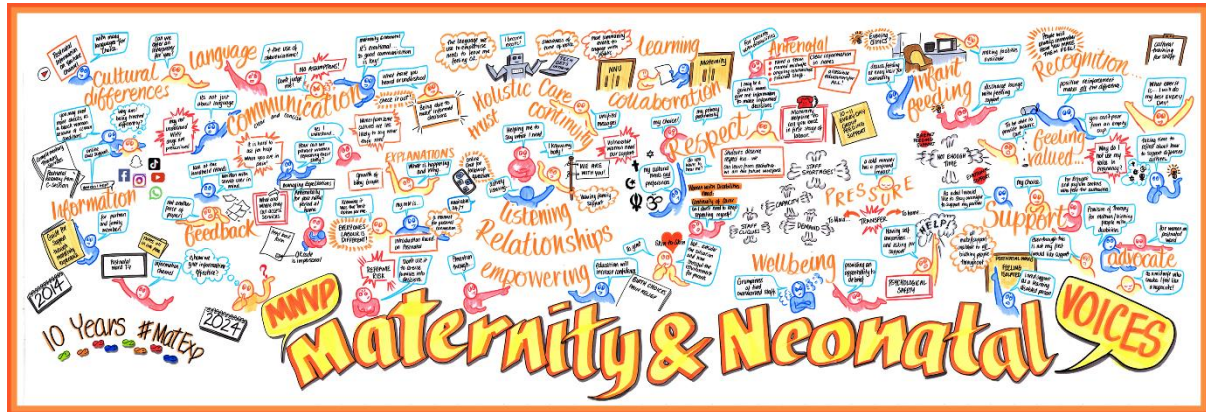




# St George's *Whose Shoes?* Event

9 May 2024 – St Boniface Church, Tooting



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## Introduction

*Whose Shoes?* Is an engagement and coproduction tool, to facilitate hearing the voices of many stakeholders involved in maternity and neonatal services. With a board game, scenarios and poems prompt participants and allow safe and enriching conversation. St George's Hospital has previously participated with *Whose Shoes?* through the creation of the Nobody's Patient scenario pack, pertaining to Neonatal Services, Bereavement and Baby Loss, and Maternal Medicine. The team thought the staff and community should have an opportunity to utilise the general game, too, allowing for conversations surrounding numerous topics of maternity and neonatal services. Information and feedback gathered throughout the event will guide quality improvement for maternity and neonatal services.

Invitations to the event were sent widely to the community, hospital staff, and local organisations and charities. As the event was held during the weekday, this did impact ability for some attendees, who were restricted by work commitments. Even so, there was a wide representation for the various sectors, allowing for varied and impactful conversation throughout the event.



## Overview of the day

The event was well attended with a mixture of stakeholders.

In total, we had 49 participants, from a variety of services and perspectives.

Stakeholders included: service users, St George's Hospital midwifery staff, student midwives, medical students, Happy Baby Community doulas, Wandsworth Care Alliance, ICB staff and



senior management, NHS England Service User Voice Representative, Breath Works Researcher, and more.

The day started with an introduction by Madeline Lenchner, who introduced the Natilla Henry, the Group Chief Midwifery Officer for GESH, who gave a brief welcome and emphasised the importance of Quality Improvement projects as it helps to shape the services and improve service delivery.

Next, Chelone Lee-Wo (Public Health Consultant Midwife, St George's Hospital) welcomed everyone with a *Whose Shoes* poem reading (Poem #11).

Florence Wilcock (Consultant Obstetrician, Kingston Hospital) gave the context and background of *Whose Shoes?* and introduced the game and graphic artist, Anna Geyer (Director, New Possibilities).

We then played the game! A full transcription of the themes discussed is included below. Discussion varied widely, but some of the key themes included: linguistic and cultural differences, supporting refugee and asylum seekers, improving communication with patients, continuity of care and documentation, improving multi-agency and cross-team conversations and collaboration, listening to patients and providing person-centred care, services under pressure and staff morale, technology-enabled care, and improving access to services and support. All notes have been included, even if duplicate. All notes have been categorised into different themes and categories for ease of use. This followed an in-depth description of the themes illustrated by Anna Geyer.

Following the description of the visual minute, Sarah Cook and Lina Abdela from Wandsworth Care Alliance gave a brief presentation about the impact of Perinatal Mental Health on families. A brief questionnaire was given to all participants to gather their perceptions of perinatal mental health and support services. The keep theme of this feedback are included below.

After the presentation by Wandsworth Care Alliance, participants were given an opportunity to make pledges from the events of the day. There were a large variety of pledges made. Angelina pledged to continue her work improving care pathways for mothers and birthing people with disabilities by collaborating to bring back the Getting Over the Bump service to support disabled service users in maternity care. A father pledged to sessions in the community where fathers made need mental health support as a peer-supporter.

## Wandsworth Care Alliance Themes for Improving Perinatal Mental Health Support

There were 30 responses in total.

Responses with similar themes were combined.



Slip #	What is needed to make things better?	How might you do something different in future?
1	More open questions when debriefing the birth experience ... “Is there anything worrying you?” “What is important to you?”	Explore creating/increasing digital platforms and events that families can access as they wish <i>The postnatal support group created by the hospital may not be GDPR compliant</i>
2	Services need to respond to demands effectively, ensuring face-to-face contact and continuity of care	Ensure that there is a personalised care plan with a psychological component
3	More support groups for men	Open up pathways for men who are struggling and providing maternity support groups for fathers only
4	Better mental health services	Ensure that mental health complications are not generalised and that the right agencies are available
5	Noted that it is difficult to make things better when outside/external factors play such a big part <i>Similar with the outcomes of the healthwatch report which highlighted housing as a major problem, cross agency work</i>	Discussing what to expect at earlier stages in the pregnancy ( <i>creating the birth plan at an earlier stage than the current 36 week mark</i> ) and how negative feelings and thoughts might occur and what to do
6	Increase mental health training for all staff members implicated in the birth pathway (midwives, health visitors etc.)	Work in partnership with other agencies
7	Listening to concerns	Establish a professional network



<b>8</b>	Improving continuity of care	Making sure that there are professionals that are dedicated to overseeing (new) mental health complications and making sure that there is follow up <i>There is already a birth trauma clinic but it is very oversubscribed</i>
<b>9</b>	Improving the accessibility of information to everyone	Information sharing in different languages
<b>10</b>	Allocating dedicated time in appointments to sufficiently explore the mental health complexities of service users	Making routine enquiries into their mental state
<b>11</b>	More support groups	Establishing holistic care package for women and their families
<b>12</b>	Beginning to give information on mental health within the first week of gestation	Help create networks where mothers can meet with others that are in the same gestation week as them
<b>13</b>	Increasing flexibility	Providing information to partners and extended family members on how they can better support the women <i>Can help alleviate some of the pressure</i>
<b>14</b>	Relationship building - establishing what continuity of care looks like in this trust	Group antenatal checks and additional sessions addressing specific ( <i>cultural</i> ) issues to help build social support
<b>15</b>	Increasing the diversity of support services	Self-assessment services, virtual support, self help information, self referral



(Photographed above: some of the participants at the end of the St George's *Whose Shoes?* Event)

## Pledges

All of the pledges are transcribed below, illustrating the varied and important commitments made by attendees as a result of the event.

- “To facilitate a postnatal care team of midwives to care for parents and mums in NNU and SCBU. To develop birth options clinic to include an obstetrician a joint clinic for those with complicated needs”
- “Communication skills – speaking, writing. Using our values = empathetic”
- “To improve access to maternity services for women and families with language and cultural barriers. To ensure that women who lack English language and literacy feel heard and seen”



- “Look into starting the process of creating short videos and reels explaining the medical jargon that women see in notes”
- “Share learning information and resources around caring for refugees and asylum seekers across SW London”
- “As a male employee who will be working on the maternity wards, I pledge to better my knowledge of the different kinds of services that are available to patients other than my own”
- “To continue to be supportive of my fellow students, my service users, and my supervisors where possible. To be willing to learn and gain new skills to help me with my progression within the maternity career”
- “To continue to find ways to play a part in improving maternity care for mums and birthing people with disabilities”
- “Improving antenatal education for women with learning impairments and disabilities. Get the over the bump clinic back up and running”
- “I pledge to amplify the black and brown mother's voices in medical education. I pledge to not make patients feel rushed when consulting with them. I pledge to not use abbreviations with patients”
- “To actively seek out the smallest voices in our community and ensure they are heard”
- “To attend sessions or groups where new fathers may need advice and support. To share my experience and help other fathers who may need support”
- “To create a new way of continuity of care in antenatal clinics. To discuss with my manager or sister in charge how to collect feedback from pregnant women and their families to be able to improve their care”
- “I will advocate for more (all) - I'm a STMW, I will ensure that women receive the best care whilst maintaining a healthy work life balance”
- “I will provide space for birthing people to talk and disclose how they're doing and what they need from the service”
- “To start and create ‘our stories’ sessions for students and staff. To learn and be inspired by each other's stories”
- “More aware and treat women holistically. Do the best that I can do with the resources I have at hand”
- “Communicate better. Ask for clarity instead of assuming”



- “We have a network of local charities supporting children and young people and parents. Would services be interested to connect send us some info we can share with them?”
- “Don't be a robot! Make staff well-being a priority”
- “Be more aware of how I come across to people, for example body language, tone, mood, etc”
- “Work in collaboration with maternity and neonatal staff for better learning outcomes. For example shared learning for infant feeding study days in house”
- “I will be more proactive/empowered in supporting new placements And experiences for our midwives of the future so that they can bring change with them”
- “Implementing social media communication to allow as much as people possible to find the right resources for them. Creating regular videos about the support we can offer to our patients”
- “To hopefully take part again in these events. It was enjoyable hearing the thoughts of various backgrounds. How we can improve the service together from staff to patient is a great way for a better result”
- “To learn a new language to support women with English not their first language”
- “To actively listen to the women, giving them the space to use their voice and be able to advocate for them when they may feel they can't”





## Transcription of Post-Its

Below we have transcribed the post-its representing attendees' views. These have been categorised according to a number of main themes. There is a lot of overlap across the themes, many of which are interdependent. However, the most prevalent themes were listening to patients and families, improving communication with patients, and staff morale and wellbeing. This highlights an interest in improving person-centred care, linked with a desire for better staff outcomes and wellbeing. Please note, these are verbatim transcriptions, which may include abbreviations or grammatical errors to stay true to how they were written.

Emerging Themes	Number
Listening to patients & families	34
Improving communication with patients	24
Staff morale & wellbeing	20
Technology-enabled care	17
Improving patient education and knowledge-sharing	15
Continuity of care and documentation	12
Improving access to services & inclusion (eg. Feeding)	11
Linguistic and Cultural Differences	8
Supporting refugee women and birthing people	5
Improved access to Advocacy & Emotional/Mental Health Support	5
Patient's Right To Privacy and Confidentiality	4
Improving multi-agency and cross-team conversation & collaboration	3
Services Under Pressure	2

### Patient's Right To Privacy and Confidentiality

- Privacy for postnatal
- Redesign the room so bed ends do not face the door
- Vulnerable women- confidentiality, allow space to disclose abuse, mental health, previously known to the social care system- referrals- should be to vulnerable women's team not domestic violence midwife

### Linguistic and Cultural Differences

- Other cultural training for staff
- Can you offer an interpreter or other support in a way that helps people accept it we're very happy to do this it's free
- Hard to think of other cultures and needs when busy but could perhaps debrief after  
Because example black women are more prone to some things they are given more checks they may not understand why and feel treated differently



- Cultural background not only language as may not understand example why drugs are prescribed
- Women (from other cultures) didn't understand what's happening- so hard to ask for help especially when in pain
- Need to understand that women from some cultures are less likely to say what they need, will say yes if they don't understand to be polite
- culture- what if only a male doctor available or other challenge to cultural needs and preferences
- Introduction to postnatal ward video to explain postnatal care in different languages

## Supporting refugee women and birthing people

- if able to make links to where they came from or go to can share info networking/relationship beyond tech
- Start at antenatal clinics where they are IE in the hotel and free at point of care but may be charged later
- Fear of authorities so can use the same identity's need to assure them
- Need communication to understand Healthcare is free and what plus where they can access
- Language line Portugal are no confidentiality

## Improving communication with patients

- seeing insensitivity -Could colleague say are you OK? do you need a cup of tea? so being an active bystander
- Judging women- needle phobic but you have so many tattoos!- obese women judged- focusing on outside appearance
- Midwives make you feel like a hypocrite
- Maternity and neonatal highly emotional places make communication even more key
- Introductions take a moment for personal connection even in emergency “hello my name is Jen I'm dealing with your bleeding issue what shall I call you?”
- I hate patients being called ‘mum,’ ‘sweetheart,’ ‘darling,’ Treat them as the individual they are
- Communicate what's happened and respond to feedback with timeline
- Listen and be supportive to women provide holistic care reassure and support be aware of the tone of voice when answering calls on delivery suite
- Job of maternity staff to make women feel they are with them and supportive even if the women are militant example anti medical
- For my first baby I had a young student midwife great at putting people first, at shift change the older grumpy midwife seismic shift in the birth
- We would alarm will provide us- may be ill equipped to give evidence based information women need to be risk affected eg may have three previous caesarean births opts for natural delivery
- First encounters make the difference the tone on the phone



- Communicate to women the reason why bed is required with postnatal women waiting to be transferred to the postnatal ward
- More learning about negative language 'language workshops' or sheets (failed 10C etc)
- Pain relief info need conversation ahead of labour -36 weeks too late need to discuss birth choices earlier
- Clinic times are short leaving only a couple of minutes to complete the notes need to use abbreviations
- Notes for service users not professionals
- Comms- even in an emergency is a way to convey key info but good to have interpreter immediately plus later as after if wanted
- We have a choice of what we will and will not allow regarding the care we receive
- Keeping patience always updated and involved about their situation especially as a busy day because the right way to communicate can avoid anxiety complaints
- Robot-lack of emotional intelligence, tech is a barrier
- lack of emotional intelligence amongst some medical staff
- Cold manner- hard to pinpoint feels pathetic to say but has a profound impact
- The power of words 'it can feel like a punch in the face'

## Improving patient education and knowledge-sharing

- Smoking and use of alcohol at every AN check
- Offering more support or guides to partners and or family members involved in the pregnancy journey
- Managing expectations antenatally of postnatal care ratio /preparing for home
- Reframe risk 99% everything will be fine versus % things will go wrong
- Explanation as you go along
- Use abbreviations with caution for example DOA equals position of baby direction occipito-anterior and for medics DOA equals dead on arrival using A&E
- common theme- women report no explanation given about graph of the growth of baby involving a scan
- Notes aren't written in plain English (there is a glossary but forget to signpost)
- Abbreviations- should be in full and encourage women about meaning of abbreviations at the back of the book if used full word used and the abbreviations
- Comms- learn from teaching example ask women to reflect back what they've heard /understood
- Information and listening to women slash birthing people
- Prevention by empowering mothers EG education to increase confidence
- clear explanation of medical terms
- accessible antenatal education for all
- Midwives also feed into women going and doing research - may encourage it

## Improving multi-agency and cross-team conversation & collaboration

- Lots to learn from neonatal unit work towards neonatal unit and maternity collab share learning and finance



- More community events to engage with the public can improve our services and give people the opportunity to give feedback in a friendly environment (like this event)
- Please stop the clique culture between staff do you have something to share please say it in a mutual language

## Continuity of care and documentation

- Information - such a difficult balance and individual how much and how much detail continuity of care helps
- Information needs to be consistent across different professionals
- Repeating story notes don't capture details - can we have a front page of what you need to know? what's important to me?
- Unified messages
- Could some obstetricians improve how they give information midwives have to pick up pieces but also some are already excellent at this
- Consistent continuity postnatally and antenatally
- Either continuity for everyone or for no one – equity
- Thorough handover to tackle patients having to restate her history
- Continuity is key when it works
- continuity of care would help build trust and open up ability to say what they need
- Bridge the gap between GPs and midwives and early conception advice
- Women with disabilities - continuity of care minimises repetition of history, ensure rapport is built, continuity allows women not to constantly repeat things they don't want to talk about

## Staff morale & wellbeing

- Personalised and individualised care is very rewarding for midwives but also nervous if feel woman needs something more medicalized
- Recognition-its the positive reinforcement that makes the difference
- Understanding need- stop feeling valued to promote holistic care, not pouring out from empty cup
- self-awareness understanding asking for support
- acknowledge when you are tired - psychological safety and ask for support
- Students deserve respect to- we can all learn from each other
- Dissatisfaction as a result of pressure, capacity and demand
- provide opportunity to debrief and reflect to ensure OK afterwards
- midwife handover- personal life, family, long hours, short staff
- Barrier- work overload
- Student midwives and practitioners our future workforce
- After years of working can forget the passion to support choice etc may wonder why newbies responding to bells etc older staff see it as a waste of time
- As a student were encouraged to speak but I don't think people want to hear
- Midwives feeling compressed mutual understanding each different role
- 'my role is not who I am'
- Whatever it is I will do my best each day



- Postnatal staffing ratios, introduction round
- Senior staff and leadership need to keep morale up
- Staff feeling valued, not pouring from empty cup, feedback from on postnatal ward- Personal way of collection not QR code
- Support for Staff using the service- if had experience may find it hard to go back to work

## Services Under Pressure

- 32 ward beds pressure transfer from delivery suite
- Shortage of staff- lactation, breastfeeding support workers, advocacy

## Listening to patients & families

- Society has excluded more geriatric moms - empower women to make informed decisions
- I have a voice but in pregnancy for some reason I don't or can't use it
- Don't repeatedly enforce risk to coerce families into decision
- Recognising that the choice is the woman's with support makes huge difference to the experience
- I've had babies before but I'm not an expert I still would like support
- Listening- act
- Routine questions (re, domestic violence)
- Everyone's labour experiences different - actively listening to patients
- Listen - people will always remember how you made them feel - Maya Angelou
- Maybe feel judged by lack of listening skills from the woman
- Offering choice- what works for people if want evening clinics due to high rate of DNAs
- Mode of birth doesn't matter as long as the family and woman truly feels it was the best option
- Allow the woman or birthing people to make informed choice of their care
- Respect mothers choice
- I know my body please don't tell me I am not labouring and to stay at home
- Encouraging women to speak up about grumpy staff will help
- Empowering matters, Continuity of care
- Why do women have to repeat story? No time to read before appointment, lots of different record systems, lack of continuity of carer
- Offering choice- what works for people if want evening clinics due to high rate of DNAs
- Making informed choice explaining two mothers in growth scans
- Dads are important/partners
- Communication- listening 1st and make sure patient can express their feelings and worries -take time for them
- Women can ask for a different midwife but many feel scared to do this. So sad when should be cocooned.
- No assumptions



- Having family support plays a huge part in making the decision to have kids
- Isolation- on the postnatal ward, learning disabilities need the support
- dads perspectives- would like to continue to stay overnight to support their partners
- Balancing empowering women and realistic information
- Making informed choice explaining two mothers in growth scans
- remember 'we are with you' make women feel like that
- pre pregnancy interactions with doctors and healthcare staff can be disempowering - what is the woman's background? Baggage?
- respect ↔ empower informed choices and so on
- Even as a midwife I became a patient and couldn't speak up
- Skin to skin-it's great that staff encourage it but every situation should be considered IG if a baby is in special care unit could be stressful for parents

## Technology-enabled care

- Maternity helpline staff- to call women back to ask about the progress of labour for EG in six hours- sadly this does not happen
- on line chat support for parents providing 24 hour support for queries and concerns
- Encourage women to read the handheld records and user friendly
- Disjointed IT systems
- Documentation in one place to reduce missed information an variation
- Loss of [medical] notes - need one system for notes or at least talk to each other
- Not another piece of paper! What about videos QR codes different learning tools
- Language and abbreviations- explain use for time not to hide info, first use person could explain, Have glossary on website with QR code and link, for staff but also for patients, women, service users, be mindful!
- The use of technology in providing postnatal information in video for YouTube
- Online chat support for women
- QR codes TikTok Instagram YouTube channel podcast padlet
- Universal system all documentation accessible, ask! asking about any disabilities have a place to record disability so everyone can see
- Callback service for those in late and stage advised not to come in yet, Example I don't think you need to come in just yet but someone will call you back in X hours
- Introduction to postnatal ward video or handout what to expect /feeding /discharge
- Clarity of learning in notes include in antenatal classes short video on Instagram or website not just in hospital.
- Postnatal discharge video on YouTube with subtitles and different languages
- Online chat for non-urgent queries example I didn't understand what I was told at my scan

## Improving access to services & inclusion (eg. Feeding)

- Make it easy for women to refer themselves in early pregnancy
- Invite birthing people to all support available during pregnancy and throughout postnatal period



- Discuss the feeding support at every visit for continuity
- Infant feeding facility is for every mother or birthing person
- Group feeding support on ward 10-11 every day
- Discharge lounge with feeding support
- Antenatal classes for those with disabilities, need team, case load, named midwife, on-going training, established relationship with trusted team
- After C-section sent home and no info on how to recover effectively
- Complementary therapy services antenatal and induction of labour
- TU's in postnatal ward with advertising information IE breastfeeding room
- When fasting for glucose tolerance tests screening evening clinic may not be practical due to the effect of fasting on the women

## Improved access to Advocacy & Emotional/Mental Health Support

- Not enough time- breast feeding experts for emotional support
- Women need an advocate on the ward, challenge midwives to allow the women to stay 2 reduce hospital complaints an possible post Natal depression
- Provision of therapy for mothers and birthing people with disabilities
- Need a 'play therapist' version in maternity- reaching out to outside sources like charities for funding
- Craft cupboards music therapist art therapy