



The Care Forum

**Report on the public engagement
exercise for the Maternity and
Newborn Services Review
1 December 2006 – 1 March 2007**

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Glossary

BHSP	Bristol Health Services Plan
BSDS	Bristol Specialist Drugs Service
NCT	National Childbirth Trust
NICU	Neonatal Intensive Care Unit
NHS	National Health Service
OSC	Overview and Scrutiny Committee
PALS	Patient Advice and Liaison Service
SANDS	Stillbirth and Neonatal Death Society
SCBU	Special Care Baby Unit
TCF	The Care Forum
UBHT	United Bristol Healthcare Trust

1. Summary

1.1 The public engagement period of the Maternity and Newborn Services Review ran from 1 December 2006 to 1 March 2007 as part of the Bristol Health Services Plan (BHSP).

1.2 In total 410 people took part in five public meetings and 41 other meetings recorded variously by The Care Forum and NHS staff. The Care Forum also recorded 82 pieces of correspondence. All this data will be entered onto a database, which will be made available to the BHSP office. Other submissions included letters and a petition previous to the engagement period, and references to research.

1.3 Topics covered fell into five main themes, which are addressed in the report: antenatal care; care during birth; postnatal care; continuity of care; and the role of midwives. The report then considers particular interest groups: young mothers; parents of premature or sick babies; bereaved parents; women from black and other minority ethnic communities; women who use drugs; women in prison; female sex workers; and fathers and families.

1.4 The following key issues emerged from the engagement exercise:

- Women want birth to be treated as a normal and natural event
- They want choice about where they give birth and how they want their baby delivered
- The need for continuity of care throughout pregnancy, childbirth and beyond
- There was a wide variety of positive and negative experiences of antenatal care, care during childbirth and post natal care, and suggestions for improvement
- The need for more services in community settings including: birth centres, antenatal and postnatal care and support for home births.
- The need for more midwives, and for their empowerment
- The need for more support for those women who want to breastfeed, and a request for less pressure to breastfeed from those who have chosen not to
- The need to make it easier for fathers to play an integral role
- A concern about the rising number of births by caesarean section and the possible reasons for this
- The need for more and better information
- Women with particular support needs (eg young mothers, drug users and prisoners) generally felt well supported and cared for.

2. Introduction

Purpose of the review

2.1 It is the stated intention of health services managers to ensure that every parent and baby has the best possible experience of birth and early days. To do this, they are working with interested parties, and are seeking views from service users so that they can take a fresh look at how they provide services in Bristol, North Somerset and South Gloucestershire to meet future needs. People were asked:

- What do you think of the current services?
- What is good?
- What needs changing?
- What sorts of things really matter to you?
- Is there anything else you want to say or to suggest?

The role of The Care Forum

2.2 The Care Forum is an independent voluntary organisation, registered charity and company limited by guarantee. Working primarily within the geographical area of Bristol, Bath & North East Somerset, North Somerset and South Gloucestershire, The Care Forum aims to enable and improve public involvement in health and social care services and provides an infrastructure for effective representation, communication, consultation and networking within the voluntary and community sector (VCS). It coordinates and facilitates VCS involvement in partnership working with public agencies in the joint planning and improvement of health and social care services.

2.3 A representative from The Care Forum sits on the Bristol Health Services Plan (BHSP) Strategic Communications and Public Involvement Group to advise on good practice in engaging voluntary and community sector organisations. A representative also sits on the BHSP Public Interest Forum.

2.4 The organisation has previously been commissioned by the BHSP to report on BHSP public engagement and consultation exercises. These reports can be accessed on The Care Forum's website www.thecareforum.org/publications .

2.5 The Care Forum's role in this consultation was to ensure that views expressed by members of the public and others were independently recorded and reported. This information will enable the BHSP, including local Primary Care Trusts, to take people's views fully into account when

planning future services. People who attended meetings were informed of this process. The Care Forum was not asked to record presentations or comments made by health service facilitators at the meetings or the profile of people who attended meetings.

2.6 Staff from The Care Forum and the NHS recorded the outcomes of five public meetings, attended by 70 people and 41 other meetings, attended by 340 people.

2.7 This report aims to reflect areas of general agreement. As the public meetings were held in a café-style format to allow discussion, comments made by one person at a table were often supported by nods or murmurs of agreement by others in the group. In this case, numbers could not be accurately recorded.

3. Profile of Meetings

Number and types of meetings held

3.1 Between 1 December 2006 and 1 March 2007, five public meetings were held. A further 41 meetings were held with other groups including antenatal and postnatal groups, groups representing women from black and other minority ethnic (BME) communities; mothers of twins; gypsy and traveller women; women who use or have used drugs; women prisoners; fathers and young fathers; young and schoolgirl mothers; victims of domestic violence; female sex workers, parents of premature and sick babies; and bereaved parents.

3.2 Appendix 1 provides details of the meetings held and attendance at those meetings.

4. Profile of correspondence

4.1 82 pieces of correspondence were received as part of the consultation process. These consisted of 40 emails, 29 feedback forms, 10 telephone calls and three letters. Other information that had been gathered before the engagement period was also received, and this is detailed in sections 8, 23 and 24.

Type of correspondence	Number of items received
Email	40
Feedback forms	29
Telephone calls	10
Letters	3
Total	82

Table 1: Correspondence received

5. Antenatal care

5.1 Although each mother had a different experience of antenatal care, most women thought that they had received a good level of antenatal care.

Antenatal classes

5.2 Of parents who attended antenatal classes, the majority found them to be useful. Some thought that larger classes of between 20-30 parents were less successful. However, parents who attended very small classes of 2-3 felt the group was too small and did not provide opportunities for peer support. Parents said that group work; breathing and relaxation exercises; the presence of fathers; and the opportunity to talk to other parents were particularly helpful. Parents expecting a multiple birth appreciated classes aimed specifically at their needs but would have liked more of them.

5.3 Teenage parents thought that antenatal classes held specifically for them were very good, but would like more parentcraft classes. However, some who had attended general antenatal classes said they were awful and they felt that older couples were looking down on them.

5.4 Parents said that they would like:

- More discussion about how to cope after the birth
- Antenatal groups for young mothers under 25
- Refresher courses for second or subsequent pregnancies
- More information, including written information to take home

- Sessions that concentrated on building their confidence in parenting
- A range of classes and times, allowing people who work to attend more easily
- Fathers to be allowed time off work to attend, and to be made more welcome
- Time to reflect and an opportunity to talk
- More sessions
- More education on empowering women to give birth naturally.
- More information about the variety of possible outcomes eg Caesarean section
- Information about post natal depression
- Information about other opportunities outside the NHS eg National Childbirth Trust (NCT) and yoga classes
- A one-stop shop providing antenatal care, birth advice and a birth centre.

“We are building up a relationship with other parents, there is a bond between us all.”

“We felt that we needed more help and advice than the classes gave us. The antenatal classes were good and we were encouraged and supported to form a mothers’ group. “

“They really don’t prepare you enough for what’s to come.”

NHS antenatal care

5.5 Most mothers said that they had received very good or excellent antenatal care. Clinics at Bishopston, Charlotte Keele, Clifton, Granby House, Knowle, Long Ashton, Portishead and St Michaels Hospital were praised. Five women said that they had received good general care from midwives but that there was no continuity.

5.6 A number of women who had had health problems during their pregnancy were complimentary about the care they had received and the extra scans they were offered. One woman said she was made to feel special in a very nice way.

5.7 One woman complained that the information she was given was negative and one-sided because it strongly promoted hospital birth. Some women spoke of being treated like children; feeling undermined

and being given no credit for their own beliefs and intuitions regarding their pregnancies.

5.8 One woman would have appreciated help with getting hold of personal possessions such as money, a toothbrush and access to a phone, when she was unexpectedly required to stay in hospital. A number of women appreciated the opportunity for free swimming sessions.

Appointment systems

5.9 While praising the excellent care they received, a number of mothers were dissatisfied with clinic administration and appointments systems and the communication between community midwives and the hospitals. They cited long waits beyond appointment times; attending appointments to find that they were not expected; and administrative staff leaving before they could book the next appointment.

5.10 There was general agreement that more midwives were needed. Mothers also said they would like:

- To see the midwife more regularly
- More flexibility for appointments
- Triage at antenatal clinics to identify those women most at risk during pregnancy
- Identification of and encouragement or support for those at low risk to consider home births or giving birth at a birthing centre
- Midwife appointments beginning sooner so that they could give advice about early pregnancy

“The consultant was very thorough, went through all the options I had available to me, and spoke to me as an adult.”

“I found my antenatal care poor and inconsistent. I felt very isolated.”

Scans

5.11 There was general agreement amongst mothers that they wanted a first scan at 12 weeks. One woman said that being first informed that something was wrong at 20 weeks was devastating. Women also wanted: free OSCAR scans for women over 40; and scans offered in the community.

“When we went to get the scan, we found the reception staff very unprofessional ...we had a long wait of over an hour for the scan and found it a very negative experience. Their general manner was terrible.”

“A very unsympathetic and uncaring service.”

“If I had not got a private scan I wouldn't have known for another month or six weeks I was having twins.”

Community midwives

5.12 Although opinions varied, most mothers had good experiences of the service offered by community midwives. They appreciated easy access to midwives at the clinic or from home. Those women who had received individual care from a named midwife, before and after birth were very positive about the experience. Others said that while the care was good, they would have preferred consistency of midwife. They felt getting to know one person or a small team really valuable.

5.13 Parents of twins wanted more information from midwives and health visitors about the support groups available. They all thought that midwives should encourage women to attend a twins club while pregnant so they can get advice and reassurance from parents of twins and triplets at an early stage.

5.14 A number of women complained that they had been offered almost no support during their second and third pregnancies. They said it was assumed that they would not need any help. They agreed that first time mothers need to be prioritised but also wanted a level of support.

5.15 One woman who had experienced two miscarriages said she had been asked insensitive, unnecessary and upsetting questions purely to ensure her notes were accurate. One woman complimented the foetal medicine unit as being very flexible and supportive. Mothers said they would like: equal provision of physiotherapy services across the area; local community midwifery teams; and to be seen more frequently towards the end of the pregnancy.

“Community midwives did the bare minimum as they knew I would be going to Southmead ... They didn't invest time or care in me.”

“I had a positive experience of community midwives. I had high levels of appointments and all were very helpful.”

“The midwife came to visit me at home when I was worried, and she was reassuring, she came at the drop of a hat.”

6. Care during birth

Birth as a natural event

6.1 Most women were generally positive about their care until more probing questions were asked, or perhaps until they felt more comfortable about revealing their personal circumstances. At this point they became more critical of the system and their caregivers.

6.2 A lot of women said that birth is a natural event and normal process but that hospitals impose rules, regulations and a structure that women are forced to fit into.

Choice

6.3 There was general agreement that expectant mothers should be offered choice about:

- where they want to give birth
- how they want their baby delivered.

6.4 Women wanted the opportunity to make these decisions as their pregnancy developed, and not to have to fix on one option at the first antenatal appointment. Women said that they should be given support to understand the options, and then empowered to make a choice. They acknowledged that each delivery is different but believed the woman should have the power to make her own choices and decisions about the birth of her child.

6.5 Some women said that they were not given any choice, as it was assumed they would give birth in hospital. Some women said that the possibility of having a home birth was never raised, and they were not told about birth centres. Other mothers said they had been given lots of information about their options, including home birth.

6.6 Women noted the geographical differences in their experiences. One woman said she was quite shocked at the gross difference in service between Montpelier, where her choice to have a home birth was supported, and Bedminster, where the prevailing attitude was completely the opposite, and she was left feeling that a home birth was not possible.

6.7 Some women suggested that the NHS should adopt the use of Doulas (birthing partners) to support women through labour.

“They assumed that I would have it in hospital. They didn’t go through the options.”

“Almost the first question expectant mothers are asked in North Somerset is ‘Where do you want to have your baby: Southmead or St Michaels?’ ”

“The important thing is not the type of birth you have, it’s how you feel about it. You need to feel safe and secure. You need to give birth wherever you feel safest.”

Birth plans

6.8 There was general support for putting birth plans in place. Many women said their midwife supported them in this. Some women said that birth plans were not mentioned to them.

“Birth plans are the ideal, but you can’t state anything forcefully or demand anything, as the midwife may not like it.”

Birth experiences at hospital

6.9 Many women talked about their birth experiences, which were very varied. For some, it was a positive, satisfying experience. Others were very unhappy about the way that they had been treated.

6.10 Positive comments included:

- The midwife could not have been better.
- It ended up a good experience but I had to fight to be taken care of.
- Once they were with me, the staff were all great.
- A planned homebirther who transferred to hospital in labour received “very good care” in labour.
- They didn’t judge me (young mother)
- They didn’t say anything about my age (young mother)
- They treated me with care
- During birth I received good care, I was never left on my own
- I felt very supported during delivery
- Wonderful care at the midwife-led unit, a really positive experience
- Very impressed with the relaxed nature of the environment and the midwives, especially lack of pressure to have vaginal examinations
- All the staff were really good
- The labour was fantastic, the midwife had stayed after the end of her shift until I had given birth

- The birthing suite at St Michaels was responsive and supportive during birth
- The midwife-led unit at Southmead felt like a home birth
- The maternity unit was extremely clean (8)
- Efficient caring staff (9).

6.11 Concerns about the experience of hospital birth included:

- Nobody noticed or saw my signs of pain or anxiety
- I was misinformed during the birth
- It was an alien environment, it wasn't nurturing or helpful
- Care was impersonal, staff did not listen to the mothers
- I was not given time to give birth naturally, and not allowed to be in control of my giving birth
- I was left all night long without help or not checked on, even though I was in distress.
- It felt like a conveyor belt, being pushed through the process
- The presence of and intervention by students resulted in a poor outcome
- I was degraded by staff for choosing to have a natural birth in breach
- I was given an episiotomy without prior notice or anesthetic, without given choices or care
- There were no windows, it felt like a prison
- Increasingly women in labour are sent home as not ready; midwives should listen more to mothers
- Most people spend most of their labour without a midwife even in the room
- A number of women described being left in Recovery for hours after the birth, feeling abandoned and without being able to wash
- I was abandoned onto the ward. I suppose I did arrive in the middle of the night, but no one came to see me, or make sure I was settled in
- The midwife-led unit at St Michaels is not always available. It needs greater capacity.
- Ward staff were unsympathetic and unsupportive
- Too much noise from TV and phones for any peace and quiet
- No immediate help for mothers in distress with crying babies
- Visiting hours in general too short, husbands and partners not allowed on ward until certain times
- Staff were too strict
- Post birth, no one changed the sheets until we complained
- Staff didn't clean the birth room so my husband had to clear it up
- Maternity suite was shabby

- Ward facilities were tired and dirty
- Unhygienic conditions in the bathrooms
- Faulty shower facilities
- Poor quality food
- Poor service.

6.12 Suggestions for improvements included:

- Forget protocols and think about what mothers need
- More support for natural multiple births
- En-suite bathrooms
- More time in the delivery suite for the baby to breastfeed
- More staff, both midwives and doctors
- Single rooms: the ward is not restful or relaxing
- Partner to be allowed to stay if you are in a single room
- Siblings of the new baby to be allowed to visit
- A nursery facility at Southmead to give mother some time to herself to shower and sleep
- Food readily available to new mothers on wards at all times
- Fathers should be able to stay after 8pm when a partner is in labour, stay longer after birth and have better information as to what is happening during labour
- Improved, free parking facilities for maternity wards and women arriving in labour
- Better bus services.

Caesarean sections and inductions

6.13 Both midwives and mothers were concerned about the high level of caesarean sections taking place. Some thought that it was becoming the norm in certain circumstances, eg for a breach birth, resulting in staff losing the expertise to deliver a breach baby naturally. Some thought that the number of caesarean sections was related to not being able to have the same midwife throughout the birth. Others thought that it was due to women giving birth in hospitals, where doctors overrule midwives.

6.14 Similarly, some mothers were concerned that unnecessary inductions took place because of changeover of midwives. There was also concern about the increasing numbers of women with severe episiotomies.

6.15 Women from BME communities had particular concerns about caesarean sections. See Section 16.

Weston

6.16 Some women were pleased to be able to give birth in Weston, but others were concerned that they would need to be rushed to St Michaels if there was a problem, so did not want to risk a Weston birth. Some thought this risk needed to be made clear to parents.

7. Birth Centres

7.1 There was strong support for birth centres, and general agreement that there should be more midwife-led birthing units and local birth centres. Many women, supported by midwives, said that the centres enabled natural ways of giving birth and allowed pregnancy to be treated as a normal part of life and not a medical condition. Some people thought women should use birth centres as a matter of course, leaving hospitals free to deal with specialist cases. Others believed that midwife-led birth centres would give midwives more experience resulting in a reduction in unnecessary medical interventions.

7.2 Some women, particularly first-time mothers, were concerned about the risks associated with being in a unit that was separate from a hospital setting, should something go wrong.

7.3 Women within reach of Weston-super-Mare said the unit there was very popular. A number of women said that Bristol needs a birth centre independent of the obstetrics unit. Women also wanted more facilities for water births. A community midwife suggested that there should be a birth centre at Cossham Hospital.

7.4 Birth Centre Bristol submitted a series of documents to be included in the engagement process. These were:

- *'A Birth Centre for Easton: results of a community survey'* 2003
- Birth Centre Bristol Petition letter 2005, signed by 1,088 people in support of birth centres, many of whom commented on the following themes: bad experiences; the need for a birth centre; continuity of care; support for birth centres within community hospitals; keeping normal birth out of acute hospital settings; birth centre environment; support for hospital-linked birth centres; increased choice; breastfeeding and maternal bonding; promotion of normal/natural births; a better deal for midwives; wishing the birth centre option had been available; and general support.
- Minutes of a user group meeting 2005, facilitated by Birth Centre Bristol, requested by the Maternity Services Commissioning

Programme. This meeting was attended by 12 women, representing 9 organisations. The main issues raised were about choice, capacity, confidence, community and continuity of care.

- 35 letters from mothers (23); midwives (5); and others (7) to Birth Centre Bristol supporting the need for community-based midwife-led birth centres, Spring 2006.

“Birthing centres seem like a very good idea to me.”

“It’s a good half-way house between more support than a home birth, but not a medicalised hospital birth.”

8. Home births

8.1 Mothers who had given birth at home were positive about the experience. One said that there was more support available for a mother during a home birth than in hospital.

8.2 Many women wanted support, encouragement and guidance to enable them to have home births. They said that where midwife teams are supportive, home birth rate increases and quoted Bedminster and Bishopston as good examples of this. Women thought the service offered should not have to depend on where you live and the philosophy of the local midwife.

8.3 A number of women were concerned about the shortage of community midwives, making home births more difficult to cover. One woman said she had to fight the system to have a home birth. Another said she was told she was a ‘fly in the ointment’ for wanting a home birth. One mother said she was made to feel guilty, another said she was made to feel selfish.

8.4 Midwives were concerned about the amount of administration that a home birth provokes, and wanted more clerical support.

8.5 Some mothers were unhappy that had not been given support or encouragement to opt for a home birth. They thought that health professionals needed more education about the advantages of home births.

8.6 A number of women who had home births found it difficult to get to hospital the following day to have the baby checked by a paediatrician,

and for injections. They thought a GP or midwife could have done checks and injections at home.

“I was told that by my midwife that she was against home births.”

“I’ve had two home births and had two very good experiences.”

“The mid-wife clinical team who were responsible for me set the tone for a hospital birth by the language, saying that home births are unusual and not likely to happen”.

“The community midwives gave support and lots of information on my choice to give birth at home.”

“I was pushed to have a hospital birth from start. I didn’t feel informed of choices.”

9. Breastfeeding

9.1 Women differed widely in their views of breastfeeding. There was a general consensus amongst those who wanted to breastfeed that there should be more education before birth, and more help, support and encouragement after birth. They said they felt rushed and pressured. They thought there should be more money spent on breastfeeding awareness. Some thought it would be useful to have support at home. They were concerned that once they were signed off by the midwife they could wait some days before the health visitor came, and it was in this interim period that they were most likely to give up breastfeeding. A number of women said there had not been enough midwives on the ward at St Michael’s to help them establish breastfeeding. Two women said that their midwives were too quick to give their babies formula feed.

9.2 Many women said that they felt very pressured to breastfeed by community and hospital midwives, but that having been pressured, they were then not given the support and space to try. One woman said she wanted more information about bottle-feeding as she had decided to mix feed twins. A number of women complained about receiving conflicting advice about how best to breastfeed. A project worker said that Chinese women are conservative about exposing their breasts in public and are therefore unwilling to breastfeed. She said that there is not enough encouragement from midwives if they say the women don’t want to breastfeed.

9.3 Some said that local breastfeeding support groups were helpful and should be better resourced, and that the NHS could make better use of the support offered by the NCT. Some were concerned about the loss of local breastfeeding support groups when Sure Start money is withdrawn.

9.4 Suggestions included: breastfeeding support groups in hospital; more comprehensive training for hospital and community midwives; more training and support for women who bottle-feed their babies.

“I found Southmead a very distressing place to give birth, as all they were interested in was making me breastfeed and I felt very pressurised.”

“The midwives on the unit and ward were very helpful in breastfeeding advice. Without their support I wouldn’t have been able to breastfeed later.”

10. Postnatal care

Post natal care in hospital

10.1 A number of women were very happy with the care they received, and said the staff were ‘fantastic’, ‘caring’ and ‘kind’. One group of women thought that the postnatal support was excellent. Those who had been given single rooms were particularly appreciative.

10.2 However, other women were concerned about the level of care they received after birth. They said they found the hospital environment: noisy; disruptive; busy; hectic; regimented; stressful; like a conveyor belt; traumatic; like a prison. Some women who had had caesarean sections said they needed more help than they were given. One woman said she needed more support to get moving again but was left alone for hours. One woman complained that she was moved four times in the three days following the birth, and another that she was moved five times in five days.

10.3 Young mothers said they wanted someone to stay with them, usually their mother. One girl described being on her own at night as being lonely, depressing and scary. Three girls thought they got less attention and care than the older women.

“I rang and they didn’t come for half an hour...my mum had to help.”

“The staff at the hospital were quite rude”

“No one was allowed to stay with me, not even my mum. I would have like someone to stay with me.”

10.4 Some women felt intimidated by the other women on the ward, particularly if they were of different age or ethnicity. They thought single rooms would solve this problem. One woman said there should be a more sympathetic environment for disabled mothers.

10.5 Other concerns included:

- Constant changes in staff
- Cold, cramped rooms
- Poor levels of cleanliness
- Staff shortages, resulting in little time spent with new mothers, and mothers having to look after other mothers on the ward in the absence of staff
- Feeling under pressure to settle the baby into a routine
- Inadequate help following a caesarean section
- Low level of care following normal pregnancy and birth, an assumption that everything is alright without checking
- Being sent home too early, particularly if there are other children at home
- Not being able to have other children with her (from a victim of domestic violence)
- Limited visiting times
- Lack of 24-hour visiting for fathers and flexibility for children to visit

“I received very good care at Southmead.”

“I received real, practical help and support from community midwives, but not hospital midwives.”

Postnatal care in the community

10.6 Many women were positive about their postnatal support they received in the community including through support groups and community clinics. Some women thought that midwives and health visitors needed to make parents better aware of the available support and encourage parents to attend postnatal classes. Some women wanted more help with postnatal exercise techniques. One woman said

that the transition between midwife and health visitor care was very good.

10.7 A number of women said there should be more home-based postnatal support as hospital stays are so short. Women talked about being sent home from hospital too soon, and feeling scared, isolated and depressed. One mother was concerned that the health visitor was entirely focussed on looking after the baby at the expense of supporting her. It was suggested that the NCT peer support scheme could be funded and extended.

10.8 Some women who had given birth at home said they felt forgotten about. One woman left alone in the first few days was told that this was because she was coping so well, but she believed it was because of midwife shortages. She subsequently had a three-day stay in the hospital because her baby wasn't thriving.

10.9 Community midwives were concerned about not having access to medical history and labour notes, as this made it difficult to do an informal debriefing with the mother. They asked for more clerical and healthcare assistant support.

11. Continuity of care

11.1 The majority of mothers emphasised the current lack of and strong need for continuity of care. They saw lack of continuity as a big problem, and wanted to be supported by the same midwife throughout pregnancy, birth and beyond. Women agreed that the best support would come through forming a relationship with one midwife.

11.2 Women had had a variety of experiences from continuity of care to being seen by a range of midwives. Some had support from one midwife for antenatal and postnatal care but a different midwife during birth. Those women went through labour with more than one midwife because of shift changes were the least happy. Those who received continuity of care said it transformed the experience of pregnancy, birth and parenthood. One woman said that women need a consistent message, approach and level of care no matter how much they are handed between staff during their pregnancy, and suggested a case coordinator arrangement could ensure this. One mother was attended by five different midwives during labour, which she found unsettling. Another

was seen by six community midwives, and said she received no consistency of care or advice.

11.3 One mother said she asked for consistency of care and was told she would have to go privately to ensure this. Some had employed independent midwives as the only way of ensuring continuity.

11.4 A woman who had been a victim of domestic violence said that it was difficult to tell anyone, and became impossible when she saw a different midwife at every visit.

“At a time when I needed to feel safe and secure everything was changing around me as if I didn’t matter.”

“There was a lack of continuity of care during my pregnancy. I was seen by eight different mid-wives during that time, a different one each visit.”

“The relationship between mother and midwife is so important. I was lucky. I would have trusted my midwife with my life.”

“The community midwives are great but I have five or six different ones. Continuity of care with a small team of two or three would be fantastic.”

“I saw eleven mid-wives and professionals in eleven days and the advice I was given by each mid-wife was inconsistent and contradictory.”

12. Midwives: role, workforce and skills

12.1 There were general concerns expressed by mothers and midwives about the national and local shortage of midwives, and the fact that choices for women in labour were limited as a result of this shortfall. People said that it was essential to employ more midwives in all locations. They were also concerned about the level of pressure that midwives find themselves under.

12.2 A number of women, including midwives themselves, thought that midwives had been disempowered and deskilled as a result of practicing in a hospital setting. They thought that this had resulted in the reduced ability of midwives to communicate and build trust and rapport with mothers and unnecessary medical interventions. They observed that these skills were best-developed and used in community and birth centre

settings. People were concerned about the gulf in communication between midwives and other clinical staff. One person was concerned about midwives' work-life balance because of the need to cover out-of-hours services.

12.3 Midwives agreed that they wanted to see more midwives working outside hospitals, with more autonomy. They commented that Consultant-led maternity units reduced midwives skills and confidence. It was suggested that midwives should be rotated out on to the community early and regularly, thus securing the future for the community midwife role and allowing more experienced midwives to pass this on.

12.4 Midwives said that maternity teams in the community need a broader staff mix so that midwives could spend less time on administrative and data entry tasks.

13. Young mothers

13.1 Young mothers shared many of the concerns of other groups of women, including the need for continuity of care; being put under pressure to breastfeed; the noise and discomfort of hospital wards; and wanting visiting hours extended.

13.2 A staff member at the Meriton Centre for schoolgirl mothers said that some have no issues at all but that others have a horrible time. She said that young people are sensitive to criticism and can feel alienated by the maternity service. She thought that young mothers need more one-to-one care. There was an impression that young mothers mistrusted midwives, because the midwives can be abrupt due to pressure of work and tight schedules. It was suggested that midwives should give young mothers longer appointment slots, and that they should be aware of and trained in the particular needs of teenage mothers. They need to address the problems that arise due to the fact that young mothers may have lacked parental support, been in care or homeless. Young mothers may need support for longer periods after birth.

13.3 Generally young mothers were positive about their community midwives and health visitors, liked them and found them very supportive. However some young mothers said they felt patronized and ignored, because staff talked to their mothers instead of them. One complained that the midwife told her she 'didn't want to see her again in ten months

time'. There was lots of praise for the support given by the Teenage Pregnancy Liaison Midwives. It was felt important that the expectant mothers met the liaison midwife in person, and not just given a phone number, as they may not have the confidence to phone her. Some of those who attended the Meriton Centre said they would have liked the Centre midwife to be able to attend the birth.

13.4 One young mother said she wasn't given enough information about what was happening during the birth, and had to ask lots of questions. She thought other young mothers might not have the confidence to do this. Others said they did not always understand the language that was used and wanted staff to explain what things meant. One young mother was unhappy about the social worker and midwife talking together, without checking with her first. One suggestion was to replace mother and baby units with family units so that fathers could be included.

"My health visitor was fantastic, she didn't judge me at all."

"I must have had the same conversation with so many midwives in hospital, but it's not the same here at The Meriton Centre."

14. Parents of premature or sick babies

14.1 Parents whose babies were in a Neonatal Intensive Care Unit (NICU) or Special Care Baby Unit (SCBU) said that the services were excellent but that more resources were needed. Some mothers and babies had had to be transferred out of the area, and had experienced delays in getting back again. One mother said she had a problem in getting her baby released from SCBU. She felt the staff were over-cautious.

14.2 Parents would like:

- More support generally, as their babies could have long-term hospital stays
- More space and more comfortable surroundings
- 24-hour access for parents and siblings
- Support around family issues if there are siblings to be cared for
- Information about SCBU to be given to all parents, so that they were better prepared in the event of a problem

- Consistency of care
- Support to listen and help the mother come to terms with what has happened and is happening.

“Though it was a traumatic experience the staff were great.”

“The SCBU environment was intimidating and staff were sometimes patronizing. They made me feel incompetent as a new mother”

“I got different messages from different midwives. I only got consistency from consultants”

“I was put in a room with two other mothers and their babies, while my own child was in the SCBU. I felt very alone.”

15. Bereaved parents

15.1 Parents who had lost their babies as a result of stillbirth or neonatal death had different experiences of care during birth and postnatal care from other parents.

15.2 One mother said she had received excellent care at St Michael’s NICU. Another found it very helpful to have a nurse assigned to her from NICU after her baby died.

15.3 Others said that they had received excellent support from the Family Liaison support worker. They thought both neonatal units needed to have someone in this role and that all parents should be made aware of the service. A number of people said the Day Assessment Unit at St Michael’s Hospital was very helpful. One parent found the bereavement suite at Southmead Hospital very supportive.

15.4 One mother said that the nurses in hospital were excellent, but she lacked support once back at home. One mother complained of a long delay before bereavement counselling was available. One thought ordinary bereavement counselling was not enough in the case of losing a baby. Another said that after losing her baby, she would have liked to donate her breast milk, and was disappointed to find the milk bank had been shut down. One mother said that staff were insensitive about giving bad news.

15.5 One mother said that when she made arrangements to come into hospital to be induced after the death of her unborn child, she was left to wait alone in reception, totally unsupported. However, she said that once in the care of the midwife, the experience could not have been better.

15.6 A number of parents said it was essential for all staff to read the mother's medical notes. These notes have a SANDS (Stillbirth and Neonatal Death Society) sticker on the front, but often staff did not seem to have seen this and subsequently asked insensitive questions.

15.7 Parents asked for:

- Counselling for women identified as having high-risk pregnancies
- Continuity of midwife, to ensure continuity of emotional support
- Better training for maternity staff on how to deal with stillbirths and to support parents through subsequent pregnancies
- Awareness of information provided by SANDS, including its list of Do's and Don'ts
- Emotional needs to be taken as seriously as physical needs
- A locally based paediatric pathologist, to avoid the need for the baby to be sent away
- More support for mothers with postnatal depression
- Choice about whether to leave a dead child in the hospital or take him or her home
- Extra support for parents who lose a child and will be unable to have another
- Investigation after three miscarriages, as is available in other areas, instead of after five.

“My experience of a hospital stillbirth, when the baby was known to be dead, left me feeling like a thing in the system; just someone to put in a room. I was not treated like someone with a traumatic experience who needed help and guidance.”

“It ended up a good experience but I had to fight to be taken care of. The staff, once they were with me, were all great. The system, the process, however is lacking. I needed to ask for help because it does not seem to be part of the process.”

16. Women from black and other ethnic minority communities

Language and translation

16.1 Women for whom English was not a first language said there was a severe shortage of translators. Without a translator they experience problems throughout their pregnancy, childbirth and beyond, because they cannot access the necessary information or support, and cannot communicate their needs or concerns. Sometimes family members are asked to translate but often they are not able to do this properly, and it may be inappropriate, eg when this task falls to a young family member.

16.2 Women asked for translators who understand their culture, as cultural approaches to pregnancy, childbirth and breastfeeding vary widely. This is particularly important when women experience problems in labour. Some women did not attend antenatal classes because they knew they would not understand what was being said. Women said they often felt neglected in hospital because of the language barrier. They wanted maternity staff to be trained in caring for women from different cultures. Women said that they might begin their pregnancy already feeling isolated, particularly if they have no family nearby. They said they expected and needed more support than they got.

16.3 Women also asked for leaflets to be available in community languages, and correspondence to be translated. Some women, including gypsy and traveller women, cannot read and therefore miss appointments.

16.4 A number of women raised concerns about the high levels of caesarean sections amongst women from BME communities. Somali women said that Somalis in the UK have a 40% caesarean rate. Many of them believe that caesarean section is used as a punishment for their practice of female circumcision, and that they are not allowed enough time to give birth naturally. They said that women who have been circumcised have a different pattern of labour in which birth often takes longer. They were concerned that medical staff do not know about the effects of female circumcision and thus do not have the necessary knowledge to understand how best to support these women in childbirth. One Somali woman suggested that there should be a leaflet explaining why caesarean sections take place, and that this should be discussed during pregnancy, not once the woman is in labour.

16.5 Asian women were also concerned about the high percentage of births by caesarean section. They will often choose to return to their country of origin to give birth, in order to avoid this.

16.6 Chinese women said that they were comfortable to give birth in hospital, but were concerned that the hospital did not provide the diet that they traditionally believe promotes the wellbeing of mother and child. They wanted hospital dieticians to be aware of this and incorporate appropriate food into menus. They said that the Chinese diet is low in calcium, and that in China pregnant women are advised to take calcium tablets, but that this need is not recognised in the UK. They also said they would prefer to be cared for by female staff.

16.7 Women found postnatal information helpful, but again many did not receive this in a format that they could access, so were not able to use the services or support that was available.

16.8 The Gypsy and Traveller Liaison Officer for the Avon Consortium for Gypsies and Travellers said that traveller women do not complain to her about maternity or indeed any health services. She said that the women prefer to give birth in hospital because they are very house proud and do not want any mess at home. In addition, they appreciate the break that a hospital stay gives them, as they tend to have very large families. Gypsy and Traveller mothers said they felt supported by their health visitors. On the whole they see support of mothers and babies as a family role, rather than a role for the NHS or other agencies.

“I didn’t attend the antenatal classes, as my English is not very good, so I would have struggled.”

“If you don’t know the language, you are stuck when you need to express your feelings and fears.”

“Everyone dealt with me really well, I was looked after properly and I had lots of checks. I have had no problems with health services, they are very good.” (Traveller mother)

“The health visitors have been really good.” (Traveller mother)

“There is so much more help for travelling families now than there used to be. Health visitors give us more help. Hospitals and doctors are more interested in travelling families and they want to help us with services now. They give us very good leaflets and they show more

understanding. Bristol is a very good place for travellers, people do care here.” (Traveller mother)

17. Women who use drugs

17.1 Women who use or have used drugs raised many concerns similar to those of other mothers, including the issues of choice and continuity of care. There was general agreement from these women that they had received a good level of care and support, and they appreciated the fact that maternity staff had not been judgmental.

17.2 They said that they appreciated the extra care they were given. They highlighted the expertise of the specialist drug liaison midwife, as she understood their concerns eg the need for confidentiality. One woman said that there is good planning for babies who might experience withdrawal symptoms or other problems. Women were complimentary about the services offered at 47 The Boulevard in Weston-super-Mare and by BSDS (Bristol Specialist Drug Service).

17.3 Some of the women felt uncomfortable attending general antenatal and postnatal groups, but missed out on group support as a result. They acknowledged that pregnancy is a good opportunity to help women who want to come off drugs, as they are often more motivated and with the extra support available can succeed in this, with long lasting benefits for themselves, their children and society. They asked for additional help for their partners to come off drugs at the same time

17.4 Women who use or have used drugs asked for:

- More information including the impact of methadone on breastfeeding
- Supporters to keep visiting, even if the mother seemed to be doing well last time they visited
- Helpline numbers and leaflets
- Information and ideas about how to meet other mothers eg mother and baby and toddler groups
- Some staff attitudes
- Staff to talk to them, not about them
- Confidentiality, eg not being asked about drug use in front of others
- Counselling appointments to coincide with visits to midwife
- Training for midwives and health visitors to work with this group.

“I am still being offered support, even though I am off drugs.”

“They are really nice people. Normally I am the first to complain but everything has been excellent.”

“People don’t have negative thoughts towards you. I don’t feel judged. I have had lots of support from the midwives alongside help from BSDS.”

“Everybody cares here. Everybody is deeply involved and they are all very encouraging.”

18. Women in prison

18.1 The three women prisoners who were interviewed all said they had received good maternity services, and were complimentary about the midwives at Southmead Hospital. They said the staff at Southmead had not made them feel any different from other mothers and they did not feel discriminated against.

18.2 They shared some concerns with other groups, such as the lack of continuity of care. They would have liked access to antenatal classes, especially for first-time mothers. They are also concerned about the lack of choice as they are only offered the option of a hospital birth. One mother said that the midwife had written her birth plan for her, and that it did not feel like her plan.

18.3 They said that sometimes there was a problem with the availability of escorts for hospital visits. They said most of the prison officer escorts waited outside while they were having a scan or breastfed, which they appreciated. They did not object to having female officers in the room if necessary but wanted male officers to wait outside.

18.4 They felt they had good access to health services for their baby and were complimentary about the health visitors and GP who attend the Prison each week. They said their children were always put first. They said they all helped each other out and that they thought the Mother and Baby Unit was very sociable for their children.

19. Female street based sex workers

19.1 The family worker at One25, a project supporting female sex workers, said that her client group found the midwifery service to be very flexible, and that their needs are well met. The women sometimes find morning appointments difficult to get to, but they are pleased to be able to attend the clinic alongside other mothers, and to be treated as any other pregnant woman. The worker said that her client group is over-researched and that any consultation should take place via the project staff.

20. Victims of domestic violence

20.1 A meeting took place with four women who had experienced domestic violence. They thought that midwives should routinely ask all women whether they are experiencing domestic violence, as it can be difficult for a midwife to identify. They said that partners are often reluctant for women to attend antenatal groups or see the midwife, making access to good care and advice difficult. Sometimes the partner will accompany the woman to all appointments, thus preventing disclosure. They said that if the midwife suspects abuse, she should create an opportunity to ask when their partner is not in the building.

20.2 One woman thought it would be easier to tell a health visitor, as they have easy access to the home. One woman said that victims are frightened to tell the midwife as they are led to believe that their baby might be taken away. The women thought that support offered by voluntary and community organisations was vital.

20.3 All the women thought there needed to be more training for midwives on domestic violence, and suggested this could be offered by Women's Aid or Next Link. They thought the midwife needed to include the partner in any discussion if he is present, as otherwise he could be angry afterwards and take it out on the mother. They said that the midwife could put the mother at risk if she raises the subject of domestic violence while the partner is in the house. They also said that midwives needed to recognise that pregnancies in these relationships can be the result of rape.

“If the midwife had asked me was I being abused, I would have denied it as I was worried that the police or social services would take the baby away.”

21. Fathers and families

21.1 A number of parents complained that fathers were effectively excluded from antenatal classes because they took place in the daytime. One father said he felt invisible throughout his partner’s pregnancy and childbirth. He believed that fathers are not routinely involved in antenatal and postnatal care because they are not seen as important to the process.

21.2 People said that the system needs to take into account the implications of childbirth for the rest of the family. This is especially important when the baby is sick or premature and if the mother and baby are sent to a hospital out of the area.

21.3 Other concerns included:

- Lack of overnight facilities for fathers at Bristol hospitals
- Fathers want to be allowed to be present round the clock, pre- and post-delivery
- Lack of information packs aimed at fathers
- Cost of transport to and parking at Bristol hospitals
- No support or advice for bereaved fathers
- More recognition required of the needs of young fathers
- More recognition of the father as an advocate for mother during labour
- More privacy to allow fathers to stay
- Longer visiting hours for families.

22. Information provision

22.1 There was general agreement that people wanted more and better information about what to expect in pregnancy, childbirth and beyond. Two mothers said they wanted more information about birthing units in the area.

22.2 Mothers wanted:

- Greater access to professional advice to alleviate their fears
- Information about non-NHS opportunities eg NCT and yoga classes.

- They felt this information was often only given to middle-class women
- More information about support available from the voluntary and community sector.
 - Leaflets about relevant issues eg domestic violence included in yellow pregnancy books
 - Age-appropriate literature for young parents.

“We were given lots of leaflets, and feel able to approach our community midwife if we want more information.”

Hospital tours

22.3 There was general agreement that all pregnant women should be offered a tour of the hospital or unit where they plan to give birth. Those who went on tours found them helpful, although one woman said there were too many people making it difficult to hear what was being said. People thought there was information about the availability of tours at Southmead was confusing and inadequate. They also thought the virtual tour available at St Michaels Hospital was unsatisfactory, and should be replaced by a proper tour. Parents whose babies were likely to need admission to the SCBU wanted to be able to see the unit before giving birth. There was concern that the tours get booked up very quickly, and parents may be offered a place only very late on in their pregnancy.

“When we went for the 20 week scan at Southmead, and asked if we could take a look around the units. It was at this point that we were told about the tour of facilities. We were never offered a tour apart from this.”

“If you don’t ask, you don’t get. You’re never offered things like tours.”

Information about hospital stays

22.4 A number of mothers said they would have liked someone to show them round and talk to them about the protocols, such as whether they should keep their baby with them at all times or not, meal times and visiting hours. One person said they should have suggestion boxes to get feedback from the people using the services.

23. Issues raised with PALS services and formal complaints

23.1 The importance of taking into account issues raised about maternity and newborn services through contact with PALS (Patient Advice and

Liaison Services) and as formal complaints has been brought to our attention. This information should inform the review process.

PALS

23.2 For the period 1 January 2005 – 31 December 2006, United Bristol Healthcare Trust (UBHT) PALS service dealt with 32 concerns about maternity services and four concerns about NICU/SCBU.

Complaints

23.3 For the period 1 January 2005 – 1 January 2007, North Bristol Trust received 28 complaints about maternity care, and two complaints about care in NICU. For the period 1 February 2005 – 31 January 2007, UBHT received 37 complaints about maternity care and four complaints about NICU/SCBU. For the period 1 January 2005 – 31 December 2006, Weston Area Health Trust received 11 complaints about maternity care.

24. Research

24.1 A number of pieces of research may also inform the review. Those that have been brought to our attention are:

- *National Service Framework for Children, Young People and Maternity Services: Part 111 Maternity Standard*, London: Gateway ref. 3779
- *Pregnancy and Birth: Experiences of parents who have a child with Down's syndrome*, Down's Syndrome Association, June 2006
- *Access to Maternity Services Research Report*, Department of Health, November 2005
- *Making It Better: For Mother and Baby*, Department of Health, February 2007
- *Responding to domestic abuse: A handbook for health professionals*, London: Department of Health, 2005
- *Why Mothers Die*, Lewis and Drife
- *Position paper, Domestic Abuse and Pregnancy*, Royal College of Midwives
- *Health and Domestic Violence 2 years on*, Women's Aid
- *Domestic Violence against women in pregnancy*, Women's Aid, 2004
- *An evaluation of the Bristol Pregnancy and Domestic Violence Programme to promote the introduction of routine antenatal enquiry for domestic violence at North Bristol NHS Trusts*, Salmon, Debra et al, UWE Faculty of Health and Social Care, 2004

- *Should maternity services register fathers too?* Discussion document by Fathers Direct January 2007
- Draft: *Working with Fathers in Maternity Services*, Fathers Direct
- Draft: *Good Practice Guidelines: Working with Pregnant Gypsies and Travellers*, Maternity Alliance, 2005
- Draft: *Caring for Travellers Maternity Guideline*, North Bristol NHS Trust, 2004
- Draft: *Helping Gypsies and Traveller Women use Maternity Services – A Guide for Community Workers and Advocates*

25. Conclusion

25.1 Many parents expressed satisfaction with the maternity services they received. However, others had clear concerns about their treatment and support, and the shortage of midwives. There was general agreement that women should be offered choices about where they give birth and how their baby is delivered. They expressed a strong desire for continuity of care throughout pregnancy, childbirth and during the postnatal period. They wanted more antenatal and postnatal services to be offered in community settings. There was strong support for the creation of more birth centres. Women wanted the option of having a home birth. Some women wanted more support in breastfeeding, while those who had chosen not to breastfeed wanted less pressure on them to do so. Women with particular support needs (eg young mothers, drug users and prisoners) generally felt well supported and cared for while women with normal pregnancies expressed less satisfaction with their experiences.

**The Care Forum
30 March 2007**

Appendix 1: Details of meetings held and attendance

Date	Name of meeting	Venue	Type	No.	Recorded by
7 Nov 06	Asian Women	Charlotte Keel Health Centre	BME women	8	TCF
6 Dec 06	Meriton Centre	Meriton Centre	Schoolgirl mothers	6	NHS
8 Dec 06	Joint OSC & PPIF Briefing	Council House, College Green	Statutory meeting	7	NHS
12 Dec 06	Eastwood Park Prison Mother and Baby Unit	HM Prison, Eastwood Park	Women prisoners	5	NHS
	Young Parents meeting	St Philips	Young parents	15	NHS
	PCT Health Interest Group	King Square House	NHS Lay members	11	NHS
19 Dec 06	Somali Women	Charlotte Keel Health Centre	BME group	9	TCF
9 Jan 07	Jubilee Centre	Bradley Stoke	Public meeting	19	TCF/NHS
11 Jan 07	UBHT	UBHT Education Centre	Public meeting	16	TCF
12 Jan 07	Bradley Stoke Twins Club	Holy Trinity Church, Bradley Stoke	Mothers of twins	8	NHS
16 Jan 07	Still birth and Neonatal Death Society	Stoke Gifford	Bereaved parents	9	NHS
	Antenatal clinic for women who use drugs	St Michael's Maternity Unit	Women who use drugs	4	NHS

17 Jan 07	Mother and Baby Unit	Priory Road, Knowle	Young Parents	4	NHS
	YMCA Teenage pregnancy group	Lawrence Hill	Young Parents	4	NHS
18 Jan 07	Bedminster Cherubs Breastfeeding Support Group	Windmill Hill City Farm	Post natal group	8	NHS
22 Jan 07	Antenatal Clinic AWP Drugs Service	The Boulevard, Weston-super-Mare	Women who use drugs	3	NHS
	Yate Young Mums and Tiny Tots	Yate Community Centre	Young Parents	12	NHS
23 Jan 07	Nailsea Postnatal Support Group	Tower House Medical Centre Nailsea	Postnatal group	12	NHS
	Thornbury Twins Club	Thornbury Baptist Church	Mothers of twins	5	NHS
	WISH group	Fouracres Children's Centre, Withywood	Women who have experienced domestic violence	4	NHS
25 Jan 07	Fathers Group	Withywood	Fathers	2	NHS
30 Jan 07	Postnatal Group	Locking Castle Medical Centre Weston-super-Mare	Postnatal group	7	NHS
	Postnatal Group	Stockwood Medical Centre	Postnatal group	10	NHS
31 Jan 07	Southmead Maternity Users Group	Southmead Maternity Unit	Postnatal group	5	NHS

2 Feb 07	Bristol Twins Club	St George	Parents of twins	11	NHS
5 Feb 07	Thornbury Postnatal Support Group	Thornbury Hospital Outpatients	Postnatal group	8	NHS
	Public meeting	St John's Church Hall, Winscombe	Public meeting	12	TCF
6 Feb 07	Public meeting	Healthy Living Centre, WSM	Public meeting	6	TCF
7 Feb 07	Banwell Antenatal Group	Banwell Surgery	Antenatal group	25	NHS
	Nailsea Twins Club	Nailsea Methodist Church	Parents of twins	8	NHS
12 Feb 07	Chinese Focus Group	Charlotte Keele Health Centre, Easton	BME group	3	TCF
13 Feb 07	Breastfeeding Support Group	Air Balloon Surgery	Postnatal group	6	NHS
14 Feb 07	Hilltops Young Mums Project	The Old School Youth Centre, Kingswood	Young Parents	10	NHS
15 Feb 07	Women Alive	Lawrence Weston Family Centre	Postnatal group	11	NHS
	Antenatal Group Reunion	Stockwood Medical Centre	Postnatal group	7	NHS
16 Feb 07	Fathers Group	Hartcliffe	Fathers	7	NHS
19 Feb 07	Antenatal Group Reunion	Bradley Stoke	Postnatal group	6	NHS
20 Feb 07	Antenatal class	Downend Clinic	Antenatal group	28	NHS
21 Feb 07	Bristol Twins Group	St George Community Centre	Mothers of twins	27	NHS
25 Feb 07	South Glos Chinese Association	Jubilee Centre, Bradley Stoke	BME group	7	NHS

27 Feb 07	Public meeting	Portishead Folk Hall	Public	17	TCF/NHS
	Charlotte Keele antenatal class	Bannerman Road Children's Centre	Antenatal group	2	NHS
28 Feb 07	Father's Group	Healthy Living Centre, Weston super Mare	Fathers	7	NHS
28 Feb 07	Holding refugees in mind	Unitarian Church Brunswick Square	Refugee women	3	NHS
9 Mar 07	Gypsy and traveller women	Winterbourne Traveller Site	Gypsy and travellers	5	NHS
15 Mar 07	Female sex workers	One25 Project	Sex workers	1	NHS
Total				410	

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