Delivering Better Births
Views on Personalised Care Plans from Buckinghamshire, Oxfordshire and Berkshire West
Summary report

June 2019
Why did we do the project?

The Better Births strategy recommended that women should be offered a personalised care plan. This plan will give women the option to record more about their choices and what is important to them. It will cover the time while women are pregnant, during the birth of their baby and for a short time after.

To get the personalised care plan right the NHS asked us to gather views from women in the Buckinghamshire, Oxfordshire and Berkshire West area. This forms the “BOB” Sustainability and Transformation Partnership (STP) area (https://bobstp.org.uk/).

What did we do?

We wanted to speak to women who had been pregnant or had a baby between Jan 2015 and Dec 2018. We asked about:

- their experiences of making choices about maternity care
- what the personalised care plan should include
- what the plan should look like.

Our online survey ran from 8 Nov to 10 Dec 2018. Printed versions were also available. We visited six groups to hear views from those who were unlikely to have responded to the survey. We also had some one-to-one discussions.

Who we heard from?

Our main report gives details of who responded to the survey. The findings are based on the responses from 1400 people. Of these:

- almost 65% were in the 26-35 category
- 85% identified as ‘White British’ followed by ‘Other white background’ (about 7%). Asian/Asian British Indian was the largest non-white group (about 1%)
- The top three places where people gave birth or planned to have their baby were: John Radcliffe (37%), Royal Berkshire (23%), Aylesbury labour ward (12%).

The findings also reflect our face to face discussions with about 30 people at various groups.

What we found

The full analysis is in our main report. This also explains the statistical tests we used.

The key findings are summarised below. These are based on the responses and views we received. It does not necessary reflect the experiences of all service users.
Your experiences of making choices about maternity care

Choices

Most people said they had made choices about their care and the birth of their baby.

- The most common way for people’s choices to be recorded was in maternity notes.
- The most common reason given for not making choices was “I wasn’t given a chance to make choices”.

“What I perceive as the “main choices” (pain relief and place of birth) were predetermined due to an underlying medical condition therefore I didn’t feel I needed a written birth plan.”

Birth plans

The results showed that:

- about a third of people said they had found a birth plan helpful
- about the same proportion said that they didn’t have a birth plan
- nearly a quarter (23%) said their birth plan wasn’t helpful.

“Asked to see my birth plan when I went into labour (I forgot about it). Listened to me when I said I was further along than they thought.”

Support for your choices

- 64% said choices had been supported ‘Very well’ or ‘Well’ by the midwives and doctors. About 13% said their choices were ‘Hardly at all’ or ‘Not at all’ supported.
- The ‘White British’ group said choices were better supported compared with those people in all the other ethnicity groups.
- The 26-35 group felt better supported than other age groups when the response was “Very Well”, “Well” or “Quite Well”.

The results suggested that there were differences in how well plans were supported and used depending on the birth location.

“My friend encouraged me to write a birth plan but when I got to hospital the midwife said there was no point as practitioners didn’t read them much.”
What the personalised care plan should include

Presentation of choices
Most people wanted to be given ideas for the sort of things to consider.
The top preference for seeing these ideas was “during one to one discussions with my midwife”. A “short list of topics” and “detailed checklist” were next and were ranked very closely.

“I think the best thing is to talk through the plan with the midwife, they should be able to offer plan suggestions based on your particular circumstances or concerns. My consultant midwife did exactly that.”

When we asked for ‘other’ ideas for how the results could be presented the most common suggestion was some form of visual presentation.

“Could use visual icons to represent common choices. So the team present at your birth will definitely have time to look at these.”

The second most common ‘other’ theme was ideas for ways women could be supported to complete their plan. Suggestions focused on exploring what to include in their plan with peer groups or professionals. There were a range of ideas for what the plan could include.
Our discussion participants talked about different ways of accessing information and understanding medical terms.

Your plan - What is important
People’s suggestions for what the plan should include are summarised below.

• Birth options. This should include information and discussions about:
  • alternative choices for a ‘plan B’ and thinking about what might happen if things don’t go according to ‘plan A’
  • birth choices (eg pain relief options, the birth / labour)
  • what to expect, care and choices immediately after birth.

• Feelings - a women’s fears/worries and information about past experiences (so they don’t have to be repeated).

  “Any medical conditions that may have an impact on the woman’s mental health/feeling about pregnancy and birth.”

• Cultural customs and religious rituals - that a woman wants to observe.
• Communications - how women would prefer to interact with healthcare professionals.
• Involvement - whether from partners or others.
• Rights - information about a woman’s rights or the need to acknowledge them.
Our discussions highlighted that assumptions should not be made about what a woman wants to do based on ethnicity.

**Your plan - health needs**

Most people (over 90%) said they’d prefer professionals to fill in any test results included in the plan. A small proportion wanting to do it only themselves.

A few suggestions for topics to cover in the health needs section of the plan included:

- space for appointments and scans
- information about Group B strep and how to get screening
- a record of disability needs.

**Your plan - care and support while you’re pregnant, during the birth of your baby and for the first six weeks after your baby is born**

“*My after care was more important to me than labour. Little or no time is given to this in the maternity notes folder. But it is a time when women are vulnerable and so much can go wrong.*”

The main themes identified are listed below.

- **Post-natal care or support** - this included where to get support as well as information about care for both the woman and the baby.
- **Breastfeeding information and support** - others mentioned feeding advice more generally.
- **Mental health support.**

“A genuine consideration of mental health concerns...... at the moment midwives/health visitors ask standard questions in an embarrassed manner which encourages mums to say they’re fine when they’re not.”
What should the personalised care plan look like?

The survey identified a range of issues to consider when the new personalised care plan is being developed. These are set out below.

**Paper or electronic?**

The results give a clear direction for the plan’s format.

- People wanted the choice of both a paper and an electronic format.
- Most people wanted a paper-based plan of some kind. There was little support for an electronic only option.
- Most people wanted to keep a paper version themselves.

**App or website?**

There was a mix of views about how people would like to fill in and view an electronic version.

- Most people wanted to be able to print off a copy. Some noted that a paper copy was important for those without electronic access or if the electronic one couldn’t be accessed.
- Our discussions also highlighted the need to make sure plans are fully accessible.

**Accessing your plan**

“If medical etc professionals are making notes in my care plan I would like the chance to comment/respond if necessary.”

The findings showed that:

- most people wanted to know who had looked at their plan. (This was supported by views expressed during our discussions)
- most people wanted to be able to give other people access to the plan (regardless of the preferred format)
- fewer wanted to be able to give someone else permission to make notes in their plan. About a third did not want to able to give someone else this permission
- people in the Black, Asian or Minority Ethnic (BAME) group were less likely to want others to make notes in their plan, suggesting there is some sensitivity here
- most were happy for their midwife, doctor or other medical professional to make notes in the plan.

“Please consider women who are being controlled by their partner when thinking about access...”

These results, supported by comments and discussions, suggest that it is important to make sure that a woman’s choice about who can access the plan is recorded and respected.

**Other feedback**

We received a huge response to the two general questions:

- Is there something else the NHS could have done to improve care and support before, during and after the birth?
• Is there anything else that was important to you about your care and choices?

Our main report summarises, by theme, the responses for each of these questions. The anonymous individual responses have been sent to the relevant Trust and local Healthwatch. This is so the feedback can be used to improve the service in that area.

Recommendations

“It is a good idea to have a personalised care plan but the most important is that the plan and choices are supported and achieved.”

We recommend that:

- the BOB Local Maternity Service (LMS) use the results of this survey to inform the format and content of the personalised care plan for women in the STP area and the way in which personalised care planning is supported.
- the new plan is piloted with a representative group of women across the area. Their feedback can then be used to inform the final version.
- each local maternity service/Hospital Trust reviews the detailed feedback given as part of the survey so that it can be used to improve the service. This information will be provided to each service as well as the relevant local Healthwatch.
Acknowledgements

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We are also grateful to all those who completed the survey and who talked to us at various sessions.

Disclaimer

Please note this report summaries the responses and views we received. It does not necessarily reflect the experiences of all service users.
If you require this report in an alternative format, please contact us.

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