Right from the start? First-time mothers’ experiences of postnatal care

A new survey by NCT shows that women’s experiences of postnatal care are highly variable. While some women said they had excellent support and were well cared, others feel they were short-changed, report Mary Newburn, head of research and information, and Vanita Bhavnani, research and evaluation officer.

The new NCT survey of 1260 first-time mothers shows that the postnatal care provided by some hospital postnatal wards and community services is highly individualised and sensitive to women’s needs, but in other places it is more hit-and-miss. Worse still, about one in eight first-time mothers were highly critical of their care. Their complaints include insensitive treatment by midwives, too little attention to their recovery including a lack of information about health problems, inadequate support with feeding and inconsistent feeding advice, and too few home visits. Women who had had a caesarean birth were least satisfied with the level of care they received.

The survey

Altogether 1536 women took part in the survey. As 1260 of the respondents were first-time mothers (83%), the analysis was carried out for that group only. They were mainly NCT members (95%), older and more highly educated than childbearing women generally. 84% were aged over 30 and 90% were graduates. Five percent were of non-white ethnic groups, compared with 8% in the population as a whole. As the survey is not representative of all first-time mothers the UK, the results are not directly generalisable. However, the sample is large and the women are highly articulate about their experiences.

The questionnaire was available online from October 2009 to early January 2010 for women who had given birth within the previous 12 months. It was advertised through a range of NCT publications and a hard copy of the questionnaire was also inserted into the 2009 winter edition of NCT’s members’ magazine newgen.

A large majority of the first-time mothers gave birth in a hospital labour ward (86%); small but significant proportions used a birth centre (9%) or had a home birth (5%). Just under half had a spontaneous vaginal birth (48%), 26% gave birth with forceps or ventouse, and 26% had a caesarean. There were higher than average rates of breastfeeding, including exclusive breastfeeding rates (87% in the first 24 hours after birth, 76% in days 2-7 and 72% during the period 8-30 days after birth).

This study replicates key aspects of the NCT postnatal care survey carried out ten years ago, which found that half of all mothers wanted more emotional support from staff during the first ten days after giving birth. It also responds to recent policy developments and the NICE recommendations for postnatal care. This article provides some of the key findings. Full results are in the main report.

Table 1. How much emotional support was provided by healthcare staff in the first month after birth?

<table>
<thead>
<tr>
<th></th>
<th>First 24 hrs (n=1252)</th>
<th>2-7 days (n=1249)</th>
<th>8-30 days (n=1242)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the emotional support needed</td>
<td>41%</td>
<td>41%</td>
<td>35%</td>
</tr>
<tr>
<td>Some of the emotional support needed</td>
<td>25%</td>
<td>28%</td>
<td>34%</td>
</tr>
<tr>
<td>A little or none of emotional support needed</td>
<td>34%</td>
<td>31%</td>
<td>31%</td>
</tr>
</tbody>
</table>

Too little emotional support and physical care

Around half of the first-time mothers indicated that they had high quality care that was responsive to their needs, provided by thoughtful staff who were empathetic and encouraging. Most first-time mothers felt that midwives were always or mostly kind and understanding (80%) and treated them with respect (83%).

‘My midwife was a real support; talking me through the events that led to the emergency c-section and why decisions had been taken. This helped relieve some of the trauma my partner and I felt.’ (Unplanned caesarean)

‘There was excellent care on the ward. I was fully informed about my birth complications and my husband felt well supported with information too.’ (Unplanned caesarean)

Consistent with our earlier survey findings, however, throughout the whole of the first month after birth, first-time mothers said that emotional support was less adequately provided by healthcare staff than physical care. Around a third of women indicated that they needed more support (see Table 1).

Around one in five first-time mothers felt their physical care was definitely inadequate, with the proportion rising after the first week (see Table 2). Some commented that more attention was paid to their baby than to their own wellbeing.

‘I was surprised, after leaving the unit, that so little attention was given to my health. I felt guilty asking questions about me when all consideration seemed to be for the baby.’ (Spontaneous birth centre birth)

‘Although I was given good advice in hospital about caring for my baby, I was given far less information about my own recovery. I later had complications from...’
why things happened the way they did. I thought partners should be permitted to stay through what happened at the birth and during the first night after childbirth. I was upset, emotional and confused for the entire stay in hospital. I was awful. There weren’t enough midwives available to support me during birth (unplanned caesarean).<ref>

Lack of midwives
Four out of ten (42%) felt there were not enough midwives to provide them with the care they needed on the hospital postnatal ward. The consequences of this were commented on by many women, but they particularly affected women who had had a caesarean, or an assisted birth, who were most likely to report that they had unmet needs.

Almost half who had had forceps or ventouse (47%) or a caesarean (48%) said there were ‘sometimes or never’ enough midwives to provide them with the level of support they needed compared to 32% of women who had a spontaneous birth.

‘In the postnatal ward, the midwives seemed very stretched and did not have enough time to really provide any ‘hand holding’ and reassurance. You were pretty much left to your own devices unless you had a troublesome baby or were very vocal in your demands.’ (Assisted hospital birth)

‘Care in hospital after my caesarean was awful. There weren’t enough midwives available to support me during the night and I was upset, emotional and confused for the entire stay in hospital. I think partners should be permitted to stay during the first night after childbirth.’ (Caesarean birth)

‘I would have liked someone to go through what happened at the birth and why things happened the way they did. I ended up having an emergency c-section and my baby had some difficulties arising out of the cord being around his limbs so I would have liked to know exactly what happened.’ (Unplanned caesarean)

Inadequate feeding support
One in four women were highly critical of the level of help and support they received with feeding their baby. Overall, 52% of first-time mothers felt they had not received consistent information and advice in relation to feeding in the first month after birth, rising to two thirds of those who introduced supplements of formula during the first week.

- Less than half of first-time mothers felt they got all the help and support they needed with feeding their baby in the first 24 hours after birth (45%) with similar rates at 2-7 days and 8-30 days after birth.

- Among first-time mothers who were breastfeeding, those supplementing breastfeeding with formula feeding during the first week after birth were significantly more likely to say that they lacked all the help and support they needed compared with those breastfeeding exclusively (41% vs. 21% received little or no support).

Continuity of care
There was considerable variation in the number of community-based postnatal care contacts women had. Some women had no contact appointment or home visit with either a midwife or a maternity support worker (MSW), while some others said they had up to ten or more contacts (five or more midwife contacts, plus five or more MSW contacts).

Most women (71%) felt it was important to be seen by the same midwife throughout their postnatal care. ‘I was supposed to receive additional support after discharge from the hospital due to my mental health – however there were so many midwives and communication about patients was poor (and) my visits from the midwife were cancelled three times.’

‘I found the first month extremely difficult, but didn’t want to be labelled as having problems or postnatal depression so found it very difficult to talk to health professionals to get help. None of the professionals I saw knew me before birth, or saw me enough times to be able to see that I was struggling.’

Significant unmet needs
The survey shows that there are home birth and other community services, birth centres and hospital postnatal wards providing excellent, flexible and responsive care. However, a large minority of women had significant unmet needs. A negligible percentage of first-time mothers said that they had been involved in drawing up a postnatal care plan, as recommended by NICE (49%).

Overall, there appears to have been very limited improvement in postnatal care during the last decade, despite record spending on the NHS and publication of the NICE Postnatal Care guideline.4

NHS boards and trusts need to address routine postnatal care to ensure that all women have:
- an individual postnatal care plan
- a named care coordinator whom they can contact at any time
- regular home visits according to need
- opportunities to get to know their carers
- a high and consistent standard of emotional support, physical care and information to address their own health and wellbeing and their baby’s needs, particularly support with baby feeding

References