MSLC Good Practice

Case Study - Improving women’s postnatal experiences at Surrey and Sussex Healthcare Trust, an outcome of holding 'listening events'

What has been achieved?
Dry, clean clothes for women in the postnatal bathrooms, thanks to installing a simple shelf.

How did the issue come to the MSLC's attention?
Two listening events were organised by the Head of Midwifery and MSLC Chair. Among other feedback, women said how difficult it was simply to take a shower. They felt they had to put their clothes either on the floor or on the lid of the sanitary towel disposal bin. Staff were quite surprised that no one, during routine inspections of the bathrooms, had spotted the absence of anywhere clean and dry to put clothes, but then no one had tried taking a shower!

Previously, feedback from the Family and Friends and Patient Opinion surveys appeared to conflict with some comments obtained in ‘Walking the Patch’, where MSLC members talk to women on the postnatal ward about their postnatal experience. So the listening events were organised to hear in more detail from women, face to face, a few weeks after the birth, about what might have improved their experience. The Patient Experience Co-ordinator facilitated the event and the Infant Feeding Co-ordinator was present to help with any feeding queries the mothers might have. The Head of Midwifery, the Risk Matron and Chair of the MSLC all attended to listen and answer questions if necessary.

How long did it take?
In one sense, this was a quick win! Once the need was established, the new shelf was fitted within weeks. But the event took ages to organise. It’s tricky getting a whole morning freed up by all the people involved and booking the meeting rooms. We have another similar event coming up that’s been months in the planning. We’re still working on some of the other feedback about postnatal care and support. For example, women wanted help to find their bay or bed after going to the bathroom in the night. We want to respond better than just painting walls differing colours or large numbers on the floor. It’s become part of this year’s PLACE Assessment (which, as MSLC Chair, I was also involved with). We’ve requested a complete update of the postnatal ward, so it has become an ongoing and much larger issue.

What facilitated the change?
The commitment of the Head of Midwifery to listen to local women, and demonstrate that their voices were being heard, was important. The listening event was run by the Patient Experiences Coordinator. Over 300 women who had given birth in the previous month were invited to come in for coffee and cakes to talk about their experiences and what they felt could be improved. The organisers felt that 15 might be expected at each event. Although only six women attended and they made many suggestions on how to improve postnatal experiences.

Anne Fawcett, MSLC Chair, said:

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'When women are asked for feedback immediately following the birth they are often enjoying the post birth glow and have yet to feel the frustration of being on a busy postnatal ward. The face to face event demonstrated the importance of listening directly to women as well as using findings from written surveys. Several women said they had wished there was a shelf in the bathroom but no one had ever fed this back to staff before.'

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