

Maternity Patient Reported Experience Measure (PREM) 2022

Introduction

The Maternity Patient Reported Experience Measure (PREM) was designed and introduced in September 2021. A number of questions are utilised in order to seek experience data across all areas of the maternity service journey. In order to collect longitudinal feedback throughout the maternity journey, the PREM comprises four questionnaires.

Questions generally align with the Care Quality Commission (CQC) Maternity Survey, recognised as a validated tool with which to gather objective experience data around women and pregnant people's experience of their maternity care.

The PREM system is programmed to automatically distribute text message links to service user mobile phones at different trigger points throughout pregnancy and early parenthood. These are distributed via the Civica system and linked with Health Board Maternity Information Systems (MITS and WPAS). Upon completion of a questionnaire, experience data is collated within the Civica system.

Where comparable, Cwm Taf Morgannwg UHB PREM data has been benchmarked against data from the most recent CQC Maternity Survey (2022).

During 2022, there were **4668** births across Cwm Taf Morgannwg UHB and there were **2356** completed questionnaires across all four phases of the PREM. Overall, more than 82% of women said they were 'likely' or 'extremely likely' to recommend maternity services.

Responses

This report considers the responses across all four PREM questionnaires from 1st January 2022 to 31st December 2022:

- **Phase 1** - following anomaly ultrasound scan around 20 weeks gestation = **451**
- **Phase 2** - around 37 week's gestation = **487**
- **Phase 3** - 14 days following live-birth = **1018**
- **Phase 4** - 12 weeks following live-birth = **400**

Antenatal Care

- Women reported that when first finding out they were pregnant, they mostly contacted their GP (57.11%) or midwife (38.44%). Direct access to a midwife at CTM is currently lower when compared to the CQC Survey (63%) which reflects the need for service re-design to increase direct access to a midwife by ten completed weeks of pregnancy (Welsh Government, 2019). *These data reflect clinical dashboard information, work is underway to improve the % of women having their initial*

pregnancy booking by 10 completed weeks. A community quality improvement project is underway to establish a simple and easy-to-use digital self-referral system.

- Over 80% of women reported that completing the booking process was easy. Women indicated that most midwives and health care professionals providing care had introduced themselves and they were mostly given enough time to ask questions and discuss their pregnancy in a meaningful way. In addition, most women indicated that they were happy with their plan of care for pregnancy, having seen their midwife or obstetrician as much as they had wanted to and being able to access help or support via their community midwife if they needed this.
- Information was easy to understand and they felt comfortable to ask questions. Although some women reported not being given enough information, the majority of women indicated that they could recall having discussions with their midwife around important issues including their mental health, the importance of monitoring their baby's movements, their emotional well-being, diet, smoking, medication, domestic abuse, vaccinations, folic acid and Vitamin D (86-99%).
- Women gave responses about their questions or concerns being always listened to during check-ups with their midwife (74%) or obstetrician (64%), and this appears to be an area which sits lower than the CQC survey (80%). *In response, the service are working with the Public Service Ombudsman for training for clinicians around communication and active listening, and supporting staff in managing informal concerns, and training sessions have been commissioned via the Birth Rights organisation relating to women's rights during pregnancy and childbirth. The service are currently scoping training relating to professional responsibilities in partnership with the General Medical Council and Nursing & Midwifery Council (NMC).*
- Around 36% of women indicated that they had been offered antenatal classes (provided by CTMUHB), of which around 10% had completed antenatal classes. *There is work underway to prioritise Solihull Antenatal Education training to community midwives in partnership with the Early Years Transformation work stream with the aim of increasing the number of women being offered and receiving valuable antenatal education to support information provision and supporting positive parent-infant relationships.*
- One of the most significant areas where the service have heard from women (within the PREM) and more widely is around continuity of care and building a trusting relationship with their midwife/caregivers. Currently 28% of women receiving care at CTMUHB indicated that they had always received continuity of care via their named community midwife which is lower than the CQC Survey (37%). *Focussed work is ongoing around optimising continuity of care wherever possible including developing*

a set of community midwifery standards and engaging with the Welsh Government national Birth Rate Plus review to ensure the midwifery establishment is supported and enabled to provide continuity of care.

Intrapartum Care

- Generally, women indicated that their concerns were fully responded to if they had contacted a CTMUHB maternity setting relating to an urgent concern (85%), in addition to feeling that their concerns had been fully addressed if they had attended in relation to this urgent concern (83%).
- Women had generally received enough information from their midwife or doctor to help them decide where to have their baby (60%), and sits more favourably than the CQC survey (52%). CTMUHB offers all 4 settings for place of birth; home, along-side midwifery-led unit (AMU), freestanding midwife-led unit (FMU) and obstetric unit (Welsh Government, 2019). 47% of women indicated that they had been offered a choice of birth setting. This sits less favourably than the CQC survey at 71%. *A quality improvement project is ongoing to support information around discussing and offering choice and birth planning.*
- During labour and birth, women indicated that they were given enough time to ask questions or discuss their wishes and concerns. Most midwives and health care professionals providing care during labour and birth had introduced themselves, were aware of the woman's medical history and had offered women the pain relief they felt that they had wanted. Additionally, a high number of women (81%) indicated that they (and their birth partner or companion) had not been left alone at a time when it had worried them which is higher than the CQC survey (74%).
- Women generally felt that their caregiver had respected their birth plans and preferences, had supported them to make choices which were right for them and had given information and explanations that they could understand during this time. The majority of women indicated that they had confidence and trust in the staff caring for them during labour and birth (84%), which sits higher than the CQC survey (78%).
- 64% of women said they had felt fully involved in the decision to proceed with induction of labour, which sits less favourably than the CQC survey (83%). Women did generally feel supported with information and discussion around induction of labour (65%) which is higher than the CQC survey (55%). *A quality improvement project is ongoing around induction of labour and supporting informed decision making.*

Postnatal Care

- Most women felt that their infant feeding decisions were always respected and women had mostly received enough information and discussion to support them in preparing to feed their baby. Additionally, women mostly felt that they had received active support and encouragement with feeding their baby. All areas sit more favourably in CTMUHB than in the CQC survey. 75% of women indicate that they had met their own personal feeding goals (for example, breastfeeding for as long as they had wanted to). *The service is engaged with a number of quality improvement projects around parent-infant relationships, giving early colostrum and infant feeding education.*
- Overwhelmingly, women indicated that the maternity wards and settings in which they received care were very clean. 46% of women indicated that their discharge from hospital had been delayed, predominantly relating to awaiting take home medication and neonatal examination. *Quality improvement work is ongoing in partnership with the maternity pharmacy lead and supporting newly qualified midwives to undertake the neonatal examination.*
- Women overwhelmingly felt that they were happy with the plan for their community postnatal care and felt they had seen a midwife as often as they had wanted or needed to (91%) which sits much more favourably than the CQC survey (62%). Women reported that their midwife had discussed both their physical, emotional and psychological wellbeing with them during the postnatal period. Women generally felt that they had been able to discuss and seek about any aspect of their pregnancy, birth and postnatal care.

Communication, Interaction with staff and Birth Partners

- 35% of women indicated that their partner (and other people close to them) could be involved in their maternity stay as much as they had wanted to be, which sits lower than the CQC survey (41%). *In response, the service are revising and updating the current maternity visiting arrangements in line with current Public Health and infection, prevention and control (IPC) advice.*
- The majority of women report always being treated with kindness and understanding in early pregnancy (75%), during the whole antenatal period (77%) and during labour and birth (84%), and each stage sits more favourably than the CQC survey (71%).

- The majority of women report always being treated with dignity and respect during the antenatal period (85%) and during labour and birth (89%), each stage sitting comparably, or more favourable than the CQC survey (85%).