



KERNOW

Maternity & Neonatal voices

Working in partnership to improve services for all

Annual report 2025/26



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Message from our team



We want to take this opportunity to send a huge thank you from the bottom of our hearts to every individual, family and member of the community who has shared their experience, answered our calls for feedback and been involved in discussions around making improvements across maternity and neonatal services in Cornwall and Isles of Scilly this year. We are continually humbled by the dedication and passion of staff from all disciplines and by the generosity and strength of the families we represent. It is a true honour to be supported to do this work and to be leading the way for meaningful, ethical and embedded participation, co-leadership and improvement. We have written this report to shine a light on some of the work we have done in partnership with the local system across Cornwall and Isles of Scilly. We were unable to include everything but we hope this gives a true representation of the commitment and hard work of all the teams involved.

We truly believe to deliver safe, personalised and kind services to all, the voice of the families must hold at least the same level of power and influence as anything else. We must celebrate and encourage a culture that is reflective, welcomes challenge and learns for excellence. Where accountability and compliance can co-exist with learning and improvement. The journey is never over; improvement does not stand still and learning never ends. We hope to continue this work for many years to come. We would finally like to recognise the amazing work done by two members of the team who have gone on to new opportunities during this year, Kathryn and Nick were both hugely valued and their work is represented throughout this report.

Nicki, Morwenna and Kath

About us

Kernow Maternity and Neonatal Voices Partnership (MNVP) is commissioned by the Cornwall and Isles of Scilly Integrated Care Board (ICB) to fulfil its responsibility to involve service users and communities in maternity and neonatal services.

Our vision

Inclusive, safe, personal and kind maternity and neonatal care for everyone in Cornwall and Isles of Scilly, designed, implemented and evaluated in partnership with the communities that receive the care.

Our purpose

To ensure service user voice is at the centre of decisions and to provide insight and oversight to improvements, quality and safety of services. We provide leadership through the lens of service user voice within the perinatal leadership team of Royal Cornwall Hospital Trust.

Our approach

People's views come first – especially those who are often marginalised or ignored by institutions and systems. We believe in transparency, openness and co-production. We positively challenge, question and support the development and oversight of maternity and neonatal services by raising the voices of service users and supporting them to be involved.

How we find out what matters to you

We are always listening. We want to involve as many people as possible in our work and to hear from a wide range of voices and communities from across Cornwall and Isles of Scilly. Our team uses many ways to raise awareness of our work and to find out what matters most to you, including:

- Going out into the community
- Running surveys and focus groups
- Working with other organisations
- Visiting services to see how they work
- Using social media
- Meeting directly with families to listen to their experience.

Find out more and get involved



[Kernow MNVP Website](#)



info@KernowMNVP.co.uk



[@KernowMNVP](#)



[@KernowMNVP](#)



Insight and intelligence

This is the first full year as an MNVP we have run a comprehensive survey that covers the full pregnancy experience. From antenatal care in the community to postnatal care including both qualitative and quantitative data from families in Cornwall and the Isles of Scilly, this survey ran between April 2025 and April 2026. The findings reveal a service characterised by high levels of individual staff compassion but significant systemic and environmental challenges.

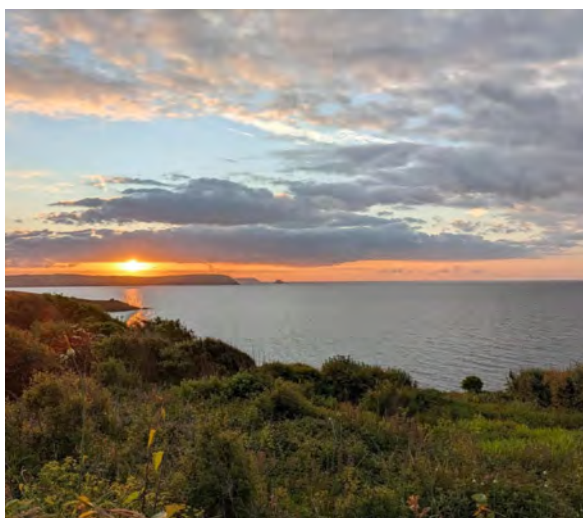
96% of service users rated their pregnancy care as average or above, with many of our respondents taking the time to feedback exceptional care from individuals across multiple settings.

Many service users reported very positive experiences regarding the levels of care they received from midwives throughout their pregnancy. A **common theme was the kind and caring approach of staff**, with many describing their midwives as compassionate and friendly. Others noted how reassuring their midwives were, bringing a calming demeanour to a stressful period in their lives. A further positive was the respect the midwives regularly showed service users, with many reporting how they were treated with dignity and felt listened to throughout their pregnancy.

Satisfaction levels dip during the postnatal (79%) and GP-led community care (74%) phases. Over the last 12 months Kernow MNVP have linked via **Kernow Parenting Journey Steering Group, Empowering Health in Pregnancy and Personalised Care** strands of work to feed back service user experiences to impact care postnatally.

Areas for improvement around the **continuity of care** emerged. Rather than an expectation of one midwife to deliver all care, service users recognised and understood the stretch on the system. They were raising concerns that key information wasn't passed on, birth plans not read and this felt really important. Families expect to receive care that is joined up, consistent and equally compassionate, no matter who is delivering the care.

Geographic accessibility for West Cornwall residents, and a perceived lack of **support for maternal physical and mental health following birth** arose as issues to address. Other key areas requiring intervention include postnatal ward hygiene and temperature, breastfeeding support, and a development of communication systems between hospital and community teams.



“All staff we have worked with have been very kind and compassionate and reassuring that we could get in touch at any time.”

Antenatal

The antenatal period is marked by high praise for staff demeanour, contrasted with difficulties in maintaining continuity of care and navigating geographic barriers.

Core strengths

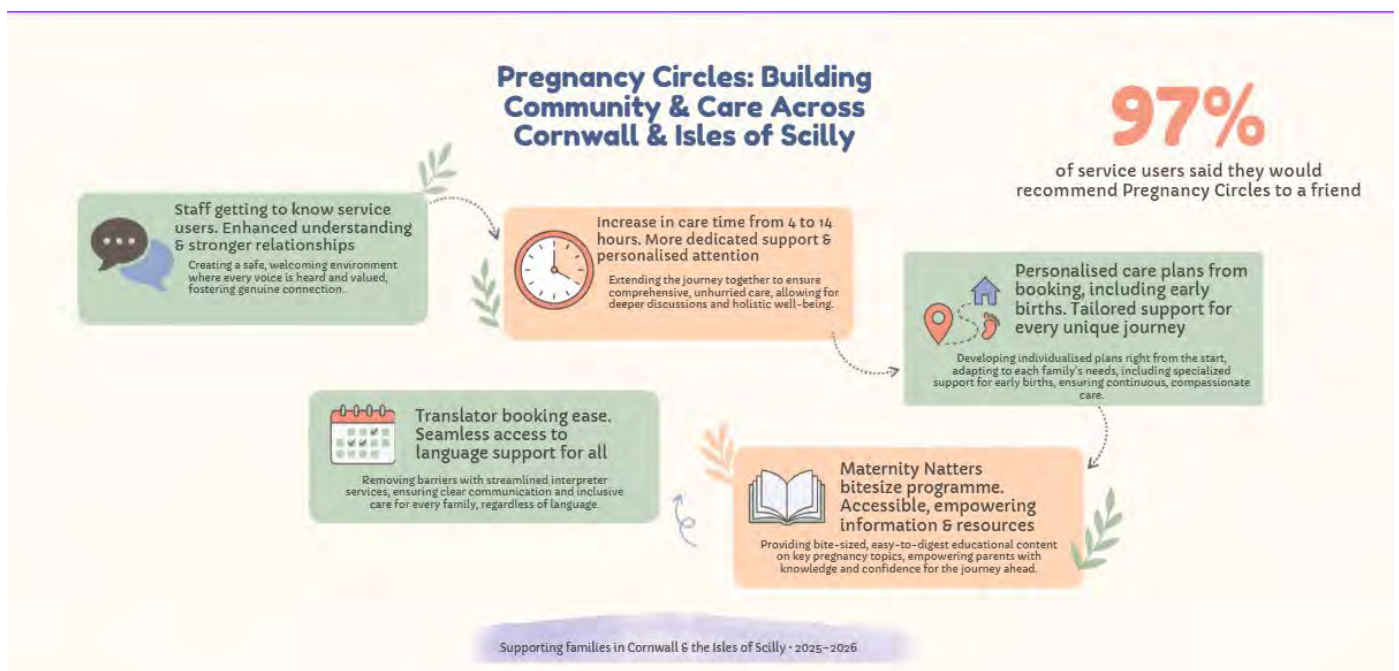
- **Interpersonal Care:** Service users consistently reported being treated with kindness, respect, and dignity. Midwives were frequently described as ‘**compassionate**’, ‘**calming**’, and ‘**reassuring**’.
- **Information Quality:** For many, communication regarding medical issues, choices and growth scans was timely and responsive.

Primary challenges

- **Continuity of Midwifery:** Service users saw an average of 2.3 midwives with some seeing four or more during a pregnancy. In some instances, the lack of a consistent midwife led to concerns that clinical issues, such as growth discrepancies, were overlooked or information and advice was not consistent.
- **Geographic Disparities:** Residents in West Cornwall face long travel times to Truro, causing significant anxiety. Despite its proximity, Helston Birth Centre remains underutilized due to a lack of community familiarity and a feeling that those in the far west are ‘**forgotten**’.
- **Decision-Making Autonomy:** Some users felt labelled by clinical factors (for example, high BMI, age) rather than treated as individuals, leading to a perceived lack of choice regarding birth plans and pain management.
- **Communication Gaps:** **33%** of users were unaware of how to access pregnancy records online. Disjointed guidance between Cornwall and Devon Trusts created confusion for families moving between counties. Inconsistent provision of translation services (for example, Swahili) impacted the understanding of care for non-English speakers.

You Said, We Did

Over the course of 2025/26 we have begun to embed Pregnancy Circles across Cornwall and the Isles of Scilly to respond to some of these challenges.



Labour and birth

Care during labour is generally well regarded, though significant trauma was reported by users who felt their birth plans were ignored or their pain was dismissed.

Core strengths

- **Safety and environment:** **93%** of users rated labour care as average or above. Staff were praised for creating a supportive environment that reduced anxiety.
- **Clinical communication:** Positive experiences were defined by clear explanations of procedures and trauma-informed care even during complex situations and fast changing environments.
- **Birth choices and Personalised Plans:** Women and birthing people mostly report that when they expressed a wish for a plan outside of usual guidance there was a clear pathway for them to receive support. They felt heard and their choices respected. This led to them feeling safe, cared for and able to change their mind at any time.

Primary challenges

- **Birth Plan deviation:** While **86%** felt listened to, a subset of users reported that their wishes (for example, dimmed lighting, delayed cord clamping, feeding preferences) were ignored. When this was reported it was very impactful on the overall experience.
- **Informed consent:** **17%** of users did not feel fully informed about the risks associated with induction. Some reported feeling pressured into inductions without understanding the possible impact of this decision. There was a strong feeling that written information is not enough and an individual discussion and support with decision-making was required.
- **Pain management mistakes:** Feedback included reports of '**excessive pain**' caused by delay in staff recognising labour or people feeling their requests for pain relief were ignored. Uncontrolled pain, often led to further anxiety, panic and emotional trauma.
- **Birth trauma:** Some users reported ongoing impact of birth trauma, with a small number reporting they developed PTSD due to feeling ignored, lacking in control or being coerced into treatment they did not want. Some people report a lack of recognition of impact of birth trauma and therefore lack of ongoing support.

You said, We did

- **Induction of labour working group:** Roll out of the mechanical induction method, expansion of outpatient induction pathway, patient information and updated consent forms. Supported through surveys, community engagement and review of our ongoing feedback data.
- **Review of Birth Choices pathway:** Supporting the Multidisciplinary Team to review birth outside of guidelines pathways for anyone considering choosing care outside of guidelines. Learning from positive experiences.
- **Sharing positive examples and direct positive feedback to staff:** We often receive feedback that directly names staff members and outlines the amazing impact that person had on an individual's journey. Whenever we receive this, and consent is given, we share directly with the staff member to celebrate them and the work they do.

Postnatal ward

The postnatal period, particularly on the Wheal Fortune Ward in Truro, represents the most significant area of dissatisfaction, with satisfaction dropping to 79%.

The 'Feeding Gap'

A consistent issue identified is the inconsistency of breastfeeding support.

- **27%** of users reported receiving no breastfeeding support while on the ward.
- Conflicting advice from different staff members led to stress, and some users reported giving up on breastfeeding entirely due to the lack of access to the Infant Feeding Team visit before discharge.
- When specialist support was received the impact was reported to be positive and breastfeeding was much more likely to be successful.

Ward conditions and hygiene

The physical environment of the Wheal Fortune Ward was a consistent theme. We recognise that the physical environment is difficult and we look forward to supporting the development and build of the new Women and Children's hospital as well as supporting improvements where possible in the current space:

- **Temperature:** Rooms were described as '**unbearably hot**' and '**cramped**'.
- **Hygiene:** Facilities were described as '**disgusting**' and '**shockingly filthy**,' with reports of users having to clean up bodily fluids from previous occupants in bathrooms.
- **Noise:** The ward was characterized as '**loud**' and '**lonely**'. Users reports sleep being extremely difficult and that they were not prepared for how challenging this environment would be.

Postnatal pain management

One in four people felt their pain was not managed well. Users reported:

- Having to '**constantly ask**' or '**fight**' for pain medication
- Staff not returning after answering the call bell and forgetting to bring medication
- Lack of knowledge and understanding of the self administration policy.

Forward look for 2026/27

Pain Management Review: In line with national reporting, poor pain management was a theme which ran through labour and birth, and the postnatal period.

We feel the following suggestions could be explored.

- Ensure families have clear understanding of what to expect; Maternity Matters video and Pregnancy Circle information can be reviewed.
- Review escalation pathways to ensure clarity for service users to be able to request pain relief and receive pain relief swiftly, in line with their need.
- A process for ensuring postnatal pain management is planned, discussed and communicated with both the service user and staff, antenatally to reduce delay and anxiety.

Spotlight: Postnatal care in the community

Post-discharge care shows a disconnect between the care provided for the infant and the care provided for the mother. Women and people report more confidence in accessing care for their baby if required and less confident in services available for the postnatal recovery of themselves.

GP interaction

While some experienced holistic and positive interactions with their GP after birth, a significant proportion report either not receiving any care at all or feeling overlooked, dismissed or not listened to. The most significant and frequent feedback regarding the GPs was the lack of enquiry around the physical and mental health of the mother. Many services users reported feeling ignored throughout the checkup with the sole focus on the baby, with the GPs showing little regard for mother, despite some still suffering with physical trauma from the birth.

- **Maternal neglect:** Multiple reports indicated that GPs focused exclusively on the baby, failing to inquire about the mother's physical healing (for example, stitches/tears) or mental health. Some even reporting GPs refused to examine them physically when asked or dismissed mental health concerns when raised as '**normal**'.
- **Missing check completely:** Some reports share that their check was missed completely, some reached out to practices and were told '**we don't do them**'.
- **Standardized questioning need:** Questions were described as '**mundane**', leaving mothers feeling overlooked and '**worthless**'. Often birthing people weren't aware a mental health check had been performed (only asked if they felt 'okay').

 *"I felt like a lot of attention was given (as it should!) to my new baby however now that I had given birth, my recovery was a side thought unless I was experiencing real trouble. I was not asked about my 2nd degree tear and stitches, my mental health, nutrition and exercise and general well-being."*

You Said, We Did

In response to this ongoing feedback, Kernow MNVP linked with a GP, embarking on a year placement with the Public Health team to review the GP 6-8 week check.

- We attended multiple national webinars highlighting training gaps for GPs and a lack of understanding for local referral pathways.
- We gathered our intelligence from communities and supported the Public Health team in producing a toolkit. Drawing on the work for the Personalised Care and Support Plan.
- We also linked in with key pieces of work such as the Women and Girls Health Strategy, Community Hubs and Integrated Neighbourhood Teams.
- We delivered a presentation on the antenatal education program (Pregnancy Circles, PCSP, Natters) at the GP Conference in 2026.

This year we continue to develop this work, raising the issue with the Peninsula Local Maternity and Neonatal System Board.

Engaging with our communities

Engagement this year has extended far beyond just gathering feedback. It has been about meeting families where they are, building trust within communities, understanding how people want to engage, and creating opportunities for families to influence maternity and neonatal services in ways that feel accessible, meaningful and genuine.

Guided by the Lundy Model of Participation, Kernow MNVP has continued its journey beyond consultation and towards active involvement. We have worked hard to ensure families have safe spaces to share their experiences, opportunities to have their voices heard, audiences who listen, and increasing opportunities to influence decision-making and service development.

Most importantly, we have been privileged to meet hundreds of families across Cornwall and the Isles of Scilly who have shared their experiences, ideas, challenges and insights for the future of maternity and neonatal services.



Community engagement

Our weekly sessions at St Blazey and St Austell Family Hubs enabled us to engage with hundreds of families in welcoming and trusted spaces. Regular attendance helped build relationships and gather valuable feedback from families who may not have engaged through traditional consultation methods.

We joined weekly Rhyme Time and Story Time sessions in libraries across Cornwall, visiting a wide range of communities and connecting with more than 100 families. Libraries proved to be ideal places for engagement, providing a friendly and familiar environment where parents and carers felt comfortable sharing their experiences. We received a wealth of feedback from families with diverse experiences of maternity and neonatal services, giving us valuable insight into what is working well and where improvements could be made. By meeting families in their local communities, we heard from a broader range of voices, including people who may not have engaged with Kernow MNVP through more formal events or surveys. This approach helped build relationships across communities and reinforced the value of taking engagement opportunities directly into family-friendly local spaces.



15 Steps

This year, we carried out two 15 Steps reviews, one on the Neonatal Unit and another evening review of the maternity wards. Both were really well attended and gave us the chance to hear from families, volunteers, staff and partner organisations about their experiences of the environment and care they received. We gathered a huge amount of feedback and insight, which we shared widely and within the Trust. It has been fantastic to see some real-time improvements made as a result of what people told us. The reviews showed just how valuable it is to see services through the eyes of the people who use them. Looking ahead, we're excited to build on this work by developing more bespoke 15 Steps reviews with young parents and other underrepresented communities, helping us hear from an even wider range of voices and experiences.



Cornwall Registration Service

We're really pleased to have continued our partnership with Cornwall Registration Service, with Kernow MNVP information and our survey included in every birth registration pack. This has proved to be a fantastic way of reaching families at a key point in their journey and continues to be one of our most effective ways of gathering feedback. Around 20% of all our survey responses now come through this route, helping us hear from a wider range of families across Cornwall and the Isles of Scilly. We're delighted by the success of the project and look forward to continuing this valuable partnership over the coming year.



Engagement events

This year, Kernow MNVP has really enjoyed working alongside local community groups and organisations at a variety of engagement events across Cornwall. These opportunities have allowed us to meet families from a range of communities, have meaningful conversations about maternity and neonatal services, and hear firsthand about families' experiences. We've also enjoyed attending student midwife conferences and training days, connecting with future midwives and sharing the importance of listening to the voices of families. Building these relationships has helped us raise awareness of Kernow MNVP, gather valuable feedback, and ensure that family experiences continue to help shape and improve local services.



Porth Project: Community connections

This year, the Kernow MNVP Engagement Team developed the Porth Community Connections Group for Global Majority families under the care of the Porth Midwifery Team.

The group was created in response to health inequalities highlighted in national maternity and neonatal reports, alongside concerns raised by the Porth Team Midwives about social isolation and the need for families to connect with others who share similar experiences.

The group has provided a welcoming and culturally sensitive space where families can build friendships, share experiences, and access support. Translation support and Pocketalk technology, alongside partnership working with local organisations, has helped reduce barriers to participation, including language and transport challenges.



Following the principles of the Lundy Model of Participation, families have shared their experiences and provided rich insight and feedback around maternity and neonatal care received in Cornwall. This feedback is being shared with the Trust to ensure family experiences directly influence decision making and service improvement in maternity and neonatal services.

A key outcome has been the friendships and support networks that have developed beyond the sessions, with families meeting independently and supporting one another in their local communities. The group also has an active WhatsApp group which has become largely self sufficient, providing a valuable space for families to share information, advice, local opportunities, and peer support between sessions. The group has grown into much more than a coffee morning, becoming a trusted community where families feel welcomed, valued and connected.

The Kernow MNVP Engagement Team will continue to develop the group alongside families and the Porth Midwifery Team, while using the learning from this project to explore similar community led approaches in other areas of Cornwall where families experience health inequalities, isolation, language barriers, or reduced access to support.

Exciting events

Chief Nursing Officer Summit, London

In October 2025 Morwenna travelled to London with Kim O’Keefe, Chief Nursing Officer and Bernadette George, Director of Nursing, Midwifery and Allied Healthcare. The Chief Nursing Officer Summit brought together all the CNO’s from across the country and included Duncan Burton, Chief Nursing Officer and Kate Brintworth, Chief Midwife.

Delivering a joint presentation, Kim and Morwenna discussed the relationship development between Kernow MNVP and Royal Cornwall Hospitals Trust. In 2017, the Care Quality Commission (CQC) rated maternity services at the Trust as inadequate. In April 2018, the Kernow MNVP was established. Our purpose was to bridge the gap between service users and decision-makers, ensuring that the lived experiences of women, birthing people and families became central to how services were designed, delivered and improved. By 2019, the CQC rated maternity services as good — a significant transformation in just under three years. And this rating was maintained in 2023 during the national maternity inspection round when other services were struggling post COVID and being downgraded. This was not the result of a single intervention. It was the product of a sustained, structured, and evidence-informed approach to engagement, leadership and collaboration.

“It was a pleasure to have you join us, and I look forward to staying connected and continuing the important conversations you helped spark. Your leadership and commitment to patients, families, the public, and the nursing and midwifery professions make a real difference, and I am excited about the positive impact we can achieve together.” (Duncan Burton, Chief Nursing Officer)

Health innovation South West PIER study day

It is hugely important as the MNVP that we continue to highlight how we can elevate and amplify our service users experience to influence change. Be that system change or cultural change, we are committed to ensuring that all staff, senior leads and staff on the ground experience the value of the service user lens when it come to training. This presentation was done in collaboration with Devon MNVP to support cross border working and training.

“An excellent study day with a great range of speakers. So relevant to practice and improving outcomes.” (Anonymous attendee)



Kernow Parenting Journey (KPJ)

Pregnancy Circles

Pregnancy Circles have now been embedded as part of the antenatal offer for Royal Cornwall Hospital Trust for 18 months, following a staggered roll out across the community, in line with training.

As a model, the evidence base, supported by City St George's, University of London, provides clinical evidence that group care is safe. Service users within group care are five times more likely to quit smoking; those from the most deprived backgrounds or global majority families have a reduced risk of preterm birth; and for diabetes patients, evidence has shown group care has impacted medication requirements.

 *"My previous midwife appointments mainly focused on routine checks at each stage, with little to no discussion about the pregnancy or the topics covered in the Circle. I often saw different midwives each time. In contrast, the Circle felt like a supportive community, with consistent midwives and the opportunity to connect with other expectant mothers."* (Service User, 2025)

Local Updates

Penrice is our flagship site. Pregnancy Circles are now delivered by all teams and is the universal offer (between 3-4 circles running weekly).

The team lead is developing a mentorship program to support the new sites launch successfully.

Coaching and debriefing sessions are being run by the KPJ Project Lead.

West Cornwall

While running Pregnancy Circles here, these have aligned with the Vaccination and Consultant clinics, enabling families to make the most of appointments.

North Cornwall

Wadebridge and Launceston Pregnancy Circles have now launched.

Newquay Pregnancy Circle has been delayed due to estates issues.

Isles of Scilly

Due to the increasing number of pregnancies, Circles will launch October 2026. This is an adapted model with a focus on information specific to island families.

 *'I hold my hands up. At first, I couldn't see it, I didn't get it. But we need to shout about it. How do we let everyone know?'* (Midwife, March 2026)

Pregnancy Circle training

Train the Trainer: Two members of the leadership team are now trained so we are fully sustainable.

Training: 24 members of staff; midwives, team leaders, clinical psychologists, Health in Pregnancy practitioners, health visitors, breastfeeding peer support workers, parent workers.

Engagement and Impact Report: A six-month Kernow MNVP project listening to parents and staff experiences of the full antenatal model.



Postnatal Circle Pilot

A natural component of the Pregnancy Circle model has been the additional commissioned services that wrap care around our families. KPJ highlighted this development was happening organically and built on interpersonal relationships between staff, who immediately recognised both professional and service user benefits to this joined up delivery of care.

Support was offered by other sites who have developed Postnatal Circles as well as the REACH study team. Simultaneously the Health Visiting service launched the Healthy Child program which has significantly altered capacity.

A series of meetings were held throughout the year working towards planning a Postnatal Circle pilot. Multidisciplinary team training took place, bringing multiple agencies on board and being skilled to offer an equitable approach across the county.

This pilot will be planned and delivered in line with capacity over the next year.

Health Visiting Conference: December 2025

Update for Health Visiting on the antenatal offer: Pregnancy Circles, Personalised Care and Support Plan and the Maternity Matters Bitesize program.

Neonatal

Review of ODN Neonatal Survey Data

The Royal Cornwall Hospitals Trust Neonatal unit has only linked in since mid-December with the regional reporting format. Long term this will bring a host of benefits. For the purpose of this report, it only feels appropriate to report high level themes as it can only fulfil the final reporting criteria.

Forward look for 2026/27

Development and promotion of the survey both on the unit and in the community with a focus on increasing feedback.

Top themes

Orientation of
the ward

Infant feeding
support

Mental health
support

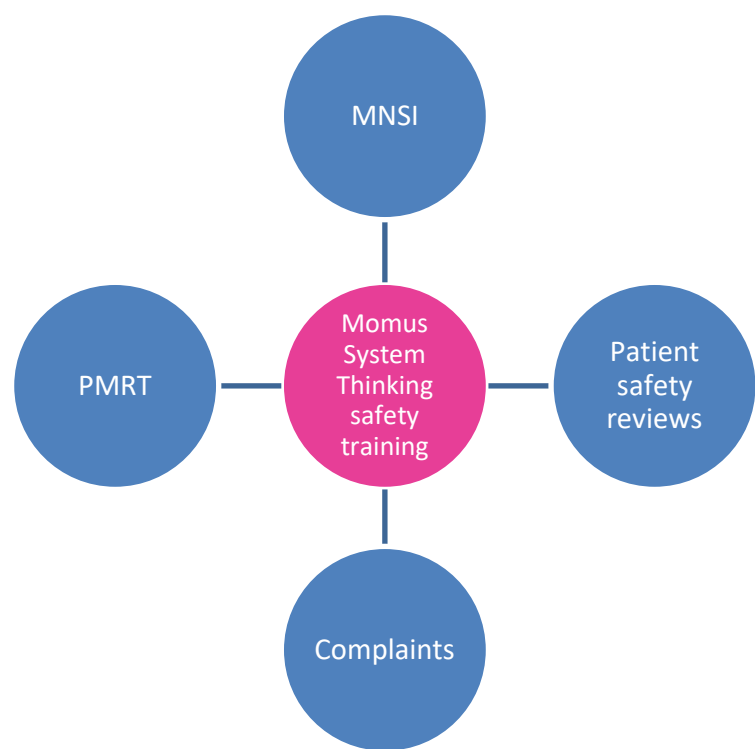
Communication
between different
teams

Key Work Strands in 2025/26

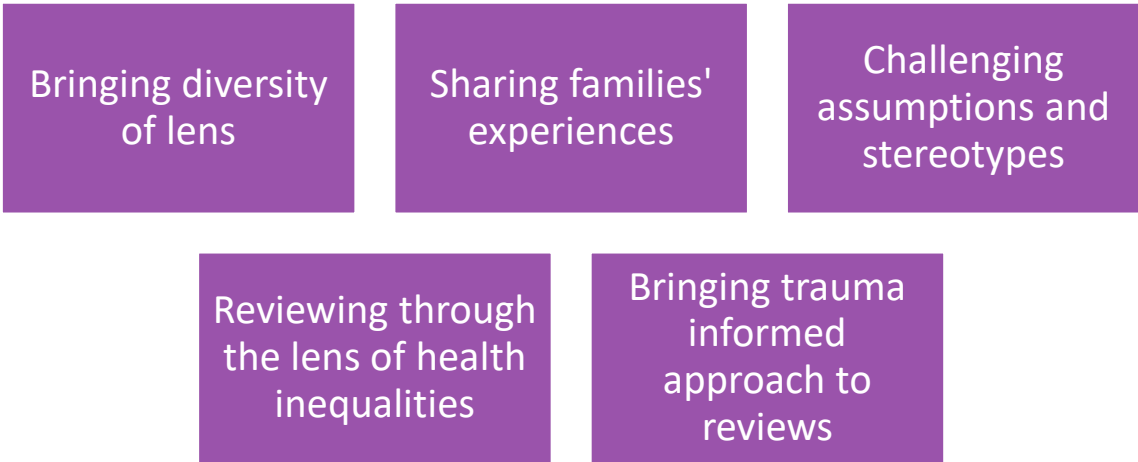
- SW Neonatal Network Winter Education Forum
- Enhancing Personalised Care Community Of Practice
- Improving Black Families Experiences on Neonatal
- Improving Postnatal Care for Neonatal Birthing People
- South West Neonatal Parent Advisory Group

Patient safety and learning

This year we have continued our involvement in the patient safety and learning space with Royal Cornwall Hospitals Trust. This has included attending system thinking safety training alongside the patient safety team which supported us to explore how we review incidents, identify learning and ensure strong SMART action plans to deliver lasting change. We have worked together to start to embed this learning in all the established processes we use to review and learn.



Ways we support patient safety



Patient safety and Learning

Our senior leads Nicki and Morwenna are embedded alongside the Perinatal leadership team at Royal Cornwall Hospitals Trust. They meet regularly with the executive and non-executive board level safety champions. They regularly walk the wards, speak with staff and share family experiences to support the understanding and oversight of services. Kernow MNVP have the opportunity to raise any concerns directly with the leadership team and also regularly share examples of excellency to support ongoing learning.


Royal Cornwall Hospitals
NHS Trust

Meet our Maternity and Neonatal Safety Board Champions

Your Safety Champions are here to listen to you



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The Safety Champions will walk the wards and take the time to understand any concerns or issues you would like to raise. Alternatively, feel free to contact them directly with your safety concerns.

Visit our website:
www.royalcornwallhospitals.nhs.uk

We are RCHT

Respect

Compassion

Honesty

Teamwork

Outstanding
Care for One+All