

**Maternity and Mental Health Services –
the perinatal experiences of five mothers in
Brighton and Hove
March 2000 – February 2022**



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1. Introduction

Healthwatch Brighton and Hove were commissioned by Healthwatch England to contribute to a nationwide review on maternity services. We were tasked with speaking to women who had given birth after March 2000. Between November 2022 and January 2023, Healthwatch Brighton and Hove interviewed five women (four mothers and one partner) about the experience of emotional wellbeing during pregnancy, childbirth and up to one year after childbirth. Therefore, experiences were partly affected by the pandemic period. Questions were asked about general care and support as well as the effect on the mother (and partner) emotionally and any mental health issues experienced during this time. Interview findings can be seen in Section 5, with key themes drawn from these in Section 6. We were also tasked with researching local services to support Mums and their partners during the perinatal period and these can be viewed at Appendix A at the end of the report.

2. Promotion

Healthwatch Brighton and Hove promoted the project via their own mailing list, as well as that of partners and local organisations. The project was also promoted via social media and with the help of Maternity Voices Partnership. One interviewee was sought via Sussex Interpreting Services to ensure we included one mother who spoke English as a second language.

3. Methodology

Interviews took place mostly by telephone (four interviews) except one interview that was carried out face2face and with the help of a translator. All interviews were recorded with the consent of the interviewee on the understanding that recordings would not be shared directly with anyone outside Healthwatch Brighton and Hove, except the transcription company that was used to type up the interviews. Healthwatch Brighton and Hove read through the transcriptions, editing any typos, and removing any personal identification information, before sending this on to Healthwatch England.

4. Healthwatch England report

Healthwatch England received five transcripts each from local Healthwatch, including Brighton and Hove (20 interviews in total). From the collective interview findings and other evidence collected directly, they produced and published a national report and several focused reports which impacted on NHS England improvements to maternity and neonatal services. To read these reports click on the links below:

- [Maternal mental health: The changes your feedback made possible](#)
- [Stories from new mothers: the importance of good communication](#)
- [Stories from new mothers: accessing maternal mental health services](#)

5. Findings – Brighton and Hove experience

The following are findings from the collated experiences of the five women interviewed by Healthwatch Brighton and Hove, including direct quotes (in speech marks).

Patient Communication pre-birth

Interviewees spoke about some of the challenges around communication and in some cases the lack of understanding that health professionals gave during the pregnancy period. One Mum developed an anxiety about falling and was offered a CBT course which involved her walking up three flights of narrow stairs. Another Mum was assured morning sickness would stop by the second trimester, but this wasn't her experience. The partner of one mum felt they were not informed well enough about the risks of potential death of one twin prior to birth and their tragic situation came as a complete surprise.

“What would have been more helpful for me was to have the same person come round for an hour a week, and just let me talk.”

“It is important that parents are given the right amount of information, especially in preparing them for the potential risks.”

Case Study – Mother 3

During pregnancy, Mother 3 suffered from anxiety around falling over. She was referred to a Cognitive Behaviour Therapy course in which she had to attend sessions once a week for six weeks. The sessions were accessed via three sets of stairs, “a long flight of steps up (and then of course down afterwards)!”

“I sat there for the whole 40-minute session panicking that I was going to fall down the stairs on my way out. So, yes, I didn't go back.”

Effects of COVID

The peri-natal period we were covering in our interviews, took place during the Covid pandemic. Mothers and their partners shared with us the effects of that period on their maternal experiences. These included partners not being able to accompany the birthing mother, causing distress to both. Mothers were unable to receive visitors during this time and hospitals insisted on keeping the blue curtain closed around each bed, to avoid contamination, but the effect of this was to isolate the mother further from contact with any peer support, particularly in the absence of visitors. On returning home, it was easier for the mother to isolate herself further, with the general restrictions on going outside the house placed on everyone. In addition, baby and child clinics were not open, which reduced access to peer-to-peer support from other mothers. Support from health professionals was also reduced, as face-to-face visits were unallowed and pressure on services, meant phone calls from health visitors sometimes did not happen.

“My partner was haemorrhaging on the floor, and they were like 'No, you can't come in the ambulance with her.'”

“Until COVID it was great. I had the same midwife for pretty much every visit...which was brilliant having that continuity of care. The speed with which things, kind of, got put in place when I said I was struggling mentally was amazing. It was just as soon as COVID came everything face to face just stopped, and I did really struggle with that. I did just feel completely abandoned really.”

Case Study - Mother 4

At just into 8 months' pregnant, mother 3's waters broke and she went to her local hospital. Due to Covid she travelled there alone. After examination, she was “blue-lighted” to a general hospital (again on her own). At the general hospital, after a further examination, she was informed they would be delivering the baby that day. At this point she was offered to phone her partner but given the advice that if he didn't arrive on time they would need to deliver the baby without him.

In-hospital experience

Interviewees spoke about the distress of arriving at hospital (after being advised to do so) to be told on arrival, there were no beds; or being sent home too soon, when the baby was in distress and the mother should have remained in hospital. Interviewees spoke about the distress caused by the location of their bed. One Mum, who had lost one of her twins before birth, was placed next to another Mum with twins; While her own baby was in the baby unit, another Mum was placed in a ward where all the other Mums had their baby with them; another Mum was placed in a ward with Mums who had not yet given birth, shortly after she had just experienced her own traumatic birth. Mums spoke about some staff not being as understanding as they could, either about access to their baby in the baby unit, or in the way they communicated to the Mum after a traumatic birth.

“I arrived to be told ‘this hospital is full, try the next’.”

“My gut instinct was something was wrong, but I was sent home, only for the next day to be blue-lighted back to hospital.”

“There was a couple of times I went to visit my baby [in the baby unit] and they said, ‘Oh, let’s not get the baby out now because the doctor’s going to want to see the baby when they come round.’ By the time the doctors made it round, the two hours visiting was up and it was like, ‘Oh we’ve run out of time now, so you’ve got to leave.’”

Case Study - Mother 5

After her waters broke, Mother 5 was advised to come to the hospital. She was examined and [was told/this first nurse advised that] ‘You’re almost half a centimetre off being able to go to labour ward, you’re going to give birth to your baby today’. The nurse went to locate a bed for the Mum. However, the same nurse returned to explain that “There are no beds, you may have to wait in the stairwell which is at least quieter than the waiting area”. For over 12 hours she “was labouring in the stairwell and wasn’t seen to by any healthcare professionals” during this time.

Case Study - Mother 1

Having experienced a traumatic birth in which they had lost one of their twin babies, the partner of Mother 1 described how the situation in hospital made things worse. Mother 1 was in a ward with other mums and their babies, who were visited by the nurse carrying out hearing tests for the newborns. When Mother 1 explained her baby was in the special care baby unit, the nurse responded, "where's the other one?" having not been advised by other staff, that this mother had lost the other twin.

Later on, there were some mistakes made by the hospital in their communication with the parents about how their angel baby¹ would be treated after birth. Firstly, the hospital advised that the angel baby would be used for medical research (which the parents were happy about). At a later stage the hospital advised that their angel baby was not suitable for research. At short notice, the parents had to organise a funeral.

Also, the parents were very clear with the hospital that they did not want a "memory box" containing handprints and footprints. The hospital asked them several times about this and each time, the parents explained that "that's not going to give us any comfort, it's just going to traumatise us." However, they later found that the hospital had taken the prints against their wishes. The partner explained "they touched him when we told them not to...we just wanted our baby left in peace."

¹ An angel baby is a baby lost during pregnancy or soon after birth.

Patient Communication post-birth

Interviewees explained how the post-birth support was not always there, or as they expected it to be. Some of the interviewees felt they were expected to know what they were doing, and they received little support; one Mum felt this was because it was her second child, despite the second birth having been traumatic. Some mums said the mid-wife was not informed about their circumstances (birth or marital) before speaking to them and this often caused upset with assumptions made. Mums expressed the benefit of having consistency of care throughout the perinatal period, particularly where the birth had been complicated or traumatic.

“It was kind of, get on with it. The health visitor said call anytime, but I felt I couldn’t call for the small things. So, it was very much like, ‘here, have a baby, now go away.’”

“She told me “I know you’re a good parent, so I’ll let you get on with it.”

“The midwife called me at home and asked ‘Oh, is there any reason you’re not putting baby to breast?’ and I said, ‘Well, I’d have a job because my baby is in hospital and I’m at home.’”

“She asked why the father was not more involved. She made an assumption, before knowing about the situation.”

“She just was the right person for us in terms of she didn’t try and make it fluffy.”

Case Study – Mother 2

Having experienced a traumatic birth including an extended period away from her child, Mother 2 was struggling with her emotional post-birth. She requested support and was visited by the health visitor who commented on her emotional state as probably being post-natal depression. Mother 2 felt this wasn’t understanding of the experience she had been through.

“The assumption that you have post-natal depression, rather than recognising you are having an emotional response to an emotional situation, which is appropriate, but those feelings need acknowledging.”

Emotional support

Mums in general felt that emotional support was not proactive and it was often left to the mother (or her partner) to request the service. Some mums had experience of being asked whether they wanted emotional support, but this often came too early, in the weeks immediately after birth. At this point, mums are consumed with dealing with their new birth and rarely have time to think about seeking support for themselves. Some mums suggested it would be better if services contacted the mother anything up to 1 year after a traumatic birth.

“You don't get time to think about it and process it, and I think that was just it, I was a new mum. The first six months were tumultuous, shall we say?”

“I feel like there's a real underestimation of the adrenaline of having a new child, and it feels fine, or it feels busy, at least. At that six months mark, no one does a recheck-up on those parents ...That's where people don't feel great but can't say it because they're in full swing of parenthood and you're supposed to be okay then, you're out of the wood.”

“It isn't usually during the immediate post-natal period that the mother needs support, as you are just dealing with the baby, it is often months' later, and there is rarely any follow-up.”

Case Study - Mother 1

After a traumatic birth, Mother 1 was supported by the mid-wife and the special care baby unit staff were still involved in some homecare. Therefore, indirectly she received emotional support. It wasn't until one year after the birth, where things had settled down into 'normal life' that she and her partner both realised they needed something more. However, at this stage, the health services were not involved in her care any longer. They sought emotional support through a charity that dealt specifically with the birth experience Mother 1 had been through. Her partner felt this should have been offered proactively through the health services.

GP Support

Several Mums commented that their GP did not seem to be aware of the birth challenges they had experienced. They also felt the six-week check was only about their baby and did not ask any questions about how they were coping, emotionally or otherwise. Mums suggested that GPs could be proactive in getting in touch with a mum who has experienced trauma, in the first few weeks after giving birth.

“At six weeks I had a GP appointment, and it was literally just to check my baby. It was a very, very brief appointment.”

“I received emotional support because my work paid for this privately.”

“My GP is thorough, they ask all the questions, but not necessarily inviting me to, kind of, expand if that makes sense.”

Case Study - Mother 3

After giving birth during Covid, Mother 3 felt lucky to have her partner working at home, as this gave her the emotional support she needed and social interaction. However, due to Covid she also found it easier to isolate more. Then her partner returned to work, and she found she was on her own and couldn't cope. At this point there was no emotional support forthcoming and she felt this could have been offered by her GP.

6. Key themes

Based on the findings above from local mothers, Healthwatch Brighton and Hove have identified the following key themes about emotional support requirements during the peri-natal period:

Communication: Mums want clear and honest information about what to expect during the peri-natal period. Where a Mum has concerns, these should be address with empathy and understanding.

Listen to Mum: Mums want clear and honest information about their labour process and what is happening. Where a Mum feels that something is wrong during pregnancy or labour, the baby should be checked.

In-hospital experience: Mums should be placed in a ward with other Mums who have experienced a similar birth e.g. a ward for Mums whose babies are in the special care baby unit; Mums who have lost a baby, should not be placed in a ward with lots of other babies; Mums who have babies in the special care unit, should be fully informed about the progress of their baby.

Consistency of care: where possible, Mums should receive the same mid-wife support both pre- and post- birth.

Emotional support post-birth: All Mums should be offered in-person support from a health visitor; and given information about local peer support groups.

Staff knowledge: GPs and health visitors should be made aware of the Mum's birth experience, particularly where this has been traumatic. Proactive emotional support should be offered in addition to the physical check-up offered Mums at six-weeks post-birth.

7. Conclusion

Healthwatch Brighton and Hove interviewed five Mums who identified poor communication, lack of proactive emotional support, and insufficient staff knowledge during their peri-natal experience. Our interviews were shared with Healthwatch England, alongside 15 other interviews from other local Healthwatch. As a result of the collective findings from all 20 interviews, including those from Brighton and Hove, Healthwatch England were able to ask for policy changes regarding the emotional support given to Mums. To read about these, please see the link below:

[Healthwatch England – policy changes called for](#)

Appendix A – Table of Services

Service	Geographic area	Referral criteria	Type of support	Length of intervention	Referral process	Type of service Free / Cost	Funder (NHS/ voluntary sector/ charity/ Community)
Maternity Voices Partnership Signposting & Support website	Sussex	Covering the whole perinatal period and beyond.	<p>The following website provides a comprehensive list of organisations that provide maternity services for the whole of the perinatal period: https://www.uhsussexmvp.co.uk/signposting-support-brighton</p> <p>Maternity Voices Partnership can also be accessed here: https://www.uhsussexmvp.co.uk/about</p>	Not specified	Self-referral	Free	NHS
Sussex Local Maternity & Neonatal System (LMNS) https://www.uhsussex.nhs.uk/services/maternity/	Sussex	Mothers, expectant mothers and infants	<p>Sussex Local Maternity and Neonatal System (LMNS) support maternity service teams and service users across Sussex.</p> <ul style="list-style-type: none"> - Offer advice, information and signposting to appropriate maternity services online. - Aim to improve safety, choice, and personalisation in Sussex maternity services. - Aim to bring together the people involved in providing and organising maternity and neonatal care in Sussex. Such as midwives, obstetricians, health visitors, service users, neonatal staff, managers, commissioners, public health, educators, 	Before, during and after pregnancy	Self-referral	Free	NHS

			perinatal mental health providers and GPs.				
Wellbeing and Exercise in pregnancy programme https://sussexl.mns.org/wepp/	Sussex	Expectant mothers and mothers 6-8 weeks after birth.	Provided access to safe and effective exercise and useful resources during and after pregnancy. Programme aims to encourage women to stay fit and well during pregnancy and after birth. Programme provides rest and relaxation audios that reduce stress levels in pregnancy and facilitate time to connect with baby. Website has a section that allows women to self-screen to ensure they are medically fit to exercise.	During pregnancy to 6-8 weeks after birth.	N/A (Self-referral to online resources.	Free	NHS
Specialist perinatal mental health service https://www.sussexpartnership.nhs.uk/application/files/4916/6627/6279/perinatal_service_leaflet_final_v4.pdf	Sussex and East Surrey	Mothers or expectant mothers who experience or have experienced severe mental health difficulties during pregnancy or up to a year after birth.	Community-based service with for mums and mums-to-be who have experienced severe mental health difficulties in the past, during pregnancy, or up to a year after birth. Intervention involves the creation of a care plan co-created by client and healthcare professional. Which can consist of on-going: <ul style="list-style-type: none"> - Advice. - Assessment. - Psychological treatment. - Parent-infant mental health interventions (PIMHS). - Or transfer of care to more appropriate services. 	Pre-conception through	Referral can be made by any health professional	Free	NHS
Brighton & Hove Therapy Hub	Brighton and Hove	Expectant mothers	Offers two practices within Brighton & Hove where therapists can book and hold their sessions. Website presents	Not specified	Self-referral	Private therapy	Privately funded

https://www.brightonandhovetherapyhub.co.uk/help-you-with/pregnancy-prenatal-mental-health/			<p>different therapists “specialising” in pregnancy (Prenatal Mental Health) which potential clients can book. Therapists include:</p> <ul style="list-style-type: none"> - Reflexologists - Psychotherapists - Craniosacral Therapists - Reiki Therapists - Counsellors - Hypnotherapists 			<p>(Each therapist with different pricing – such as £60 per 50-minute session)</p>	
<p>Hearts and Minds / Mothers Uncovered https://heartsandmindspartnership.org/blog/community-corner-mothers-uncovered https://mothersuncovered.com/</p>	<p>East and West Sussex</p>	<p>Mothers</p>	<p>Offers a range of different support groups including:</p> <ul style="list-style-type: none"> - First time mothers with babies under a year. - Mothers of older children. - Mothers of SEND (Special Education Needs or Disabilities) children. <p>Groups are peer led by past participants and involve structured discussions on specific topics such as body image, experience of being a mother and relationships with others. There are also guided writing, art, mindfulness or singing exercises.</p>	<p>Not specified</p>	<p>Self-referral</p>	<p>Free</p>	<p>Voluntary</p>
<p>Mind https://www.mindcharity.co.uk/</p>	<p>Brighton and Hove, West Sussex, and East Sussex</p>	<p>No specific referral criteria</p>	<p>Offers a range of different methods of support including:</p> <ul style="list-style-type: none"> - Mental health advice. - Health and social care advocacy - Peer support - Breathing space project (mental health support for tenants living in orbit accommodation.) - Peer mentoring. - Men’s mental health project. 	<p>Not specified</p>	<p>Self-referral</p>	<p>Free</p>	<p>Charity</p>

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<p>Pandas Foundation https://www.brighton-hove.gov.uk/adult-social-care-hub/health-and-adult-social-care-directory/pandas-foundation</p>	<p>UK</p>	<p>Any parent, expectant mothers, and their network (family members, friends, carers, employers).</p>	<p>Provides different methods of face-to-face and virtual support:</p> <ul style="list-style-type: none"> - PANDAS Support Groups offer the opportunity to meet other parents affected by perinatal mental illness. Group leaders offer support and advice and information about local activities and services. - Free helpline. Available on all landlines. Monday – Sunday 11am-10pm. Operated by trained volunteers who can have chat or direct caller to appropriate support. - Email support. Available 365 days a year, response within 72 hours. Providing information regarding perinatal mental health and support for people seeking support for themselves, a partner, friend, or colleague. - PANDAS Foundation Facebook Page – social media team are online 7 days a week providing inspiration, motivation and information on current news and reports on perinatal mental health. - <u>PANDAS Dads Facebook Page</u>. Developed to support partners and carers affected by perinatal mental illness. volunteers are on hand to offer support and information seven days a week. 	<p>Not specified</p>	<p>Self-referral</p>	<p>Free</p>	<p>Voluntary</p>
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<p>Women's Centre https://womenscentre.org.uk/</p>	<p>Sussex</p>	<p>Self-identifying women</p>	<p>Provide women-only services, including: Support services</p> <ul style="list-style-type: none"> - Support and information phonenumber. Wednesdays 10am - 12pm and Thursdays 10am - 12pm. Volunteers offer support, information, and signposting to other women's centre services. - Women's well-being hub. Thursday from 10am - 12pm. Providing in person, practical or emotional support and information. - Foodbank. Wednesday afternoons and is accessible via prior appointment only. <p>Counselling and psychotherapy</p> <ul style="list-style-type: none"> - Combination of talking therapy and movement psychotherapy. <p>Childcare Women's Accommodation Support Service Well-being activities Peer support groups Musculoskeletal (MSK) Link Worker Project, providing support with:</p> <ul style="list-style-type: none"> - accommodation - benefits, debt, and budgeting - relationships - drug and/or alcohol use - current and historic abuse or violence - thoughts, feelings, and habits - understanding and filling forms - finding work - accessing training or college courses 	<p>Not specified (Counselling and psychotherapy - 12 weeks)</p>	<p>Self-referral</p>	<p>Free (With the exception of counselling and psychotherapy - fees operating on a sliding scale depending on household income and Childcare - £5.50 per hour)</p>	<p>Community funded and voluntary</p>
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			<ul style="list-style-type: none"> - parenting - child contact - talking to other agencies and referrals into other support. 				
<p>Blue River Psychology https://www.blueriverpsychology.com/maternal-mental-health London and Brighton</p>	Brighton	Mothers and expectant mothers	<p>Maternal mental health support including:</p> <ul style="list-style-type: none"> - Post-natal Depression - Tokophobia - Perinatal loss - Maternal attachment difficulties - Baby gender Disappointment 	Not specified	Self-referral	Private therapy, but fees have not been specified online	Privately funded