



Experiences of perinatal mental health

Summary

Background:

The perinatal period is officially defined to include pregnancy and up to 12 months after childbirth. We set out to hear from people who live in Wandsworth about their experiences of managing emotional and mental health wellbeing in pregnancy, childbirth or the first year after giving birth and becoming a parent. This information will be used to feed back to local services to make sure they understand what is working and areas of improvements in order to provide the support people need.

What we did:

We developed an online survey to ask Wandsworth residents about their recent experience of mental health and wellbeing during the perinatal period. The survey was promoted to various contacts through social media, outreach work and contacts at the Perinatal Mental Health Service, SWLStG. The survey included questions on people's general experience of mental health and wellbeing as well as asking about specific services available in Wandsworth. The survey was open from December 2020 until April 2021 and 64 people responded to the survey.

We also attended a workshop held by [Talk Wandsworth](#) attended by new and expectant mothers and held a workshop discussion with a [Cedar House](#) support group for women who are experiencing postnatal depression.

Due to the situation regarding the coronavirus pandemic, we were unable to conduct any Enter and View visits therefore we met online with service providers and health professionals working at local services such as the Perinatal Mental Health Unit at SWLStG, Talk Wandsworth, the Health Visiting Team and the local Maternity Voices Forum.

What we were told and recommendations:



There were many positive comments about support from services. However, there were comments that suggested room for some improvements relating to:

- Getting a referral and reducing waiting times for mental health support
- Ensuring that issues are understood by health and care professionals who can then identify and refer people who need support
- Co-ordination between services and continuity of care
- Availability of support from community settings and forums
- Availability of information about support available
- Face to face appointments are needed some times. Although 'virtual' appointments are a useful part of care, they shouldn't be the only form of care.
- Inclusion of family, friends and relatives, particularly partners has an impact on mental health wellbeing.

Some people told us they had lost faith in the system due to difficulties accessing support or because they felt they experienced unsupportive attitudes from some health and care staff. Some reported the need for a determined effort, attempting different routes to make sure they got the support they needed.

**Thank you to everyone who shared their experience with us to help us write this report.
Thank you also to all staff and volunteers involved in this research and writing this report.**

Background

Pregnancy, childbirth and early parenthood involve great changes and can be a time of stress as well as joy for women and their partners. The emotional and mental health and wellbeing of pregnant women of new mothers has increasingly been seen as an issue in recent years. Researchers have estimated that perinatal mental health problems affect 10%-20% of women during the perinatal period. Maternal mental health problems can have a profound and lasting impact on children and families as well as on the mother. Under the NHS Long Term Plan the Government has been putting additional resources into building up local perinatal mental health services and further service developments are currently being planned. A number of Healthwatch organisations in London and across the country have carried out studies in this field in recent years. With the arrival of the COVID 19 pandemic and the restrictions it has imposed we decided it was time for Healthwatch Wandsworth to do the same.

What we did

Online survey

We developed an anonymous online survey to ask Wandsworth women and their partners or supporters about their recent experience of mental health and wellbeing during the perinatal period. The survey was aimed at Wandsworth residents with experience of pregnancy or births in the last 12 months. It was promoted to various contacts/groups through social media, outreach work and contacts at the Perinatal Mental Health Service, SWLStG as well as through Healthwatch Wandsworth's newsletter. It was open from 23rd December 2020 until 5th April 2021.

The survey included questions asking about people's general experience of mental health and wellbeing as well as asking about specific services available in Wandsworth. **64 people responded to the survey.** The majority of this report focuses on feedback from the survey, however, we have included information from workshops we held where they provided additional insight.

It is likely that the survey sample was biased towards people who had experienced some mental health or emotional difficulties because of the way on which it was promoted. This does not invalidate the comments about experience of services but perhaps should lead to caution in drawing conclusions about the percentage of women with emotional or mental health problems.

Who was involved?

The majority of people completed the survey on their own behalf (94%) and the remaining 6% completed it on behalf of someone else.

- 19% of respondents said they were currently pregnant.
- 50% of respondents had given birth in the last 6 months.
- 31% had given birth in the last 7-12 months.

Half of the people completing the survey said it was their first pregnancy (52%), 58% said it was their first child. 29% had already had 1 child, 11% had 2 children, 5% had 3 or more children before the pregnancy. Three people did not say how many previous pregnancies they had and 6 did not say how many children they had before.

Most respondents told us they were only expecting one child in their current/recent pregnancy (91%), although 5 people did not respond to this question.

Gender: 80% of participants identified as being female. The remaining respondents did not provide an answer. 1 participant identified themselves as male but completed the survey on behalf of someone else.

Ethnicity: Of the 53 people who answered our question about ethnicity, the majority of participants (60% of those who answered this question) were from a White British background (32 people). The remaining respondents described themselves as White Other (11 people), Indian (1 person), Pakistani (1 person), Caribbean (2 people) White and Asian (2 people) and other mixed background (3). 1 person selected ‘I do not wish to disclose my ethnic origin’.

Sexual orientation: Most participants were heterosexual (73% of responses). Two respondents identified as being gay/ lesbian (4%) and one respondent identified as bisexual (2%). 21% of people did not provide an answer.

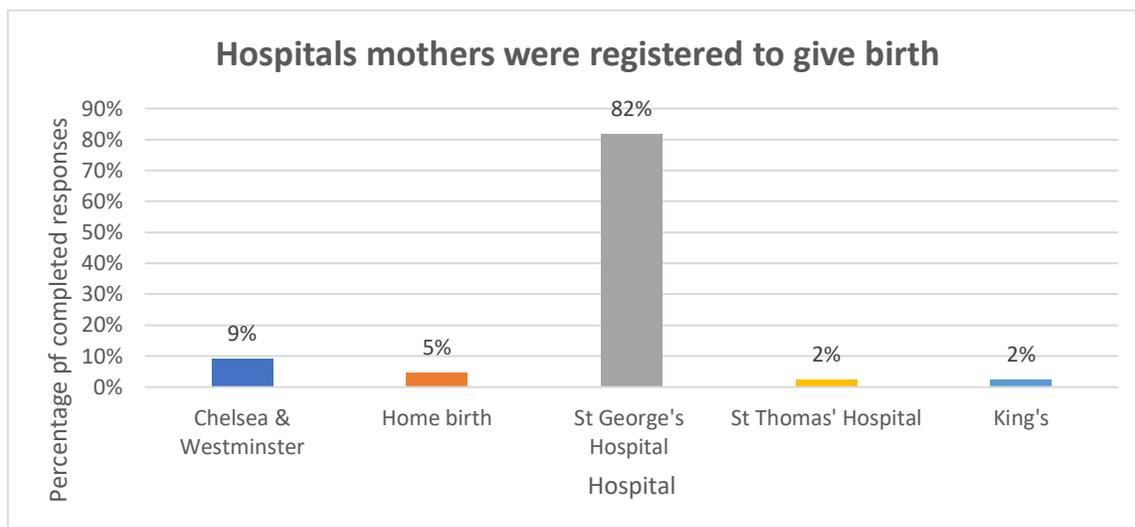
Marital Status: The majority of respondents were married or in a domestic partnership (69% of responses). 9% of respondents were single and 2% were separated. 17% of participants did not provide a response.

Age range: Most survey respondents were either between 25-34 (45%) or 35-44 (45%) years of age. There was 1 person under the age of 18, 1 person 18-24 years of age and 4 people were 45-54 years of age.

Location: The highest percentage of responses were from people in Tooting (41%), followed by Furzedown (22%).

Area	No. of Responses	Percentage of Respondents
Balham	3	5%
Bedford	1	2%
Earlsfield	5	8%
East Putney	1	2%
Fairfield	0	0%
Furzedown	14	22%
Graveney	6	9%
Latchmere	1	2%
Nightingale	1	2%
Northcote	1	2%
Queenstown	0	0%
Roehampton and Putney Heath	2	3%
Shaftesbury	0	0%
Southfields	2	3%
St Mary's Park	0	0%
Thamesfield	0	0%
Tooting	26	41%
Wandsworth Common	1	2%
West Hill	0	0%
West Putney	0	0%
Total	64	

Most mothers were registered at St George’s Hospital (82% of responses). Other hospitals mentioned included Chelsea and Westminster, St Thomas’ Hospital and King’s College Hospital. Some mothers were also registered for a home birth. (See graph below).



Community group discussions

We attended a group held online by Talk Wandsworth in March 2021. The group was attended by five women: two pregnant women and three with babies under the age of one. The discussion focused on their experiences of accessing support during the perinatal period including any difficulties they faced and their thoughts on the support offered for their (or their partners) emotional wellbeing or mental health.

We also attended a workshop with four women at a Cedar House support group for women who are experiencing postnatal depression in February 2021. The four women were between 25-35 years old.

Discussions with Services

Since we were unable to perform an Enter and View visit due to the restrictions because of the coronavirus pandemic, we attended online meetings and forums with local service providers. This included:

- Perinatal Mental Health Service - South West London St George's Mental Health Trust x 2
- South West London Clinical Commissioning Group Commissioners
- Maternity Voices Forum
- Talk Wandsworth Wellbeing Team
- Health Visiting Team, Central London Community Health, and Commissioners from Wandsworth Local Authority

What we found

Accessible Information, Advice and Support

There was a very broad experience on the quality of information and advice mothers received for their emotional wellbeing during the perinatal period. Of those who answered this question 37% rated their experience between "good" and "excellent" and 34% rated it as "fair" (see graph below).

"Pleasantly surprised at how much emphasis placed on mental health and how seriously it was taken"

"I wasn't given any information on where to go but I feel like if I had asked then I would have been advised"

However, a third of respondents to this question, 29%, rated the quality of information and advice about emotional wellbeing as "poor" or "very poor". Here are a few things they had to say:

"I'm 20 weeks pregnant and haven't been given anything about mental health"

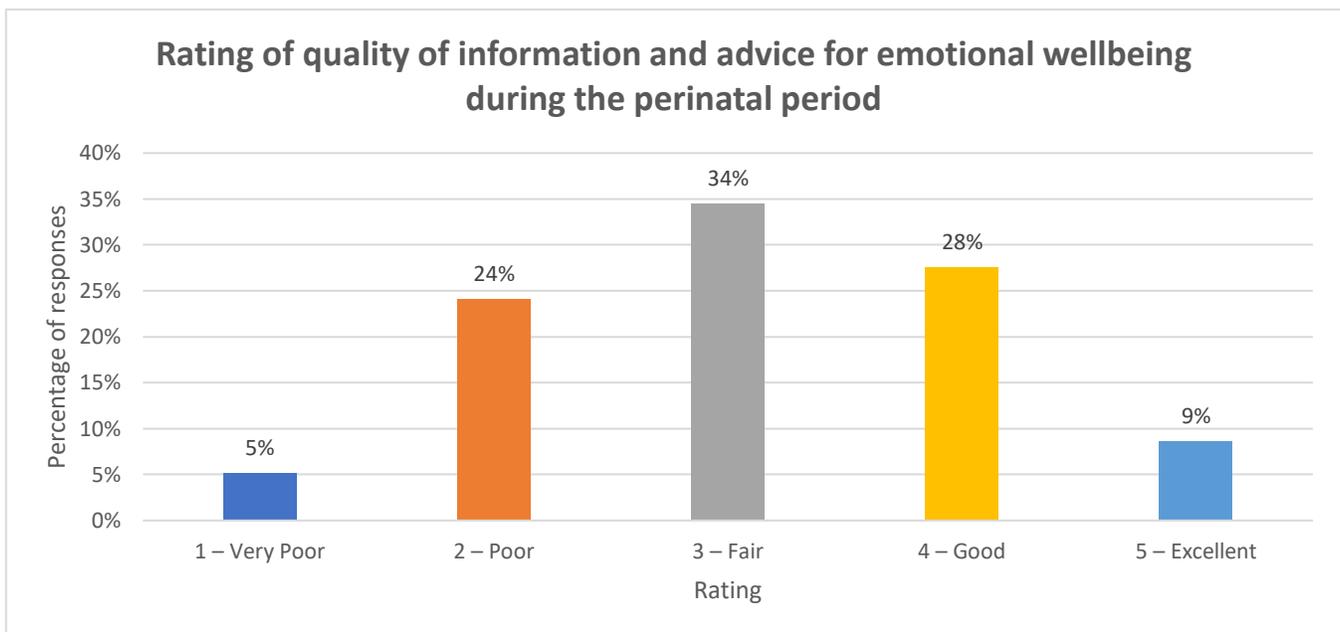
“No midwife nor the GP ever questioned my emotional well-being while pregnant, just the physical.”

“A lot of different contacts instead of one ‘go-to’. Also, postnatally, the focus from the midwife was more on the baby while I was struggling and the midwives weren’t very considerate.”

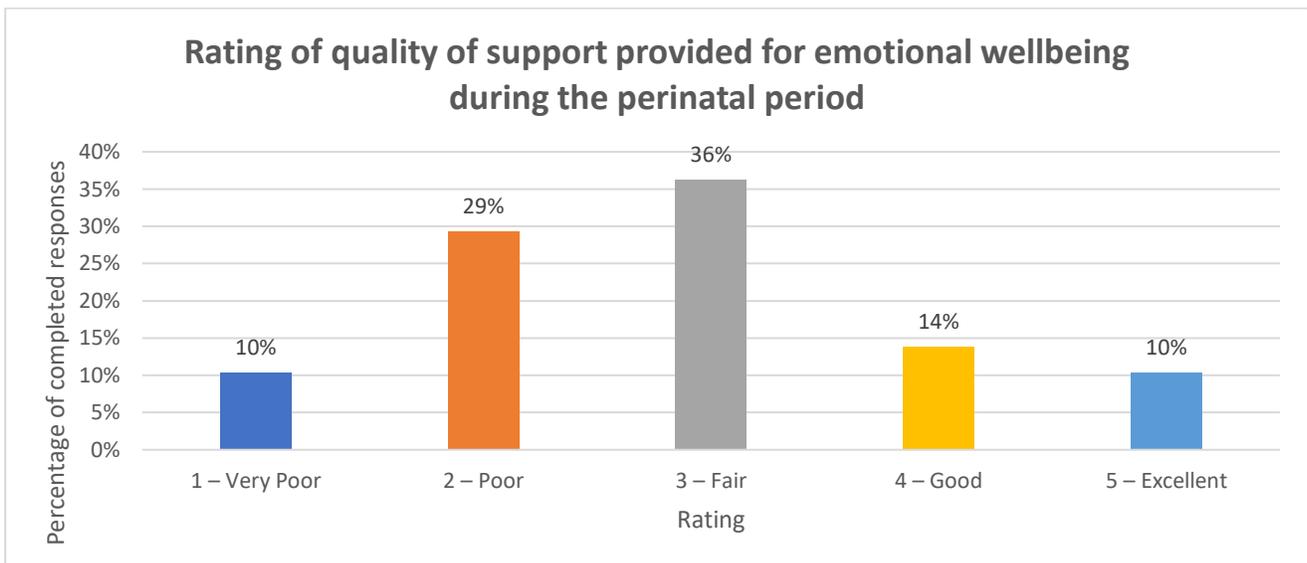
“Leaflets on post-natal depression - but nothing else. Nothing on anxiety (which I have previously experienced) and nothing on the length of time post birth in which it’s normal to struggle with emotional / mental wellbeing.”

“Pre-natal was great but after I had my baby (May 2020) support disappeared”.

We were not able to draw a clear relationship between the hospital people were registered to and their experience of receiving advice for their emotional wellbeing or a difference in sentiment about the support of the hospitals.



Ratings of the support received for women’s emotional wellbeing during the perinatal period were also mixed with many giving it a “fair” rating (36% of those who responded). Significantly, more people gave the support they received a lower rating (“poor” or “very poor”) than the advice and information received. This was **particularly felt during the post-natal period** and was frequently related to restrictions in place due to the coronavirus pandemic. Some mothers felt like they missed out on activities and support that would have been in place in normal circumstances (such as some Health Visitor appointments, GP surgeries and breastfeeding cafés).



Nine mothers reported little to no post-natal care as Health Visitor Appointments were not taking place as usual. This led to them feeling less supported and more alone.

“Pregnancy received good care. However following the birth I have had very little support. There are no drop-in centres open, children centres are shut and I had a telephone health visitor appointment which wasn’t great.”

“During pregnancy was excellent and the birth was great but the aftercare with health visitors/ doctors has been shockingly bad.”

“Excellent care from homebirth team however once discharged there was minimal support. 6-week GP check was a 2 minute phone call where he congratulated me on my baby and that was it. One health visitor visit which I had to request as I was concerned about my baby’s weight gain and had no way of weighing them (they were 2nd percentile). No follow ups from health visitor. Whilst I know I can contact them if needed, I worry for parents who may not feel confident accessing support and feel the whole post-natal period was extremely isolated with no spontaneous or professional led follow up.”

“I have never met my health visitor as there were no visits during Covid (although near neighbours did receive home visits or at least a zoom call). There was no support after leaving hospital or now. I would have liked help at breastfeeding cafés or for there to have been low cost, drop-in activities to do with a small baby. The only things running were very expensive classes. If it was safe for them to run why couldn’t publicly funded activities also be available?”

One service praised several times was the St George’s Rainbow Team for home births. Mothers greatly appreciated the support they received from the team both during pregnancy and childbirth.

“The Rainbow Team were amazing and made my whole experience super lovely when it could have very easily been different.”

The women we spoke to at the Cedar House support group said they felt positively supported by the Cedar House service, Homestart, Talk Wandsworth and perinatal nurses. However, this depended on referrals to the service, not all had received this support quickly from a GP or midwife who had sufficient level of knowledge or awareness about mental health to offer a supportive approach. They also mentioned that support from Talk Wandsworth was helpful but that the length of support offered, in their view, should be longer.

“My home midwife was clueless and helpless, she was not knowledgeable about mental health. My GP wasn’t helpful and didn’t understand what I was going through.”

“My home visitor was awful, if you are going to visit a mother that has experienced trauma then they should send someone who is trained in perinatal mental health, they should know what it is like and how to support mothers.”

Continuity of Care

Consistency in the team supporting mothers with their care was mentioned several times in relation to rating their care. Being in touch with the same people and being able to develop a relationship left mothers feeling more supported. This is shown in the comment one mother provided who rated the quality of information and advice she received as excellent:

“I have been under the care of the Sunflower case loading team at Chelsea & Westminster. As a result, I have experienced continuity of care with the same midwife throughout. This has helped enormously as I have been able to build a relationship with the midwife.”

Two mothers who rated the quality of information and advice they received as “poor” cited a lack of coordination as a reason for their low rating:

“Willingness is there but there is a certain lack of coordination between midwife, hospital and health worker. Seems that a lot of staff is going through a tick box exercise - more for their benefit than the parent / child.”

A mother we spoke to at a Talk Wandsworth workshop we attended said that seeing a different midwife at every appointment made her feel like her concerns were dismissed and that she was not listened to.

“My midwife sessions were very rushed and I had a different midwife each time and it was impossible to get through to anyone on the phone, I asked questions and they were very dismissive and not willing to listen to your concerns.”

Experience of emotional wellbeing

Most respondents (73%) reported experiencing emotional or mental health difficulties during their pregnancy. Many related this to the coronavirus pandemic and related restrictions.

Common themes mentioned in the comments included:

Theme	Number of mentions
Anxiety	18
Stress	12
COVID	10
Low mood	10
Depression	4
Trauma	6

Concerns contributing to emotional or mental health during the perinatal period included:

- health complications during pregnancy (such as gestational diabetes)
- six mothers mentioned experiencing trauma, particularly after birth
- four mothers reported feeling depressed.

The Pandemic was mentioned as contributing to anxiety and stress felt by mothers at this time. Throughout the survey many mothers reported feeling low due to the lockdown, particularly because of not

being able to see family and friends for support. In answer to our question about quality of information/advice provided for your emotional wellbeing seven people mentioned this.

“Low mood when not being able to make plans with friends/family during maternity leave. Low mood due to family not having met my daughter over 2 months on! Feeling cheated out of maternity leave and not being able to join classes or spend time together as a family while we have the chance.”

“Stress and anxiety of becoming a parent for the first time with no help from friends and family and limited resources.”

One mother reported that her husband has found the whole experience of becoming a new parent during the pandemic very stressful.

“My husband has found lockdown and becoming a parent of two children very challenging himself given being stuck at home relentlessly working and childcaring with no outlet or escape or time to himself.”

Healthcare services not running as normal was also frequently mentioned as a source of stress.

“Stress and anxiety over complications prior to delivery and post delivery due to the inability to access health care as I would have wished.”

One person attending the Cedar House groups mentioned difficulties being transferred between hospitals and homes during and after traumatic births:

“I have 4 children and when I had my baby in lockdown I was supposed to have support as had PTSD, but they rushed me out of hospital without the support.”

Involvement of family and friends

A significant number of people mentioned that having to **attend appointments and give birth alone** (particularly without their partner), due to rules in place at the beginning of the pandemic, **contributed to their anxiety, stress, trauma and negative mental health wellbeing**. This was mentioned by four respondents when we asked them about their experience of emotional and mental health wellbeing and was commented on throughout responses, with five people mentioning it as a specific difficulty in accessing services.

Women who had experienced complications antenatally or postnatally were particularly impacted by the pandemic and the restrictions on partners being able to provide support. For one person, having more than the routine number of scans for medical reasons, the pandemic rules meant that her partner could not attend any of them even when there was cause for concern. For another, whose baby was ill after the birth, being apart from her husband was very hard.

“.....my husband was not allowed to even hug us or see us -in spite of the fact that he has been on the same ward whilst I was in 3 days of active labour before. We were in hospital for 8 days alone. I am very much still carrying the trauma of this experience with me each day.”

“Third trimester was very challenging because of pregnancy complications and uncertainty around birth plan because of covid. Also very stressful having to attend appointments alone.”

“We had a traumatic birth and an 8 day hospital stay post birth. He wasn’t allowed into the hospital and was forced to leave 20 minutes after a c-section after a 3 day failed induction. Our baby then caught pneumonia. Not being together during that time was incredibly traumatic for both of us.”

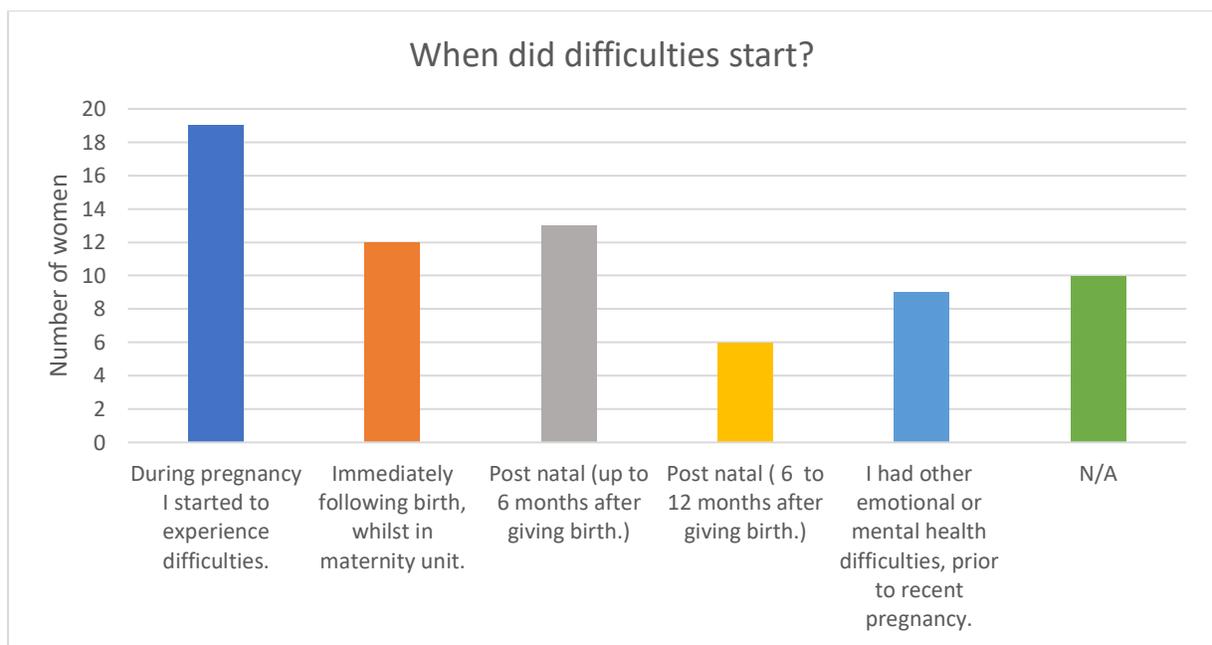
We asked people if they felt that partners, family or other people in support networks were adequately involved during the perinatal period. 25% responded “yes”, 14% “mostly” and 11% “no”. Not all respondents answered this question.

As highlighted above the circumstances and restrictions as a result of the coronavirus pandemic was a key reason why people reported feeling their partners and family had not been involved enough in the perinatal care experience.

In some cases, this has been very stressful and traumatic for mothers.

When did the difficulties you are/were experiencing start?

30% of mothers (19) who responded to this question reported starting to experience difficulties during their pregnancy and a further 14% said that they already had difficulties before the pregnancy. Another 19% (12) immediately after birth whilst still in the maternity unit. Then 20% (13) started to experience difficulties up to 6 months post-natal and 9% (6) 6-12 months post-natal. However, some people selected more than one option which makes the data difficult to interpret. Three mothers mentioned a history of depression and three reported previously experiencing anxiety. Other previous difficulties included OCD, anorexia, trauma from sexual assault and worrying about the health of their child(ren).

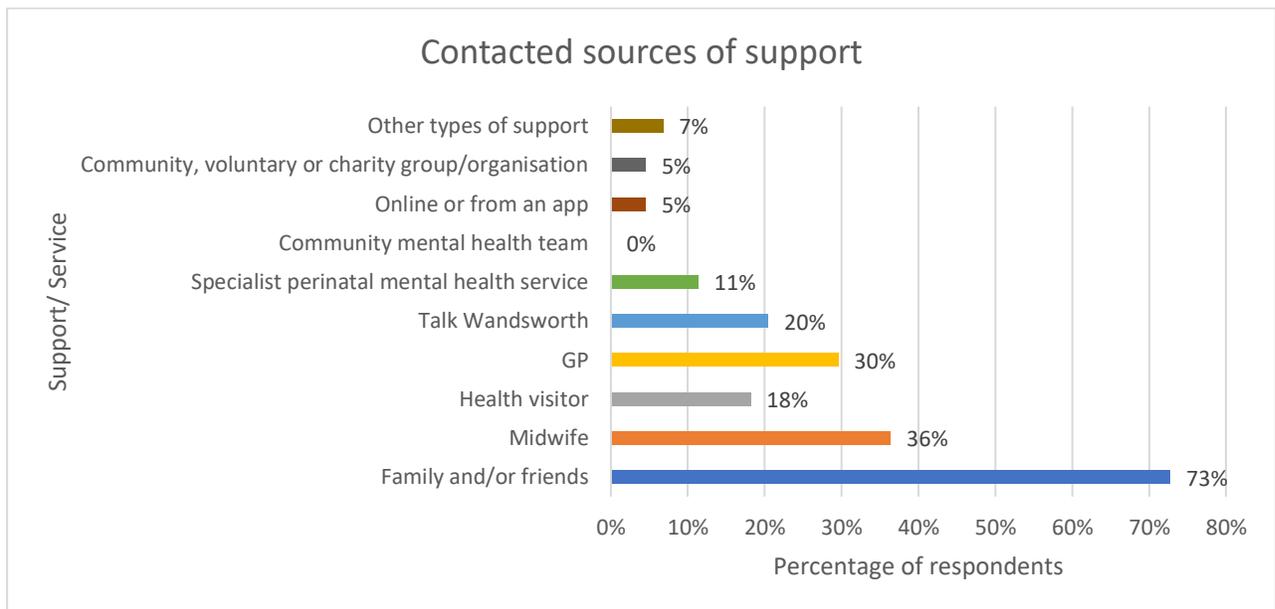


Sources of support for emotional/mental health difficulties contacted

We asked mothers what sources of support for their emotional/ mental health difficulties they had contacted throughout the perinatal period. People could select more than one option. 44 people responded to this question.

The majority of people who answered this question (32 people) reported reaching out to family and/ or friends.

A quarter (36%) of respondents to this question mentioned contacting their midwife for support, 30% contacted their GP and 18% their Health Visitor. Some mothers reported using specialist mental health services such as Talk Wandsworth (20%, 9 respondents) and the specialist perinatal mental health service 11%, 5 respondents).



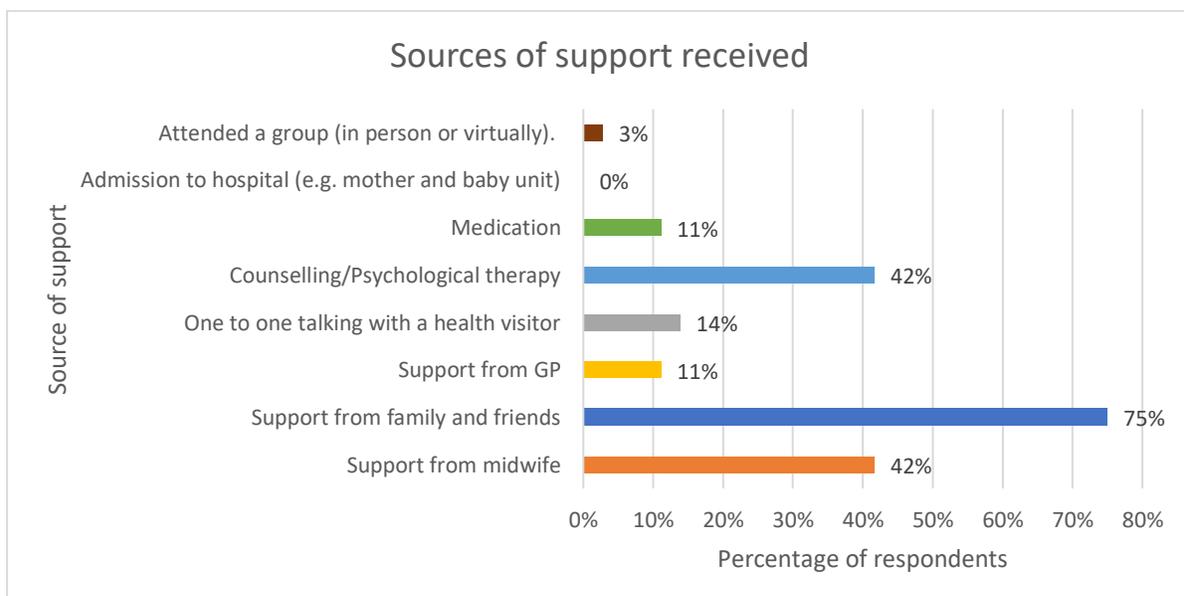
We asked those who did not seek help for their emotional/ mental health difficulties why they had not done so. Two mothers mentioned their loss of trust in the health system stopped them from seeking the support they needed.

“I had a chat with the community midwife who offered some advice but to be honest, I didn’t seek any advice from other professionals due to a lack of trust in the system and the lack of belief that support would actually be provided.”

“I lost trust in the support system because of the way I was treated during and immediately after giving birth.”

Sources of support with emotional/mental health difficulties received by respondents

36 respondents answered this question. The majority of these received support from family and/or friends (75%). This was followed by support from a midwife (42%) and counselling/ psychological therapy (42%). Very few people reported getting help from their Health Visitor or GP (14% and 11% respectively). 11% mentioned having taken medication. Only 1 mother had been able to attend a group in person during the perinatal period. Please note that people could select more than one option.



Accessing support

We asked if people had had difficulty accessing the support they needed for their emotional or mental wellbeing. Not all respondents answered this question (39 people responded). Of those that did, there was quite an even split with 49% of those respondents saying they had experienced difficulties and 51% saying they had not.

The restrictions due to the lockdown situation was described as making it difficult to access support or leaving people feeling **unable to reach out** about the concerns they had. The following reasons were mentioned:

- Not being able to get face-to-face appointments and some appointments were less effective if online or on the telephone
- Difficulty getting through
- A mother we spoke to at a workshop held by Talk Wandsworth said that her first trimester of pregnancy was particularly challenging due to the lack of social activity in place.

“I felt it wasn't recognised or issues weren't acted upon quickly enough due to the restrictions in appointments”.

“I didn't know what was available and nothing felt accessible.”

“Lack of face-to-face appointments from GP. Delay in gaining access to any face-to-face appointment with feeding team.”

“Haven't heard from anyone since the start of lockdown...I felt unable to speak if it isn't face to face.”

“Very hard to get through to the midwife team to get blood results, so would not be confident calling for other things especially when I have not met anyone still because of covid changes.”

“I had EMDR therapy for PTSD and depression which should have been face to face but due to Covid-19 this has had to take place online and it is not effective online”

“Psychotherapy is online and is difficult to do online”

Meeting needs for support

If people had accessed a service for their emotional or mental health needs, we asked if the service met all of their needs. 48% of respondents answered this question (31 people). Out of these 11% responded “yes”, 13% responded “mostly”, 14% were “unsure” and 11% responded “no”. Some of those who reported being unsure whether their needs had been met were either having continued support or were still waiting.

At a workshop we attended with Talk Wandsworth, three mothers (expectant and new) expressed finding the transition to being a new parent difficult. One mentioned feeling “isolated” during the perinatal period while another felt that it required a **“village to help and support you.”**

Accessing support from mental health services

Five mothers who completed our survey had accessed a **specialist perinatal mental health team**, with mostly positive results. One mother said that the service had been put in place to support her after she had had issues with her previous pregnancy.

“I was already known to the Perinatal Team as I had mental Health after my first child and they kept an eye on me this time”

Talk Wandsworth and Cognitive Behavioral Therapy (CBT)

Two mothers mentioned using the perinatal mental health service for psychotherapy, with one describing it as “excellent”. However, both went on to say that they felt they needed CBT as well and this was not something they were able to access easily.

“The psychotherapy provided by the perinatal mental health service is excellent but I haven’t managed to access CBT on the NHS. My perinatal psychotherapy sessions are very useful but I also need CBT to target my OCD.”

Nine of the survey respondents mentioned accessing support through the psychological therapy service **Talk Wandsworth** (It is possible that people could have completed the online survey after taking part in our workshop with Talk Wandsworth, therefore this must be considered alongside these results). Three of the women who received help from Talk Wandsworth rated their support as ‘Good’ or ‘Fair’, the sentiment of a further woman on the quality of her support was unclear. Four women mentioned trying to get help from Talk Wandsworth and were either unsuccessful or still waiting. Another person told us they got help from an unspecified psychological therapy service. One other person said they were referred to mental health services but did not take it up.

In addition to this we attended a Talk Wandsworth workshop with five new and expectant mothers and participants in discussions at Cedar House support group for women who are experiencing postnatal depression also shared their experience. Mothers at the sessions **reported having a good experience of support however, in both sessions people felt that the support should go on longer** rather than being restricted to a limited number of sessions (6).

“CBT was useful; for me, I am now on the fourth session and have two more to go, I wish they would go on forever. It would have been useful if they started earlier as would have improved things enormously.”

“Talk Wandsworth CBT was really helpful but you can only have 12 sessions and I feel I needed more. I think there needs to more flexibility with this decision and your situation should be taken into account as some people need more than 12 sessions.”

Waiting for support:

If the service was available and known about, some mothers were still having difficulty accessing support, particularly due to waiting lists which was mentioned by 3 mothers in our discussion sessions

“Slow to get the support in place - waiting list, and still waiting”.

3 mothers from our survey mentioned **accessing private counselling or therapy**. This was as a result of long waiting lists or not being able to access the care they needed through the NHS.

“I tried seeking support but was passed between services and eventually told I would need to pay to access counselling services. Which I did and found helpful. I got the impression that because I hadn’t been medicated for my anxiety previously it wasn’t bad enough to get mainstream support.”

“I successfully accessed psychotherapy through the perinatal mental health service. However, I struggled to access CBT - after 3 months on the waiting list for Talk Wandsworth I managed to arrange private CBT through my health insurance.”

Insufficient attention to emotional and mental health needs and difficulty gaining referrals

Some mothers who were not referred to the perinatal mental health service felt that their mental health needs were **dismissed or not seen as important** with three mothers on our survey saying they felt that asking about mental health and emotional wellbeing was seen as a “**tick-box**” exercise.

“No midwife nor the GP ever questioned my emotional well-being while pregnant, just the physical. Once when I went to a midwife check-up, the only one I ever had in person, I had some questions and concerns and I was dismissed because I was a first time mum.”

“There was one fleeting question in early pregnancy prior to the pandemic but since I feel it’s been a tick-box question on the phone and it’s easy to hide at the end of a phone.”

Some respondents to our survey felt that their mental health and emotional wellbeing was **not taken seriously** during the antenatal period.

“When I mentioned to one midwife at the end of pregnancy that I was struggling she wasn’t really listening and wrote in my notes that I was doing well. I came away feeling like I didn’t matter.”

This is similar to what two mothers fed back at the Talk Wandsworth workshop in early March 2021:

“During the first trimester I was not sure what to expect and not being able to talk to friends, now more women are saying it is a very isolating and lonely time. I spoke to my GP to ask what I can take, there was a sense of them not knowing the impact this is having on me.”

“Being pregnant for the first time and not being sure what is happening, I feel there was not enough support. I had a lot of questions that I can’t always share with a midwife, I wish there was someone you could trust and speak too.”

Stories shared with us by women at a Cedar House group highlighted that it can take a few attempts, asking different professionals for support to get what they need. One person said that they had spoken to two doctors and their GP surgery and also called the midwife team but they only got support after changing to another GP practice who contacted the head midwife, who in turn got the person in contact with Homestart.

Difficulties accessing general services during the pandemic

We asked if people had experienced any difficulties in accessing services during the coronavirus pandemic. 55 (86%) of those who completed the survey answered this question.

- Of the 55, 32 (58%) had not experienced difficulties.
- 23 (42%) had experienced difficulties.
- Nine people did not answer this question.

One of the 23 who experienced difficulties had not experienced those difficulties personally but said that her husband and friends had. This respondent felt quite positive about her own experience.

The survey question did not distinguish between difficulties antenatally and postnatally but the answers made clear that where there were difficulties they could be experienced either before or after the baby was born and sometimes both.

Antenatal care

The impact of coronavirus lockdowns and restrictions was evident, with face-to-face care severely limited.

“Could only speak to GP and midwife over phone until 20 weeks pregnant. No face-to-face appointments.”

Five respondents specifically mentioned issues with antenatal appointments with midwives and in particular with GPs. These women felt having telephone appointments was not satisfactory and concern was expressed about the lack of availability of physical checks.

“I didn’t see a midwife until 28 weeks and my GP appointments were on the phone only which did not seem adequate.”

“Much less frequent midwifery services and having to keep calling and requesting basic antenatal appointments from the GP - no one at the surgery sees us more than once and the receptionists always book telephone appointment which is not appropriate for doing urine/BP/foetal monitoring.”

“Shared care with GP meant telephone appointments, limited wee and blood tests.”

One respondent had found it was not only physical checks that had been hard to access.

“Can’t get through on the phone, mixed feedback on my blood results, unable to get clarity. I have not been able to get my free prescription certificate and not been able to get my Mat B1 form.”

Postnatal support and care

One person had found that GP telephone consultations had been the only thing she had been able to access but the most common difficulty was contact with GPs and with health visitors. Lack of access to baby clinics was also mentioned along with general postnatal support services, including breastfeeding support.

- 10 had issues with GP appointments
- 8 felt a lack of health visitor support
- 5 did not find general support services available postnatally
- 3 were not able to access support for breastfeeding
- 3 were not able to access baby clinics
- 1 had found difficulty with postnatal checks

“Limited support post birth, no weighing clinics or breastfeeding support. Health visitors hard to get hold of.”

“Ordinary things that provide support, keep you positive and prevent loneliness aren’t running.”

“GPs won’t always see you face to face unless you absolutely insist.”

“One health visitor appointment and no more.”

“There are no services open. Contact calls with the health visitors are at the complete minimum.”

“No midwife nor the GP ever questioned my emotional well-being while pregnant, just the physical. Even at my 6 week postpartum check up, on the phone, I was just asked if I was okay and if I thought about contraception. Once when I went to a midwife check-up, the only one I ever had in person, I had some questions and concerns and I was dismissed because I was a first time mum.”

One new mother, in an unspecified situation, had “lost confidence” in speaking to health professionals. She did not want to discuss issues over a video call or on the phone but in addition felt that the health visitor had not understood what those issues were.

Exclusion of Partners

As already mentioned, the exclusion of partners at antenatal appointments and at the birth has been limited during the pandemic and there has been little opportunity to stay for a while after the birth or be around for postnatal checks. Of the 23 respondents who had answered our question about difficulties accessing general services, five specifically mentioned partners not being able to attend appointments as an issue of access to support.

As mentioned above this impacted emotional and mental health wellbeing.

What worked well

We asked people to say, in the light of their experiences, what they felt had worked well. 58% (37) answered the question. Between them the 37 respondents to this question had experience of different hospitals and systems for their maternity care.

Place of birth

Hospital within the Borough of Wandsworth	21
Hospital not within the Borough of Wandsworth	4
Home birth	2
Did not give place of birth	10

Hospital and community staff

Midwives were thought to be particularly helpful and were written about in glowing terms, both as individuals and working in teams. 18 women, 49% of those who answered this question, mentioned hospital or community midwives as people who had made the experience better, both antenatally and postnatally.

"I had 2 really nice midwives all the way through my labour."

"Consultant midwives and the home birth team were excellent."

"Individual care from midwives....was excellent."

Some wrote about staff and teams in a more general sense, without specifying the roles within them, but again with satisfaction.

"Everything at {the hospital} has been great and everyone was supportive."

"The antenatal care and the birth itself were brilliant."

"Communicative helpful staff."

One mother appreciated staff who were "compassionate and caring".

Specialist services

Three mothers used specialist services. One of these wrote:

"Physio referral.....was processed quickly and I was able to have a face to face session which was invaluable."

"Extremely valuable" was a phrase also used by a mother writing of the perinatal psychotherapy she benefited from. Another felt that the availability of "virtual appointments with perinatal mental health team and counsellor" had worked well.

One mother had used a **Helpline** which she described as "good when you could get through". However, this mother would have appreciated face-to-face help and commented that "virtual support is not the same for a first time mum".

It was a reminder that "what worked well" was not the same as the care and support that these mothers would have liked had circumstances allowed a different approach.

Face-to-face GP and midwife appointments

Answers to the previous question on difficulties experienced showed the dissatisfaction for some with the lack of face-to-face appointments, antenatally and postnatally. By contrast, in answers on what had worked well, the face-to-face appointments and checks that had been obtained featured positively. One mother was pleased that face-to-face midwife appointments were continued throughout her pregnancy and she

described these as **"very supportive"**. Another said that the midwife had been able to go to her home for some appointments and that this had been **"invaluable"**.

Telephone consultations were written about by four women in a **favourable way**. One, still pregnant at the point of responding to the survey, found that with nothing else available at least there were phone appointments. Another said that **"having a phone call triage before a GP appointment saved us time and an extra appointment"**. Another mother found that an initial phone call with the doctor was useful **"and often quicker for minor issues, especially for children"**. Yet another felt that GP screening appointments on the phone before attending a clinic was a good idea and one thought that phone appointments with the GP **"have allowed more time."**

For two respondents the fact that partners had been allowed to attend scans was something that worked well for them.

One woman wrote of a **"healthcare worker"** who **"came over regardless of covid..."**

Contact with others was clearly important. Two women achieved a degree of that by relying on their networks and friends for support. Another felt that the constraints of the pandemic worked well for her as she did not have to **"rush back to work"** after the birth of her baby and was able to talk to her partner. However, all three of these women saw these things as only partially filling a gap and would have liked more support through the healthcare system.

Five people gave negative responses to the question on what had worked well.

"Nothing. It's been a difficult and disappointing experience"

"Not coordinated with other services between GP and hospital midwifery services."

"I felt neglected from the GP/nurse as a new mother"

"There aren't enough health professionals available to speak to."

It was possible to be very unhappy about the general service received whilst still praising the midwives as 3 of these women did.

Suggestions for improvements

Respondents were given the opportunity to make suggestions for improvements and to make further comments and suggestions if they wished.

Exactly half of respondents (32) made suggestions for improvements, 11 made additional comments and suggestions when asked if there was anything else they would like to say generally.

There was a lot of repetition of issues that had emerged earlier in the questionnaire, particularly difficulties experienced. Strong feelings emerged and these sections gave respondents a chance to express more details about hard times for them in pregnancy, at the birth and/or after the baby was born.

It was clear that the pandemic regulations had a powerful impact on mothers and fathers and how much anxiety and fear the circumstances had caused. These conditions may not recur but at present it is not possible to be sure of that and the suggestions do give pointers to the need for different approaches should lockdowns, or similar restrictions, happen again.

Lack of face-to-face contact.

Suggestions for improvement showed a high degree of frustration and even anger in respondents about a lack of face-to-face contact. Only one, however, said specifically **"Return of f2f midwifery appointments throughout pregnancy"**. Most suggestions were about the postnatal period where lack of face-to-face contact with midwives and health visitors was keenly felt:

"6 and 8 week checks should be done face to face and not remotely"

“If someone is a first time parent let them have all the in-person appointments they want or need so they feel supported.”

“Make health care visitors actually visit people instead of asking a pointless and irrelevant list of questions over zoom.”

The closure of children’s centres and baby clinics due to the pandemic had made the uncertainties and isolation of new parenthood harder with normal parent and baby services impossible to access. The opening of these, with weigh in clinics available, was put forward as another area for improvement. One woman also suggested a **better contact system** for **“smaller worries and advice”** which the clinics in other times might have supplied.

Exclusion of partners

The sudden changes brought about by the pandemic caused real distress with expected partner involvement no longer allowed. Post-pandemic, if former practices are restored, the suggestions for improvement and comments might seem superfluous but restrictions imposed seemed to the women concerned to be inhumane and illogical as the sample of comments below show:

“Allow partners at all antenatal and postnatal appointments.”

“Given that they live in the same household as the woman it is hard to see how they pose a significant increased risk of covid transmission to healthcare staff”

“Not allowing partners in for the birth of their child and when women are at their most vulnerable was a huge mistake.”

“Fathers are NOT visitors and should be able to stay on post-birth ward.”

“I understand the depths of the pandemic but I gave birth during lockdown and my husband was only allowed to visit me and our premature baby for a limited time during the day.”

“[Husband] has every right to be with his son and to be by my side - his role as a parent isn’t less than mine....Giving birth and becoming parents is a life changing moment and hospitals should account for the needs of both parents.”

Some respondents themselves saw a clear link between both these pandemic-related issues and mental health, both at the time and in the future.

One respondent felt that not allowing partners at antenatal appointments **“is almost guaranteed to be detrimental to pregnant women’s wellbeing.”**

Another said: **“I was not able to bring my partner to my 12 week scan and I really feel it’s important to allow this for emotional support and wellbeing.”**

Two others highlighted the trauma these rules caused:

“Not allowing partners into hospital was an awful experience. The fact that people could have a business lunch with 30 people but a new mother experiencing trauma couldn’t have one person to hold her hand astounds me.”

“The rules have subsequently changed but partners must be allowed in postnatal wards.....On this occasion I had a relatively straightforward birth but there were women in the ward alongside me who had not and were traumatised by the lack of support available to them postnatally.”

The experience of one couple showed how important the presence of a partner could be on a postnatal ward as an additional listening ear when key information was being given:

“My husband wasn’t allowed on the postnatal ward and I was exhausted after a difficult birth. We missed a lot of the discharge information and signposting to sources of support.”

Other improvements in support

Because of the timing of the survey so many things that were said related to conditions during the pandemic but some had echoes of issues within maternity care that pre-date that.

Continuity of care was referred to, and much praised by those who had team care. One who had experienced that said:

“Continuity of care model should be adopted across the board - I know this would be a challenge but the difference to patient experience is extreme.”

Two comments from women who had not had continuity said:

“Less passing around from person to person”

“1 continuous contact person instead of several midwives, health visitor and GP.”

Communication and information also appeared as an area for improvement. One woman suggested that links to online videos would be helpful with all leaflets available online. Another said that it was

“Imperative to have baby classes and access to eg breastfeeding support during lockdowns.”

The means of communication could be problematic. One respondent had found that a poor telephone connection with her midwife had made her feel there was no point talking to her whilst another regretted the fact that midwives appear to only have twitter accounts which was not helpful to people not on twitter themselves.

“Links to online videos would be good. [Midwives] only have a twitter account but not everyone is on twitter. None of the leaflets are available online. Feel quite unprepared and forgotten about.”

Care on the postnatal ward was also mentioned. It was unclear if the attitudes encountered by new mothers were in any way affected by the conditions of the pandemic or whether these respondents would have felt they were not well cared for postnatally at any time but at a challenging and emotional point in the early postnatal period the comments show how difficult some had found their stay on the ward.

Four mothers wrote about lack of care on the postnatal wards. One of these mothers described postnatal care as **“a shambles and heartless. Very traumatic.”** Other comments were:

“Sort out recovery ward with attentive midwives who can help you with a newborn with zero judgement and encouragement.”

“I feel my aftercare following the birth of my son was not great. The postnatal ward was very busy, I was constantly told conflicting advice due to constant change of staff.....it was obvious my mental state wasn't great but my well-being was never assessed.”

The isolation and struggles of women who have recently given birth were evident in suggestions such as:

“Just making people feel more valued and understood.”

“More staff in hospital to support new mothers on their own.”

“If [staff on the postnatal ward] would be a little more compassionate towards mothers, especially new mothers, I think that would go a long way.”

Another woman also wrote of **“a lack of compassion”** and yet another echoed this by suggesting **“Act with compassion. Seek parents' views. Respect parents' views and wishes.”**

These are harsh words and it is hard to know what situations they truly reflect but the feelings seem very raw and memories of this time still fresh for those who wrote the comments.

Two women specifically referred to improvements in mental health referrals one writing:

“Quicker referral mechanism, earlier interventions and support for mental health....better postnatal support - too little given after birth and signs of mental health suffering missed.”

Finally, reflecting on having a baby during a pandemic, one second time mother compared her recent experience to her first experience two years previously, not picking out healthcare workers' particularly but changed attitudes in the whole of society.

“It has been very challenging to have a baby at this time especially since I can compare it to 2 years ago when I had my daughter and society as a whole was so much more supportive and accommodating then.”

This mother felt she had been lucky with the care she received but attributed this to it being **“my second time around and I knew the midwives and my rights.”**

Conclusions and recommendations

Although we recognise that there was a self-selected sample of people who shared their experiences with us and that there is likely to have been some bias towards people with emotional or mental health difficulties included in the survey group and the focus groups, this should not detract from the points that the respondents have made about the services which they received. There were common themes running throughout the responses. Support may have been limited by pandemic restrictions however:

- it is important for continuity of care to ensure a continued level of service
- services will need to review families who had babies in the last 18 months to ensure they pick up any unresolved problems that may not have been recognised as contacts were limited
- services will need to plan how to operate if there is another wave of the pandemic to ensure continuity of care and to mitigate some of the issues identified.
- some people mentioned having to seek paid midwife or mental health support. This raises a question about health inequalities.
- A percentage number of respondents' difficulties were either pre-existing, emerged during the pregnancy or before they left the post-natal ward. This means that there were opportunities in face-to-face contact periods (even during the pandemic) to identify those women who were in need of some help and opportunities like these should not be missed.

The following is a summary of the main themes and suggested recommendations for improving the experience of new parents.

Perinatal mental health

From the responses we've received, we can conclude that although a good deal of mental health support is there for people during the perinatal period, it is not common knowledge and there continues to be a large proportion of people reporting insufficient information. Long waiting lists reported could be a sign that demand is higher than the support available, and some people had to pay for counselling, suggesting a barrier to accessing services.

- GPs, midwives and health visitors could do more to provide information and space to check that someone is all right and knows how to maintain mental health wellbeing. Asking about mental health and emotional wellbeing of new mothers should not be viewed as a “tick-box exercise” by health professionals.
- Some women highlighted that their problems and referrals could have led to more prompt support if there were better knowledge and understanding around mental health from the various professionals they were in contact with. One person told us that they felt they were dismissed because they had not

previously received medication and others who felt they had been dismissed or had had difficulties accessing support said that it led to them losing faith in the system. One person shared the following advice for other new parents:

“If you don’t get the support you need keep fighting until you get the support you need as you are entitled and deserve help.”

- There should be further promotion of mental health support, including Talk Wandsworth or less formal peer support.
- Long waits for counselling and psychological therapies are detrimental for this particular group of people because the perinatal period is a specific point in time, and a particularly vulnerable time. We would like reassurance about waiting times for access to Talk Wandsworth services and that priority is made for pregnant women and new mothers as a number of people reported waiting times and specifically mentioned this service. Talk Wandsworth also has an important role to play in referring people on if they have more complex needs or need specialist support.
- It should be explored whether the number of sessions/ length of time support is offered can be extended for parents as they navigate a significant period of adjustment, change and challenge.
- Partners and support networks need to be better involved to provide support as far as possible, more information could be provided to them to provide support during the pregnancy and early parenthood.

Maternity services

- Providing continuity of care from healthcare team throughout perinatal period should be prioritised.
- Effort should be made for greater co-ordination of services, closer working and information sharing between services.
- There should be at least a minimum number of face-to-face appointments with one or more of the services to ensure a relationship is built to ensure a better understanding of and conversation about wellbeing.

Some people felt that certain appointments were useful when via digital or telephone methods. Some mentioned that more face-to-face video calls would be useful. Many mentioned that they would benefit from some face-to-face contact, particularly new mums or discussing mental health. Comments about the benefits and barriers of digital and telephone appointments reflected findings in our larger survey on the topic. You can read the full report and recommendations [here](#).

- There were comments about attitudes and approaches of staff and that people felt they would seek support and feel more supported if staff attitudes had been more supportive and understanding. Consider how the culture may be developed to increase understanding of patients’ experiences and feedback and increase their involvement in their care.

Health visiting and early years services

Health visitors have a key role in assessing and flagging mental health needs and ensuring continued support after births. Community based support and other support networks were felt to be really important for mental and physical health wellbeing and check-ins. It is important to consider how these could continue and be more available. There were many comments about support from midwives. There were also a lot of people who felt that a lack of usual child services had had an impact on their care and mental health.

- The support and opportunities for identification of mental health needs available from Health Visitors during restrictions and possible future restrictions should be reviewed, ensuring on and offline support. Ensuring meaningful interactions rather than a tick-box exercise.

- Low level support networks like child health clinics, breast feeding support groups and children's centres have an important role which must be prioritised.

Finally, we should highlight that the number responses we received from ethnic minority respondents were low despite attempts to circulate the survey amongst a variety of community contacts. We were told by perinatal mental health service managers that referrals to their service were fairly reflective of the population groups in Wandsworth, however, it seemed that referrals for psychotherapy from Black and Ethnic Minority communities was low. More needs to be done to specifically understand if there are any issues at referral stage and to understand experiences from across our diverse community.