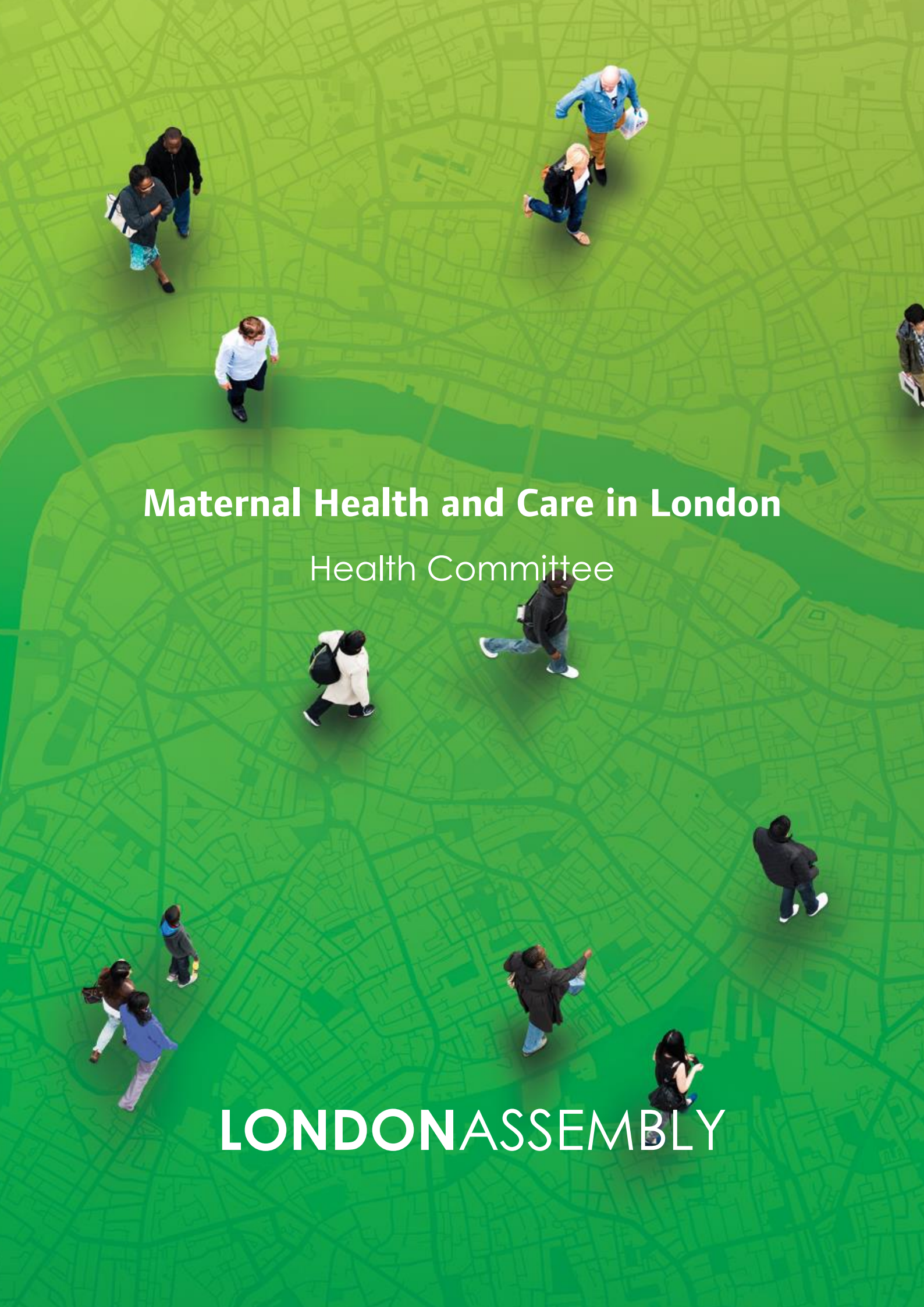


Maternal Health and Care in London

Health Committee

LONDONASSEMBLY

Health Committee

The Health Committee reviews health and wellbeing issues for Londoners, particularly public health issues. It also keeps a close eye on how well the Mayor's Health Inequalities Strategy is doing.

Contact us

Tim Gallagher, Senior Policy Adviser
Tim.gallagher@london.gov.uk

Alasdair Gillies, Policy Adviser
Alasdair.gillies@london.gov.uk

Charis St. Clair Fisher, Research Analyst
Charis.StClair@london.gov.uk

Emma Bowden, External Communications Officer
Emma.bowden@london.gov.uk

Diane Richards, Committee Services Officer
Diane.richards@london.gov.uk

Contents

Foreword

Krupesh Hirani AM
Chair of the Health Committee

In June 2022, the London Assembly Health Committee launched an investigation into Londoners' experiences of using maternity services during the COVID-19 pandemic. We wanted to understand the impact of the pandemic for those using services as well as those working in the maternal health sector, and hear their recommendations for ways to improve maternity services in London.

As part of the investigation, the Committee heard from experts in the sector at a meeting in City Hall and put out a Call for Evidence in order to gather a diverse range of views and experiences. We also asked people who have used London maternity services since March 2020 – including those giving birth, partners, and other family and friends – to share their experiences through a survey. While many respondents spoke about supportive and caring midwifery teams at London hospitals, many highlighted difficult experiences during pregnancy while pandemic restrictions were in place – in some cases with long-lasting consequences on mental and physical health. Insufficient mental health support for parents after giving birth was particularly highlighted as an issue, which has informed some of the Committee's recommendations.

Our investigation shows that there are lessons to be learnt from the pandemic about how to improve maternity care in London. We heard from those working in maternal health about the severe impact that the pandemic had on mental health. We learned that there are huge disparities in maternal health outcomes for women and birthing people of different ethnicities, and respondents to the Committee's survey reported stories of unacceptable discrimination towards ethnic minority Londoners as part of their experience of services.

The Mayor has a role to play in improving maternal health outcomes across the city by working with the NHS and other partners in the healthcare system and community organisations. The NHS is currently facing considerable challenges; now more than ever, leadership is required to advocate on behalf of those using London maternal health services. The Committee heard that services are under-resourced and under-staffed, and this can only be solved through greater investment.

I would like to thank my fellow Committee Members for all their advice and input to the report. We are also very grateful to those who participated in our investigation by speaking at our meeting and submitting evidence, particularly the Londoners who shared their personal experiences with us.

Executive Summary

Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period.[1] Maternal healthcare refers to the care delivered to pregnant women and birthing people, and new parents; this includes antenatal care, care given during labour, and postnatal care. The COVID-19 pandemic had a significant impact on maternal healthcare experiences, exacerbating existing health inequalities, and placing significant strain on under-staffed services.

The Health Committee held a meeting at City Hall to discuss maternal health and care in London on 30 June 2022 with representatives from the GLA, the Royal College of Midwives (RCM), the wider London healthcare system, and community and advocacy organisations. The Committee received responses to its Call for Evidence from Healthwatch Greenwich; Healthwatch Wandsworth; and Sands, an organisation supporting bereaved parents. The Committee also carried out a survey, in which we asked people who have been pregnant between 2020 and 2022, their partners, and close friends or family members about their experiences of maternity services in London. A summary of the findings of this survey are contained at the end of this report.

The Committee made a number of key findings as part of its investigation, which are summarised below:

- During the pandemic, there were disparities in the levels of care provided between NHS Trusts in London. Different Trusts took contrasting approaches to enforcing COVID-19 restrictions, with users of maternal health services feeling that restrictions were not always proportionate.

- London's maternity services face significant challenges around staffing levels, with. Dr Suzanne Tyler telling the Committee that 'retention is definitely the key'. The Committee heard that investment is required to break the cycle of understaffed service provision. The House of Commons Health and Social Care Committee's 2021 report, 'The safety of maternity services in England', recommended that the budget for maternity services be increased by between £200 million and £350 million per annum.[2] In March 2022, NHS England announced an additional £127 million of funding for maternity services across England, which included more than £50 million to increase staff numbers.[3] This follows £95 million which was announced in 2021, with the aim of adding 1,200 midwives and 100 obstetricians to the workforce.[4]

[1] World Health Organization, Maternal Health
[2] House of Commons Health and Social Care Committee, The safety of maternity services in England, June 2021
[3] NHS England, NHS announces £127 million maternity boost for patients and families, 24 March 2022
[4] NHS England, NHS announces £127 million maternity boost for patients and families, 24 March 2022

- The pandemic had a negative impact on levels of postnatal support, and on the mental health of pregnant women and birthing people, and their partners. In the Health Committee Maternal Health Survey, respondents reported receiving fewer follow-up visits from health services. Mental health is a key factor in maternal health outcomes, and so further community-level support is needed to address post-pandemic mental health challenges.

- There are a range of inequalities in maternal health outcomes. Not all health professionals have a sufficient understanding of disparities in maternal health outcomes, particularly for women and birthing people from ethnic minority groups, which can have an impact on the quality of care that they provide. Further education around these disparities, as well as the specific health conditions that people from ethnic minority backgrounds experience, would lead to improved care provision.

- The importance of interpretation services in allowing people to make informed decisions about their pregnancy became particularly apparent during the pandemic. Partners, who are often relied on as informal interpreters by women and birthing people whose first language is not English, were not allowed to be present for many appointments and procedures.

Recommendations

Recommendation 1

The Mayor should advocate for the NHS in London to carry out a review to learn lessons from the pandemic, with the aim of determining how maternal health services in London should respond to future pandemics. This could be done via a meeting of the London Health Board in 2023, as well as through his wider advocacy.

Recommendation 2

The Mayor should use his convening and advocacy powers to encourage higher standards of care and help prevent a postcode lottery in the delivery of maternity services in London, so that pregnant women and birthing people know what to expect and can better advocate themselves for high levels of service. This should include advocating for all London trusts to implement the National Bereavement Care Pathway (NBCP).

Recommendation 3

The Mayor should work with Mental Health First Aid England to explore creating a bespoke curriculum for the mental health of pregnant women and birthing people, new mothers, and parents.

Recommendation 4

The Mayor should explore expanding the Healthy Early Years London (HEYL) programme to include maternal health services, or introduce a similar programme which is specifically targeted at maternal health services.

Recommendation 5

The Mayor should lobby the Government to implement the recommendations contained within the House of Commons Health and Social Care Committee's 2021 report to increase funding for maternity services to ensure sufficient staffing levels in London.

Recommendation 6

The Mayor should lobby the NHS to improve its support for maternity staff from ethnic minority groups and strengthen anti-racist initiatives that impact maternity staff.

Recommendation 7

The Mayor should challenge and lobby the NHS to improve training and education of health professionals about medical conditions that disproportionately affect ethnic minority groups, as well as the statistics about the disparities in health outcomes. This could be done via a meeting of the London Health Board in 2023, as well as through his wider advocacy.

Recommendation 8

The Mayor should use his convening and advocacy powers to encourage the NHS to ensure a minimum level of professional interpretation service provision, so that every woman can make informed decisions around their own pregnancy. This could be done via a meeting of the London Health Board in 2023, as well as through his wider advocacy.

Recommendation 9

The Mayor should work with the NHS to analyse and publish London-level data on maternal health outcomes, in particular to measure disparities between outcomes among different ethnic groups.

Maternity Services in London

Background: The State of Maternity Services

In 2016, the NHS carried out a major review of maternity services in England, publishing its findings in the report, 'Better Births: Improving Outcomes of Maternity Services in England'.[5,6] The report found that the quality and outcomes of maternity services had improved significantly over the previous decade, but that there were further opportunities to improve the safety of care and reduce stillbirths.[7] It identified two fundamental principles: "the importance of women being able to make choices about their care, and the safety of the mother and baby being paramount".[8] These principles are consistent themes that have also emerged in the Health Committee's investigation.

The vision set out in the 'Better Births' report is being implemented through the Maternity Transformation Programme, which began in 2016 and aims to halve the rates of stillbirths, neonatal mortality, maternal mortality and brain injury by 2025.[9] The NHS published a review of progress in March 2020. This review found that there had been a 21 per cent fall in the stillbirth rate between 2010 and 2018 and a reduction in the combined perinatal[10] mortality rate of 15.1 per cent over the same period. It found that women felt more confident in the safety of care they were receiving. However, the review found that inequalities persisted in maternal health outcomes.[11] For example, mortality rates remain higher for Black or Black British babies, and Asian or Asian British babies.[12]

Research from the Maternal, Newborn, Infant Clinical Outcome Review Programme 2017-19, run by MBRRACE-UK, a collaboration led by the National Perinatal Epidemiology Unit at the University of Oxford, found that maternal mortality rates are more than four times higher for Black women; two times higher for mixed-ethnicity women; and almost twice as high for Asian women compared to white women.[13]

Staffing is a significant concern in maternity services. In April 2021, the then Minister of State for Patient Safety, Nadine Dorries, estimated that there was a workforce gap of 1,088 full-time

[5] NHS England, National Maternity Review
[6] NHS England, Better Births: Improving outcomes of maternity services in England – A Five Year Forward View for maternity care, February 2016 (updated August 2017)
[7] NHS England, Better Births: Improving outcomes of maternity services in England – A Five Year Forward View for maternity care, February 2016 (updated August 2017)
[8] NHS England, Better Births: Improving outcomes of maternity services in England – A Five Year Forward View for maternity care, February 2016 (updated August 2017)
[9] NHS England, Maternity Transformation Plan
[10] The perinatal period includes pregnancy and up to 12 months after childbirth.
[11] NHS England, Better Births Four Years On: a review of progress, March 2020
[12] NHS England, Better Births Four Years On: a review of progress, March 2020
[13] MBRRACE-UK, Saving Lives, Improving Mothers' Care, November 2021. MBRRACE-UK was appointed by the Healthcare Quality Improvement, November 2021 Partnership (HQIP) to run the national Maternal, Newborn and Infant Clinical Outcome Review Programme.

equivalent midwives, and a further 844 full-time equivalent vacancies.[14] In November 2022, monthly workforce statistics from the NHS Hospital and Community Health Service showed a headcount of 4,858 midwives in London, a slight reduction on the figure of 4,930 in November 2021.[15] Staffing issues will be discussed in more detail below.

Maternity Services Since the Start of the Pandemic

The introduction of pandemic lockdown measures resulted in significant changes to the way that maternity services were delivered in London and across the country. Services were pared back to the minimum level considered necessary to keep women and their babies safe from COVID-19.[16] Certain appointments were conducted remotely, rather than in-person, and other wider support services for pregnant women were reduced, for example in-person contact at GP clinics, stop-smoking services, health visiting and social care.[17] These will be discussed in more detail throughout the report.

One of the most significant changes related to restrictions placed on birthing partners attending scans and appointments. NHS guidance from May 2020 stated: "You will be supported to have a birth partner with you during your labour and birth, providing they do not have symptoms of coronavirus."[18] However, at the start of the pandemic, in many cases partners were not permitted to attend antenatal appointments and scans.[19] NHS England subsequently changed its guidance in September 2020, allowing visitors to attend these appointments in maternity settings and hospitals.[20] On 14 December 2020, NHS England published guidance stating that partners could attend "all stages of their maternity journey".[21] However, the Committee heard that in practice some restrictions remained in place, and that different rules were applied across different settings. This will be discussed in more detail below.

The 2021 NHS Maternity Survey, run by the Care Quality Commission (CQC), found that the pandemic had a significant impact on the delivery of maternity services across the country, with comments highlighting the challenges that mothers faced during that time.[22] However, the survey results also showed that standards of care were perceived to have been largely maintained, and in some cases improved in areas such as the cleanliness of maternity wards, likely as a result of infection control measures.[23]

---

[14] Letter from the Minister of State for Patient Safety, Suicide Prevention and Mental Health, 22 April 2021
[15] NHS Digital, NHS workforce statistics – November 2022, 2 March 2023. Analysis of data carried out by London Assembly Secretariat Research Unit.
[16] National Library of Medicine, "Anxious and traumatised": Users' experiences of maternity care in the UK during the Covid-19 pandemic, June 2021
[17] British Journal of Midwifery, Experiences of maternity care during the COVID-19 pandemic in the North of England, September 2021
[18] NHS England, Coronavirus: Planning your birth
[19] National Childbirth Trust, Birth partners and coronavirus
[20] National Childbirth Trust, Birth partners and coronavirus
[21] Birthrights, Partners & scans, 12 January 2021
[22] CQC, Pregnant in a Pandemic: What does the NHS Maternity Survey 2021 tell us about maternity care during the pandemic?, 10 February 2022
[23] CQC, Pregnant in a Pandemic: What does the NHS Maternity Survey 2021 tell us about maternity care during the pandemic?, 10 February 2022

The same survey was carried out in 2022, and found that people's experiences of maternity care have deteriorated nationally since 2017. [24] The CQC highlighted that "some experiences of maternity services haven't yet recovered to pre-pandemic levels".[25]

As part of the NHS Maternity Survey, the CQC also benchmarks maternity trusts across the country to compare how trusts are performing relative to the majority of other trusts. It groups some questions together to create mean scores and bands (better or worse, etc) for each trust across several different categories and stages of pregnancy. The table below summarises how London maternity trusts compare across some of the metrics used by the CQC, as part of the 2022 survey.[26]

London maternity trusts[27]	Much better than expected	Better than expected	Somewhat better than expected	About the same as expected	Somewhat worse than expected	Worse than expected	Much worse than expected	Not categorised
During pregnancy	0	0	0	13	2	2	0	1
Labour and birth	0	1	1	15	0	0	0	1
Care in hospital	0	1	1	15	0	1	0	0
Care after birth	0	0	0	11	2	3	0	2

From our own survey of London-based experiences, three in four respondents (76 per cent) to the Health Committee Maternal Health Survey said that the pandemic had a negative impact on their experience of maternity services, compared to only 6 per cent who said it had a positive impact.

The Mayor's Powers

Although the Mayor is not responsible for delivering or commissioning health and care services, he has a role in 'championing, challenging and collaborating' with these services in London.[28] Speaking about the Mayor's role in relation to maternity services and health services more broadly, Dr Tom Coffey, Mayoral Health Advisor, told the Committee, "In some areas he actively

[24] CQC, Maternity survey 2022, 11 January 2023
[25] CQC, Maternity survey 2022, 11 January 2023
[26] The CQC guidance to this data states: "The better and worse categories are calculated using a statistic called the 'expected range' which determines how the trust is performing. This range takes into account the number of respondents from each trust as well as the scores for all other trusts, and allows us to identify which scores we can confidently say are better or worse than the majority of other trusts." Maternity Survey 2022: Trust level benchmark data, Guidance, Methodology, Guidance.
[27] The London Assembly identified 18 London maternity trusts within the CQC dataset to conduct this analysis.
[28] Mayor of London, Champion, challenge, collaborate

manages projects, often he convenes, often he will shine a spotlight on services and also advocate for Londoners."[29]

In 2018, the Mayor produced a Health Inequalities Strategy and in 2021 an accompanying Implementation Plan, in which he "sets out his plans to tackle unfair differences in health to make London a healthier, fairer city".[30] Many of these plans relate to areas in which he has more direct powers, such as housing, planning, transport and culture. The Mayor also chairs the London Health Board, which brings together key health and care partners in London, including the NHS.[31] The Mayor regularly meets with senior leaders in London's NHS, including the regional director for NHS England and Improvement and the leadership of the London Ambulance Service.[32] The Mayor therefore has a key role in working with partners to drive up standards in maternity care in London.

[29] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022
[30] Mayor of London, Health inequalities
[31] Mayor of London, London Health Board
[32] Mayor of London, Champion, challenge, collaborate

Maternity Experiences During the Pandemic

Restrictions on Birth Partners

The Committee acknowledges that the NHS was placed under huge pressure at the start of the pandemic. Decisions had to be taken quickly and at a time when there was still relatively little known about the virus. Services faced unprecedented levels of demand, and restrictions were imposed in order to prevent the spread of the virus, and to protect patients and healthcare workers. However, it is important that lessons are learnt from this period in the event of future pandemics.

The most notable impact of the COVID-19 pandemic on maternity services, according to the NHS Maternity Survey 2021, concerned the restrictions placed on birth partners attending appointments. Just 34 per cent of mothers felt that partners could stay as much as they wanted, down from 74 per cent in 2019.[33] Maria Booker, Programmes Director of Birthrights, and Joeli Brearley, Founder and Director of Pregnant Then Screwed, argued at the Committee's meeting that the restrictions were not sufficiently evidence-based, and noted that outcomes for pregnant women and babies are significantly improved if the birthing partner is allowed to be present.[34] Maria Booker argued that "the evidence for the restrictions that were put in place was missing."[35]

For some respondents to the Health Committee Maternal Health Survey, the level of restrictions in maternity services did not feel compassionate or proportionate in comparison to other forms of contact that were permitted at the time. This was particularly noticeable when respondents compared their experience to other events that were able to take place.

> *"Absolutely horrific is the only way to sum this up. [I was] left for six hours to labour alone in a room, this has left me with PTSD which I have received counselling for and severe anxiety. The rules which meant partners couldn't be with the birthing person have been profound and long lasting."*
>
> **Health Committee Maternal Health Survey**

[33] CQC, Pregnant in a Pandemic: What does the NHS Maternity Survey 2021 tell us about maternity care during the pandemic?, 10 February 2022
[34] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022
[35] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022

"Midwife and health visitor appointments were virtual while 60,000 people were allowed into Wembley Stadium."

Health Committee Maternal Health Survey

Some respondents to the Health Committee Maternal Health Survey reported that they were alone for long periods during a significant and stressful time. In some instances, respondents that experienced complications said this meant that their views and preferences were not respected – for example, not having access to adequate pain relief or needing to have an emergency c-section that they had not previously wanted. A number of respondents felt upset that either they or their partners missed key moments in the birth of their child because of restrictions. Pregnant Then Screwed told the Committee of its survey findings that only 50 per cent of women felt listened to by medical staff.[36] It noted that this was particularly problematic when partners were not permitted to be present for antenatal and postnatal appointments and for the birth itself.

Some respondents to the Committee's survey said that they were able to have their partner present throughout labour, either because of the timing of their pregnancy in line with restrictions or through advocating for their partner to be present, which they felt was beneficial to their experience. One respondent said they were only able to have their partner present after contacting their MP and the Chief Executive of a hospital trust.

"This was only as a result of my tireless advocating on my own behalf to my MP and the chief exec of the hospital trust to ensure my husband was able to accompany me to the birth during the pandemic."

Health Committee Maternal Health Survey

The Committee heard that contrasting COVID-19 restriction policies were put in place by different NHS trusts in London.[37] Some NHS Trusts and healthcare professionals placed greater importance on the benefits partners accompanying women and birthing people to appointments, while others adopted a more restrictive approach. Maria Booker told the Committee about one hospital in London where the pandemic response was led by an obstetrician that had experience of working abroad during the Ebola epidemic.[38] This hospital did not stop visits for pregnant people, because a decision was made that the benefits outweighed other concerns.

[36] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022
[37] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022
[38] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022

The Committee recognises how challenging this period was for the NHS, and that restrictions were put in place for public health reasons in order to prevent the spread of COVID-19. However, it is important that lessons are learnt to ensure that in any future pandemics, the restrictions that are put in place are evidenced and proportionate.

Recommendation 1

The Mayor should advocate for the NHS in London to carry out a review to learn lessons from the pandemic, with the aim of determining how maternal health services in London should respond to future pandemics. This could be done via a meeting of the London Health Board in 2023, as well as through his wider advocacy.

Geographic Disparities Across London in the Delivery of Maternity Care

The Committee heard that there were disparities in the levels of care provided between different NHS Trusts during the pandemic. Evidence collected by the Committee in the summer of 2022 suggested that this 'postcode lottery' was still taking place, with some NHS trusts maintaining COVID-19 restrictions around partners visiting, while others had returned to pre-pandemic conditions.[39]

> *"Some trusts have gone back to allowing postnatal visiting 24/7 but there are some trusts that are allowing visiting for only four hours, which is still quite a restricted amount of time compared to pre-pandemic visiting. It is still quite a postcode lottery in that."*
>
> **Maria Booker, Programmes Director**
> **Birthrights**

Concerns about disparities in the delivery of maternity services across London were also expressed in responses to the Health Committee Maternal Health Survey.

> *"I think there is massive disparity across the capital. I received amazing care and saw the same midwife during my pregnancy and birth, but this isn't the same in many other boroughs."*
>
> **Health Committee Maternal Health Survey**

It is important that a consistently high standard of care is provided across London, and that women and birthing people know what standards of care they can expect to receive. The Mayor has a role to play in this through his convening and advocacy powers.

[39] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022

Bereaved parents and families faced additional challenges and stresses during the pandemic. Sands is an organisation supporting bereaved parents and runs the National Bereavement Care Pathway (NBCP). The NBCP consists of "nine standards of bereavement care and includes pathways for miscarriage, termination of pregnancy for foetal anomaly, stillbirth, neonatal death and sudden unexpected death of an infant up to 12 months."[40] In its submission to the Health Committee's Call for Evidence, Sands reported that 80 per cent of NHS Trusts in England have committed to implementing the NBCP. However, in London only 59 per cent of Trusts are signed up (10 out of 17). Sands said that this will lead to bereaved parents experiencing differences in care depending on where they live.

Recommendation 2

The Mayor should use his convening and advocacy powers to encourage higher standards of care and help prevent a postcode lottery in the delivery of maternity services in London, so that pregnant women and birthing people know what to expect and can better advocate themselves for high levels of service. This should include advocating for all London trusts to implement the National Bereavement Care Pathway (NBCP).

Maternal Mental Health

Mental health is a key factor in maternal health outcomes. Mayoral Advisor Dr Tom Coffey told the Committee that the most common reason for the death of women in the 28-day postnatal period following giving birth is suicide.[41]

The pandemic had a negative impact on the mental health of pregnant women and birthing people, and their partners. Joeli Brealey told the Committee that, in a national survey run by Pregnant then Screwed, 90 per cent of pregnant women said that restrictions had a negative impact on their mental health, with 97 per cent saying that the restrictions increased their anxiety around childbirth.[42] Mental health was also a prominent theme among responses to the Health Committee's Maternal Health Survey questions on postnatal care, with reports of difficulty accessing support. Because of this, survey respondents felt that their mental health post-birth was not seen as a priority by healthcare staff.

> *"Very poor mental health support, no one seemed to know anything about available help. In the end I only got help 10 months later after my GP made the referral that the midwives should have made when the baby was born. In the end I was diagnosed with PTSD."*
>
> **Health Committee Maternal Health Survey**

[40] Sands, National Bereavement Care Pathway
[41] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022
[42] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022
Pregnant then Screwed, One fifth of mums giving birth during the pandemic have felt forced to have a vaginal examination in labour, 16 November 2022

According to the Centre for Mental Health, voluntary and community and sector organisations have seen increased demand for maternal mental health services in the UK since COVID-19 restrictions were put in place in March 2020.[43] These organisations are reporting that they are required to fill the gaps in service provision.[44] In its response to the Committee's Call for Evidence, Healthwatch Wandsworth shared its report 'Experiences of perinatal mental health'. This found that people reported long waiting lists for support, which they argued "could be a sign that demand is higher than the support available."[45] Healthwatch Wandsworth recommended that there needs to be an increased offering of mental health support including reviewing "families who had babies in the last 18 months to ensure they pick up any unresolved issues that may not have been recognised as contacts were limited".[46]

The GLA's work on mental health is currently focussed on the population of London as a whole, with no specific initiatives for maternal mental health. The Mayor has a target of creating 250,00 health and wellbeing champions in London.[47] He has also funded the rollout of Youth Mental Health First Aid training in London which, according to a letter sent to the Committee by Dr Tom Coffey, "allowed more than 4,000 education and youth sector staff in London to be trained".[48]

Mental Health First Aid England is the organisation that designs and delivers Mental Health First Aid (MHFA) courses.[49] During the Health Committee meeting, Dr Tom Coffey, Mayoral Health Advisor, suggested that Mental Health First Aiders could benefit from specific training aimed at supporting maternal health.[50] This would provide further community-based support to which new and expectant parents could turn. In his subsequent letter to the Committee, Dr Coffey confirmed that "maternal health and care was not part of the MHFA curriculum that was delivered to trainees in London".[51]

Recommendation 3

The Mayor should work with Mental Health First Aid England to explore creating a bespoke curriculum for the mental health of pregnant women and birthing people, new mothers, and parents.

[43] Centre for Mental Health, Maternal mental health during a pandemic – A rapid evidence review of Covid-19's impact, March 2021
[44] Centre for Mental Health, Maternal mental health during a pandemic – A rapid evidence review of Covid-19's impact, March 2021
[45] Healthwatch Wandsworth, Experiences of perinatal mental health in Wandsworth, 26 May 2021
[46] Healthwatch Wandsworth, Experiences of perinatal mental health in Wandsworth, 26 May 2021
[47] Mayor of London, Mental Health and Wellbeing
[48] Letter sent to the Health Committee by Dr Tom Coffey, Mayoral Health Advisor, 20 February 2023
[49] Mental Health First Aid England, Mental health training online and face to face
[50] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022
[51] Letter sent to the Health Committee by Dr Tom Coffey, Mayoral Health Advisor, 20 February 2023

Postnatal Visits and Support Groups

According to the NHS Maternity Survey 2021, the pandemic impacted levels of postnatal support, and women reported receiving fewer follow-up visits from health services compared to pre-pandemic levels.[52] The survey found that the proportion of mothers who said they received help and advice about feeding their baby in the six weeks after birth declined from 62 per cent in 2019 to 55 per cent in 2021.[53] London-based respondents to the Health Committee's Maternal Health Survey similarly reported that visits were impacted by the pandemic. They described visits happening less frequently, over the phone or not being proactively organised by midwifery teams. The fact that local support groups were not able to meet during the pandemic increased the risk of isolation.

> *"I had no support from midwives apart from once on the phone and there were no local groups to go to."*
>
> **Health Committee Maternal Health Survey**

The importance of support networks also emerged from the Health Committee's meeting and Call for Evidence. Healthwatch Wandsworth recommended the prioritisation of "low level support networks" and provided examples such as child health clinics, children's centres and breast feeding support groups, citing their importance in maternal health.[54]

In response to a Mayor's Question in May 2022 about what action he is taking to improve and promote better maternal health across London, the Mayor said that "maternal health is supported through my Healthy Early Years London programme which reaches out to new and expectant mothers."[55] Healthy Early Years London (HEYL) is an awards scheme funded by the Mayor of London that supports and recognises achievements in child health, wellbeing and development in early years settings.[56]

Mayoral Health Advisor Tom Coffey told the Committee that HEYL is focused on early years settings, which are generally not attended by children before the age of about six months. However, he noted that the GLA could consider adapting the programme to include the first six months of a child's life.[57]

[52] CQC, Pregnant in a Pandemic: What does the NHS Maternity Survey 2021 tell us about maternity care during the pandemic?, 10 February 2022
[53] CQC, Pregnant in a Pandemic: What does the NHS Maternity Survey 2021 tell us about maternity care during the pandemic?, 10 February 2022
[54] Healthwatch Wandsworth Experiences of perinatal mental health in Wandsworth, 26 May 2021
[55] Mayor's Question Time, Maternal Health, 24 May 2022
[56] Mayor of London, About Healthy Early Years London
[57] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022

Recommendation 4

The Mayor should explore expanding the Healthy Early Years London (HEYL) programme to include maternal health services, or introduce a similar programme which is specifically targeted at maternal health services.

Staffing

Investment in Maternity Staffing

The Committee heard from guests that inadequate staffing levels are a significant challenge facing London's maternity services, with retention of staff in particular a major obstacle.[58] This was particularly acute during the pandemic when sickness and self-isolation meant that some units' staffing levels were reduced. Dr Suzanne Tyler, Executive Director of the Royal College of Midwives (RCM), told the Committee that in some Trusts maternity staff numbers were reduced by 40 per cent.[59] This had a considerable impact on the delivery of services, and the Committee was told of how some services had to be withdrawn.[60]

> *"Services did have to be rationalised … Homebirth services did have to close, because the ambulance services could not get to them. Co-located birth centres did close."*
>
> **Dr Suzanne Tyler, Executive Director**
> **Royal College of Midwives**

In April 2021, then Minister of State for Patient Safety, Nadine Dorries, provided figures on the maternity workforce gap in a letter to the Chair of the House of Commons Health and Social Care Committee, as part of the Committee's investigation into the safety of maternity services in England. Based on Health Education England's national midwifery workforce survey, she stated that there was an estimated gap of 1,088 full-time equivalent midwives between the number of funded staff positions and the Birthrate Plus workforce recommended number, which "provides a framework to calculate safe midwifery staffing levels."[61] The letter also stated that there was an additional 844 full-time equivalent midwife vacancies.[62] This left a total shortage of 1,932 midwives in England.

In March 2022, NHS England announced an additional £127 million of funding for maternity services across England, which included more than £50 million to increase staff numbers.[63] This

[58] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022
[59] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022
[60] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022
[61] Letter from the Minister of State for Patient Safety, Suicide Prevention and Mental Health on the maternity, 22 April 2021
[62] Letter from the Minister of State for Patient Safety, Suicide Prevention and Mental Health on the maternity, 22 April 2021
[63] NHS England, NHS announces £127 million maternity boost for patients and families, 24 March 2022

follows £95 million which was announced in 2021, with the aim of adding 1,200 midwives and 100 obstetricians to the workforce.[64]

In November 2022, NHS Hospital & Community Health Service monthly workforce statistics showed a headcount of 4,858 midwives in London, a slight reduction on the figure of 4,930 in November 2021.[65]

Dr Suzanne Tyler told the Committee that a stressful working environment has led to some staff leaving the profession altogether.[66] An RCM membership survey from autumn 2021 found that 57 per cent of midwives were "'considering leaving their role as a midwife or MSW (maternity support worker)' while 84 per cent were 'not happy with staffing levels'".[67] Responses to the Health Committee Maternal Health Survey also highlighted perceived staffing shortages in London.

> *"Appropriate levels of staff would allow mothers to get adequate support before, during and after labour. The midwives seem exhausted and rushed off their feet. There is [only] so much that they can do when they are pushed to their limits."*
>
> **Health Committee Maternal Health Survey**

> *"We need lots more midwives and drop-in clinics with health visitors etc and they should have a manageable and consistent caseload. I do not believe the negatives in my experience [are] due to staff not wanting to help but just having too much to do."*
>
> **Health Committee Maternal Health Survey**

Dr Suzanne Tyler told the Committee that "for the last ten years maternity services across the UK and in London have not had the funding and the attention that they deserve and they require" and that this is "impacting on the quality or lack of quality in maternity services."[68] The House of Commons Health and Social Care Committee's 2021 report, 'The safety of maternity services in England', recommended that the budget for maternity services be increased by between £200million and £350 million per annum.[69] Maria Booker told our Committee that the

[64] NHS England, NHS announces £127 million maternity boost for patients and families, 24 March 2022
[65] NHS Digital, NHS workforce statistics – November 2022, 2 March 2023. Analysis of data carried out by London Assembly Secretariat Research Unit.
[66] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022
[67] Royal College of Midwives, RCM warns of midwife exodus as maternity staffing crisis grows, 4 October 2021
[68] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022
[69] House of Commons Health and Social Care Committee, The safety of maternity services in England, June 2021

figure included in this report is "worth looking at" in order to ensure that maternity services are sufficiently staffed.[70]

"Midwives are leaving, they are leaving London and they are leaving the profession in London. That is absolutely because of pay."

Dr Suzanne Tyler, Executive Director
Royal College of Midwives

Despite these concerns, it should be noted that there have been improvements in maternity services in recent years and increases in NHS spending. As discussed above, the 2020 review of the Better Births programme found that there had been a 21 per cent fall in the stillbirth rate between 2010 and 2018 and a reduction in the combined perinatal mortality rate of 15.1 per cent over the same period.[71] It also found that women felt more confident in the safety of care they were receiving.[72] According to the King's Fund, NHS England spending is projected to reach £155.4 billion per year in 2023-24, an increase from £115.5 billion in 2013-14.[73] In October 2022, the Department for Health and Social Care stated that "there are over 1.2 million full-time equivalent staff working in NHS trusts and clinical commissioning groups in England – over 31,000 more people compared to a year ago, up by over 2.5%".[74]

Recommendation 5

The Mayor should lobby the Government to implement the recommendations contained within the House of Commons Health and Social Care Committee's 2021 report to increase funding for maternity services to ensure sufficient staffing levels in London.

Support for Midwives from Ethnic Minority Groups

According to guests at the Committee's meeting, the staffing crisis in London's maternity services is being driven by multiple factors. Dr Suzanne Tyler summarised the issues as "shortages, toxic culture, being burned out and exhausted, feeling undervalued".[75] The Committee also heard that while the midwifery and maternity support worker workforce is much more ethnically diverse than in the rest of the UK, staff from ethnic minority groups are more likely to face discrimination, be disciplined, and less likely to be promoted.[76] The Government's

[70] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022
[71] NHS England, Better Births Four Years On: a review of progress, March 2020
[72] NHS England, Better Births Four Years On: a review of progress
[73] The King's Fund, The NHS budget and how it has changed, 8 December 2022. Figures are NHS England resource (day-to-day) spending, excluding depreciation (real terms in 2022/23 prices)
[74] Department for Health and Social Care, Record numbers of staff working in the NHS, 27 October 2022
[75] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022
[76] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022

Race Equality Standard report in 2019 shows that in London, 15 per cent of NHS staff from ethnic groups other than White experienced discrimination at work in the previous 12 months, compared to 8 per cent of White staff and 11 per cent of staff overall.[77]

"We need to care for the carers and to make sure that people have that energy and that resilience and that ability to continue to care in the way that they want to as well."

Maria Booker, Programmes Director
Birthrights

It is essential that more support is provided to staff from ethnic minority groups so that they can provide high-level compassionate care to all patients. Dr Suzanne Tyler said that the solution lies in creating a workplace that encourages midwives from ethnic minority backgrounds to stay in the profession, and that "That is somewhere where the Mayor has a really strong advocacy role."[78]

"To deliver more inclusive maternity services for everyone requires that work on stamping out racism and replacing it with an ethos of respect, dignity and compassion for everybody who works in the NHS."

Dr Suzanne Tyler, Executive Director
Royal College of Midwives

Recommendation 6

The Mayor should lobby the NHS to improve its support for maternity staff from ethnic minority groups and strengthen anti-racist initiatives that impact maternity staff.

[77] UK Government, Workforce Race Equality Standard 2019 report, NHS staff experiencing discrimination at work – Ethnicity facts and figures, 23 June 2022
[78] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022

Disparities in Maternal Health Outcomes

Background

According to the Care Quality Commission, "poorer maternity outcomes for Black and minority ethnic women have been brought to the fore by the pandemic".[79] A UK Obstetric Surveillance System study found that more than half of pregnant women admitted to hospital with COVID-19 in pregnancy were from Black or other ethnic minority groups.[80] Black women were eight times more likely to be admitted to hospital with COVID-19 during pregnancy than White women, while Asian women were four times more likely.[81] The Committee also heard that, in response to Pregnant then Screwed's survey, 77 per cent of Black and brown women reported feeling safe giving birth, lower than the overall figure of 84 per cent.[82]

Just over a quarter (27 per cent) of respondents to the Health Committee Maternal Health Survey felt they faced discrimination or unfair treatment while using London maternity services. Discrimination related to race was most often mentioned. Respondents felt they were not listened to, ignored or spoken to in a different way compared to others they knew who were White and using the same services.

> *"I feel I wasn't listened to about my sepsis because I was Black."*
>
> **Health Committee Maternal Health Survey**

Education for Maternity Staff

Tinuke Awe, Co-founder of Five X More, a grassroots organisation committed to changing maternal health outcomes in the UK for Black women and birthing people, told the Committee that not all health professionals have a sufficient understanding of conditions that disproportionately affect women from ethnic minority groups, and that this can have an impact on the quality of care they provide.[83] Five X More's Black Maternity Experiences Survey, which surveyed black women's experiences of maternity services in the UK in 2022, found "clear evidence of inaccurate knowledge about the anatomy and physiology of Black and Black mixed

[79] Care Quality Commission, Safety, equity and engagement in maternity services – Care Quality Commission, updated 12 May 2022
[80] British Medical Journal, Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK: national population based cohort study, 8 June 2020
[81] British Medical Journal, Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK: national population based cohort study, 8 June 2020
[82] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022
[83] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022

women and how this impacted pregnancy."[84] Five X More's report states that "for instance, one Black woman was told that her epidural had failed due to the anaesthetic having to 'work harder' in Black women because 'we have a bigger curvature at the bottom of our spines'".[85]

Dr Suzanne Tyler told the Committee that when training maternity staff, 'White' is taken as the normal, though work is under way to correct this.[86]

"One of the very basic things that happens when a new born baby is born is the first observations to make sure it is healthy. One of those is how pink it is. That work to think about the way that we even approach the very basics is starting now."

Dr Suzanne Tyler, Executive Director
Royal College of Midwives

The Black Maternity Experiences Survey report included recommendations around increasing knowledge "on identifying and diagnosing conditions that are specific to and disproportionately affect Black women" as well as ensuring that those training to be midwives are made aware of the disparities in maternity outcomes, and ways to improve these for women from ethnic minority backgrounds.[87] Tinuke Awe told the Health Committee that further education for healthcare professionals would lead to improved provision of care.[88]

"If you have maternity staff who are not aware that Black women have four to five times higher risk, you cannot necessarily take the steps to ensure that they are having better care of safer care for that matter."

Tinuke Awe, Co-founder
Five X More

Recommendation 7

The Mayor should challenge and lobby the NHS to improve training and education of health professionals about medical conditions that disproportionately affect ethnic minority groups, as well as the statistics about the disparities in health outcomes. This could be done via a meeting of the London Health Board in 2023, as well as through his wider advocacy.

[84] Five X More, The Black Maternity Experiences Survey – A Nationwide Study of Black Women's Experiences of Maternity Services in the United Kingdom, April 2022
[85] Five X More, The Black Maternity Experiences Survey – A Nationwide Study of Black Women's Experiences of Maternity Services in the United Kingdom, April 2022
[86] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022
[87] Five X More, The Black Maternity Experiences Survey – A Nationwide Study of Black Women's Experiences of Maternity Services in the United Kingdom, April 2022
[88] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022

Interpretation Services in Maternity Care

Respondents to the Health Committee Maternal Health Survey highlighted the role of partners as advocates during labour in conversations with healthcare staff. COVID-19 restrictions meant that they were often not allowed to be present, and respondents felt they were not always listened to as a result.

> *"I felt like I was ignored and not listened to when in extreme pain. Having my husband to advocate for me when I could barely speak would have been a lot better as I feel I would have been attended to quicker."*
>
> **Health Committee Maternal Health Survey**

Maria Booker told the Committee that women and birthing people for whom English is not their first language were disproportionately impacted by pandemic restrictions. She noted that for these people, taking away a partner can have a significant impact on their ability to communicate and make informed decisions about their own healthcare.[89] Healthwatch Greenwich conducted a qualitative study with English-speaking women of colour from a migrant or refugee background, and found that English language skills were a "crucial" factor "in how women navigated and accessed maternity services."[90]

Interpretation services are essential to allowing all women and birthing people to stay informed, engage in discussions around their care, and make informed decisions. Maria Booker told the Committee, "Interpretation services are a really important issues that we need to focus on going forward."[91] High-quality interpretation services should be consistent across NHS trusts in London to ensure that all women and birthing people, irrespective of their English-language ability and whether their partner is present, can discuss their birthing options with a healthcare professional.

Recommendation 8

The Mayor should use his convening and advocacy powers to encourage the NHS to ensure a minimum level of professional interpretation service provision, so that every woman can make informed decisions around their own pregnancy. This could be done via a meeting of the London Health Board in 2023, as well as through his wider advocacy.

London-level Data

[89] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022
[90] Healthwatch Greenwich, Report: Maternity care at Queen Elizabeth, 31 August 2022
[91] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022

Dr Marilena Korkodilos, Clinical Lead for the Office for Health Improvement and Disparities (OHID) told the Committee about the importance of data in order to "identify the specific needs of different groups".[92] She noted that the majority of data for maternal health exists at national level, and that there would be benefits to understanding the specific situation in London with more regional data, specifically around disparities in outcomes and how women and birthing people from ethnic minority communities experience maternal health services in London. A greater understanding of the specific challenges in London would allow policy makers to better develop solutions.

"What we would like to do going forward is advocate and try to get London-level data for some of these disparities because, currently, I can only give you some of the national figures, not the London figures."

Dr Marilena Korkodilos, Clinical Lead
Office for Health Improvement and Disparities (OHID)

Recommendation 9

The Mayor should work with the NHS to analyse and publish London-level data on maternal health outcomes, in particular to measure disparities between outcomes among different ethnic groups.

[92] London Assembly Health Committee, Meeting Transcript of Agenda Item 6 – Maternal Health and Care in London, 30 June 2022

Health Committee Maternal Health Survey

Summary

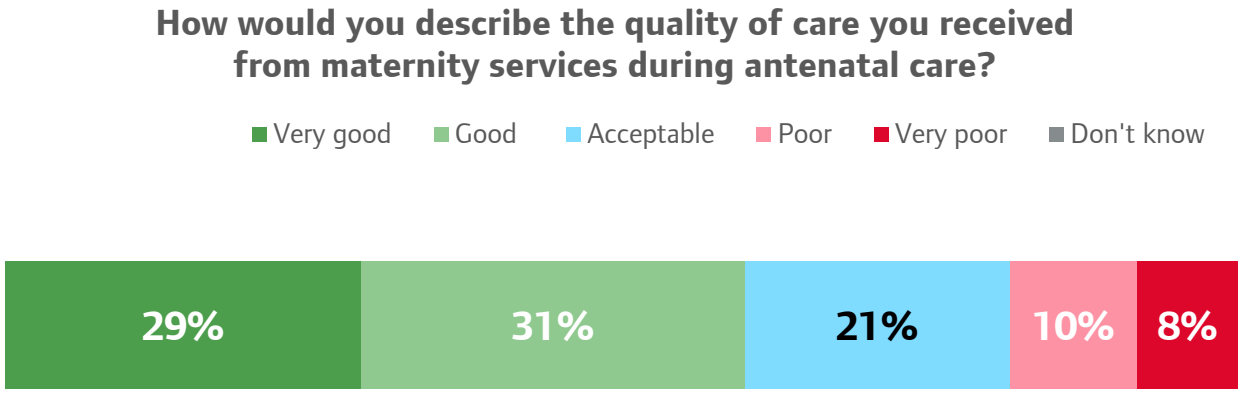
This chapter provides a summary of the findings of the Health Committee Maternal Health Survey, which was carried out as part of the Committee's investigation into maternal health and care in London.

From July to October 2022, the Health Committee asked people who had used maternity services since March 2020 to tell us about their experiences and suggest improvements to maternity services in London. The survey asked about different stages of pregnancy and how they felt the pandemic impacted their experience. A summary of the data collected is provided in the following section, with specific evidence cited to support the Committee's recommendations.

The Committee received 140 responses from Londoners with experience of pregnancy and from their partners, friends and families. The Committee would like to thank all those who shared their experiences of services during the pandemic period, and made suggestions for improvements. Some findings from the survey are set out below.

Survey Results

Antenatal care



Base: all respondents who consented to this question (n=135)

The majority of respondents (60 per cent) reported that the quality of their antenatal care in London maternity services as 'good' or 'very good'. An additional one in five respondents (21 per cent) said that the quality of their care was 'acceptable'. However, across responses – including those that were positive – a number of issues emerged. A key concern was receiving

less support as a result of restrictions, such as not being able to have a partner or loved one present at scans; less face-to-face contact; or fewer appointments in general. These concerns were mentioned by some of those who said their antenatal care had been positive, as well as those who said it was acceptable, poor or very poor. In some instances, respondents said they felt dismissed or unsupported to manage these changes.

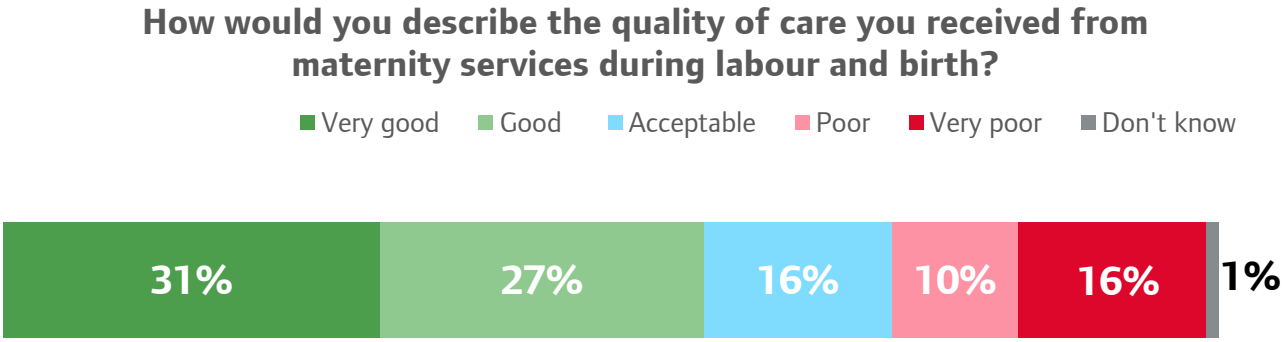
> *"The midwives I saw were all great, however I did feel the pandemic meant face to face contact was limited."*
>
> **Health Committee Maternal Health Survey**

> *"Services were generally good and [I] had prompt and regular check-ups except there was one less scan, the growth scan at 35 weeks. [I] had to attend everything, including the scans, alone which was daunting and unnecessary given that the COVID risk was the same really as you would probably be attending with your partner who you already live with."*
>
> **Health Committee Maternal Health Survey**

A lack of continuity in care due to a change in midwife was also mentioned by some respondents as an issue which, combined with less face-to-face contact, meant that they felt less well-known by maternity services. As a result, a number of respondents described feeling anxious and distressed during their pregnancies.

> *"My partner was not allowed in any appointments. Midwives just didn't seem to care about you as individuals and I felt a lot of my concerns were dismissed. Midwife appointments were done over the phone up to a certain point which I disagree with. I didn't see the same midwife continuously so there was no continuity in care."*
>
> **Health Committee Maternal Health Survey**

Care during labour and birth



Base: all respondents who consented to this question (n=135)

Overall, the majority (58 per cent) of respondents said that the quality of their care during labour and birth was 'good' or 'very good'. An additional 16 per cent of respondents said that the quality of their care was 'acceptable'. Positive reports about individual midwives or healthcare professionals, especially those who had supported them during antenatal care, was a common theme in responses that reported a positive experience overall. Feeling respected in their choices was also frequently mentioned, particularly choices related to where or how they wanted to give birth, for example a home birth or elective caesarean section.

"My baby was born and the midwives who delivered her were absolutely amazing. They made me feel safe and supported and respected all of my birth preferences. I have nothing but admiration and thanks for them and the subsequent midwives who cared for us in the birth centre at the [hospital name], particularly as I know they were facing acute staffing challenges."

Health Committee Maternal Health Survey

"The midwife team at the hospital were accommodating and pragmatic with my husband and once I had been triaged and admitted to begin process of induction (which ended up being an emergency c-section) he was allowed to stay with me."

Health Committee Maternal Health Survey

"I birthed my baby at home as planned. Both first and second midwife were known to me and had provided my antenatal care. They are exceptionally skilled and I feel enormously lucky to have had their care."

Health Committee Maternal Health Survey

As with antenatal scans, a significant theme in survey responses on the birth experience itself was the prohibition on accompanying partners throughout labour due to COVID-19 restrictions and hospital policies. Women and birthing people described feeling less supported because their partner was not there to help them emotionally or with their physical needs, such as providing them with water. The mental health impact of these restrictions during labour was frequently mentioned by respondents, in some instances with long-lasting consequences.

"I had an extremely traumatic birth where we nearly lost our baby. I felt that the team did the best that they could have done given the situation. What was poor was their treatment of my partner – they didn't let him come with me for the birth as it was too much of an emergency, they just left him in a waiting room not knowing if he would ever see me again or if the baby would survive."

Health Committee Maternal Health Survey

The impact of COVID-19 policies meant that many women reported that they were alone for long periods during a significant and stressful time. In some instances, respondents who had experienced complications said this meant that their views and preferences were not respected – for example, not having access to adequate pain relief, or needing to have an emergency c-section that they had not previously wanted. Several respondents felt upset that either they or their partners missed key moments in the birth of their child because of restrictions.

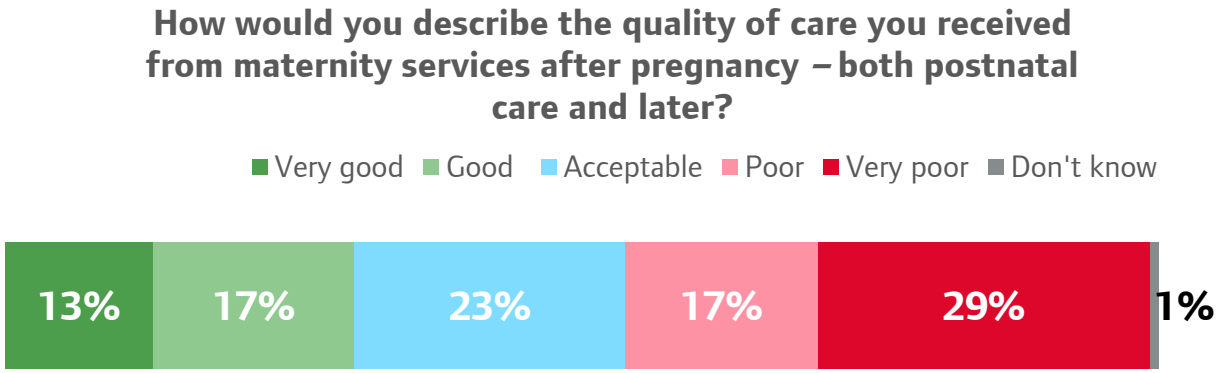
"I had to give birth alone which was unplanned and my husband had to wait in the corridor. I was in very active late stages of labour and was left to wait in the waiting room with nobody else waiting. It meant that my baby was born while being checked over by the nurse. I felt like I was ignored and not listened to when in extreme pain. Having my husband to advocate for me when I could barely speak would have been a lot better as I feel I would have been attended to quicker. I still feel disappointed that he was not able to see the birth of our second child."

Health Committee Maternal Health Survey

"I felt like I had no control. [I] wasn't allowed my husband with me for my induction, I laboured alone for eight hours, no one with me, I ended up with sepsis. I ended up needing an emergency c-section, at which point my husband was allowed to come in. He was then swiftly asked to leave afterwards. To this day I'm so traumatised by the lack of support or empathy I was shown. It was an awful experience one that would [have] been made invariably better if I'd had the right support."

Health Committee Maternal Health Survey

Postnatal care



Base: all respondents who consented to this question (n=132)

Our survey showed a noticeable drop in satisfaction with the quality of care when it came to postnatal care. Only 30 per cent of respondents said that the quality of London maternity services was 'good' or 'very good' during postnatal care, with 46 per cent saying that quality was 'poor' or 'very poor'; and 23 per cent said the quality of care was 'acceptable'. Mental health was a prominent theme; while some respondents had positive experiences of postnatal health teams, more respondents had a lack of, or difficulty accessing, support. Because of this, some respondents felt that their mental health post-birth was not a priority.

"I had post natal anxiety and was referred to the perinatal mental health team who were incredible!"

Health Committee Maternal Health Survey

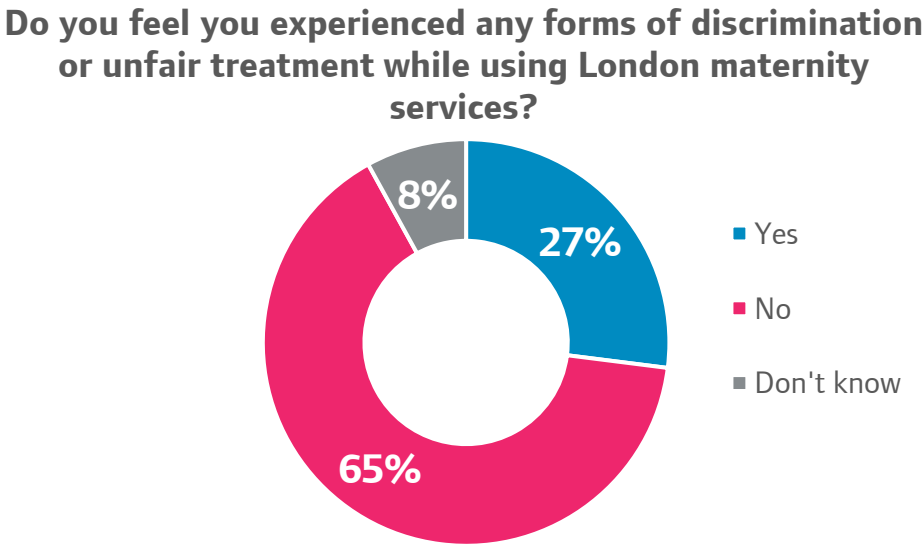
"I was forgotten about and had to chase the midwifery team to come and see my baby once I had been discharged from hospital."

Health Committee Maternal Health Survey

"I had no input no care despite being in the hospital visiting my baby in NICU. I had complications recovering from birth physically and mentally. No one was providing any care."

Health Committee Maternal Health Survey

Inequalities and discrimination



Base: all respondents who consented to this question (n=129)

Just over a quarter (27 per cent) of respondents felt they faced discrimination or unfair treatment while using London maternity services. Discrimination related to race was most often mentioned. Respondents felt they were not listened to, ignored or spoken to in a different way compared to others they knew who were White and using the same services.

Due to small base sizes, comparison between ethnic groups should be treated with caution and as indicative.[93] However, those from an ethnic minority group were more likely to report facing unfair treatment or discrimination compared to those from a White background (44 per cent versus 20 per cent). It should be noted that racial discrimination was also discussed by those from White backgrounds, either in the context of witnessing others facing unfair treatment or in relation to partners or family members from ethnic minority groups. Similarly, those from ethnic minority backgrounds may have been describing other types of discrimination or unfair treatment in their response to this question.

[93] There were 96 responses from those with a White background compared to 43 from those with an ethnic minority background.

"I felt ignored and when I told the nurse I was in extreme pain I was left to wait for an unacceptable time. Perhaps my race played a part of it but there was a lack of empathy I feel which is surprising given that the main priority of the nursing staff should be care and attention."

Health Committee Maternal Health Survey

"I have had five children, I have never felt so disregard[ed] or devalued during my last pregnancy. I felt like I was discriminated because I am a Black woman."

Health Committee Maternal Health Survey

"I feel like my race changed how I was treated by midwives. My other (White) friends who used the same hospital for treated differently."

Health Committee Maternal Health Survey

The survey also found evidence of other forms of discrimination related to assumptions made about a parent based on their age, for example among young mothers.

"I was a first time mum at 22 and some midwives implied I didn't know what I was doing because of my age."

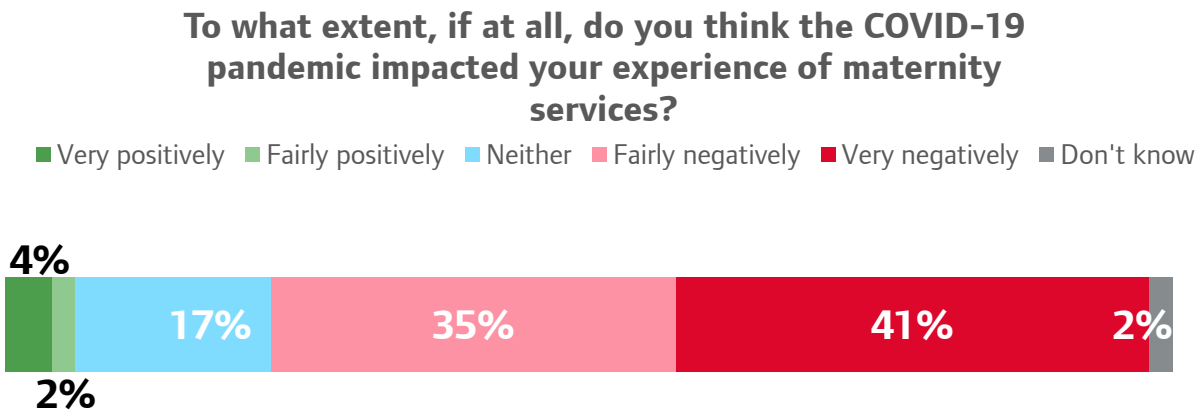
Health Committee Maternal Health Survey

Additionally, one respondent described the impact of hearing loss and needing to lipread on their experiences of maternity services, and a lack of understanding from some staff about difficulties with face masks that this created.

"I have a severe hearing loss and I need to lip read often, everyone wearing a mask really hindered me as I was constantly asking for them to lower their mask and the majority of the time staff were not happy to do it. I also wear a mask myself that states I have hearing loss and need to lip read, even when I pointed to my mask to make staff aware it was sometimes a problem. The worst times were the security staff that would make me wait outside until they got permission from somebody inside as I refused to change my mask as I wear it to show my disability. I felt I was being discriminated every time I attended an [appointment]. It wasn't until they had the same security guard on the door that the situation improved. Everyone needs to learn that not all disabilities are visible."

Health Committee Maternal Health Survey

Pandemic impact



Base: all respondents who consented to this question (n=128)

Overall, three in four survey respondents (76 per cent) said that the pandemic had a negative impact on their experience of maternity services, compared to only 6 per cent who said it had a positive impact; 17 per cent said 'neither'. Echoing responses to other questions, respondents referenced finding the pregnancy overall less enjoyable, or having a more stressful experience.

"I feel like I missed out on lots of things that would have made this special time much easier and enjoyable."

Health Committee Maternal Health Survey

A few respondents also mentioned confusion around vaccine advice for pregnant women or negative comments from healthcare staff around the safety of the vaccine. COVID-19 precautions such as mask-wearing and having to have a COVID-19 test during labour were described as difficult or inconvenient for those going into hospital.

"No concrete advice on the vaccine in pregnancy. No clear path for who to contact post birth etc."

Health Committee Maternal Health Survey

"Several [healthcare professionals] advised me not to get the COVID vaccine in my one successful pregnancy – not because I was pregnant, but because of conspiracy theories they'd read."

Health Committee Maternal Health Survey

"Having to show negative COVID-19 test before being allowed into [the] maternity ward when in active labour was quite stressful. Lots of uncertainty about what support I could have during birth until the last minute."

Health Committee Maternal Health Survey

We also received some particularly moving responses from people who had experienced miscarriage during the pandemic. They shared difficult experiences for themselves or their family, and described how the pandemic impacted their experience of maternity services and how they were treated. Two examples are included below.

"In May 2020, I found out that my baby had no heartbeat from the 12 week scan at the hospital. My husband was not permitted to attend the scan with me because this was during the initial lockdown in the UK. I had to ring him to tell him the news and then I had to walk to a different building/ward to see a doctor on my own for further medical advice. My husband came into the waiting area briefly to see me and try to comfort me, but he was immediately asked by staff to leave."

Health Committee Maternal Health Survey

"[Relative] suffered a miscarriage during the May 2020 lock down. She was bleeding heavily and losing the baby. They drive to [hospital name] and my son had to sit in the car park while [relative] was treated. Traumatic."

Health Committee Maternal Health Survey

Committee Conclusions from the Survey

Our small-scale, London-based survey is only able to provide a glimpse of the experiences of women and birthing people, and their families and friends, during the pandemic. It nonetheless provided compelling and deeply moving accounts of people's experiences, which have collectively enriched our understanding of the challenges in delivering maternity services during the pandemic, and the real-life consequences when things did not go as they should or as respondents would have liked. We again sincerely thank those who shared their experiences and views with us as part of this investigation. Many of these responses have informed the recommendations in this report.

The earlier chapters of this report particularly highlight the challenges faced by those using maternity services, in order to inform recommendations about how lessons can be learnt from the pandemic and services can be improved. We also recognise that there were many good experiences of services delivering excellent care under pressure, as the survey demonstrates. We, therefore, would also thank the healthcare professionals involved in delivering maternity services during an unprecedented pandemic. By collecting these accounts and making recommendations, we aim to enhance our collective understanding of the problems of the pandemic, and the goal of providing supportive and safe maternal services to all.

Committee Activity

The Health Committee's investigation set out to understand the impact of the pandemic on maternal health and care services in London, including the experiences of Londoners who were pregnant during the pandemic. It considered the impact of staffing shortages on maternal health services, as well as examining the inequalities that exist across a range of maternal health outcomes; which groups are impacted by these inequalities; and what action can be taken to address them.

The Health Committee met to discuss maternal health and care in London on 30 June 2022. The following guests attended the meeting:

- **Dr Tom Coffey**, Mayoral Health Advisor
- **Tinuke Awe** and **Clotilde Abe**, Co-founders of Five X More
- **Maria Booker**, Programmes Director, Birthrights
- **Joeli Brearley**, Founder and Director, Pregnant then Screwed
- **Dr Marilena Korkodilos**, Deputy Director, Health Improvement and Workforce Development and Clinical Lead for Revalidation, London, Office for Health Improvement and Disparities (OHID)
- **Dr Suzanne Tyler**, Executive Director Trade Union, Royal College of Midwives.

Health Committee Maternal Health Survey

Given the significant impact of the pandemic on Londoners using maternity services, the London Assembly Health Committee wanted to hear from those who have used services since March 2020. From July to October 2022, the Committee invited those who have been pregnant, their partners and close friends/family members to complete a survey asking questions about their experiences of maternity services in London. The survey received 140 responses; data is not weighted to be representative of the population, and therefore results should be interpreted with some caution, but demographic information was collected to understand who responded to the survey. A focus on qualitative questions, where respondents are able to share what they wish, was chosen for this reason and respondents were asked before each set of questions whether they wanted to see questions relating to aspects of each stage of pregnancy. The survey questions were shared with Birthrights for feedback on language around maternity services, and the Committee would like to thank Birthrights for its support and advice.

Written submissions and correspondence

- Letter sent to the Health Committee by Dr Tom Coffey, Mayoral Health Advisor, 20 February 2023
- Written evidence from Healthwatch Greenwich
- Written evidence from Healthwatch Wandsworth
- Written evidence from National Childbirth Trust (NCT)
- Written evidence from Sands

Other Formats and Languages

If you, or someone you know needs this report in large print or braille, or a copy of the summary and main findings in another language, then please call us on: 020 7983 4100 or email assembly.translations@london.gov.uk

Chinese

如您需要这份文件的简介的翻译本，
请电话联系我们或按上面所提供的邮寄地址或
Email 与我们联系。

Hindi

यदि आपको इस दस्तावेज का सारांश अपनी भाषा में
चाहिए तो उपर दिये हुए नंबर पर फोन करें या उपर दिये
गये डाक पते या ई मेल पते पर हम से संपर्क करें।

Vietnamese

Nếu ông (bà) muốn nội dung văn bản này được dịch sang
tiếng Việt, xin vui lòng liên hệ với chúng tôi bằng điện
thoại, thư hoặc thư điện tử theo địa chỉ ở trên.

Bengali

আপনি যদি এই দলিলের একটা সারাংশ নিজের ভাষায় পেতে চান,
তাহলে দয়া করে ফো করবেন অথবা উল্লেখিত ডাক ঠিকানায় বা
ই-মেইল ঠিকানায় আমাদের সাথে যোগাযোগ করবেন।

Greek

***Εάν επιθυμείτε περίληψη αυτού του κειμένου στην γλώσσα
σας, παρακαλώ καλέστε τον αριθμό ή επικοινωνήστε μαζί
μας στην ανωτέρω ταχυδρομική ή την ηλεκτρονική διεύθυνση.***

Urdu

اگر آپ کو اس دستاویز کا خلاصہ اپنی زبان میں
درکار ہو تو، براہ کرم نمبر پر فون کریں
یا مذکورہ بالا ڈاک کے پتے یا ای میل
پتے پر ہم سے رابطہ کریں۔

Turkish

Bu belgenin kendi dilinize çevrilmiş bir özetini
okumak isterseniz, lütfen yukarıdaki telefon
numarasını arayın, veya posta ya da e-posta
adresi aracılığıyla bizimle temasa geçin.

Arabic

الحصول على ملخص لهذا المستند بلغتك،
فرجاء الاتصال برقم الهاتف أو الاتصال على
العنوان البريدي العادي أو عنوان البريد
الإلكتروني أعلاه.

Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਸੰਖੇਪ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਲੈਣਾ
ਚਾਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ 'ਤੇ ਫ਼ੋਨ ਕਰੋ ਜਾਂ
ਉਪਰ ਦਿੱਤੇ ਡਾਕ ਜਾਂ ਈਮੇਲ ਪਤੇ 'ਤੇ ਸਾਨੂੰ ਸੰਪਰਕ ਕਰੋ।

Gujarati

જો તમારે આ દસ્તાવેજનો સાર તમારી ભાષામાં
જોઈતો હોય તો ઉપર આપેલ નંબર પર ફોન કરો
અથવા ઉપર આપેલ ટપાલ અથવા ઈ-મેઈલ સરનામા
પર અમારો સંપર્ક કરો.

Connect With Us

The London Assembly

City Hall
Kamal Chunchie Way
London E16 1ZE

Website: https://www.london.gov.uk/who-we-are/what-london-assembly-does
Phone: 020 7983 4000

Follow us on social media