



Working in partnership to improve maternity services

On 5th February 2022, Devon Maternity Voices Partnership (DMVP) launched a service user survey focused on Birthing Partner and Visiting Policies as part of the Local Maternity and Neonatal Services (LMNS) Personalisation and Choice Workstream agenda. The survey was promoted across various social media channels and in the Devon Maternity Voices Matter member newsletter. Within two weeks, the survey received an overwhelming number of responses (207) which were representative of the demographic profile of Devon. Of the 207 respondents, 3% identified as being from a mixed or multiple ethnic groups, Asian or Asian British ethnic groups or other ethnic groups which is identical to the Devon population demographic profile. The respondents ranged from women or birthing person, birthing partners, currently pregnant and family members whose ages ranged from Under 25 to 56-65. Various sexuality identities were represented with 3.5% of respondent's homosexual, gay, lesbian, bisexual or other. Respondent postcode was mapped to the Index of Multiple Deprivation, 9.6% of the respondent population represented the least and most deprived areas of Devon (IMD 10 and IMD 1) and 57% of respondents were in deciles 4-7. Approximately 4% of Devon's population live in the most deprived quintile, of the respondent population 7.24% lived in the most deprived quintile providing greater representation from people living in the most deprived areas of Devon than the Devon population demographic.

From the survey results, key outcomes were:

- Most respondents agreed that a woman or birthing person should be allowed two birthing partners on delivery suite/labour ward
- 86.5% of respondents wanted 24 hours visiting for a nominated birthing partner
- 55% of respondents wanted visitors other than the nominated birthing partner to be able to visit during daytime hours (12 hours) and 37% of respondents wanted visitors other than the nominated birthing partner to be able to visit for up to 4-hour slots each day
- 80% of respondents agreed with Neonatal visiting policies that allow parents/caregivers 24 hour visiting and open to other visitors with a parent for limited times during the day
- Many respondents noted that further improvements to these policies could focus on birthing partner support for women or birthing people on the ward for antenatal induction
- Concerns were raised by respondents regarding noise and disruption of 24 hour visiting and too many people being allowed onto the ward when referring to visitors other than the birthing partner.

In discussion with Ward Managers and Transformation Midwives, it came to light that Royal Devon University Healthcare Trust East and Torbay and South Devon Trust have previously


had a 24-hour birthing partner provision. There were some benefits to this provision including additional support to new mothers and birthing people which helped both service users and staff. There were significant challenges including being able to provide sufficient space, comfort of birthing partners, security and safeguarding issues, limited facilities for birthing partners, as well as inappropriate behaviour of birthing partners. With shared bays of up to 4 women or birthing people, space is a logistical barrier to 24 hour visiting impacting on comfort, infection control, and noise disturbances. There are all things that have been complained about in the past when 24-hour birthing partner visiting was available. Therefore, Devon Maternity Voices Partnership held their Quarterly Meeting on Monday 23rd May to discuss further the results of the survey, the previous experiences of staff and service users, and find ways to implement changes to policies and practice which could help women and birthing people to feel more comfortable with 12-hour birthing partner visiting.

The Quarterly Meeting discussions highlighted several areas for consideration. Women and birthing people shared their apprehensions and anxieties about being admitted to a ward postnatally without the support of a birthing partner for the duration. It was clear speaking with service users who had children or were currently pregnant, that a fear of the unknown adds to the apprehension women and birthing people face about being admitted postnatally. It was discussed that women and birthing people need to be better prepared for the potential of a ward stay with suggestions of; ward tours, Q&A sessions, and postnatal ward stay information packs. It was commented that ward stays need to be normalised and current information is not warm and friendly instead one service user interpreting a poster in a waiting room regarding visiting hours as cold and strict, sending the service user into panic about what might be to come when she has her baby later this year. There feels to be a lack of clarity around what it is ok to ask for when staying on a ward and what the policies are. Further to this, the horror stories of understaffing, isolation, and lack of support add to the apprehension and anxiety women and birthing people feel and it was suggested that peer volunteers would be beneficial for women and birthing people. Evident themes that came through in everything that was discussed was 'warmth', 'empathy' and 'time' – women and birthing people need to feel these things when experiencing a ward stay and this is not the case at the moment.


There was reflection around the importance of and need for personalisation and transparency in the care people receive. Highlighting the possibility of linking this discussion into the personalisation and choice work stream, soon to become pregnancy journey. The need for evidenced based and policy backed discretion around this issue was raised. Anecdotal evidence was supplied that staff are flexible with this on occasions and do consider the need for and viability of women and birthing people receiving extra support postnatally. Considering the needs of individuals and families and whether the busyness and practicalities of the wards allow this. There was exploration whether this discretion needs enshrining in trust policy and whether more needs to be put in place when the My Body My Baby My Choice journal is reviewed to support people in preparing for a stay in hospital without partner support as they might wish.


We were also met with feedback that following a common theme we see in our anonymous feedback form and emails directly into our inboxes of times when women and birthing


people have been unhappy with the postnatal experience. Many of these women have had c-sections or epidurals and experienced their baby being out of reach, needing help to reach their baby and having to wait for the buzzer to be responded to which at times has taken some time leading to a feeling of detachment from their baby and lack of independence. Further to this, we asked our social media followers whether over the bed cots would be beneficial to them, as a lot of feedback we have received could have been improved with this resource, we had many responses in favour of these cots.

 So much better. Like others here, I also had an emcs and could not lift my baby. I co-slept with him in my arms for 2 days before discharge as I could not pick him up and put him down. This would have been so much easier.

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 Definitely even though the midwives have always been amazing with me and are happy to help. There's nothing like being able to do it yourself xx

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 Absolutely would have benefited massively with an over the bed cot after my section. I found it really painful and difficult to get up to feed my baby and had to buzz the nurses to get him for me when he was due a feed. This would have been soooo much better!

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That would have made my experience so much easier. Having my daughter by c-section and then being on both a fluids and blood drip, and having to be alone the whole time my daughter ended up co-sleeping as there was no one to pass me her when she cried in her cot, this would be a godsend to so many.

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Wow!!! This is amazing! So much beneficial evidence on both mother and baby for co-sleeping! I ended up co-sleeping in hospital following my unplanned section, and the midwives and HCA's were amazing at making sure we were both safe ❤️

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I would have benefitted from this after my c section, had to use the call Bell to asks someone to pass me my daughter as on my own due to covid restrictions

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Yes I think these need to be available to all if they can't supply side car cots

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I absolutely think this would have been beneficial when I had my little one.

I actually co slept with her in the hospital, no matter how many times she got put in her cot when I had fallen asleep. 😞

I knew she was safe, and it was my risk to take.

However I think this is a good compromise for those wanting their baby as close as possible!

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Definitely I couldn't move postnatally! ❤️

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This would be amazing! Could you also look into Health Visitor guidance and support of co sleeping? A lot of the parents I support co sleep but don't feel comfortable sharing it with HVs due to fear of judgement 😞

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Absolutely! I had an epidural, and my 1st born had a dirty nappy. I couldn't reach her safely to lift her. I did eventually do it, but as a first time mum, it was terrifying hearing her cry for so long, and not be able to do anything about it.

[Care](#) [Reply](#) [Hide](#) [Send message](#) 2 d





Yes!!! Especially after a c section I could barely move

Love Reply Hide Send message 2 d



Absolutely! I had my twins last week by c section and felt completely useless as I couldn't reach them. As a first time Mum, it was quite overwhelming and this would have helped 100%.

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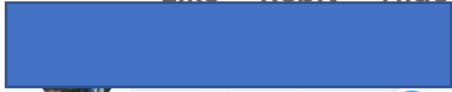
↳ 1 reply



This would be so needed for C-Section mummies that can't sit up to pick up their babies on busy wards with no midwives available! 😊

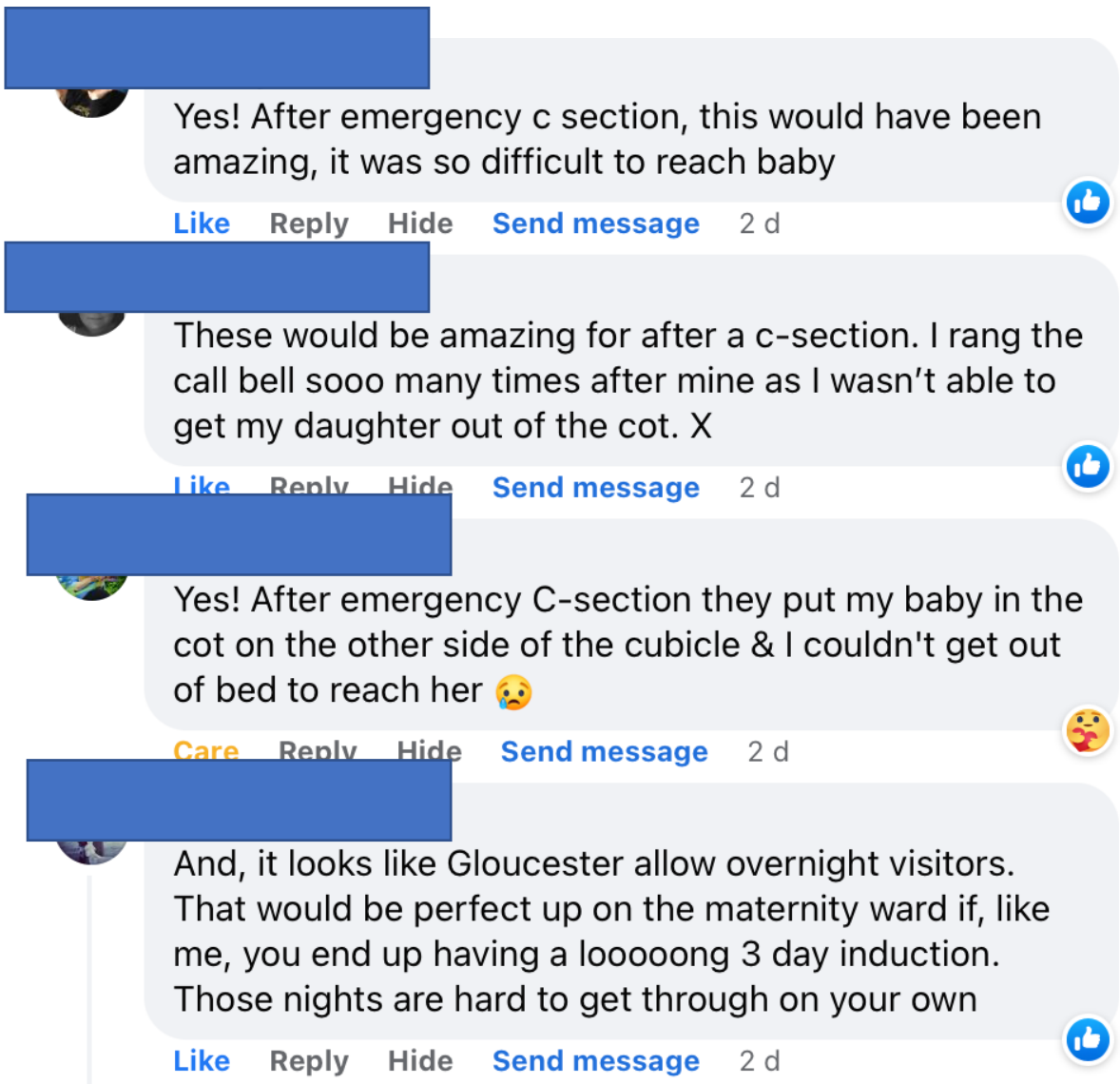


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Brilliant idea! 👍

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Members were realistic, compassionate, and open minded about the request for further birthing partner support. Recognising that in some cases birthing units and wards are not able to practically meet this demand without huge financial and practical investment of the sort which is unlikely to happen currently. This does not mean the issue should be off the agenda, however.

From the recent survey and discussion, Devon MVP propose the following:

- Determine current policies and document – be clear and transparent for service users
- Discussion and investigation with Transformation Midwives and Ward Managers regarding the opportunities and challenges to provide 4 hours visiting for visitors other than the nominated birth partner including children of women and birthing people staying on the ward

- Determine if all trusts are back to having two birthing partners present during labour and delivery, if not can this be accommodated
- Discussion and investigation with Transformation Midwives and Ward Managers regarding the opportunities and challenges to providing 24-hour birthing partner visiting for those being induced antenatally and in a side room
- Consider an addition to the Personalisation and Choice Journal relating to visiting policies
- Investigate options for ward tours and raising awareness of this provision
- Co-production of video ward tours with MVP and Trusts
- Co-production of Q&A videos regarding Ward Stays between MVP and Trusts
- Co-production of visiting hour posters between MVP and Trusts that provide warmth
- Co-production of post-natal ward stay information packs between MVP and Trusts
- Use of 15 step fundings to make postnatal ward less clinical (as noted in all 15 steps reports) and add the warmth that women and birthing people need
- Recruitment of Peer Support Volunteers for postnatal wards – MVP involvement in role descriptions, recruitment and training
- Consider purchasing over-the-bed cots prioritised for those less mobile