits and potential complications of the intervention.

Information on recommended interventions and procedures should be available in written form and, where possible, people giving birth should be given time to read and research information before deciding on interventions and procedures.

Birth plans should clearly state that the birth plan is subject to circumstances and may be altered, if necessary, with any recommended changes to be discussed with the person giving birth.

4. Conflicting advice from midwives and consultants

It is important to people giving birth that there is consistency in the advice they are given – receiving mixed messages is unsettling. If a professional disagrees with the advice of another professional, this should not be voiced in front of those giving birth but discussed in private with the other professional.

If there is professional disagreement regarding whether the birthing centre is appropriate for labour, this should be discussed between the professionals, rather than discussed in front of or with the person giving birth.

5. Understanding of tests on baby (including Tongue-tied)

People giving birth should be aware that discharge from hospital for themselves and baby is dependent on newborn screening and routine tests/checks. Details of the screening and tests (for both mother and baby) should be included in Ante-natal information given to those giving birth and available in a written form.

Other potential areas for improvement

1. Unsympathetic/lacking empathy

People giving birth should be aware of how they are able to give feedback, or make a complain, regarding unsympathetic treatment.

2. Discussion after birth

It is a personal choice as to whether someone would like to discuss the birth experience. People who have given birth should be provided with a list of suitable support groups which includes support for birth trauma.

3. Aftercare, including care of stitches.

It was reported by some women that they felt they had to ask for their stitches to be checked. Questions around stitches, their healing and signs of infection, should be asked by Health Visitors.

4. Finding support after leaving hospital, including feeding support

The Red Book (Personal Child Health Record) should contain information on signs that a baby is not feeding well and where to go to get support.

Women have reported that access to information via the QR code is easily forgotten. Information available via the QR code should be told to women verbally by Health Visitors and be available in another format, e.g. a leaflet. Discussions about support available should be part of Health Visitor appointments.

If an individual is on a maternity feeding plan, this should be recorded in the Red Book so that other Health Professionals, including Health Visitors are aware and can signpost to the Infant Feeding Teams and the groups they run.

5. Information on vaccinations

Women have reported that they prefer to be verbally informed of something and given something to read. Information regarding vaccinations on baby should be given in a written form before discharge from hospital and mentioned by Midwives during antenatal appointments.

Parents with concerns around vaccinations should be encouraged to discuss their concerns and ask any questions they may have.

Appendix

Interview Questions

Antenatal

- What do you wish you had known or been informed about before you went into labour?
- What support and information were you given when you were pregnant? Who gave you this information?
- Did you discuss/were you asked about any personal, cultural or medical requirements that may have affected your pregnancy and labour?
- Were you signposted to any other services while you were pregnant?
- Were you induced? If yes, did you know why you were being induced and were you given enough information to make an informed choice?
- Were you told when you may be discharged? Were you aware of what tests may be needed on you and your baby before you were discharged?

Labour

- What was your experience?
- What information were you given when you first went into labour and was it helpful?
- Were you given any information or advice during labour?
- Do you feel that you were treated with care and compassion during your labour? Did you feel listened to?
- Were you given time to plan for your labour?
- When did you receive information about pain relief?
- Were you aware of all your options with regards pain relief beforehand?
- Were you involved in the decisions to take pain relief?
- Did you receive care based on any medical conditions you have?
- Did you feel you had privacy and dignity during your labour?
- Did you feel respected in terms of your cultural beliefs and background?

Postnatal – before being discharged

- What do you wish you had known/been told before you had your baby/went into labour?
- Did you get a chance to talk about your labour and ask any questions after you had given birth?
- Were you given enough information and advice before you were discharged? e.g. advice on feeding, care of your C-section or perineum wound, signs you were unwell?
- Were you given information about baby care and signs you need to look out for e.g. jaundice (baby turning yellow) and unwell baby?
- Were you given advice about cot death and safe sleeping?
- Were you given information about where to go if you had any concerns or questions?
- Were you given any information about vaccinations at any point?
- What would have made your overall experience better?

Postnatal – up to 6 weeks after labour

- What support and information were you given in the 6 weeks after you had given birth. Who gave you this information?
- Did you receive any advice/support on feeding your baby?
- Did you receive any advice/support on any mental health concerns?