



Jersey Maternity Voices Partnership
Annual Report 2021-2022

Compiled and produced by Co-Chair Emma Sykes

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1- A Word from our Co-Chair Emma Sykes

Since our launch in November 2021, the aim of 2022 has been about establishing ourselves, building on working relationships and contacts with partner agencies, building our presence in the community, and essentially figuring out to how to run an MVP!

From the seed of an idea proseed by the incredible midwife May Bourne, to having a tangible, working MVP took nearly two years (naturally not helped by covid). Some of the team weren't even pregnant when they joined up- now they have two year olds!

The setting up of the JMVP was almost akin to starting a business and we have had to learn quickly- a crash course in data protection, learning how websites and domain names work (with the expert advice of our invaluable tech guru JJ!), mastering social media, forging contacts and connections, learning how to budget, becoming data analysts, recruiters and trainers overnight. Not bad for a group of women who all work full time, with families and hobbies and 16 kids between them!

The original volunteers, and Co-Chairs in particular, put in countless hours of dedicated work to get to where we are today, and we should all be incredibly proud of that. Of course, none of this would have been realised without the support of the Minister, who secured us funding, Maternity and all of our partner agencies.

We are now in a position where we are starting to have a real impact and make a difference to maternity services on the Island. Further on in this report you will read about some of the projects we have been working on with Maternity and partner agencies, and how these are starting to bear fruit. We wish to thank everyone who has contributed this past year, particularly all our Service Users who have shared their experiences with us- without you, we wouldn't be able to make a difference.



Co-Chair Emma Sykes

2- Who We Are and What We Do

We are a group of volunteers (known as Service User Representatives) who work with women, birthing people and their families (Service Users) together with Maternity Services providers, such as midwives, doctors, and other health care providers, to improve maternity services in Jersey.

The JMVP is based on an NHS model which has been operation in the UK since 2016, with over 100 MVPs working with their local NHS Trusts. All MVPs are supported by the National Maternity Voices Organisation (nationalmaternityvoices.org.uk). The Jersey MVP was set up by local midwives with the backing of the Head of Midwifery and the Health Minister. We are funded by the Maternity Department to carry out our work, but we operate independently of them as a self-governing body.

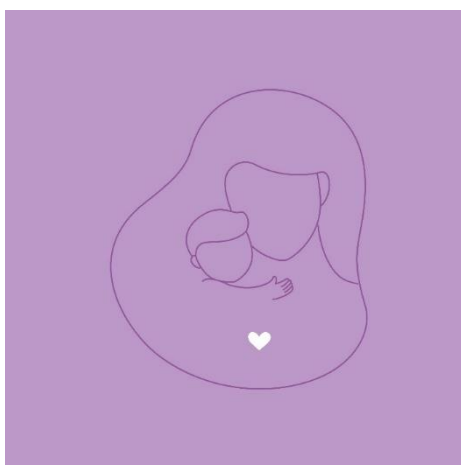
We collect feedback from Service Users, which we then analyse to identify themes and trends within the services. This includes all stages of the maternity journey, be it pre-conception advice, treatment and assisted reproduction, GP visits, any support and treatment for pregnancy (including baby loss), right through to post-birth and the Health Visitors.

We feed back to Maternity Service Providers through face-to-face meetings, presentations, newsletters, and posters. We will also conduct reviews to ensure that suggestions for change have been implemented and the results of these changes.

In July 2021, just prior to our official launch, Scrutiny published their review into local Maternity services. One of their key findings was that women and their families wanted to have their say about their maternity care. Scrutiny welcomed the establishment of JMVP as a vehicle for gathering feedback, and recognized that we will enhance communication between the department and women, and to ensure continuous involvement of and feedback from Service Users.

As well as the Maternity Department, we work alongside the Community Midwives, Health Visitors, Family Nursing and Home Care, doctors and consultants, mental health and any other services which relate to women, birthing people, their families, birthing partners and babies during their pre- and post-natal care.

Our mission and purpose is clear- to work alongside Service Providers to ensure that every Service User coming into contact with Maternity, no matter at what stage of their journey, is treated fairly, with kindness and compassion, with an expected standard of care at all times, leaving them feeling supported and happy with their experience at this most important and life changing time.



2022

Year in Numbers



641

FACEBOOK
FOLLOWERS



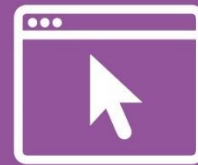
471

INSTAGRAM
FOLLOWERS



62

SOCIAL
MEDIA POSTS



735

WEBSITE
VISITS

1843

PAGE
VIEWS

3

SURVEYS
CONDUCTED
THIS YEAR

187

GENERAL
SURVEYS
COMPLETED



304

HOURS
WORKED BY
CO-CHAIRS



60

INDUCTION
OF LABOUR
RESPONSES

29

HEALTH
VISITOR
SURVEY



30

HEALTH
VISITOR CLINICS
ATTENDED



15

SERVICE USERS WHO
HAVE HELPED US
WITH OUR PROJECTS

4- Engagement- How Do We Reach Service Users?

Our main source of engagement with Service Users is either face to face, or via our social media channels and website. Service Users are directed to our website via our social media, and by leaflets which are given out in the Philip's Footprints maternity wallets, in Positive Birth's information bags, and at HV clinics (if the parent doesn't have time there and then to complete the survey with us).

We are looking at increasing our reach, with banners in Maternity and other strategic locations, plus posters and leaflets in GPs surgeries, Baby Steps, Parish Halls and other stake holders.

Social Media

JMVP run both Facebook and Instagram social media accounts. These are managed by the Co-Chairs and by volunteer member Emily Devon. Emily is a graphic designer by trade and designs and produces all of the JMVP graphics, giving our social media a consistent, professional look. For this Emily claims a small amount from the budget for her work, however this is far below what would be considered standard industry rates. Engagement is higher via Instagram than Facebook (more shares, likes and comments), despite having more followers on the latter.



Instagram: Followers- 471/ Posts- 62



Facebook: Followers- 641/ Posts- 62

HV Clinics

Family Nursing and Home Care operate the Health Visitor Service, providing check-ups and advice to new parents, and conducting growth and development checks up to the age of two years. They run three drop-in sessions a week at different locations around the Island, where parents can attend to have their baby weighed and measured, and talk to the HVs about any concerns they may have regarding their child. These sessions are very well attended, and are an excellent source of data for us. Depending on how many volunteers are at each session, we can gather between 3-8 feedbacks per session. We also find we are accessing a better cross section of our society via the clinics, such as fathers, people from a minority demographic (Portuguese, Polish and Romanian), and younger mothers, who otherwise might not fill out our survey online.

Number of HV sessions attended in 2022- approx. 25

Coffee mornings

In 2022 we trialled coffee morning drop-ins for parents to attend to give feedback. They were advertised on our social media and offered free coffee and cake for all attendees. We held three of these events, over different weekends at the start of year. Unfortunately they were not very well attended. This was likely to be a combination of factors- weekends being precious family time, our relative newness, and parents reluctance to travel to us. We found being where parents already are more effective and efficient, hence our attendance at the HV clinics.

A number of MVPs in the UK run mum and baby meet up sessions, we are considering this now that we have a larger social media following. The onus on this will be bringing mums together for a social occasion, with coffee and cake provided by us, with the opportunity to give us their feedback if they would like to. We have some venues in mind and will be making enquiries in the New Year to get this established.

5- Survey Results

We run a general survey which is available at all times via our website, using a tool called Smart Survey. The questions are made up of a combination of open and closed questions, which provides us with both qualitative and quantitative data. The survey is split into two parts- the quantitative questions provide us with socio-economic data such as sex of participant, age, household income, first language and so forth. This gives us an indication as to who is accessing the services and will hopefully highlight any barriers to receiving maternity care.

The qualitative, or open, questions, asks Service Users about their maternity journey and experience in a general sense, allowing a Service User to tell us in their own words what their experience was like.

We collect data in two ways- via Service Users completing the survey themselves, or by JMVP volunteers completing the survey on their behalf. This usually takes place at HV drop-in clinics, or via one to one meetings with Service Users. When we take feedback directly from Service Users, this is conducted in a very neutral style without any leading questions as much as possible. Usually we simply ask Service Users to 'tell us about your experience'. This is known as biographical narrative interviewing.

Since our launch in November 2021, we have received 187 survey responses. This equates to about 20% feedback on all babies born per annum.

JMVP ran two additional surveys in 2022, following a request from Maternity for co-production around Induction of Labour pathway, and by the Health Visitor service requesting Service User feedback specifically regarding the HV service. Both of these were pushed via our social media.

Induction of labour survey responses- 60

HV service survey responses- 29



Drop-in
Feedback session



HAVE YOU RECENTLY
USED A SERVICE BY THE
Health Visitors?
SHARE YOUR FEEDBACK

5.1- Survey Results and Themes Q1

18 total responses in December, January and February – fewer historic experiences but lower numbers overall. Only one HV clinic within this timeframe during or as a result of which we reached 40% of this number so we will focus on this opportunity to gather feedback in Q2 onwards. Small feedback items EG – provision of vegan food options, wider variety of labour equipment eg tens machines or chairs. Only one negative comment on the renovations being too loud

Positive

Kate, Rachael (2), Alex, Rosie, Jade, Catherine, Katherine, May, Angela (student), Ruth, Debbie SCBU – Sandra Antenatal – Linda Doctors – John Anaesthetist

Wonderful; smooth experience; amazing; supportive; no judgement; felt at ease; professional; respected; incredible; caring; attentive;

Improvement Themes

Communication

- Inconsistent and contradictory advice
- Misinformation between doctors and midwives
- Information not shared at shift change or between carers
- Staff openly disagreeing on care in front of patients
- Medical conditions not noted or shared
- Unsupportive and absent carers (often referencing staff midwife shortage)
- Lack of compassion, flippant, demeaning, belittling, judgemental
- Inconsistent or nonexistent breastfeeding advice and support
- No or limited explanation of birth choices, medication/pain relief, invasive procedures or circumstances, including some consent issues
- Not asked for birth plan or birth plan not consulted or adhered to

Service Users disbelieved or ignored

- Tongue Tie
- Mental Health concerns
- Feeding choices
- Medical concerns
- Labour progress
- Pain levels and pain relief
- Birthing choices

5.2- Survey Results and Themes Q2

44 total responses in March, April and May – 2.5 times more than last quarter and most relate to recent experiences. 5 HV clinics with 61% of feedback surveys for the period, driving much of the increase in responses

Positive

Midwives – Jasmine (2), Naomi, Sarah T, Ruth, Francesca, Tam, Natasha, Sarah Le L, May, Kerry

Specific mention to a polish speaking midwife who communicated throughout labour in Polish – made a big difference to non-EFL family

Antenatal – Linda

Doctors – Cathy Gilles (2), Fiona Nelson, Akin Famoriyo (2), Ben (anaesthetist), Sumita, Clare Purcell,

Brilliant, honest, caring, amazing, top class, professional, reassuring, helpful, friendly.

All female theatre team was really empowering!

Improvement Themes

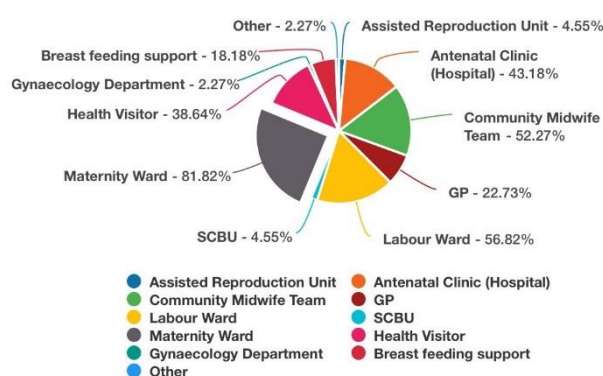
Communication

- Often coupled with poor information around birth rights and choices (EG denied section, forced to induce, no other options discussed, guilted, bullied or pressured into decisions).
- Treatment of younger parents both in antenatal and in the hospital.
- One woman told formula contains carcinogens.
- Partners left with no information during emergency situations.
- Drugs being administered or procedures started with no explanation or explicit consent.

Continuity of Carer

- Midwives mentioned but almost always alongside saying how short staffed the ward was and that they were all very good and families wanted more time with them.
- Community team mixed response – where people saw the same person all positive with some dissatisfaction during covid when either remote or inconsistent.
- Inconsistency re consultants and being able to see your consultant – do all patients need a consultant or can some be assigned another level of doctor but overseen by consultant?

Which department(s) or service(s) would you like to provide feedback on?



5.3- Survey Results and Themes Q3

16 total responses in June, July, August – less than half compared to Q2. This is likely to be due to the summer holidays/no HV drop ins. Responses mostly relate to 2022 births, 31% relate to 2021 births. 1 respondent listed their nationality as Polish, and 1 as Portuguese- the rest were British/Jersey. Gathering feedback from the ‘minority’ communities continues to be an issue and area which we continue to address.

Positive

Midwives – May Bourne

Doctors –Akin Famoriyo

SCBU staff were mentioned a couple of times as being very good, caring, supportive.

Improvement Themes

Communication

- One mother had an emergency c-section and blood transfusion was needed but the blood couldn't be located- staff had an argument about it in the operating room in front of the woman and birth partner, which really frightened them
- Student midwife being supervised by an established midwife- not explained to patient. No issue with a student but she would have preferred to have been told (only noticed due to the name badge saying 'student')
- Again lack of staff on maternity noted, also mentioned was staff arguing, openly disagreeing in front of patients
- One respondent said staff were 'rude' and 'judgemental', though no specific context was given for this.

Continuity of Carer

- Midwives mentioned but almost always alongside saying how short staffed the ward was.
- Mixed response this quarter in terms of seeing the same midwife- about half of those who mentioned it said they saw the same midwife, other half said they saw someone different every time.

Breastfeeding

- Four responses were specifically round breastfeeding, lack of support despite wanting to breastfeed, conflicting information given by midwives/HV, issues diagnosing poor latch, mastitis, no support or information for babies suffering from food intolerances.
- One mother was struggling to breastfeed in hospital and asked for help but was just given a bottle of formula by a midwife



5.4- Survey Results and Themes Q4

50 responses from September to December- due to more attendance at HV drop ins plus a Social Media push around MVP's first birthday. Responses for Q3 and Q4 mostly relate to 2022 births. 4 respondents listed their nationality as Polish, and 4 as Portuguese- the rest were British/Jersey. Gathering feedback from the 'minority' communities continues to be an issue and area which we continue to address.

A specific workshop was held in October with Service Users around the IoL leaflet with some excellent feedback to take forward to include in the re-design of the leaflet.

MVP celebrated 1st birthday at the beginning of November- special HV clinic drop-in held with cakes/balloons to celebrate, plus some additional press coverage to boost profile

Health Visitor survey also conducted in Q4- smaller number of responses but enough to show that HV service widely well-regarded and valued by new parents, with some small areas of improvement identified

Positive

Midwives – May Bourne, Rachel Labey, Brona, Jen

Doctors –Akin Famoriyo

SCBU staff were mentioned a couple of times as being very good, caring, supportive.

Mixed response in Q3/Q4- some feedback was all positive and some feedback was all negative

Improvement Themes

Communication

- Cleaners making comment about the shower being bloody after one mother's first post-birth shower, saying it was disgusting right in front of her
- Comments around not being offered/given pain relief when asking for it, staff not believing women are in labour, delay in being given pain relief, being made to feel that they were 'making a fuss' about being in pain

Continuity of Carer

- Again mixed response in terms of seeing the same midwife- some saw the same, some saw a different one every time

Mental Health

- Several responses from Q4 reference mental health with little to no after care or follow up after traumatic births. One mother stated she felt she was going to die during her emergency c-section, she requested a follow-up/de-brief but was never contacted.

Breastfeeding

- Several more responses were specifically round breastfeeding, mirroring similar themes from Q3- lack of support despite wanting to breastfeed, conflicting information given by midwives/HV, issues diagnosing poor latch, mastitis, no support or information for babies suffering from food intolerances.

- Another mother asked for information regarding feeding options and was told by midwife 'You have a pair of boobs don't you?' Felt that her choices were being judged with no open conversation happening.
- Issues regarding tie tongue not being identified, mother repeatedly asking for help and baby losing weight despite always feeding, resulting in a visit to a private consultant in the UK. Suffered from severe depression and spent months 'hating' her baby. Has since spoken to another 6+ other local mums who have also complained of similar issues regarding tongue tie.

Key Themes Summary for 2021/2022

The main themes which reoccurred every quarter and are the main cause of dissatisfaction for Service Users are-

- Communication- poor communication between Service Users and Providers, Service Users not being listened to, spoken to poorly or ignored/disbelieved
- Continuity of Carer- not having the same Midwife or Consultant throughout
- Perinatal Mental Health care for new parents
- Breastfeeding- insufficient support for parents wishing to breastfeed, issues around diagnosing tongue tie and infant allergies
- Induction of Labour pathway (separate work already being conducted around this issue)

5.5 Health Visitor Survey Results

The survey ran from 7th October 2022 and was closed the first week of November. This survey was specifically requested by Maternity/FNHC

The survey comprised of several multiple-choice questions to obtain quantitative data, mostly around which clinic is used most, how often a user visits a clinic, age of child etc, plus several open-ended questions to gauge their thoughts, feelings and experiences.

29 responses in total were received. This is a disappointing amount however the survey was mostly pushed via our Social Media channels which naturally have a limited reach. However, the data received did give a good picture of how the HV service is working at present.

The majority of the respondents have children between 0-12 months old, and typically they visit a HV clinic once a month. All three clinics appear to be visited equally.

95% of respondents said that they would be taking their child to their one and two year check, if they hadn't already done so.

Overall, the HV Service is viewed in a positive light. Many of the respondents praised the service, saying that it was excellent for new mums who needed extra support. Most had experiences which were supportive, unjudgmental, helpful for breastfeeding advice, informative and reassuring. Many liked the HV drop in clinics for their accessibility and ease, knowing that if you had any concerns about your baby you can just turn up and get access to free advice and support. General praise for Breastfeeding Buddies and also the MESCH programme mentioned. A positive point raised by many was that the HV clinics remove pressure from GPs/Hospital as any worries or fears can be allayed by them at the clinics/home visits.

There was some negative feedback- some parents said they felt unsupported and judged, HVs saying 'Oh that's normal' but then not explaining why or offering any reassurance, some HVs were reported as being critical to first time mums which they felt did not help, also some respondents feedback that they were given incorrect advice by their HV in relation to monitoring temperatures for babies, poor breastfeeding advice regarding latch, and telling parents to they shouldn't use dummies. One HV reportedly made promises of referrals which never happened.

There were a few comments relating to under staffing, being busy, and some HVs not having time to chat properly at the clinics due to them being very busy with people waiting to be seen. It was also mentioned that it was difficult to get hold of HVs outside of clinics, even during working hours- unsure of the telephone numbers and who to call etc.

Overall, the HV Service is a valuable, well-regarded service which brings a wealth of benefits to both babies and parents. As with all public service provisions, there will always be some negative experiences however on the whole, all the feedback was positive and shows how wanted, and needed, the HV service is.

The MVP is committed to working alongside the HV Service to improve Maternity care on the Island, including the post-birth period, and are happy to run further surveys in the future to continue to paint a picture of the HV Service going forward. If we were to run this again as an annual or bi-annual survey, we would consider creating specific leaflets for this, perhaps with a QR code for easier accessibility, that the HVs themselves could give out at every clinic to all parents they see. That would increase the visibility of the survey and the MVP and garner more responses.

6- What We Have Achieved in 2021/2022

- Creation of website, website content and design, along with writing the Privacy Policy/Data Protection policy for website
- Social media and graphic design
- Organising and promoting our official launch in November 2021
- Recruitment for new members (writing of job description and application form, advertising, paper sift followed by interviews)
- Training of 3 new members
- Revision and up-date of all JMVP policing documents, including Service User consent documents, Confidentiality agreement for MVP members etc
- Writing and implementation of new policy docs including Social Media Policy (for JMVP members social media use) and the creation of a Safe Guarding plan for any disclosures of domestic abuse or mental health issues
- Quarterly review of all feedback (which includes reading every response in full), data analysis to identify themes and trends, followed by a report for Maternity with this data
- Induction of Labour survey- writing the survey, promotion on social media and other channels, followed by analysis of data and production of a report
- Service User and Maternity Focus group- held at Greenhills Hotel, this afternoon session identified 10 'themes' around IoL to develop, including a new leaflet.
- Second Service User focus group held at the end of 2022, specifically around what Service Users want to see included in the leaflet
- Health Visitor survey- writing the survey in conjunction with Michelle Cumming, publishing and promoting the survey, followed by data analysis and a report for the HV service
- Attendance at approximately 30 Health Visitor Clinics
- Attended 3 Governance meetings for the Women and Children's hub inc. Maternity and other partner agencies
- Creation of new Infographics (further detail later on in this report)
- Attended 2 of the new Home Birth information sessions being run by the Community Midwives

7- Continuation into 2023

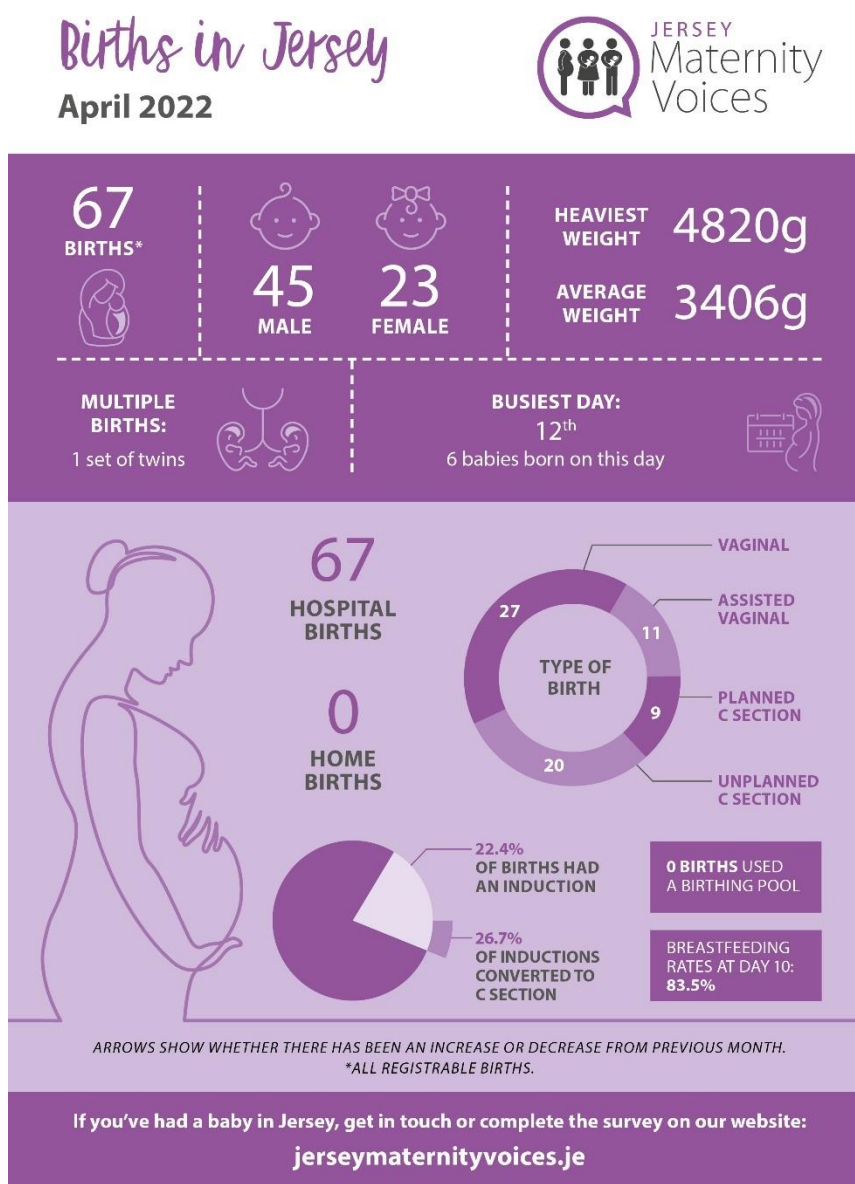
- Continuation of work around IoL including the 10 identified 'themes' and production of a new IoL leaflet
- Work to address the 'harder to reach' sections of the Island's society, most notably the Portuguese, Polish and Romanian communities (particularly for those where English is not their first language), and engagement with the LGBTQ+ community
- Further recruitment to expand the team, with particular focus on someone to represent the above communities within the Team
- Breastfeeding survey
- Perinatal mental health survey
- Communication work shops for Maternity staff
- Quarterly publication of the Infographics
- Service User engagement in the form of coffee mornings
- Continuation of standard survey to continue to identify themes and trends

8- Infographics

October 2022 saw the introduction of our new Infographics. These were developed and designed by MVP Team member Emily. These are a monthly breakdown (produced quarterly) in partnership with the Community Midwives and the Maternity statistician on all things maternity. The infographics cover things such as how many births that month, home vs hospital births, average weight, pool births, number of inductions and inductions to c-sections. It also has some 'fun' facts such as the busiest day, breastfeeding rates, and number of each sex born.

The aim behind the infographic was to be transparent and open regarding what goes on in maternity here on the Island. We hope that this 'info at a glance' will paint a picture and contribute towards a mother's informed decision about her birth choices.

Our first ever Infographic post had 67 likes on Instagram, the most likes on one of our posts so far. The release of the infographics also generated more traffic to our website, more than at any other time of the year.



9- The Team

The team is made up of Co-Chairs Emma Sykes and Carmela Glover-Green, with seven volunteers- Philippa Hyde, Sabrina Stewart, Selina Lunnon, Poppy Goguelin, Michelle O'Neill, Anna Anderson and Emily Devon.

At the start of 2022 we ran a recruitment campaign and expanded the team with an additional three members. The positions were advertised via social media, with applicants being sent a copy of the job description and then completing a paper application. We had approximately twelve initial enquiries with about six of those returning completed applications. From those six we paper sifted down to four candidates, whom were interviewed by Michelle and Emma, with three being successful. All three received half a day of training (written and delivered by Emma) followed by a short period of shadowing at the clinics. Congratulations to our new members Carmela, Poppy and Selina.

Up until November 2022, Michelle was Co-Chair alongside Emma, however has taken a step back due to demands in her professional life- thank you to Michelle for all your hard work getting the JMVP launched and everything you contributed in 2022.



L-R: Co-Chair Emma Sykes, Poppy Goguelin, Philippa Hyde and former Co-Chair Michelle O'Neill at our recent 1st birthday event

10- Finances

We are provided with funding (£10,000 per annum) and in 2022 most of the funding went Chair's wage, graphic design, catering/hosting events, and website hosting/maintenance. Our initial funding was provided from the Health charitable fund, which helped us to get up and running, and funding for 2022 onwards comes from the Maternity budget.

The wage for the Co-Chair was agreed to be paid for two days of work a month at the rate of £18.75 per hour. This is in line with MVPs in the UK. In 2022 we are slightly under our spend in terms of Co-Chair wage- if some months there are personal commitments which means we don't complete 16 hours, then we don't claim for that month.

2023 projects a slight over-spend in the budget, due to some increased graphic design work for the year, however it is likely that the full Co-Chair wage amount will not be spent, same as 2022, therefore predictions are that we will be under budget.

<u>Description</u>	<u>2021</u>	<u>2022</u>	<u>2023 projection</u>
DBS Checks	£300	0	£100
Printing of posters and Flyers	£90.42	0	£100
Print ID Badges	£0	0	£45
Roller Banners	£81	0	£81
Lanyards	£79	0	£0
.je website address	£29.99	£29.99	£29.95
Email Hosting	£19.99	£19.99	£19.99
Web design and Build	£1,276	£1,080	£960
Document translation	£88.85	£50	£50
Translator 1 day per month	£0.00	0	£568.64
Zoom	£119	£119	£119
Sponsored social media posts	£80	0	£0
Travel and parking	£0	£20	£200
Catering at MVP meetings	£120	0	£100
Catering at feedback events	£60	£638.55	£600
Copywriting/Press Relations	£0	0	0
Design logo, brand, marketing collateral, website and social media	£1,000	£660	£1,300
Smart Survey	£360	£378	£378
Chair person(s) salary	£3,600	£6,000	£7,200
Training	£0	£350	£350
Tablet for feedback events	£500	0	0
Stationary	£0	£107.96	£100
Service User volunteer 'thank yous' (gift vouchers)	£0	£320	£200
	£7,804	£9,773.49	£12,502