

# Policy Implications Paper 1: Learning from mothers' feedback on maternity care changes during the COVID-19 pandemic

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## Policy implications for maternity care in 'normal' times

1. Maternity services at any time can be improved by staff understanding how the **quality of their interactions affect mothers' psychological safety**.
2. All maternity staff need the **skills to listen and deliver person-centred care**, to prevent mothers losing trust.
3. All maternity staff need the **skills to give care that is supportive and affirming, as well as safe and respectful**, especially after birth.
4. **Adequately-resourced preparation for parenthood and high quality postnatal care** may help to reduce the very high personal and social costs of poor postnatal mental health.
5. The **presence of the mother's partner or chosen companion should be facilitated throughout the maternity period** if the mother so chooses (subject to the requirement to see mothers alone at least once to ask about domestic abuse).

## Policy implications for future disaster-readiness

1. Plans for future disaster-readiness should take account of the **significance of maternity care in protecting mothers' emotional wellbeing**.
2. Maternity services need guidance on the **acceptable level of maternity care** for uninfected mothers during a pandemic, and consistent protocols for care of infected mothers, with the goal of minimising distress as well as ensuring physical safety of staff and service users.
3. Maternity services need guidance on how to **support the psychological wellbeing of maternity professionals**, so that they are in a position to generate psychological security for service users.
4. Maternity professionals need **training on calm and clear communication** about necessary changes to care, to reduce maternal stress.
5. **Social support should be recognised as a key resource** for protecting mothers' emotional wellbeing during a crisis.

## How we did the research

A random, nationally representative sample of 16,050 mothers who gave birth in May 2020 (during the first wave of COVID-19 and associated restrictions) were invited to take part in the National Maternity Survey.

4,611 mothers took part, answering questions about themselves and their care during pregnancy, birth and after birth. Over 4000 mothers added their own comments about their maternity care.

These answers were analysed to understand their mental health, satisfaction with care, and the impact of the COVID-19 changes to maternity care on their emotional wellbeing.

## Summary of the findings

- Mothers valued maternity care. Many experienced additional stress from:
  - chaotic changes and reduction in care;
  - health professionals' own anxiety;
  - restrictions on essential social support during pregnancy, labour and on the postnatal ward.
- Some mothers felt that health professionals had communicated and cared for them well despite the changes and restrictions, and these mothers felt psychologically safe.
- There were higher rates of anxiety and depression than before the pandemic.
- Mothers were much less satisfied with postnatal care than before the pandemic.

## Further information

Harrison S, Alderdice F, McLeish J, Quigley M: You and Your Baby: A national survey of health and care during the 2020 Covid-19 pandemic. Oxford: National Perinatal Epidemiology Unit, University of Oxford; 2021.

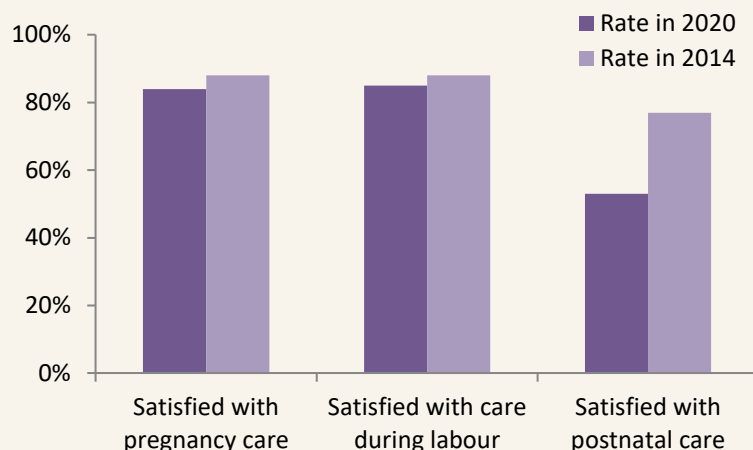
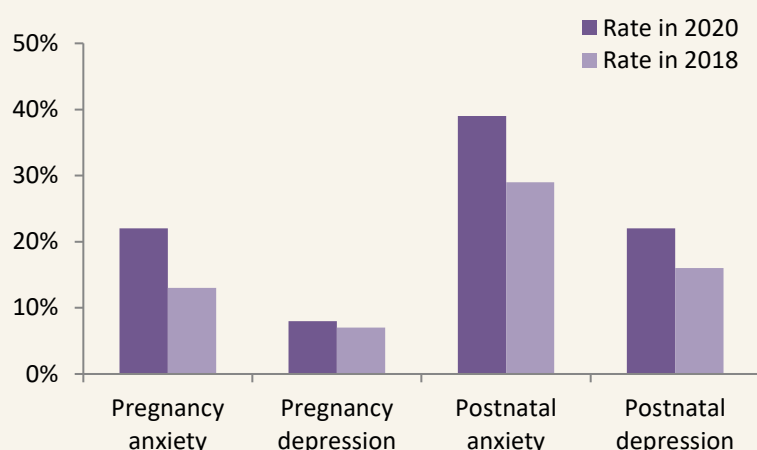
McLeish J, Harrison S, Quigley M, Alderdice F. Learning from a crisis: a qualitative study of the impact on mothers' emotional wellbeing of changes to maternity care during the COVID-19 pandemic in England, using the National Maternity Survey 2020. *BMC Pregnancy Childbirth* **22**, 868 (2022).

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## Key findings - mental health and satisfaction with care

Mothers reported higher rates of anxiety during pregnancy, and higher rates of both anxiety and depression after birth, compared with pre-pandemic surveys.

Most mothers said they were 'satisfied' with the care they received during pregnancy and labour, but there was a dramatic fall in satisfaction with postnatal care.



## Key findings - impact of maternity care changes on stress and emotional wellbeing

Mothers felt **safe and able to trust** health professionals, despite the uncertainty and restrictions, when:

- ✓ Staff **communicated changes clearly, listened to and reassured** mothers, and continued to offer individualised care.

*"The midwives always made me feel that regardless of what was going on with covid, they were still there for me any time of day or night."*

- ✓ Midwives gave them the **support they needed during labour**, although this could not necessarily replace the emotional support of a chosen birth partner.

*"Once I was in the hospital, the care and attention from the midwives was second to none, they were fantastic, so caring, considerate and supportive."*

- ✓ Mothers were **practically and emotionally supported by staff on the postnatal ward**.

*"I received great care in hospital ... the midwives focused just on us women and babies and no one else."*

Mothers felt **anxious, stressed, frightened and unsafe** when:

- They experienced the maternity system as **chaotic and unpredictable**. This occurred when rules were inconsistent between providers; rules were changed at short notice and changes were poorly communicated; staff expressed their own anxiety; and appointments felt rushed and superficial.

*"The chaos and poor handling of my case was frightening."*

- **Professional support was withdrawn in pregnancy**, such as tests to identify maternal health conditions, and checks on the baby's heartbeat, position and growth.

*"They cancelled my additional scans which made me feel unsafe and impacted my mental health. I had a high risk pregnancy."*

- They had to attend **pregnancy appointments alone**, particularly in high-risk situations.

*"Horrible, had to attend few appointments on my own and cry on the phone with the news received or having to call up for help to make a decision."*

- **Professional support was withdrawn postnatally**, which particularly affected first-time parents when preparation for parenthood classes had been withdrawn. They expected and trusted the advice of health professionals and missed their guidance and reassurance about their baby's feeding, health, and development.

*"I would love to have my baby checked more often. I don't know if I am doing well or not...I often cry and feel I have lost myself."*

- They were required to **labour alone without the support of their chosen birth partner**. This was particularly difficult for mothers whose labour was induced (started artificially), as this could lead to several days of early labour in hospital alone.

*"I feel like my soul is broken ... During a traumatic birth all I wanted was a familiar hand to hold. I had never been so scared in my life, yet all it was, masked up strangers not wanting to come near you."*

- They were **alone on the postnatal ward**, where they also felt exhausted and overwhelmed without the practical and emotional support of their partner - particularly as there were not enough maternity professionals to support them.

*"Restrictions on birth partners post-labour was wrong & deeply traumatic for every mother on postnatal ward. All you could hear was the sound of women crying."*

- They **felt criticised by staff for failing to cope** without any support on the postnatal ward.

*"Even if the midwives are unable to do more, they could understand better and be less judgemental."*