

Scottish Maternity Engagement Project

Maternity Service Engagement Survey

Analysis Report

September 2023



**National
Services
Division**

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Background

The Scottish Maternity Engagement (SME) Project is a National Maternity Network led project, funded by the Scottish Government. More information about the Network and about the SME project can be found on the [Scottish Perinatal Network \(SPN\) website](#).

The term woman/women has been used throughout the SME project, and in this document, as this is the way that the majority of those who are pregnant and having a baby will identify. For the purpose of this document, this term includes girls. It also includes people whose gender identity does not correspond with their birth sex or who may have a non-binary identity. All healthcare services should be respectful and responsive to individual needs, and all individuals should be asked how they wish to be addressed throughout their care.

Stage One of the SME Project conducted two key pieces of engagement:

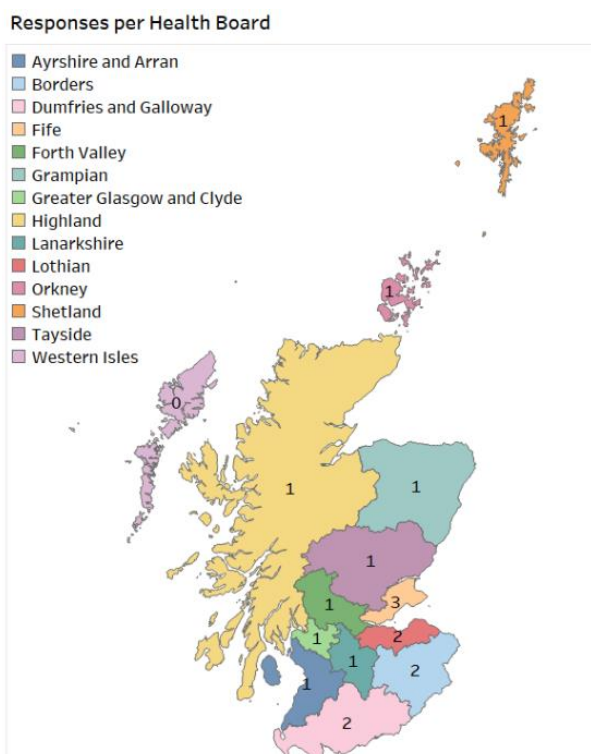
- Survey of engagement professionals in Boards (November 2022)
- Scottish Maternity Service User Experience Survey (February 2023)

The following is a summary of the findings from these engagements.

The findings informed a detailed business case that was submitted to Scottish Government to progress recommendations for improvements.

Survey of Engagement Professionals in Health Boards

An online survey was sent to community engagement professionals (whose remit may include maternity services) and maternity professionals (whose remit may include community engagement) - referred to here, collectively, as 'engagement professionals.'



Thirteen of the 14 NHS Boards participated in this survey. NHS Western Isles did not respond directly but responses from other Boards also covered services for Western Isles populations, so the information gathered presents a comprehensive national picture. The choice of any Board not to answer any question was assumed to mean it was not currently applicable in that area.

The aim was to gather information about the maternity engagement structures and approaches being deployed across Scotland, and the extent to which they varied and could contribute to geographical inequality of engagement and care provision.

Figure 1. Survey of NHS Board Engagement Professionals responses.

The survey also asked which third sector organisations Boards routinely collaborated with or signposted to maternity services users.

Existing approaches and suggestions were identified with the potential to be adapted, expanded and implemented nationally; thereby building on best practice and avoiding possible duplication of effort.

Engagement Professional Survey Findings

Existing Approaches

Engagement professionals described their approaches for inviting feedback (positive, negative / complaints or suggestions) from maternity service users. Each Board had:

- A Patient Engagement Team (sometimes by different names)
- Invested in the [Care Opinion](#) platform, and an Operational Lead and Executive Lead
- A formal complaints process, and other complementary methods through which service users could feed back and receive responses.

Other Methods Used by Boards for:	
Feedback	Complaints
Social Media and Feedback Webpage	Social Media and Health Board Webpage
Online Surveys	Letters and Email – In writing
Paper and Ward Questionnaires	Postnatal Review
Dedicated email address and MVP website	
Focus Groups	

BadgerNet	
Telephone/ Verbal Conversation	
Through Midwife – Community, Senior Charge or Chief Midwife	
In-person meetings	
Patient Experience/ Relations/ Engagement Teams	
Complaints and Feedback Liaison Teams	

Service users can also choose to access support from the independent third sector, [Patient Advice and Support Service](#) (PASS) at Citizens Advice Scotland. PASS supports anyone who uses the NHS to understand their rights and responsibilities as a patient in Scotland, and to advise those who wish to raise concerns, give feedback or comments, or make a complaint about NHS treatment in Scotland. This is a national organisation that is separate from general maternity services, but which can be accessed within a maternity service context. While PASS could have a role as an escalation pathway for services users, it was not recommended as the primary channel for maternity service feedback.

Maternity-specific engagement structure

Only four Boards described also having maternity-specific structure or resource: NHS Highland, Grampian, Greater Glasgow & Clyde and Tayside. Any feedback received by maternity services, unless given directly to frontline clinicians, was usually cascaded to maternity staff from general managers or clinical leads. Engagement professionals commonly identified strengths in the range of channels through which feedback from stakeholders could reach the NHS Board, but highlighted weaknesses in the infrastructure through which to appropriately respond to the feedback or escalate issues.

Maternity services and Care Opinion

All NHS Scotland Boards had implemented the [Care Opinion](#) platform. Care Opinion takes a value-led approach to [online feedback](#) and is [endorsed](#) by a Scottish Government subscription until 2026.

Each Board already had support infrastructure, in the form of Care Opinion Operational and Executive Leads, usually based within local Patient Experience Teams. Around 95% of feedback though Care Opinion receives a response, from these leads or other NHS staff.

More broadly, 12 out of the 30 Scottish Health and Social Care Partnerships also had full Care Opinion subscriptions, as did NHS Northern Ireland. Some third sector organisations used free, read-only, versions and could pay to upgrade to interactive functionality (costs are relative to size of the organisation).

Engagement professionals using Care Opinion had identified multiple benefits and recommended the platform. They did not mention any drawbacks.

Despite this, there was significant variation in whether and how it had been implemented in maternity services, which has the potential to exacerbate inequalities.

The project asked how maternity services users prefer to give feedback about their experiences, make suggestions and receive responses. This provided insight into how the national implementation of Care Opinion in all maternity services in Scotland would meet their needs.

Social Media

Engagement Professionals felt digital channels had been especially important during the pandemic and they had been exploring ways to optimise them. Every Board already used social media to communicate information to service users and half were also using it to collect feedback. Most Boards were using social media for maternity-specific communications to service users.

Every Board had established a presence on Facebook, often complemented by Instagram and Twitter, to communicate with a wider service user audience.

Most used it interactively, enabling service users to respond to posts and participate in surveys and polls. Accounts were most often run by Communications Teams, with help to moderate posts from staff in the relevant teams. One Board had disabled interactive functionality (to prevent its misuse during a period of high-profile service redesign.) Seven Boards also had maternity-specific Facebook pages. Responses followed five broad themes:

- **Communication** – how people like to receive and interact with communications from their maternity services.
- **Feedback** – how people who have used maternity services can currently give feedback about their experiences or make suggestions, and how maternity services respond.
- **Coproducing Local Services** – how past or current service users can find out about changes to their local services and choose to get more involved.
- **Influencing National Policy** – how past or current service users can find out about national planning and policy developments and choose to get more involved.
- **Tackling Inequalities** – opportunities to tackle inequalities in engagement with service users through collaboration with third sector partners.

Maternity Engagement Service User Experience Survey

The themes listed above were expanded and explored through the subsequent Maternity Engagement Service User Experience Survey; thereby ‘user-testing’ the approaches and suggestions of engagement professionals with women who had used the services.

For clarity, the survey did not ask about women’s actual experiences of maternity

care, such as whether they had the antenatal care and birth experiences hoped for. This project was interested in engagement mechanisms, not service provision.

The survey and supporting guidance were disseminated by the SME Short Life Working Group (SLWG) members, senior colleagues in Boards and third sector to women and their partners or families who have used NHS Scotland maternity services in the past five years. The survey as it was distributed, with questions and answer options can be found in Appendix 1.

Purpose

The survey aimed to:

- Ask about what mechanisms could be put in place nationally, so that future service users will be able to easily engage with maternity services and provide feedback if they want to.
- Ask how service users would like to find out when service change projects are happening and about getting involved, and whether a national NHS forum to help facilitate peer support would be useful to them.

Limitations

It was accepted from the outset that the populations likely to be reached by a digital survey approach would not reflect the full spectrum of the childbearing population in Scotland. Analysis of responses to the equality and diversity questions (see Appendix 3) about gender, age, illness and conditions, ethnicity, sexual orientation and religion and belief confirmed this limitation of the survey approach. At this first stage of the project this limitation was accepted, recognising that implementation of a broad national framework and minimum standards for maternity engagement would be unlikely to meet the needs of all populations from the outset. Improvements would therefore need to evolve incrementally, including further exploration of the diverse needs of all maternity service users during that process.

Methodology

Duration: 29 February to 22 March 2023

Online Survey Format: Microsoft Forms

A qualitative approach was adopted for this survey as it was vital that women were able to describe their suggestions, experiences and to have a say in their own words. Selection of a digital survey aimed to achieve broad national reach. Despite the limitations described above, the information gathered was very rich.

For the purpose of this report, professionals asked to signpost the survey and encourage and support women accessing their services to participate (SME SLWG members, third sector and strategic partners) will be referred to as survey 'Facilitators'. A toolkit was provided to support them to do this.

Facilitators checked calendars for group meetings or clinics where it might be easy to support women who may need help to participate. They were asked to print copies of the survey for women not comfortable with an online format and take a photograph of completed surveys and return them by email (or input the information digitally on their behalf.)

Facilitators were also asked to consider whether they would like to provide insights from their own experience, as advocates for the interests of the women who access their services.

Questions

The survey included a total of 27 questions (see Appendix 1), some of which offered multiple choice options; others required one answer only. The majority carried a 'Prefer Not to Say' option and open text boxes for respondents wishing to give more information.

Respondents were notified that all feedback would be treated confidentially and anonymously and would be collated, analysed and incorporated into the final business case for a new national maternity engagement framework, which would be presented to the Scottish Government in April 2023.

The service user experience survey closed on 22 March 2023 and participation was voluntary. Responses have been broken down here into five sections, aligning with the themes identified from the survey of Engagement Professionals.

Service User Experience Survey Findings

1. About You and Tackling Inequalities

Q1-3. Using maternity services in Scotland

The SME Service User Survey received 337 responses, 329 of which (98%) were from pregnant women. Three were from partners of pregnant women, 8 from friends or relatives who had supported them to access maternity services and 5 respondents identified as 'Other'.

261 respondents (77%) had lived in Scotland from birth and 62 for over five years. It was assumed that at least some familiarity with NHS services was likely to develop in parallel with duration of residence in the country. The remaining 16 had lived in Scotland between one and five years and none for less than one year.

Responses to the equality and diversity questions (**Q22 – 27**) demonstrated that the survey disproportionately represented non-religious, heterosexual women aged 31 – 40 with no health conditions or disabilities. A summary is included at Appendix 3.

The project actively sought to better understand the populations likely to be under-represented in the data collected. However, more work will be required to understand and respond to the requirements of seldom-heard-from groups, for example, the travelling community, asylum seekers, those with complex social needs or protected characteristics. The responses to these questions also exposed more

about who would be ‘missed’ by digital engagement and the need for complementary approaches.

2. Feedback

Q4. If you had a good experience of maternity care, how might you like to give positive feedback?

Respondents were asked how they would prefer to give feedback following a positive experience of care. Figure 2 presents preference measured by the number of times each option was selected from a list. As this question allowed multiple responses, percentage was not an appropriate measure.

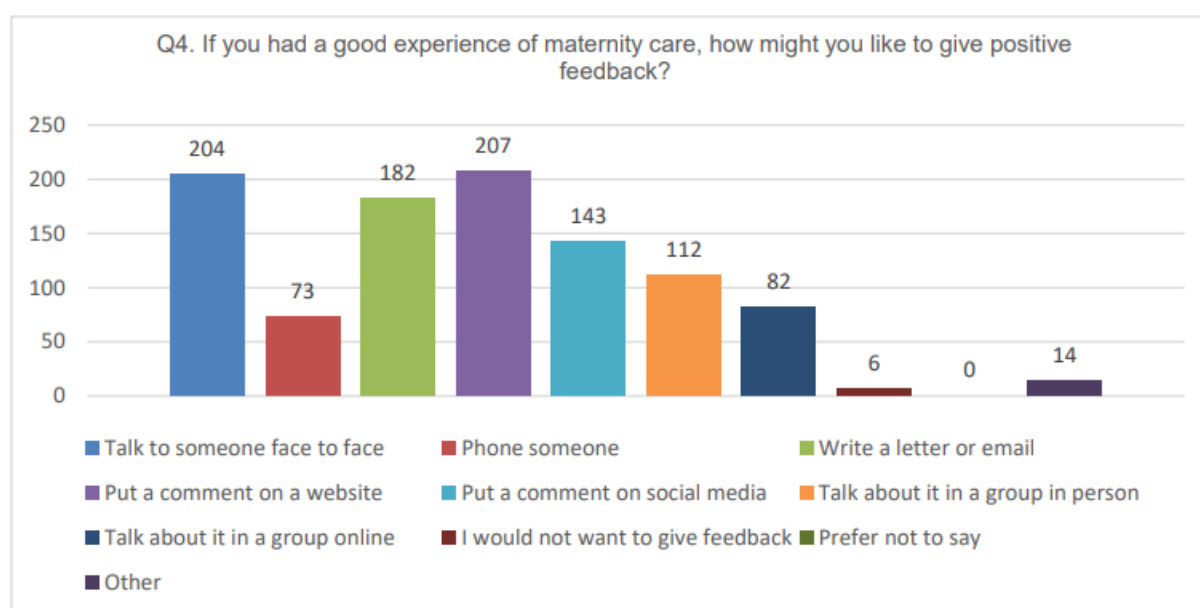


Figure 2 - Question 4

In addition, 5 respondents helpfully suggested an “online questionnaire, survey or form” could be signposted on women’s portals on BadgerNet, in the Baby Box and via maternity units.

Q5. If you had a bad or worrying experience of maternity care, how might you like to give negative feedback?

Preferences changed depending on context of the feedback, with ‘Write a letter or email’ becoming most popular (up from 182 to 253) for negative feedback. ‘Talking to someone face to face’ remained popular with 214 responses. Respondents became more likely to ‘Phone Someone’ (up from 73 to 118) to give negative feedback (Figure 3 below).

‘Put a comment on a website,’ the most popular way to give positive feedback, was much less popular when the feedback was negative (down from 207 to 93). They were also less likely to put a comment on social media if the feedback was negative

(down from 143 to 46), talk about it in a group in person (down from 112 to 69) or online (down from 82 to 64).

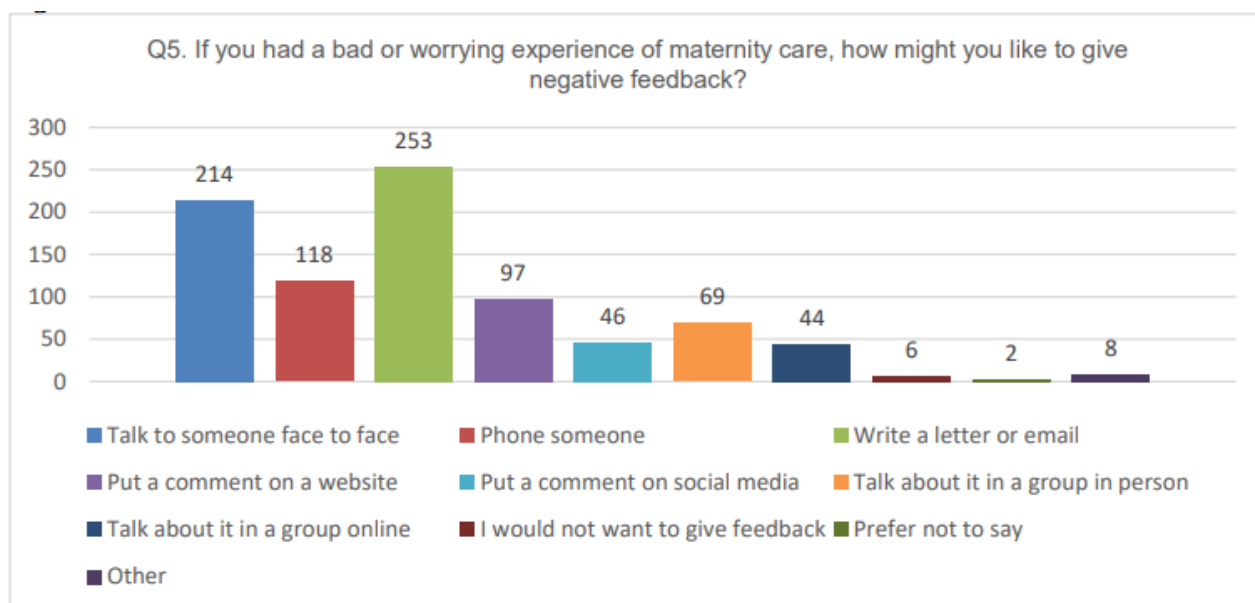


Figure 3 – Question 5

Q6. If you gave feedback about your experience of maternity care, how important would it be for someone to contact you to say thank you or respond to your feedback?

Respondents were invited to select all that applied from multiple options. As this question allowed multiple responses, percentage was not an appropriate measure. Of the 646 responses to this multiple-choice question, almost two-thirds (212) said that it would be important to receive a response if the feedback was negative. Comparatively, just over one third (121) felt this would be important if they gave positive feedback. Only 44 felt that responsive feedback was not important to them, but 106 caveated that it would depend on what the feedback was about. Maternity service users may be more comfortable giving positive feedback in public or group forums but prefer more personal approaches for negative feedback.

They were clear that if maternity services would like them to feed back about their experiences, and assuming women chose to do so in an identifiable way, they would reasonably expect reciprocity and responsiveness from their service providers. This would be more important if the feedback was negative.

3. Communication

Q7 – 11. Using Support Groups

Respondents overwhelmingly preferred to receive communications directly from a midwife or other professional. They referred to these interchangeably and did not appear to differentiate whether ‘professionals’ were from the NHS or third sector. Two-way communication opportunities were clear from individual and group

interactions with professionals and with other parents which exceeded their defined purposes. Antenatal education classes and breastfeeding support groups (NHS and third sector) were referenced most often.

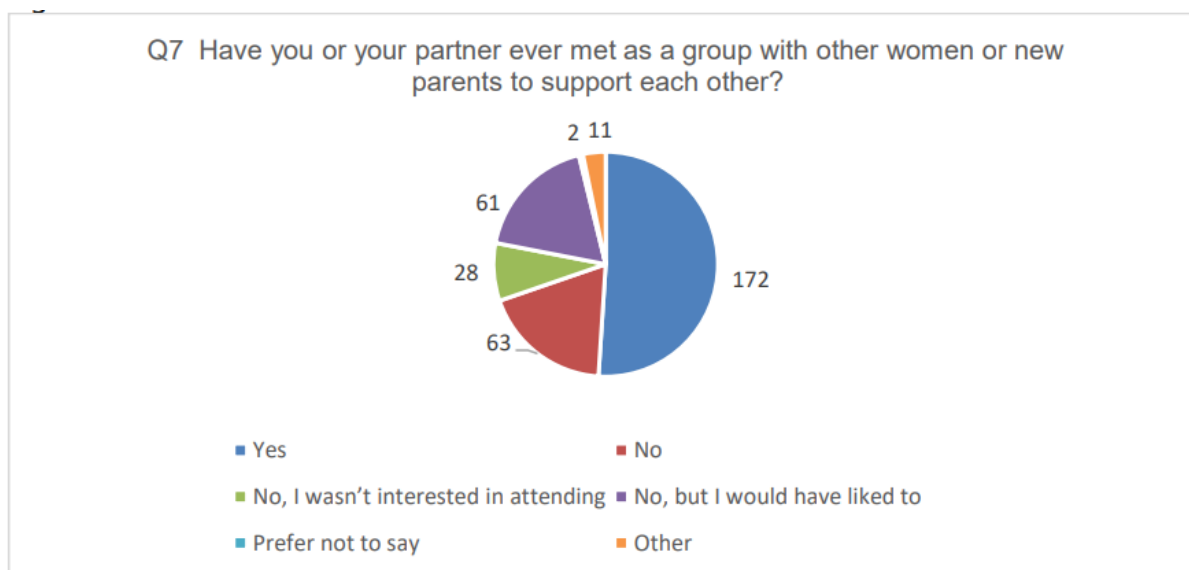


Figure 4 – Question 7

The COVID-19 pandemic had reduced opportunities for individual and group communication, and engagement professionals confirmed they remained below pre-pandemic levels.

Respondents wanted in-person and digital group support options, which were welcoming, financially inclusive and available at locations and times practical and convenient to them. These were likely to be especially valued by pregnant or new parents living in remote and rural areas or more at risk of social isolation.

They provided rich, detailed free-text information about their unmet needs and preferences for group support activities. These have been summarised at Figure 5 below.



Figure 5 – Factors that contribute to a successful support group.

Of the 172 respondents who had accessed support with other women or new parents, 41.25% (139) told us about their 'favourites' across Scotland, which include:

- [Book Bug](#)
- [Breast Buddies](#)
- [Breastfeeding Café](#)
- [Breastfeeding Network](#)
- [Buggy Fit](#)
- [Bump Buddies](#)
- [Community Mothers](#)
- [Home Birth Team](#) (various, across Scotland)
- [Infant Feeding Team](#)
- [LATNEM](#)
- [National Children's Trust](#) (NCT)
- [PEEP Ante-natal Support](#)
- [SANDS](#)
- [Twins Trust](#)

Respondents said they would like more antenatal classes intended to support them to prepare for parenthood. They thought these classes should be professional-led, offered from around 36 weeks' gestation, and include sessions on; breastfeeding, making formula, collecting colostrum, changing nappies, bathing, mental health, safe sleep (for baby) and dealing with lack of sleep (for new parents).

Respondents consistently told us they needed access to group support options which could fit into their lives, and they had found current approaches too fixed, limiting and not sufficiently person-centred. There were three main areas where they needed more flexibility:

- Timings

Respondents explained that early mornings could be good during pregnancy but difficult with a small baby, while evenings could be better for working parents and for fathers and partners too. For the same reasons, they suggested we should have included lunchtimes and weekends as options.

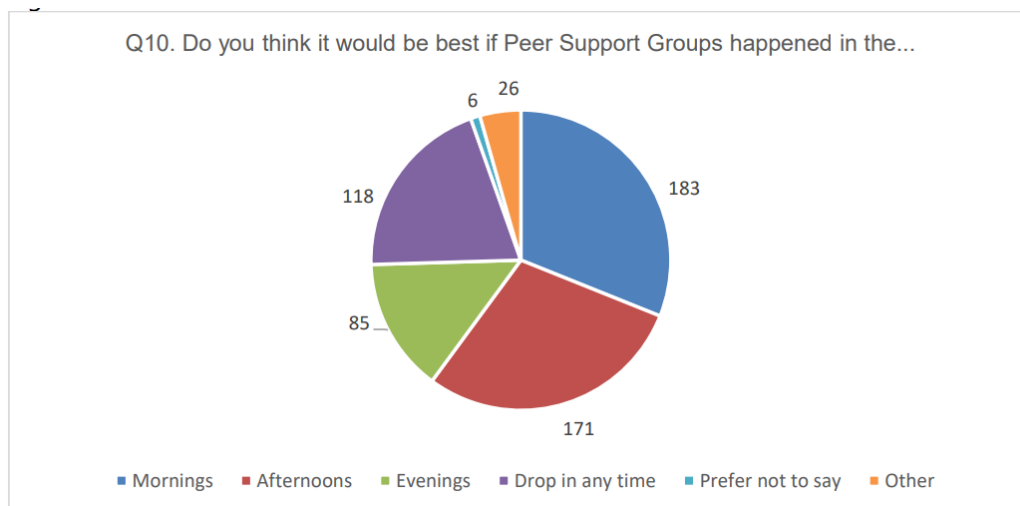


Figure 6 – Question 10

- Locations

Respondents broadly felt that accessing peer support at their maternity unit would be an acceptable option during pregnancy, perhaps coinciding with clinic appointments and with other parents at similar stages of pregnancy.

Most did not think returning to their maternity units after the birth was a good idea, especially those with difficult birth experiences. Several considered the prospect of driving and parking, or travelling in general, with small babies, to be prohibitive and preferred local community options. They suggested community cafes or drop-in baby-clinics for weigh-ins, with free teas and coffees and dedicated social areas for play events and more private peer support discussions. These things could be even more important for pregnant or new parents living in remote and rural communities, or more at risk of social isolation.

In summary, in-person group support options should feel welcoming, promote financial inclusion and be available in practical and convenient locations.

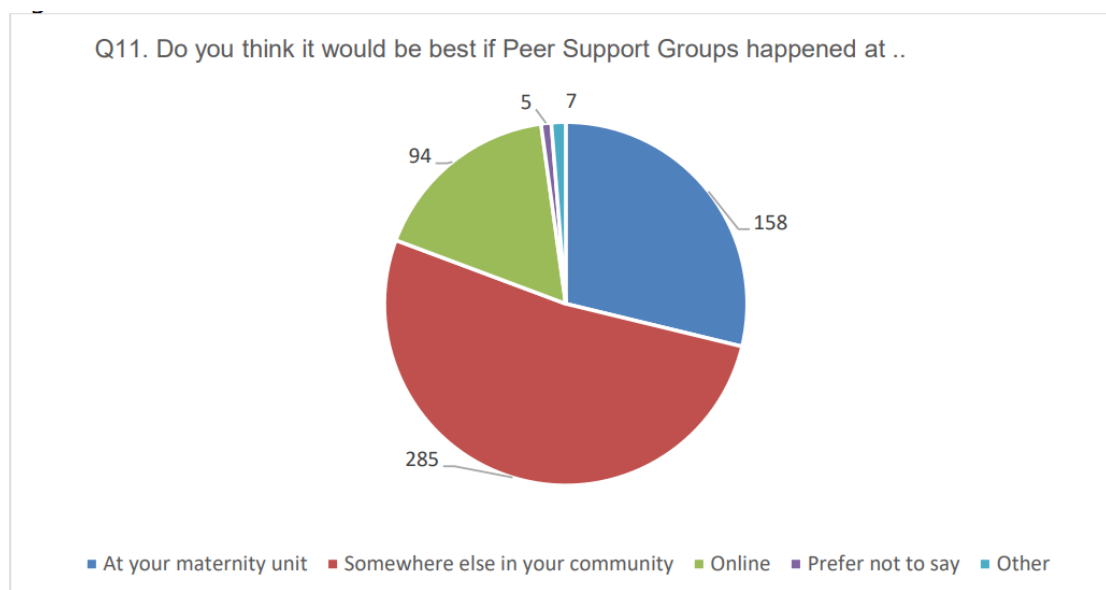


Figure 7 – Question 11

Respondents were clear that they usually preferred face to face options. Those who missed out on face-to-face antenatal classes due to COVID-19 were very keen they be reinstated. However, there were keen to have complementary digital options as well, such as peer support groups via Teams, Zoom or WhatsApp with options to ‘web chat’ with healthcare professionals or ‘quality assured’ peers. They thought drop-in sessions could perhaps be more practically delivered online, within defined hours, as this could be more accessible for parents with young children (when getting anywhere for an exact time could be tricky). They wanted reassurance they were never completely on their own, even through the night, and suggested a ‘chat bot with reliable answers’ might help.

- Barriers to Accessing Support Groups

108 respondents told us in their own words about barriers they had experienced in accessing group support (separate to the COVID-19 restrictions which had impacted universally). Challenges in finding out what was available locally was another broad theme and there was need to improve how midwives’ signpost to groups.

Group approaches had at times failed to meet their needs due to: • Anxiety • Sensitivities around Baby Loss • Lack of confidence • Negative behaviours (other parents) • Poor facilitation (group leaders) • Traumatic birth / PTSD • Discomfort with large groups.

Respondents overwhelmingly preferred to receive communications directly from a midwife or other professional. They referred to these interchangeably and did not appear to differentiate whether ‘professionals’ were from the NHS or third sector. Two-way communication opportunities were clear from individual and group interactions with professionals and with other parents which exceeded their defined purposes. Antenatal education classes and breastfeeding support groups (NHS and third sector) were referenced most often.

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Q12 - 17. Using social media

Unsurprisingly, the service users who responded to the digital survey broadly represented a population with internet access. 330 respondents (98%) said they had Wi-Fi at home. Of these 330, 89% (300) also had internet access on their phones and 13% (43) (13% of the 330) also had internet access at place near to home. No respondents said they had no access to internet at all but seven felt uncomfortable about engaging online, either to discuss their pregnancies or more broadly.

Although neither digital nor health literacy can be assumed of these respondents, or service users more broadly, online platforms have clear potential as a communication tool for to explore. 257 respondents said they liked to received communications through social media. 43% (146) said they had used social media (or social network '[Peanut](#)') to talk to other women or new parents. 56% (191) had not and a few (5) preferred not to say. Of the 43% who had, the most commonly used were Facebook (77), Instagram (18) and WhatsApp (18), the [Peanut app](#) (18), [Baby Centre](#) (5) and [Mumsnet](#) (5).

More specifically, the majority of respondents (266) felt there should be an interactive NHS Maternity Engagement social media presence. 285 said it should be on Facebook.

Social media had potential to provide a powerful complementary channel for supporting parents, conveying information and promoting opportunities to get involved in local activities. However, it should sit alongside alternative channels for service users who prefer not to use social media.

Q18. Do you have other ideas for face-to-face or online group support options you think we should explore?

Due to the quantity and richness of answers to this question, they have been themed and included at Appendix 2

4. Coproducing Local Services and Influencing National Policy

Q19. When changes to maternity services are happening nationally or in your local area, how would you like to find out about them?

Respondents overwhelmingly preferred to receive information 'From a midwife or other maternity professional'. They also liked to receive information through 'Social

Media' or 'Updates on a website'. Some service users suggested they might also like to receive information via local newspapers, notes on BadgerNet App or posters in GP surgeries, medical centres and maternity units.

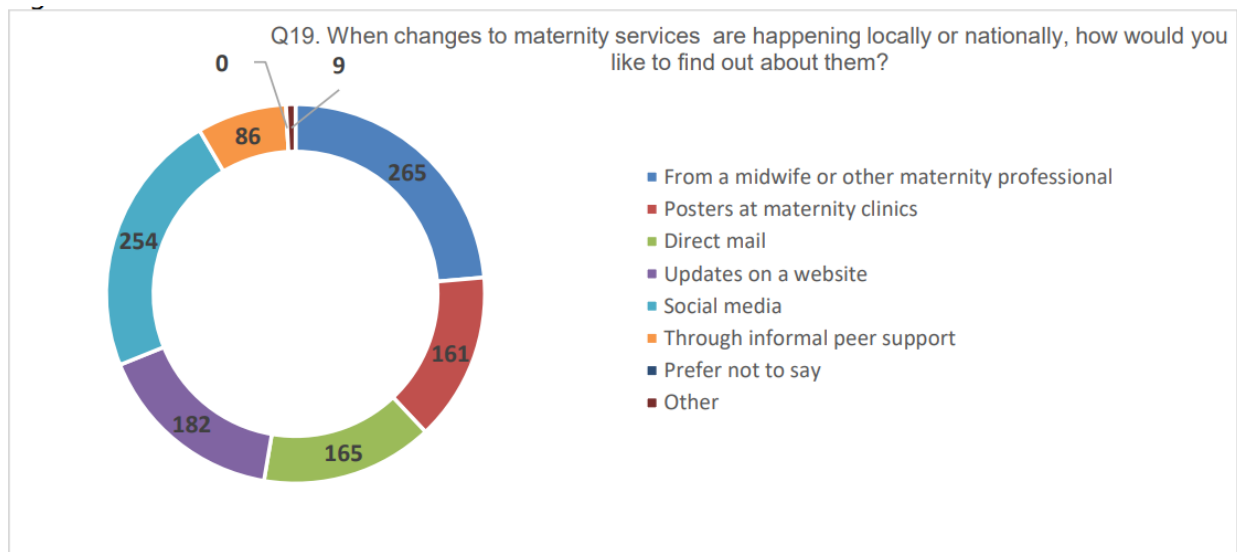


Figure 8 – Question 19

Q20. What would you like us to put in place so you could get involved if you wanted to?

All survey respondents answered this question. 59% (200) of respondents preferred to get involved by participating in a survey, and to receive a direct email 46.5% (157) liked the idea of joining a closed digital group. 38% (129) preferred to participate via formal in-person meetings, while 36% (121) preferred meetings to be online. wished to be 'invited to a formal meeting online'. 3.5% (12) respondents preferred not to say, while a further 3.5 % (12) selected 'Other' and suggested the way they would like to get involved would depend on the type of project.

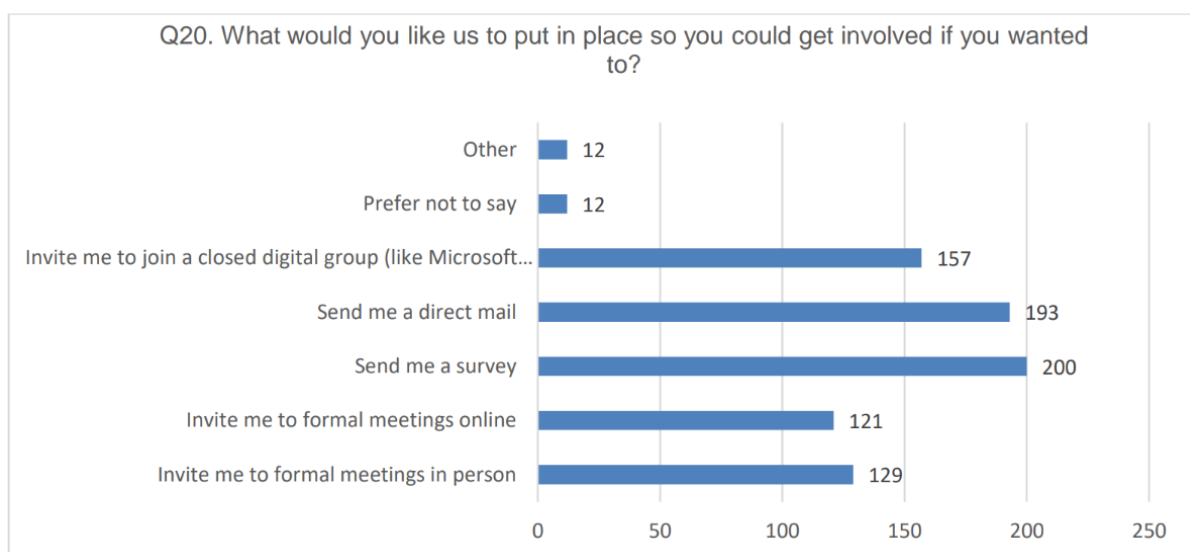


Figure 9 – Question 20

Q21. Do you have any other ideas you would like to share about how NHS Scotland could make it easier for women to engage with maternity services?

Due to the quantity and richness of answers to this question, they have been themed and included at Appendix 2.

Responses to **Question 22-27** (Equality and Diversity questions) can be found in Appendix 3.

Learning

The findings from these engagement surveys with maternity professionals and service users informed and were included in a detailed business case that was submitted to Scottish Government in April 2023 to progress recommendations for improvements. The learning will inform future work of the National Maternity Network including development of the Scottish Maternity Engagement Framework and Implementation Toolkit.

Appendices

[Appendix 1 – Survey Questions and Answer Options](#)

[Appendix 2 – Responses Question 18 + Question 21](#)

[Appendix 3 – Equality and Diversity Questions 22-27](#)