

Maternity Care in 2020, before and during the COVID-19 pandemic, in Humber, Coast and Vale

Introduction

This paper reports the first part of the results from two surveys carried out by the Maternity Voices Partnerships (MVPs) in Humber, Coast and Vale via social media 9th-13th July 2020.

The survey questions can be found in [Appendix One](#). Please note, all sliding scale questions started with the scale marker in the centre, not at the lowest score, as shown in the printed versions.

Survey One is an extension of the ongoing Continuity of Carer survey, for completion postnatally, adapted to include questions related to the pandemic. Survey Two is for completion at any time during pregnancy. Both seek experiences of their maternity journey in 2020, before and during the pandemic and views on some changes that have been implemented due to the pandemic. In both surveys responses were sought only from women and birthing people, not birth partners, dads or others.

To facilitate timely actions in response to any challenges or concerns, only parts of the results are included in this report. Postnatal survey responses are presented in [section one](#) and antenatal survey responses are presented in [section two](#); [section three](#) has a summary of key themes and agreed recommendations and actions.

When referring to place of birth, we have grouped the responses by Trust, as policies and guidelines vary by Trust, and abbreviated Trust names for ease of reading.

Hull University Teaching Hospitals = **Hull** = Hull Women's and Children's Hospital labour ward and Hull Women's and Children's Hospital Fatima Allam Birth Centre

Northern Lincolnshire and Goole NHS Foundation Trust = **NLaG** = Scunthorpe Maternity Unit and Grimsby Maternity Unit

York Teaching Hospital NHS Foundation Trust = **York** = York Maternity Unit and Scarborough Maternity Unit

“Partner” is used for all responses including, partner, birth partner, husband, wife, fiancé, baby’s dad, father of baby, close relative (partner in maternity journey).

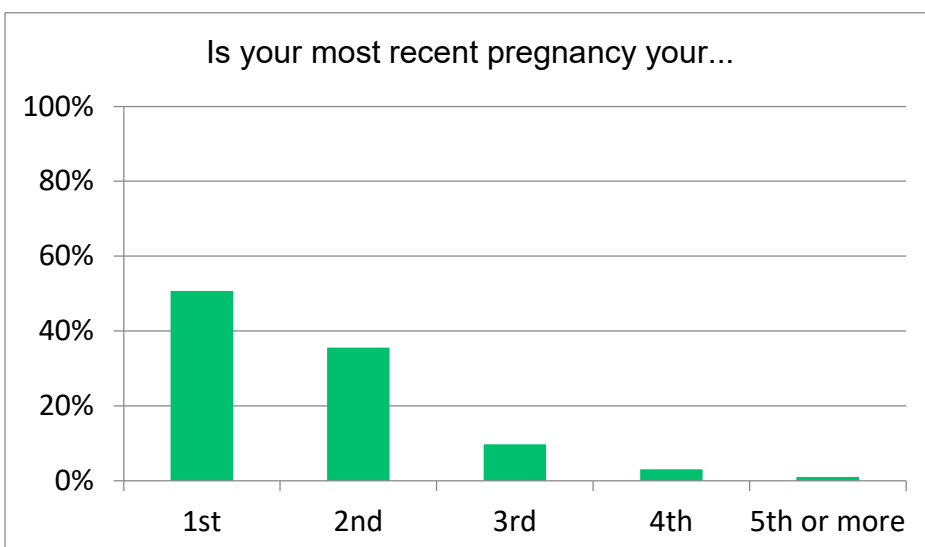
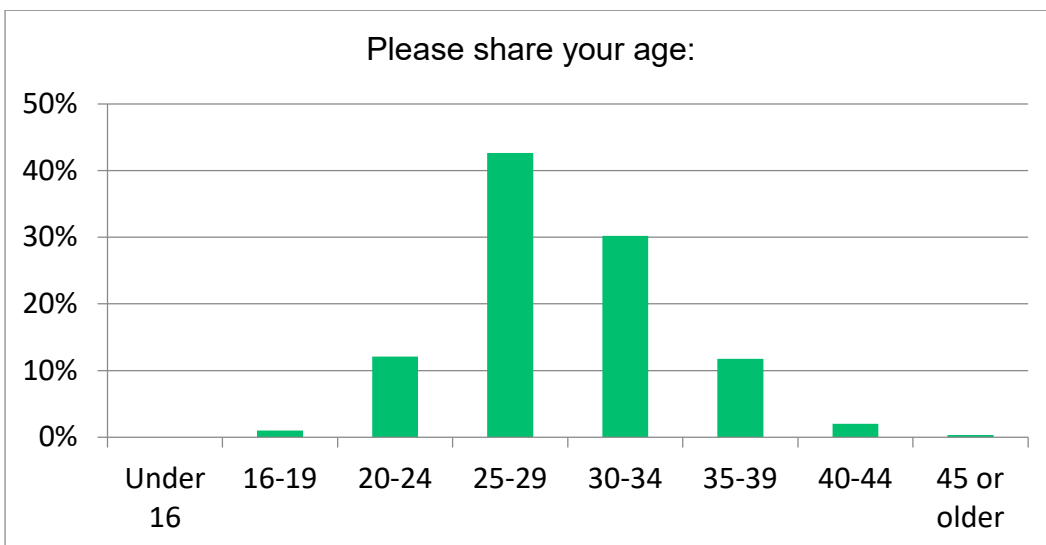
It should be noted that some responses relate to care received at the start of the pandemic, when changes to the service were frequent and flexible, so some concerns raised may already have been addressed by service providers, as detailed in section three. Also, all respondents are active (or have family/friends active) on Facebook to be able to access the surveys so we must be mindful of the cohorts not reached.

1. Continuity of Carer and Care during COVID-19 pandemic

Birth and demographic data

298 people gave complete or nearly complete responses to this survey. Of those, 80 gave birth in Jan-Mar; 204 in Apr-Jun; 14 in July*.

Location of birth	Responses
York Maternity Unit	16%
Scarborough Maternity Unit	6%
Hull Women's and Children's Hospital labour ward	28%
Hull Women's and Children's Hospital Fatima Allam Birth Centre	4%
Scunthorpe Maternity Unit	15%
Grimsby Maternity Unit	30%
Goole Delivery Unit	0%
Home	1%
Other	1%



The age distribution graph shows we have a lower percentage of women age 24 years and under responding (13%) than give birth in our area (around 25% based on 2019 data).

95% of respondents identified as White British; 3% identified as White Other and the remaining 2% included people identifying as European, Asian, Black and other minority groups.

Responses were given by 66 people living in 21 YO postcodes; 84 people living in 16 HU postcodes; 128 people in living in 20 DN postcodes; 14 people living in three LN postcodes and five people living in two LS postcodes. Full numbers of responses for each postcode is not included in this report as it may make respondents identifiable due to low numbers in some areas.

*As this survey is ongoing, options for birth dates in 2019 and 2020 are available for selection. A significant number of respondents selected Jan-Mar 19 or Apr-Jun 19 but then referred to changes in their care due to the pandemic, such as partners not attending scans/visiting after birth. Any responses that do not have clear reference to changes due to the pandemic have been excluded from the 2020 results.

Influence of COVID-19 on maternity care

Overall, 68 (23%) of respondents stated their birth plan or place of birth had changed due to the pandemic; this was broadly similar for each unit given the relatively low number of people affected. For more than half of those respondents, this change related to the limit of one birth partner in active labour, when they had planned to have both partner and mum with them, or had expected their partner to be present for the whole of labour and a longer period post-partum. Lack of access to/option of using a birth pool was cited by 18%; changes in relation to having or not having a home birth were stated by 18% of respondents to this question. This included unplanned home birth, deciding to have a home birth or choosing to not have a home birth and was more common for Hull and York Trusts.

We also asked *“how you feel any changes due to the pandemic affected your care... during pregnancy”*. Due to giving birth before or during the early stages of the pandemic, 40% of the 179 women responding felt their care was not affected. 23% commented on the ban on partners attending antenatal/scan appointments; 10% felt their appointments were rushed, shortened or less frequent; 10% felt more anxious, worried, confused or a similar negative emotional response to the situation; 8% specifically mentioned feeling alone when attending appointments. There were no trends in the negative experiences of 13 (7%) respondents.

Similarly, when asked about care *“...during labour and birth”*, 35% (63 people) felt their care was not affected and 34% stated the limit to one birth partner and time that partner could be present had affected their experiences. This included induction of labour/early labour alone (21 responses) and in a few cases midwives not admitting partners in a timely manner; these and a lack of support from midwives during early labour were the overriding reasons for the 13 particularly negative responses to this question. The possibility of partner not being there during active labour and birth was one cause of the increased anxiety and stress felt by 12% of respondents. 20% of responses reflected a positive experience, including comments about the great care and support provided by staff.

'Very well organised with social distancing and covid measures in place. felt safe and looked after'

Across all three Trusts "Care... after birth and in hospital" was not affected for 21% of respondents and 16% shared positive comments, including great care and support from midwives and a preference for quieter wards (6 people). Baby's dad/birth partner not being able to stay or visit and the lack of any other visitors was mentioned by 40% of respondents, and again 21% felt alone during this part of their maternity journey. Feelings of anxiety or other negative emotions were shared in comments by 14% of women. 21% felt the necessary support was lacking or not provided, including being left for a long time between checks from staff; 9% felt rushed out or that midwives were too busy to provide appropriate care during their stay. These were the two main reasons for the 39 (22%) strongly negative responses, of which 19 were from people receiving care at Grimsby maternity unit. This is perhaps as a result of the LDRP model of care making contact more of a challenge when personal protective equipment (PPE) is necessary. (LDRP = labour, delivery and recovery postnatal in individual rooms rather than birthing in a delivery suite then care on a postnatal ward).

When asked "how you feel any changes due to the pandemic affected your care... after birth at home" we saw a significant increase in the number of negative responses to 63 (36%), with slightly fewer negative responses from those giving birth in Hull than in York or NLaG. The majority of these poor experiences are due to families receiving very little or no support or contact from their midwives or health visitors. Many stated they had 'just been left to get on with it', one felt 'abandoned' and others said it was 'scary'. Overall, 30% of respondents stated they had received rushed, little or no support; 23% mentioned a reduced number or lack of home visits; 18% have had reduced or little contact from their health visitor and 14% mentioned the lack of baby weigh clinics/similar contact opportunities as an issue. 10% respondents again feel alone and eight percent have mentioned mental health concerns. Only three percent mentioned a lack of breastfeeding support and six percent had physical health concerns, particularly regarding episiotomy or caesarean section scar healing. Nine percent commented on the need to travel to appointments on day five rather than receiving a home visit, a challenge so soon after a caesarean birth and/or because partners couldn't also attend. Some found it worrying that it was considered safer for mum and baby to travel to appointments than for midwives to do a home visit. Only 18% of respondents didn't feel their care had been affected and 12% shared positive feedback about the general good care they have received from their midwife or health visitor.

'Midwives were all amazing and came to see me at home... Only sad thing I have found throughout is not being able to give the staff a hug... as they are very caring professionals... but not much can be done during the scary circumstances we've been under'

Information about COVID-19 and maternity care

Accurate and timely access to information about changes due to the pandemic is important to all service users. When asked “*How did you get information about changes made to maternity care because of the pandemic? (please tick all that apply)*” overall 49% of respondents stated their hospital’s Facebook page or website as a source of information, which is unsurprising given how we sought this feedback.

Answer choices	Responses
via YOUR hospital's Facebook page or website	49%
by phone	36%
via other social media or websites	32%
from friends/family	24%
by text	12%
television/radio/newspaper	12%
via your Maternity Voices Partnership Facebook page	11%
by letter	9%
I haven't been able to access any information	5%

The top five responses for each Trust varied:

Hull: 1. via YOUR hospital's Facebook page or website
 2. by phone
 3. via other social media or websites
 4. by letter
 5. by text

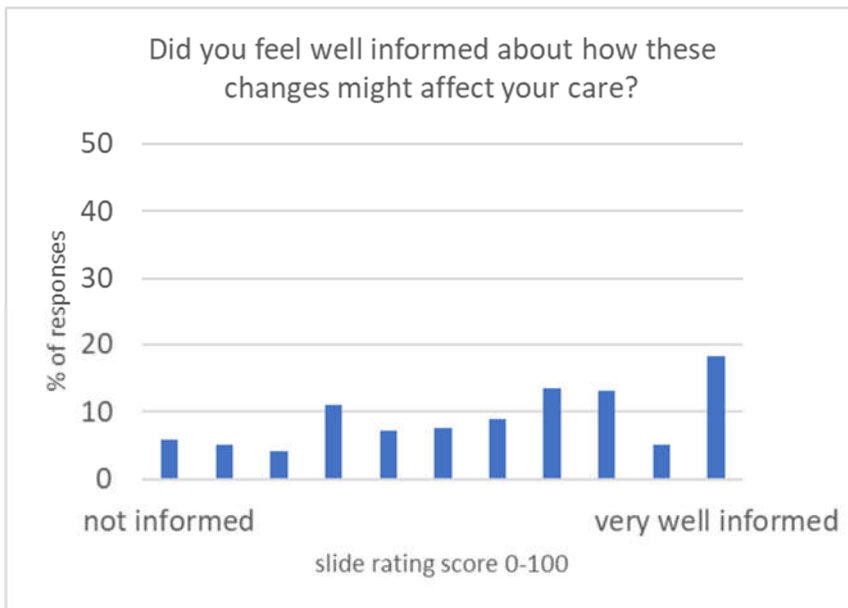
NLaG: 1. via YOUR hospital's Facebook page or website
 2. by phone
 3. from friends/family
 4. via other social media or websites
 5. via your Maternity Voices Partnership Facebook page

York: 1. via other social media or websites
 2. via YOUR hospital's Facebook page or website
 3. by phone
 4. from friends/family
 5. by text

Other sources of information included “*at appointments/from my midwife*” (7%) and a few people stated they had no/little information or received nothing proactively.

When asked “*Where else would you like to get information from?*” as a free text answer, 77% of the 117 respondents included words suggesting they wanted information sent to them rather than having to find the information themselves. “*Proactive*” was the most

common answer, with their midwife as the most popular source (23%), then by text (20%), by letter (15%), by email (13%), by phone (13%).



Responses to the next question, shown in the graph above, show that more people felt well informed about how the changes might affect their care than not. One third of respondents gave a score in the top three but one sixth of respondents gave a score in the bottom three. Also, 60% of respondents stated they were given reasons for these changes, but 14% did not feel at all informed of the reasons for changes to their care. In many cases, it was a general statement of being due to the pandemic rather than the specific details, which most people seemed comfortable with.

When asked an open question *“What other information or support from your maternity team would have been useful to you?”* we had a range of answers, reflecting the point in the pregnancy journey when the changes due to the pandemic were implemented. It is good to note that one third of people answering that question felt there was no other information or support they needed.

Around 19% of respondents stated they would like more care for themselves and/or their baby after birth, including care before hospital discharge, follow up calls or texts, baby weigh/check-up, physical check following surgery, from the relevant health care professionals. 18% would have liked more contact and/or support at various stages in their maternity journey and 12% felt unprepared for the birth, or fourth trimester for mum and/or baby.

14% would have liked more information about the pandemic and eight percent would have liked more information in advance of their appointments/birth rather than at the time: these responses came from people receiving care at the height of changes due to the pandemic. The low numbers can be seen as a success, although we would aim for all people to feel well informed in a timely manner whenever practically possible.

Views on changes to maternity services

We have asked questions about three changes made due to the pandemic:

- the “Ask our Midwife” social media messaging service
- virtual antenatal classes
- telephone/video appointments

The “Ask our Midwife” service is available on all three Trust maternity Facebook pages and allows people to private message a midwife weekdays (times vary) to ask for information and non-urgent advice. We asked:

1. Did you know “Ask the Midwife” was available?
2. Did you use this service during your pregnancy?
3. Would you want this service to be available during any future pregnancy?

Due to an error on the original survey, some respondents could only answer one of the three questions, with the majority answering the third question.

We also completed separate polls on two MVP Facebook pages asking if people were aware of the “Ask the Midwife” service for comparison with the limited survey responses:

Hull MVP	82% Yes	18% No (84 votes)
North & North East Lincs MVP	52% Yes	48% No (100 votes)
Survey responses	38% Yes	62% No (68 votes)

An average of 57% were aware of the ‘Ask the Midwife’ service.

14% of respondents to question 2 had used this service, but 72 people provided more detailed feedback, suggesting 23% had accessed this service.

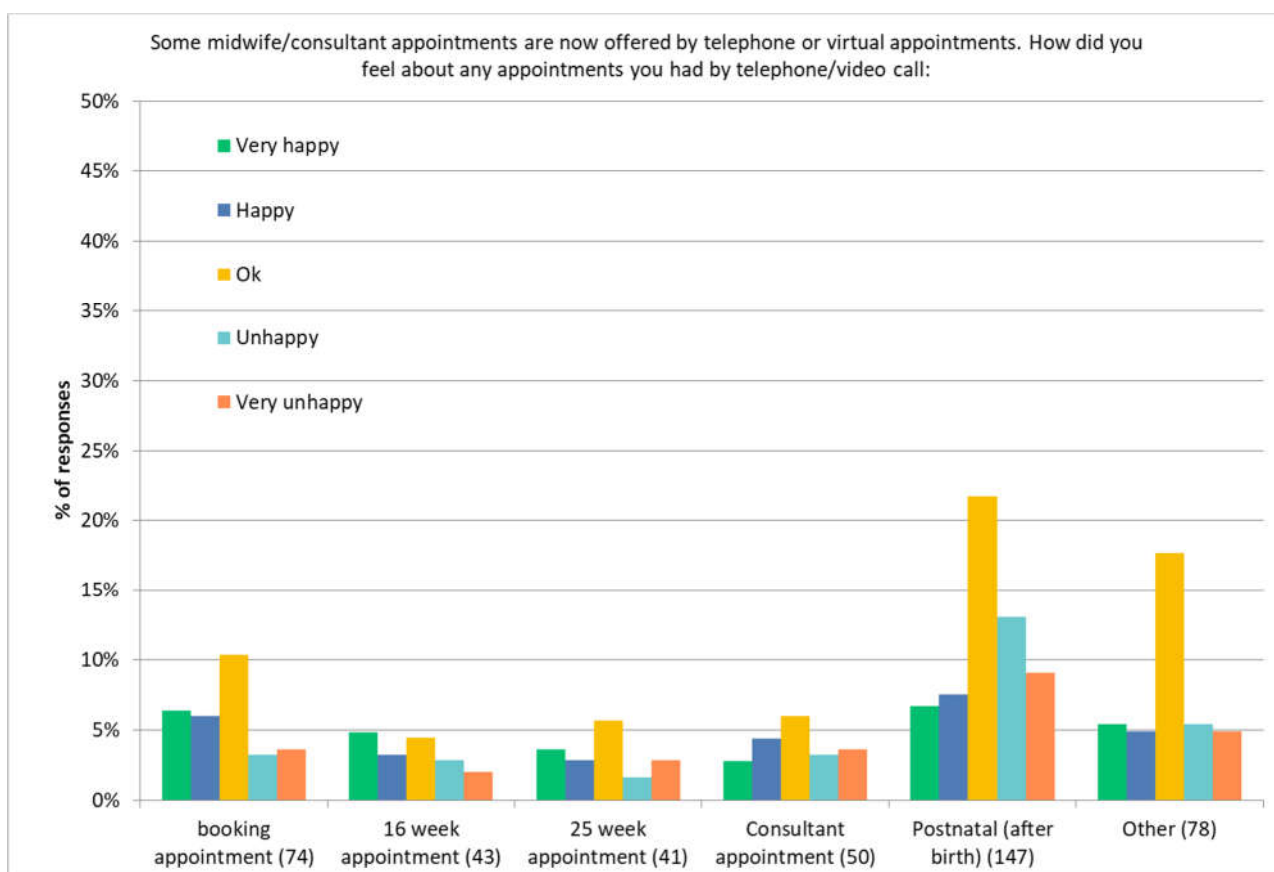
98% of the 191 respondents to question 3 answered “Yes”.

These results show overwhelming support for this service to continue and suggest a need for better promotion outside of maternity/MVP social media pages.

We also asked people who had used this service, “*What was good?*” “*What was not good?*” “*How could we improve this service?*”. Analysis of these responses will be shared with the LMS task and finish group and circulated more widely at a later date.

A limited number of respondents to this survey (44) had access to the virtual antenatal classes and online videos that have gradually been introduced across the area – these results will be combined with the antenatal survey results and reported in the next report.

The survey asked people to rate their satisfaction with any telephone or video call appointments provided during their maternity journey. As the survey is ongoing, the option of rating a virtual booking appointment was available to everyone and 74 respondents have also given this feedback, despite n/a being an answer option. Given when these people gave birth it is unlikely they had their booking appointment virtually during the pandemic.



The number of responses rating each appointment are shown in brackets; overall 256 people answered this question, but for the majority only postnatal care was provided virtually.

Comments reflected that the vast majority of people prefer face to face appointments for postnatal care – for reassurance, so that baby can be weighed and checked over, to facilitate proper (non-rushed/tick box) conversation and to encourage women to be open and honest in the discussions.

Telephone/video appointments may continue to be offered in the future. To provide insight into what may influence people’s views on receiving care in this way, we asked a number of questions about factors that may affect preferences for face to face or virtual appointments. The results of the responses from 259 people are shown in the graph in [Appendix Two](#).

Half of those responding felt it would (12%) or may (39%) be easier to have appointments by phone/video; 70% stated they could (21%) or may (49%) be able to get the information they need in a phone/video appointment but only 56% felt they could (17%) or may (39%) be able to get the support they need in a phone/video appointment. However, 89% stated they prefer to see their midwife in person and 85% prefer to see their doctor in person.

Transport issues and parking issues make attending appointments in person more difficult for 14% and 23% of respondents respectively; issues with phone/internet access make phone/video appointments more difficult for 25% of people completing the survey. 79% of

respondents said evening appointments would (34%) or may (45%) be more convenient and 44% definitely prefer phone calls to video calls whilst 17% definitely prefer video calls to phone calls. When asked specifically about the 16 week midwife appointment, 63% of respondents would not be happy to have a phone/video appointment.

Some of the reasons for these views:

'Face to face is so important when pregnant as you feel so vulnerable and reassurance face to face is so vital'

'Face to face appointments allow the midwife to physically check you which can alleviate anxieties about baby such as hearing the heartbeat'

'I feel less like another name on the list if I am to be able to see someone face to face'

'Appointments where babies well-being is being checked should be offered face to face. Any appointments where you are being given information or that require a discussion should be offered a number of ways in order to ensure that partners can be involved too'

'I would find it difficult to discuss my anxiety over the phone/video'

'I would be ok with this for future pregnancies but wouldn't have been as keen for my first pregnancy'

'It's important to see the care giver. I could be reassured with all questions and a good midwife can observe body language, rather than just listening to verbal responses'

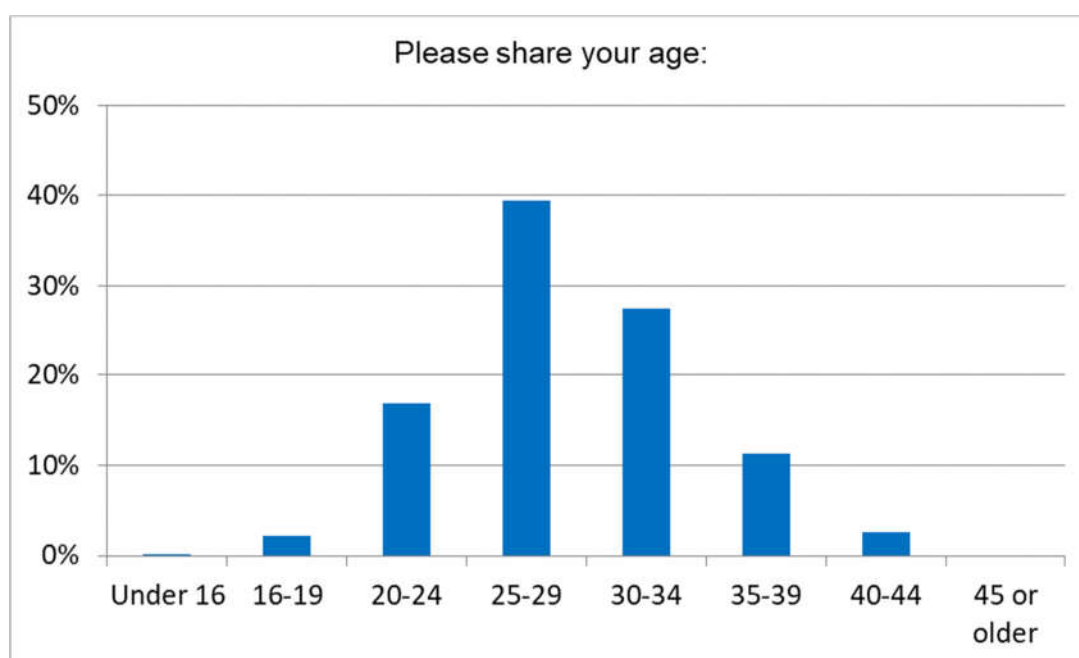
'I feel better support can be offered in person and feel that it is essential to build a relationship with your midwife'

2. Maternity Care during COVID-19 pandemic

Birth and demographic data

540 people gave complete or nearly complete responses to this survey. Of those, 53 were in their first trimester, 222 were in their second trimester, 265 were in their third trimester of their pregnancy when completing the survey.

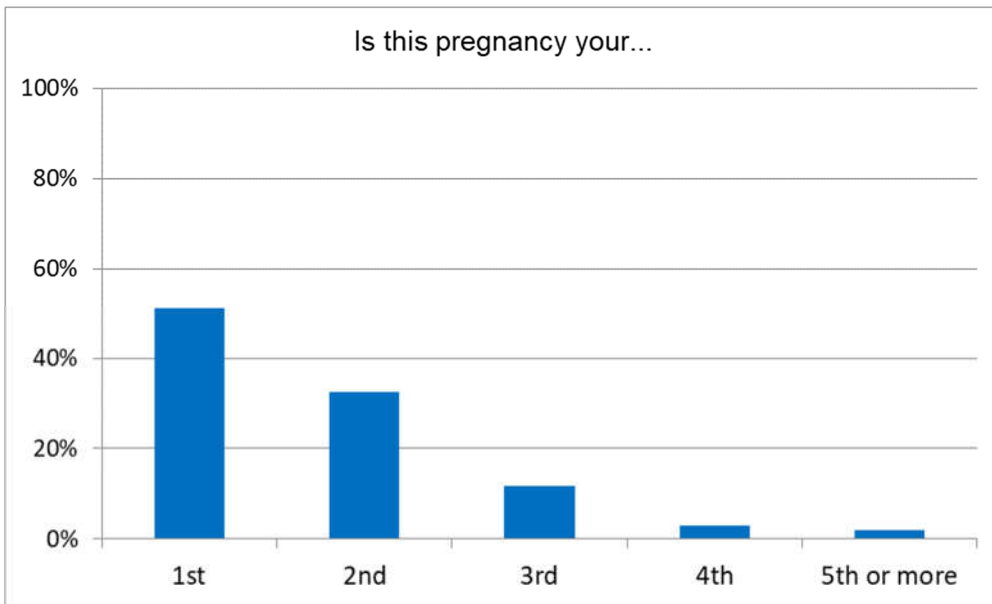
Planned location of birth	Responses
York Maternity Unit	19%
Scarborough Maternity Unit	7%
Hull Women's and Children's Hospital labour ward	18%
Hull Women's and Children's Hospital Fatima Allam Birth Centre	13%
Scunthorpe Maternity Unit	15%
Grimsby Maternity Unit	22%
Goole Delivery Unit	0%
Home	4%
Other	2%



For this survey we have 19% of respondents aged 24 years or under, which is an improved reach to younger service users.

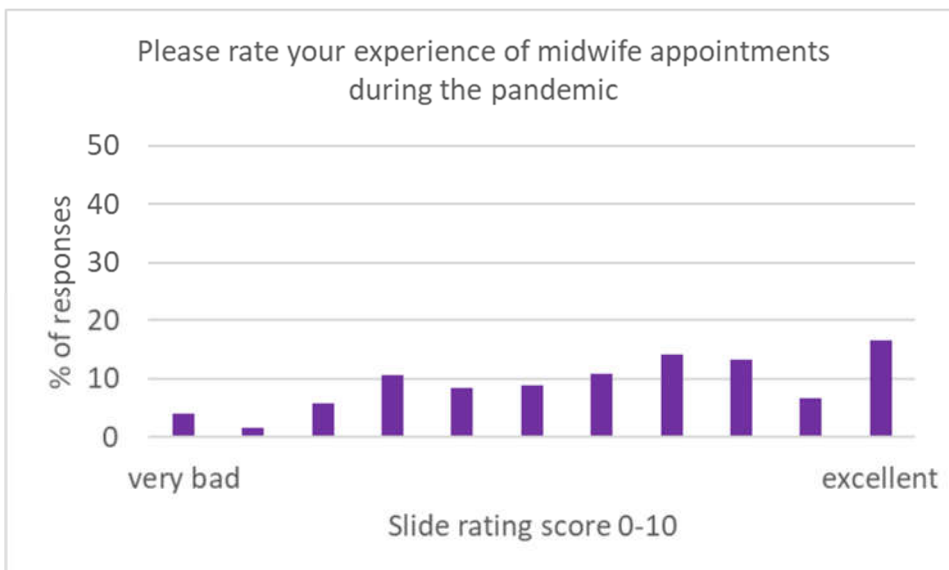
97% of respondents identified as White British; 1% identified as White Other and the remaining 2% included people identifying as Asian, Black and of mixed/multiple ethnic groups.

Responses were given by 152 people living in 23 YO postcodes; 165 people living in 17 HU postcodes; 194 people living in 20 DN postcodes; 20 people living in six LN postcodes and six people living in two LS postcodes. Full numbers of responses for each postcode is not included in this report as it may make respondents identifiable due to low numbers in some areas.



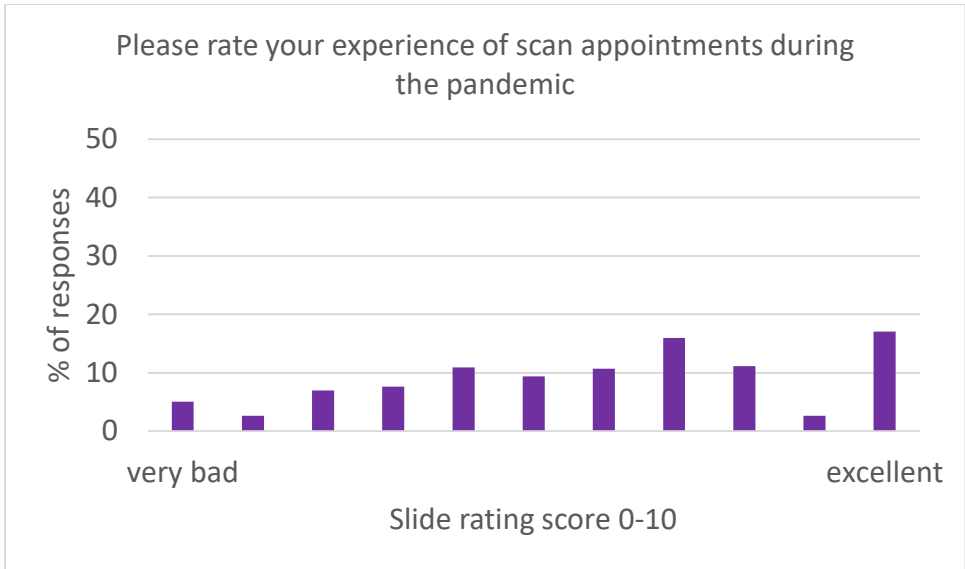
Maternity care experiences during COVID-19 pandemic

To understand peoples' experiences of midwife, scan and consultant appointments, we asked them to rate each of these on a sliding scale of 0-10 and give any reasons for their answers in a single free text response.

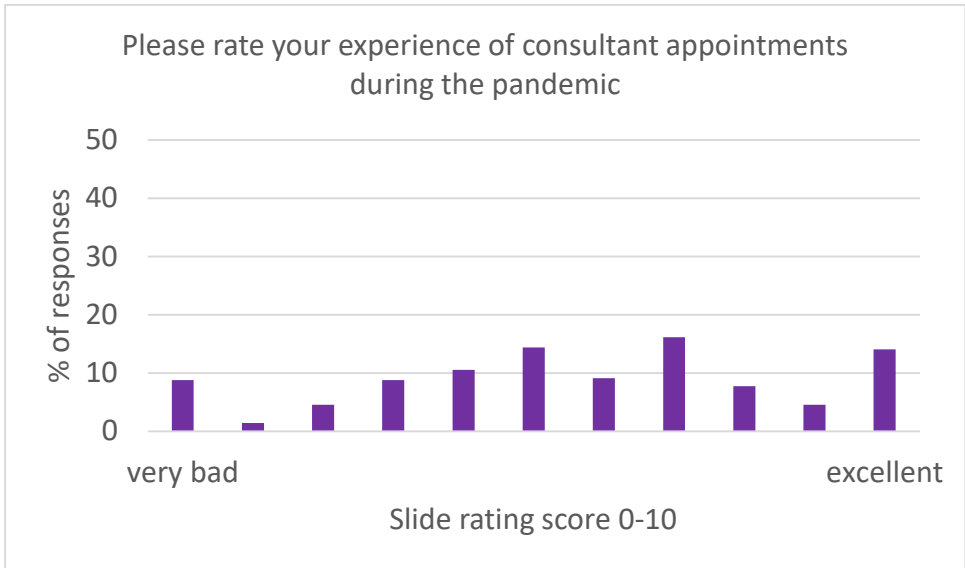


The chart above shows ratings for midwife appointments which more than half of people responding rated as good to excellent (a score of 6 or above), with 36% of the 455 respondents giving a score in the top three and only 11% giving a rating of 0-2.

Scan appointments were also rated as good to excellent by more than half of respondents, with 31% of respondents giving a score of 8-10 and 15% giving a score in the bottom three, as shown in the graph below.



Consultant appointments were rated by 285 respondents and just over half of these people rated them with a score of 6 or above; 26% gave a score in the top three and 15% of ratings were 0-2.



When asked for the reasons for these ratings the most common theme was partners not being able to attend scans or appointments. 53% of the 243 comments mentioned this, with 10% of respondents stating they couldn't understand this given reduced restrictions for many other aspects of life. 39% of respondents shared their feelings of anxiety, stress, worry, at having to attend alone (26%) and/or feeling unsupported (11%), with some stating this was daunting, horrible or upsetting (and for 5% of women this related particularly to a previous pregnancy loss). The lack of opportunity for dads/partners to bond with their unborn baby is also a concern.

30% of respondents have had negative experiences, for a range of reasons including cancelled appointments, rushed appointments (11%), poor communication from health care professionals (14%) including care feeling impersonal, or not receiving (correct) information

(10%). A lack of (sufficient) face to face contact or negative experiences of phone appointments were reported by 6% and 7% of people respectively.

By contrast 23% of women have had particularly positive experiences, some generally and for others including care from their midwife (9%), consultant (2%) and sonographer (7%).

'scans have been so lovely... keenly aware that we were all without our partners and were just so patient and kind'

When asked to share “any concerns you have about your care...during pregnancy” only nine percent of 239 responding had no concerns. Partners not being able to attend scans or appointments concerns 32% of people and 14% of women felt alone. This is adding to their anxieties, with 13% feeling anxious, stressed, concerned or other negative emotions. The lack of checks/pregnancy observations normally completed during face to face appointments are concerning 16% of respondents, with five percent worried that problems will be missed. 23% of women are concerned about the reduced contact with their midwife, feeling they are receiving a lack of care (11%), no continuity of carer (4%), not enough face to face care (6%) and a general lack of contact with/ability to be able to contact their midwife. This contributes to the 11% of people who are concerned about the lack of support they have from their midwife or due to their partner not being able to attend appointments with them. Ten percent of women stated the lack of information they have received as an issue too.

These quotes illustrate the concerns raised:

'Very scary and confusing experiencing my first pregnancy alone as not allowed my partner to antenatal appointments, I don't understand a lot of the information...I'm being told about tests that are offered...and not being able to have my mother /partner explain what I've been told in a way I'll understand'

'Its hard to describe how you are, I am not a clinician I don't know what is normal or not. I think the phone calls were fine, but too easy to miss things and assume women and baby are well. Feel maternity services have been very poor through no fault of the midwives but lack of face to face.'

When asked about care “...during labour and birth”, only 9 (4%) of the 250 women responding stated they had no concerns and 204 (82%) are concerned about their partner not being there for the whole of their labour and birth to support them, being alone during their labour and birth, or not being allowed a second partner present. Seven percent of respondents were concerned about their lack of information about the birth or didn't have a birth plan.

'Husband only allowed in once in established labour is daunting for mum. Plus, the use of masks for everyone apart from mum makes it feel very serious and means some emotion is taken away.'

'Again feel very worried about this as currently partners are only allowed in when labour is established but I need/want him with with as he calms me down and is my rock.'

'Anxious about getting to hospital living so far away and having to be separated from my husband, I believe that many labours and births will take longer due to this stress and the lack of oxytocin being released in our bodies.'

'I'm worried that if I need to be in hospital... before active labour and after birth that my partner cannot stay with me to keep me calm and reassure me. Again my anxiety would increase which wouldn't be good for me or my baby'

We also asked about “any concerns you have about your care...after birth in hospital” and unsurprisingly 85% of these 225 respondents shared their concerns about being alone in hospital, without visits and predominantly without their partner present. They are unsure how the support, usually/planned to be given by partners, will be provided. Two percent of women are concerned about being discharged too soon, whereas three percent want to leave hospital as soon as possible (to reduce risk of catching COVID-19 or so they can have the support of their partner). Two percent of respondents had no concerns.

'My partner not being able to stay long to bond with our daughter and support me during one of the most previous times in our life.'

'Partners should be aloud longer than 2 hours!!!!'

'I'm worried that I might have to stay for a long time without my husband or support system in a place'

'The current two hour visiting slot for birth partners may work well for some women but for women who are in hospital for an extended stay or have an unwell baby, this may not be adequate'

Just under half of respondents were in the third trimester of pregnancy when completing the survey. When asked about care “...after birth at home”, we received fewer responses (146) and of those women 42% had no concerns. 23% were concerned about reduced or lack of support and 19% were concerned there would be less or no home visits, with five percent particularly mentioning the importance of mother and baby checks. 12% didn't know what to expect or had no information about how this part of the care pathway would be provided; five percent of respondents mentioned concerns about breastfeeding support.

Similarly, when asked about care “...after discharge from your midwife to health visitor care”, 52% of the 126 respondents had no concerns. 17% were concerned they would have less or no support (with 3 people mentioning breastfeeding support specifically) and 15% were concerned they would have less or no visits from their health visitors. Eight percent didn't have information about this part of their care; six percent raised concerns related to the pandemic, including the safety of health visitors or others visiting them and a lack of information about the latest guidance.

Information about COVID-19 and maternity care

Accurate and timely access to information about changes due to the pandemic is important to all service users. When asked “How did you get information about changes made to maternity care because of the pandemic? (please tick all that apply)” overall 54% of respondents stated their hospital's Facebook page or website as a source of information, which is unsurprising given how we sought this feedback.

Answer choices	Responses
via YOUR hospital's Facebook page or website	54%
by phone	27%
via other social media or websites	26%
from friends/family	19%
by letter	15%
via your Maternity Voices Partnership Facebook page	14%
by text	9%
I haven't been able to access any information	6%
television/radio/newspaper	6%

The top five responses for each Trust varied:

- Hull:
1. via YOUR hospital's Facebook page or website
 2. by phone
 3. by letter
 4. via other social media or websites AND from friends/family
 5. by text

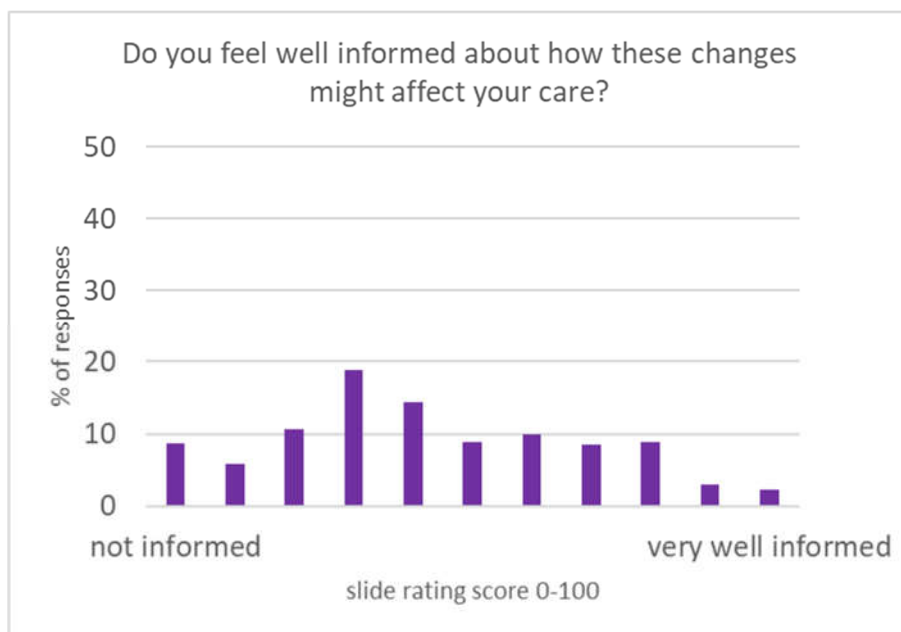
- NLaG:
1. via YOUR hospital's Facebook page or website
 2. by phone
 3. via other social media or websites
 4. via your Maternity Voices Partnership Facebook page
 5. from friends/family

- York:
1. via other social media or websites
 2. via YOUR hospital's Facebook page or website
 3. by phone
 4. from friends/family
 5. via your Maternity Voices Partnership Facebook page

Other sources of information included “*at appointments/from my midwife*” (3%) and a few people stated they had no/little information or received nothing proactively.

When asked “*Where else would you like to get information from?*” as a free text answer, 73% of the 237 respondents included words suggesting they wanted information sent to them rather than having to find the information themselves. Their midwife was the most popular source (28%), then by text (21%), by letter (16%), by email (14%), by phone (8%). The word “*proactive*” was mentioned in 15% of responses.

Responses to the next question, shown in the graph below, show that more people did not feel so well informed about how the changes might affect their care. Only one sixth of respondents gave a score in the top three and a quarter of respondents gave a score in the bottom three.



When asked an open question “*Please share any ideas for information or support that would make a difference to your journey to parenthood during the COVID-19 pandemic*” we had a range of answers with some great ideas and suggestions.

As expected, the focus of the comments were requests for partners to be able to attend scans, appointments, labour, birth and the postnatal time in hospital. Many of these included acknowledgement of the need for: negative testing for COVID-19, being from the same household, social distancing/shielding, the wearing of suitable PPE, waiting outside for appointment times.

Other suggestions and requests included: more regular contact from their midwife; proactive sharing of information relating to their care and changes due to the pandemic; reinstating all midwife appointments, preferably in person, but if by phone more frequently. Some of the comments are shared below:

'More information given spontaneously from community midwives - limited contact from them - a text to inform of changes would have been nice - but realise this isn't always sustainable'

'try an include partners mores . Give 1st time mums more help advice supports. Don't just do phone call appointments that last 2mins long make sure your asking the right questions about our health and feeling and actually sound like you care . Maybe set up groups with other mums so we can support each other'

'Put something in place so partners can bond with their babies. I understand safety is priority but other hospitals are allowing a +1 as long as from the same household and wearing PPE.. provide more support and remember to be kind. If you have to give bad news, allow their partners into the room before giving it so you have the support you need!'

'No information has been sent to us directly. An email with even a monthly round up of changes would be helpful... there are localised groups which people share information on and whilst this is useful you can sometimes be left feeling unsure about how true it is. Pregnant woman during a pandemic just want to be reassured and informed of what's happening with their care... Updates are a simple and effective way of helping and that's been missing throughout covid.'

The midwives I have seen throughout my care have been fantastic...'

'To allow other parent/one birth partner access to all appointments/scans/labour/birth etc to support the pregnant woman, help in making decisions, informed choices, asking questions and taking in information about pregnancy and baby. Help for bonding and physical and mental health support and care.'

'Have a messaging group for pregnant women to talk to their midwife or talk t lo other pregnant women.'

'Perhaps an email with key information about my stage of pregnancy and what to expect would make me feel more comfortable, as going long periods of time without seeing a midwife face to face is very difficult. Information on support/parent groups in the area or online would also be helpful to feel more connected at this time.'

'More mental health checks. Phone appointments being the same length as face to face. Potential for video chats. Clearer information about labour, birth and post-care changes.'

Views on changes to maternity services

We have asked questions about three changes made due to the pandemic:

- the “Ask our Midwife” social media messaging service
- virtual antenatal classes
- telephone/video appointments

The “Ask our Midwife” service is available on all three Trust maternity Facebook pages and allows people to private message a midwife weekdays (times vary) to ask for information and non-urgent advice. We asked:

1. Did you know “Ask the Midwife” was available?
2. Have you use this service during your pregnancy?
3. Would you want this service to be available during any future pregnancy?

Due to an error on the original survey, some respondents could only answer one of the three questions, with the majority answering the third question.

	Yes	No	Number of responses
Did you know 'Ask the Midwife' was available?	39.19%	60.81%	148
Have you used this service during your pregnancy?	16.16%	83.84%	229
Would you want this service to be available during any future pregnancy?	98.00%	2.00%	300

These results show overwhelming support for this service to continue and suggest a need for promotion outside of maternity/MVP social media pages, particularly for York Trust.

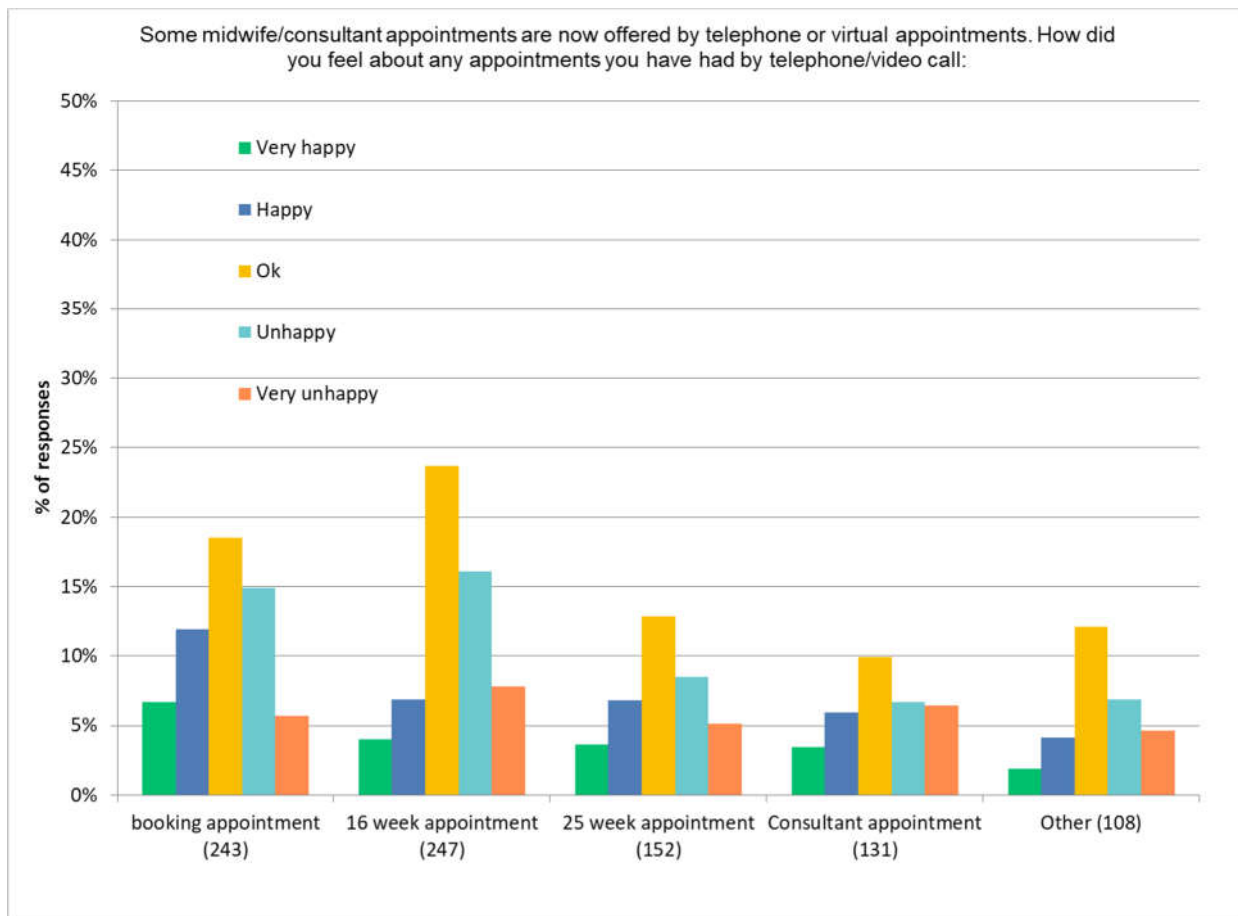
We also asked people who had used this service, what was good? what was not good? how could we improve this service? Analysis of these responses will be shared with the LMS task and finish group and circulated more widely at a later date.

A limited number of respondents to this survey (65) had access to the virtual antenatal classes and online videos that have gradually been introduced across the area – these results will be combined with the antenatal survey results and shared in the next report.

The survey asked people to rate their satisfaction with any telephone or video call appointments provided during their maternity journey, the results are shown in the graph below. The number of respondents rating each appointment are shown in brackets; overall 432 people answered this question.

24% of the 193 people commenting on the reasons for their rating had experienced a phone call appointment that they weren't happy with, particularly due to the call being rushed or a tick box exercise (13%). Many of these people were disappointed by the call at 16 weeks, which was used to share test results, but not to check how mum was feeling or

give any information about upcoming scan/other appointments, or any other aspects of the pregnancy journey. Women also felt unable to ask questions due to the rushed nature of these calls and didn't appear to view this as an appointment with their midwife.



Comments included a preference for face to face appointments for reassurance (30%); so that physical checks (urine, blood pressure, general observations) can be completed (17%); so there is no risk of problems being missed (14%); to better address any anxieties, worries or concerns (12%) which women feel are easier to raise in a face to face conversation than over the phone with a stranger whom they have never met.

From the comments, 29% of respondents felt overall telephone appointments were not a good idea and asked why the lack of physical checks was acceptable during the pandemic when they were a necessary part of their care otherwise. The length of time before seeing a midwife in person (in the third trimester) for those booked by phone or in person was also raised as a concern. By contrast, eight percent of comments were about positive experiences of phone appointments, particularly relating to caring, friendly and informative phone calls from staff.

Telephone/video appointments may continue to be offered in the future. To provide insight into what may influence people's views on receiving care in this way, we asked a number of questions about factors that may affect preferences for physical or virtual appointments. The results of the responses from 436 people are shown in [Appendix Three](#).

Just over one third of those responding felt it would (10%) or may (28%) be easier to have appointments by phone/video; 59% stated they could (15%) or may (44%) be able to get the information they need in a phone/video appointment but only 47% felt they could (11%) or may (36%) be able to get the support they need in a phone/video appointment. However, 93% stated they prefer to see their midwife in person and 89% prefer to see their doctor in person.

Transport issues and parking issues make attending appointments in person more difficult for 10% and 14% of respondents respectively; issues with phone/internet access make phone/video appointments more difficult for 28% of people completing the survey. 69% of respondents said evening appointments would (21%) or may (48%) be more convenient and 35% definitely prefer phone calls to video calls whilst 14% definitely prefer video calls to phone calls. When asked specifically about the 16 week midwife appointment, 67% of respondents would not be happy to have a phone/video appointment.

Some of the reasons for these views:

'Phone is not safe when assessing symptoms.'

'...The time between the 12 and 20 week scans is very nerve wracking with very few ways to feel reassured that everything is ok with your baby. This appointment is vital to some women to feel reassured that their pregnant is progressing well.'

'distanced appointments mean not being able to build a relationship with a midwife meaning no trust can be built up. After previous traumatic birth this feels important but not happening'

'I think we should be offered the choice of face to face, telephone or video. This is a very individual journey & then people could choose the level of support they feel they need. I personally really benefit from face to face, I find it really supportive for my mental health...'

'It's totally different to seeing a human. It's important for pregnant woman to feel cared for and often you can pick things up in person that you wouldn't over the phone'

'...Anyone can paint a smile on over the phone. Its also important for women in abusive relationships to have an opportunity to get away and get help'

'During the pandemic am happy with telephone appointments, however, once/if this resolves would prefer face to face.'

' I think it is nicer as a mum to be who May be anxious and have concerns particularly in the Earlier weeks of pregnancy to see a midwife face to face, have tests done for urine / blood pressure etc for piece of mind. For me as a first time mum, i was much more anxious during the first 20 weeks than now...'

3. Summary and recommendations

The antenatal and postnatal surveys have identified similar key themes:

- Midwives and other healthcare providers in all three Trusts continue to provide excellent care for most people on their maternity journey, despite restrictions in place due to the pandemic.
- Regular proactive communication of information about general maternity care services, changes related to the pandemic and each person's maternity care are needed.
- The restrictions and changes to the maternity care pathway have caused anxiety and stress; many expectant and new parents feel uninformed, unprepared and unsupported.
- Restrictions on partners attending were understood (although not welcome) initially but it is now unclear why these need to be in place. Women have raised concerns about the impacts now and in the short and longer terms.
- Lack of flexibility and discretion for midwives/healthcare professionals is having a negative impact on the care they can provide – feedback suggests in most cases it is the pathway not the care providers that are letting pregnant people and new parents down.
- The lack of face to face appointments is generally not welcomed and feedback suggests that the number of contacts by phone/video calls or the time spent on each call needs to be increased to improve support provided by virtual contact.
- “Ask the midwife” services are popular and people want these to remain after the pandemic.
- Many factors influence an overall preference for face to face appointments, with parking and transport less of an issue for respondents than phone/internet access.
- Feedback about virtual antenatal education is limited and no clear themes can be identified

The feedback reported is from people birthing before, during and after the initial changes due to the pandemic. The key themes were discussed with Heads of Midwifery and other service leads once identified and some changes addressing these concerns are already in place at the time of completing this report:

- Partners can now attend the 20 week anomaly scan at NLaG and York and emergency early pregnancy assessment scans at NLaG; work is being completed in Hull to enable access for partners at a scan in the near future.
- Visiting onto antenatal and postnatal wards for a fixed length of time at an allocated time is available in Hull and York; antenatal and postnatal access for the nominated birth partner from 10am-10pm is available in NLaG.
- A second birth partner can attend active labour and birth in Hull, subject to the space available and individual care plan.
- The nominated birth partner can attend the whole induction of labour in York, subject to the space available and individual labour.
- 16 week appointments are now face to face in NLaG.
- We have been assured that staff can still make discretionary changes to the care offered, particularly in relation to pandemic restrictions, based on individual needs. Each Trust regularly reviews restrictions for partners and visitors and we are assured our Heads of

Midwifery want to give partners full access when safety can be assured in line with current guidance.

- Information on the LMS website and Trusts websites and Facebook pages has been updated and improved, with sharing of antenatal care pathways for each Trust in progress. Work is also in progress to increase awareness of the LMS website.

Following discussion of the report findings at the LMS Delivery Board and Maternity Voices Partnership Group meetings, the following recommendations and actions have been agreed:

- Feedback from these surveys, specific to each Trust, should be shared with all staff, particularly the positive comments and praise, which illustrate the overall high standard of care received in Humber, Coast and Vale.
- The Maternity Voices Partnerships need to engage with people not using social media, younger parents and parents from more ethnic backgrounds to gain wider feedback from all groups of people accessing maternity care. Brief information about the postnatal survey (business card format) should be included with all discharge packs to improve reach to those not on social media. We will also complete a targeted gathering of responses to the postnatal survey from specific groups of service users using paper copies and with support from midwife and health visitor colleagues. Increased promotion of MVPs in other settings, such as GP surgeries and antenatal waiting areas, is already a planned action and will also increase awareness of the opportunities to provide feedback.
- All Trusts should share regular updates about changes to services (or lack of changes) on their website – ideally this would be on the same day each week so that all service users can be informed of when and where they can access up to date information. Links to this information should be shared by MVPs and on the LMS website for consistency.
- All Trusts and MVP chairs to agree clear communication pathway and methods for coproduction of information for service users to ensure appropriate and timely input and improve ease of access for all service users. Wherever possible, specific reasons for restrictions or changes should be included in any communications for transparency and greater understanding by women and families.
- All service providers to ensure staff can, as appropriate, provide support for low level anxiety, signpost or refer to appropriate perinatal mental health information, support and services.
- Re-introduction of general visiting (not partners) on wards should be co-produced with local women, birthing people and families via the MVPs.
- ‘Ask the Midwife’ service should continue to be offered by all Trusts. Information from ‘Frequently asked questions’ should be shared, promoted and updated on Trust and MVP websites and social media. This information should also be used when reviewing local information or service provision to highlight best practice or gaps.
- More feedback should be gathered about virtual antenatal classes, both from those people attending and those not attending to understand needs and choices. Promotion of antenatal classes should be improved to ensure all expectant parents have the opportunity to access them.

- The findings of these surveys show a choice of face to face or virtual 16 week appointments should be offered to all women and birthing people. A survey of midwives' views of virtual appointments at 16 weeks is to be completed; further feedback is also to be sought from people who have received a phone/video call appointment at 16 weeks. It is suggested that information is shared about the safety of not performing urine and blood pressure tests at 16 weeks, for assurance. Feedback from these surveys should be used to improve the quality of the care provided by telephone appointments, in collaboration with local service users.
- When discussing personalised care plans, a choice of virtual or face to face appointments could be offered as appropriate during the maternity journey to meet the individual needs of women and birthing people.

Finally, we would like to thank everyone who has completed these surveys and given us a such a rich and honest insight into your maternity journey during the COVID-19 pandemic.

Ruth Prentice, Maternity Voices Group Lay Chair, September 2020



About this survey

We would like to know about the care you received from your midwives during your pregnancy, birth and afterwards until you were discharged from midwife care. Being cared for by a team of just a few midwives throughout your pregnancy journey, including at the birth of your baby, is called continuity of carer. It means you and your midwives can get to know each other and is being introduced across England as part of Better Births, a program of improvement in maternity.

[Community midwifery in Humber, Coast and Vale](#)

Please use this survey to tell us if you experienced continuity of carer and any differences it made to your care

*****Many changes have been made to maternity care due to COVID-19 - we would appreciate your feedback on having a baby during the pandemic too*****

This survey is from your local Maternity Voices Partnership (MVP) - a parent-led group of maternity service users working together with people who pay for and provide maternity services in your area to improve your maternity care.

This information will help Maternity Voices Partnerships in Humber, Coast and Vale understand your experiences and work with midwives to develop continuity of carer for more people in our area. All responses are anonymous. A summary of the anonymous data will be shared with partners working with us to improve maternity care.

(For more information about your MVP, applicable data protection laws and our Privacy Policy please visit [Humber, Coast and Vale Maternity Voices Partnerships](#))

The survey will take about 10-15 mins so please complete it to help us with this work.

Thank you for your support!



About you

Please tell us a little bit about yourself so we know we are reaching all communities in our area

1. Please tell us when your baby was born?

- January - March 2019
- April - June 2019
- July - September 2019
- October - December 2019
- January - March 2020
- April - June 2020
- July - September 2020

If you are still pregnant please share your experiences using this survey: [Maternity Care during COVID-19 pandemic](#)

2. Where did you give birth?

- York Maternity Unit
- Scarborough Maternity Unit
- Hull Women's and Children's Hospital labour ward
- Hull Women's and Children's Hospital Fatima Allam Birth Centre
- Scunthorpe Maternity Unit
- Grimsby Maternity Unit
- Goole Delivery Unit
- Home
- Other (please specify)

3. Did your birth plan or place of birth change due to the pandemic?

- Yes
- No

Please describe any changes

4. Please share your age:

- Under 16
- 16-19
- 20-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45 or older

5. Is your most recent pregnancy your...?

- 1st
- 2nd
- 3rd
- 4th
- 5th or more

6. Please choose the option that best describes your ethnic group or background

- White British
- White Other, please describe
- Mixed/multiple ethnic groups
- Asian / Asian British
- Black / African / Caribbean / Black British
- Other ethnic group, please describe

Other (please specify)

7. Please enter the first part of your postcode, for example HU1, or DN33 or YO17.



Your experiences

8. Do you know about continuity of carer?

- I know about continuity of carer and was cared for by a continuity team
- I know about continuity of carer but wasn't cared for by a continuity team
- I know about continuity of carer but I don't know if I was cared for by a continuity team
- I don't know about continuity of carer

Comments

9. In total, approximately how many different midwives cared for you during your pregnancy, your labour and birth, and after birth until you were discharged from midwife care?

- 1-2
- 3-4
- 5-6
- more than 6

10. Approximately how many different midwives cared for you during each part of your maternity journey?

	during your pregnancy	during your labour and birth	after birth and before you were discharged from midwife care
Number of midwives	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

11. Were you happy with the number of midwives who cared for you?

- Yes
- Maybe
- No

12. How do you feel seeing more or less midwives would have made a difference to your care during your maternity journey?

13. Did you know the midwife who cared for you during your labour and birth?

Yes

No

How did this make a difference to your labour and birth experience?

14. Did you feel your birth preferences were respected?

Yes

Partly

No

Why do you feel your choices were/were not respected?

15. Did you know how to contact your maternity team outside of regular appointments?

Yes

No

16. During your pregnancy journey did your midwives ask about your mental health as well as your physical health?

Yes, every time

Yes, sometimes

No

How did the number of midwives who cared for you make a difference to these conversations?

17. Would you like to have care from a continuity team for any future pregnancies?

- Yes
- No
- Don't know

Please share the reason for your answer

18. Who led your care during pregnancy?

- Midwives
- Consultant
- Don't know

If your care was consultant led, do you feel you had enough appointments with your midwife too?



Maternity care during COVID-19

Maternity care has changed in many ways due to the COVID-19 pandemic and your feedback will help us understand the impact of those changes on your experience.

Please answer any questions relevant to you.

**19. How did you get information about changes made to maternity care because of the pandemic?
(please tick all that apply)**

- by text
- by phone
- by letter
- via your Maternity Voices Partnership Facebook page
- via YOUR hospital's Facebook page or website
- via other social media or websites
- from friends/family
- television/radio/newspaper
- I haven't been able to access any information

Other (please specify)

20. Where else would you like to get information from?

21. Did you feel well informed about how these changes might affect your care?

Not informed

Very well informed



22. Were you given reasons for any changes that have been made?

23. What other information or support from your maternity team would have been useful for you?

24. Do you normally use interpretation services?

- Yes
- No

25. How frequently were you offered an interpretation service during this pregnancy?

- For all appointments
- For most appointments
- For some appointments
- For non of my appointments

26. Compared to any previous maternity care, please choose the statement below which best describes your access to interpretation services during the pandemic

- Access to interpretation services was better
- Access to interpretation services was the same
- Access to interpretation services was worse
- Not relevant (no previous experience)



Maternity care during COVID

27. How has your mental health and wellbeing been affected by restrictions imposed due to the pandemic?

Better than before

The same

Worse than before

28. Please rate your experience of support for your mental health and wellbeing from your maternity team

No support

Excellent support

29. Please share any comments about your mental health care

For information about perinatal mental health visit [Perinatal mental health](#)
Speak to your health visitor or GP for support and information about local services

30. Did you feel well supported with feeding your baby?

Not supported

Very well supported

31. Please share any comments about your feeding support

32. Please share how you feel any changes due to the pandemic affected your care

during pregnancy

during labour and birth

after birth in hospital
(if applicable)

after birth at home



Changes to maternity care due to COVID-19

Maternity care has changed in many ways due to the COVID-19 pandemic. If these changes have improved the service they may continue in the future. We would like your views on these changes to help influence these decisions.

Please answer any questions relevant to you.

33. The 'Ask the Midwife' service is now available on the Trust Maternity Facebook page. You can private message a midwife with questions about your care and for non-urgent advice Monday-Friday.

	Yes	No
Did you know 'Ask the Midwife' was available?	<input type="radio"/>	<input type="radio"/>
Did you use this service during your pregnancy?	<input type="radio"/>	<input type="radio"/>
Would you want this service to be available during any future pregnancy?	<input type="radio"/>	<input type="radio"/>

34. If you did use the 'Ask the Midwife' service please tell us

what was good about it?

what was not good about it?

how could we improve this service?

35. Some midwife/consultant appointments are now offered by telephone or virtual appointments. How did you feel about any appointments you had by telephone/video call:

	Very happy	Happy	Ok	Unhappy	Very unhappy	N/A
booking appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 week appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 week appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consultant appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Postnatal (after birth)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please share the reasons for your ratings

36. Telephone/video appointments may continue to be offered in the future, what are your views on this? Please tick all statements that apply to you.

	yes	maybe	no
it is easier to have appointments by phone/video	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
issues with transport make attending appointments in person more difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
issues with parking make attending appointments in person more difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can get the information I need in phone/video appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

yes

maybe

no

I can get the support I need by phone/video appointments

issues with phone/internet access make phone/video appointments more difficult

I prefer to see my midwife in person

I prefer to see my doctor in person

appointments in the evening are more convenient

I prefer phone calls to video appointments

I prefer video appointments to phone calls

In any future pregnancy I would be happy with a phone/video appointment for my 16 week midwife appointment

Please share any other comments

37. You may have been able to access virtual antenatal classes or antenatal education videos. How useful did you find these?

Please rate from 1 = not at all useful to 10 = extremely useful

Virtual group antenatal classes

Virtual one-to-one antenatal classes

Antenatal education videos

Independent virtual antenatal classes (for example NCT)

38. Please feel free to tell us anything else about how your expectations or care experiences were affected by the COVID-19 pandemic.



About this survey

We would like to know about your care so far during your pregnancy. Maternity care has changed in many ways due to the COVID-19 pandemic. Your feedback will help us understand the impact of those changes on your experience.

If these changes have improved the service they may continue in the future. We would like your views on these changes to help influence these decisions.

You can find information about the national guidelines for care and support available at [COVID-19 pandemic information](#)

This survey is from your local Maternity Voices Partnership (MVP) - a parent-led group of maternity service users working together with people who pay for and provide maternity services in your area to improve your maternity care. All responses are anonymous. A summary of the anonymous data will be shared with partners working with us to improve maternity care.

(For more information about your MVP, applicable data protection laws and our Privacy Policy please visit [Humber, Coast and Vale Maternity Voices Partnerships](#))

The survey will take about 10 mins so please complete it to help us with this work.

Thank you for your support!



About you

Please tell us a little bit about yourself so we know we are reaching all communities in our area

1. How many weeks pregnant are you?

- Less than 14 weeks
- 14-28 weeks
- 28-40 weeks
- Over 40 weeks

Other (please specify)

If you have given birth during the pandemic please give your feedback using this survey: [Continuity of Carer and care during COVID pandemic survey](#)

2. Where do you plan to give birth?

- York Maternity Unit
- Scarborough Maternity Unit
- Hull Women's and Children's Hospital labour ward
- Hull Women's and Children's Hospital Fatima Allam Birth Centre
- Scunthorpe Maternity Unit
- Grimsby Maternity Unit
- Goole Delivery Unit
- Home
- I don't know
- Other (please specify)

3. Please share your age:

- Under 16
- 16-19
- 20-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45 or older

4. Is this pregnancy your...?

- 1st
- 2nd
- 3rd
- 4th
- 5th or more

5. Please choose the option that best describes your ethnic group or background

- White British
- White Other, please describe
- Mixed/multiple ethnic groups
- Asian / Asian British
- Black / African / Caribbean / Black British
- Other ethnic group, please describe

Other (please specify)

6. Please enter the first part of your postcode, for example HU1, or DN33 or YO17.



Your experiences

Please answer any questions relevant to you.

7. How have you accessed information about any changes made to maternity care because of the pandemic? (please tick all that apply)

- by text
- by phone
- by letter
- via your Maternity Voices Partnership Facebook page
- via YOUR hospital's Facebook page or website
- via other social media or websites
- from friends/family
- television/radio/newspaper
- I haven't been able to access any information

Other (please specify)

8. Where else would you like to get information from?

9. Do you feel well informed about how these changes might affect your care?

Not informed

Very well informed

10. Despite these changes do you feel your care is still meeting your individual needs?

- Yes
- Maybe
- No

Why do you feel your care is/is not meeting your needs?

11. Do you normally use interpretation services?

- Yes
- No

12. How frequently were you offered interpretation services during this pregnancy?

- For all appointments
- for most appointments
- for some appointments
- for none of my appointments

13. Compared to any previous maternity care, please choose the statement below which best describes your access to interpretation services during the pandemic

- Access to interpretation services was better
- Access to interpretation services was the same
- Access to interpretation services was worse
- Not relevant (no previous experience)




Your experiences

14. During your pregnancy journey so far, have your midwives asked you about your mental health as well as your physical health?

- Yes, every time
- Yes, sometimes
- No

15. How has your mental health and wellbeing been affected by restrictions imposed due to the pandemic?

Better than before
The same
Worse than before



16. Please rate your experience of support for your mental health and wellbeing from your maternity team?

No support
Excellent support



17. Please share any comments about your mental health care

For information about perinatal mental health visit [Perinatal mental health](#)
Speak to your health visitor or GP for support and information about local services

18. Do you know how to contact your maternity team outside of regular appointments?

- Yes
- No

19. Please rate your experience of midwife appointments during the pandemic?

Very bad
Excellent



20. Please rate your experience of scan appointments during the pandemic?

Very bad

Excellent

A horizontal slider bar with a white circular knob at the far left end, indicating a rating of 'Very bad'.

21. Please rate your experience of consultant appointments during the pandemic?

Very bad

Excellent

A horizontal slider bar with a white circular knob at the far left end, indicating a rating of 'Very bad'.

22. Please share any comments about your appointments

A rectangular text input box with a thin black border, currently empty.



Your experiences

Guidelines for maternity care and visiting restrictions due to the pandemic are regularly reviewed nationally and by our Trust. Please share your views based on current information and choices available.

23. Please share any concerns you have about your care...

during pregnancy

during labour and birth

after birth in hospital

after birth home

after discharge from your midwife to health visitor care

24. Please share any ideas for information or support that would make a difference to your journey to parenthood during the COVID-19 pandemic



Your experiences and views on changes to maternity care

Please answer any questions relevant to you.

25. The 'Ask the Midwife' service is now available on the Trust Maternity Facebook page. You can private message a midwife with questions about your care and for non-urgent advice Monday-Friday.

	Yes	No
Did you know 'Ask the Midwife' was available?	<input type="radio"/>	<input type="radio"/>
Did you have used this service during your pregnancy?	<input type="radio"/>	<input type="radio"/>
Would you want this service to be available during any future pregnancy?	<input type="radio"/>	<input type="radio"/>

26. If you have used the 'Ask the Midwife' service please tell us

what was good about it?

what was not good about it?

how could we improve this service?

27. Some midwife/consultant appointments are now offered by telephone or virtual appointments. How did you feel about any appointments you have had by telephone/video call:

	Very happy	Happy	Ok	Unhappy	Very unhappy	N/A
booking appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16 week appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25 week appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consultant appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please share the reasons for your ratings

28. Telephone/video appointments may continue to be offered in the future, what are your views on this? Please tick all statements that apply to you.

	yes	maybe	no
it is easier to have appointments by phone/video	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
issues with transport make attending appointments in person more difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
issues with parking make attending appointments in person more difficult	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can get the information I need in phone/video appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

yes

maybe

no

I can get the support I need by phone/video appointments

issues with phone/internet access make phone/video appointments more difficult

I prefer to see my midwife in person

I prefer to see my doctor in person

appointments in the evening are more convenient

I prefer phone calls to video appointments

I prefer video appointments to phone calls

In any future pregnancy I would be happy with a phone/video appointment for my 16 week midwife appointment

Please share any other comments

29. You may have been able to access virtual antenatal classes or antenatal education videos. How useful did you find these?

Please rate from 1 = not at all useful to 10 = extremely useful

Virtual group antenatal classes

Virtual one-to-one antenatal classes

Antenatal education videos

Independent virtual antenatal classes (for example NCT)

30. Please feel free to tell us anything else about how your expectations or care experiences are being affected by the COVID-19 pandemic.

Telephone/video appointments may continue to be offered in the future, what are your views on this? Please tick all statements that apply to you.



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