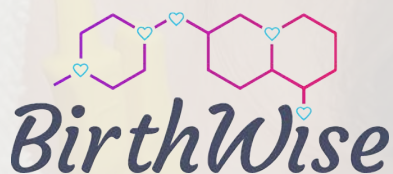




# BirthWise Survey

Giving birth in Northern Ireland during  
the Covid-19 pandemic



# Background

Birthwise, Northern Ireland's leading maternity charity, has been hearing from numerous distressed women and their partners\* who have been impacted by the restrictions brought in during the Covid-19 pandemic. While people have understood the need for changes and have been very supportive of HSC staff, these restrictions have nevertheless had an impact on many women and their partners.

As lockdown restrictions begin to ease, women have been expressing frustration that restrictions throughout maternity services have remained so stringent.

BirthWise therefore carried out a short-time survey to capture this feedback in a more structured way.

The survey was launched on Monday 22nd June at 10.30am and closed at midnight on Thursday 25th June 2020.

167 responses were received during this four-day window.

\*The term 'partner' generally refers to the baby's father or the woman's life partner. However some women's preferred partner/birth partner/visitor may be their own mother, or another relative or friend.

## Results

Respondents were from all five trust areas, with more responses from the South Eastern, Belfast, and Southern trust areas.

Belfast Trust - 27%

Northern Trust - 12%

South Eastern Trust - 34%

Southern Trust - 23%

Western Trust - 3%

The survey focused particularly on partner involvement in the woman's journey through maternity services. The key topics were:

- a. Scan appointments and
- b. Partner involvement during women's hospital stay.

*"I found the experience of scans without my partner there quite scary. In the run up to the first scan at 14 weeks I'd been struggling with abdominal pains, so I drove to it in fear that they wouldn't find a heartbeat or that something would be wrong. I recall telling the midwife to hide the screen until she'd checked there was definitely still a baby and that there was a heartbeat. Thankfully both that scan and the 20 week anomaly scan showed a happy and healthy baby. But I felt sad that my partner Kevin was unable to experience seeing the baby or hearing the heartbeat. This was hardest for him too."*

Photo: Tina Clarke is from Dromore and is 24 weeks pregnant. She will be having her baby in Lagan Valley midwifery led unit.





## Comments from women:

*Felt anxious as I have had difficulties in this pregnancy, had to have amnio as a few indicators of syndromes. Had to attend for fetal cardio scan as well alone.*

*My partner is also an advocate for me in situations where I might not speak out*

*Incredibly anxious in pregnancy after loss. Especially as I got bad news without him. Thankfully I had an incredible bereavement midwife there.*

*I had 2 scans for viability and miscarried so not having my husband there I feel was wrong. Obviously I get limiting the numbers limits the risk however women's mental health as well as Covid risk should have been taken into account. Luckily I am a very strong person however I can't imagine what women who suffer with anxiety etc went through having to attend alone.*

*I've had to attend growth scans as we've been told our baby isn't growing properly and they might have to medically intervene. I find it so hard to hear this news without my other half there, I'm a very emotional person so tend to shut down every week when they tell me there's been no improvement. My other half is very frustrated as he has so many questions but doesn't have any opportunity to ask so is resorting to google for information which obviously isn't reliable whatsoever.*

14% of women were able to have their partner with them during some or all scan appointments, as these scans took place prior to the restrictions being introduced in March 2020. Women's comments made it clear that this made a huge positive difference to both partners:

*Glad he was there as it helped us make the decision together to be induced.*

*We had a miscarriage previously so having him there helped reduce my anxiety.*

# Partner involvement during hospital stay

In our survey, 26% of women who responded had an antenatal stay, 40% of women had a postnatal stay and 20% of women spent time in an induction ward after restrictions were introduced in March 2020.

The majority of in-patient stays were in a shared ward (60%).

For women who stayed in hospital after March 2020, there were clear changes in access for partners. Once restrictions were introduced, partners were only facilitated to be present during the birth itself (specifically, once the woman was in active labour/on delivery ward) and for a short time after the baby was born (generally between 2 - 4 hours).

This meant that some women on induction wards were going through the majority of their labour alone, and women on antenatal and postnatal wards were spending, sometimes, days alone without seeing their partners. Partners were also unable to spend time with their babies in those precious hours and days after birth.



## Positive Experiences

When asked to outline any positives from their experience, the majority of the women commented on the care that they received from the staff while they were on the wards:

*The midwives, doctors and other staff were exceptionally supportive during my time in hospital.*

*They made the birthing experience so positive and helped me more than I can describe, from my arrival at hospital until I left.*

*The midwives - I can't speak highly enough of them for how attentive they were and how much they made a difficult and lonely situation so much brighter for me*

## Challenges

Women also described what they found difficult during their stay:

*My husband had to leave me and our newborn when we went up to the ward. We didn't get to see him until 2 days later when we were discharged. I found that more traumatic than labour.*

*For a new mum who just went through 40 odd hours of induction, labouring & eventually the birth I was exhausted and could really have used my partners help at this stage.*

*Entering the hospital alone to be examined was very difficult as I was in established labour.*

*Being alone without my husband, I found this particularly difficult after I had our baby and was on the ward. Facetime calls are not the same. This is our first baby and I feel we missed out on special bonding time.*

*After baby was born via section, he had 3hrs until I was brought to private room, I feel I needed more time as I was quite emotional and frightened after surgery.*





As there was a sense of loneliness during a stay on the ward, having a partner present would have provided women with emotional support and company. But they would have also provided practical support postnatally, particularly for women who had a caesarean birth. Here are the key themes women highlighted regarding support:

*Emotional support from my partner and having him there so that I could use the bathroom/ hygiene facilities especially after a c section! It was obvious that the staff were incredibly busy!*

*Company in the dark hours of the night when my baby was crying, emotional support when I was exhausted and drained, reassurance that I'm doing the right thing. I also would have appreciated it if my husband could have been there for all the checks, explanations and discharge info as I was so tired and emotional I struggled to remember all the information I was told.*

*I had no-one to stay with baby when I needed a shower. I felt very scared leaving her alone on the ward while I had a very quick shower. This was the same when I needed to use the toilet*

*Help to get in/out of bed, fetch things, hold/lift/change baby, pack suitcase*

*Someone to talk to as it can be very lonely and emotional having your first baby then being left alone.*

*Practical support with looking after newborn, emotional support- particularly as our first baby died as neonate*

*Physically I was in recovery from major surgery. I needed more practical support than I got from the staff there and I felt as though I couldn't really ask for everything I needed.*

As the majority of women commented that having their partner there for both emotional and physical support was important to them, we asked at which times they felt partner support would have been most useful.

[Totals are more than 100% as women could choose more than one option]

Morning 7am - 12pm - 43%  
Early afternoon 12pm - 3pm - 46%  
Late afternoon 3pm - 5pm - 47%  
Early evening 5pm - 8pm - 72%  
Late evening 8pm - 10pm - 54%

The 'twilight' period (5 - 8pm) was the most popular choice, with 72% of women in the survey indicating that time was when having a partner present would have been most helpful.

### Benefits of some restricted visiting on postnatal wards

Some women commented that **not** having other visitors on the postnatal ward was a positive experience:

*It was nice not having extended family visiting or family of other patients*

*I enjoyed not having any visitors postnatal as it gave me more time to rest and recover and establish breastfeeding.*

*Postnatal was great, I was in a shared 4 bed ward here and enjoyed meeting other mothers and the amazing care and knowledge shared by the midwives.*

*I enjoyed the no visitors rule as it helped maintain the privacy and dignity of women in one of the most vulnerable times of their life.*

*Ward was quiet with just mums and babies and I felt more relaxed without a lot of visitors on ward*

*Really enjoyed talking to all the other women. A really enjoyable experience was actually able to rest during rest times. Last baby the ward was crazy- loud, lots of visitors and curtains always closed blocking the natural daylight. This time more quiet, calm and lots of chat with the other mums.*

It is clear that the priority for the women in our survey is visits from their own partner, and that other visitors and extended visiting times may inadvertently interfere with women's need for rest, recovery, and privacy.

*“The partner restrictions have been hard. This is our first baby and we were looking forward to sharing all these special experiences with each other. Not having my husband Conor at scans, (particularly the 20 week) is very hard for both him and me, as we feel like he has missed out. He heard our baby’s heartbeat at our booking appointment and has had no interaction since. We do understand why these measures were in place, and are grateful the maternity services took the careful measures they did during the pandemic - we felt very safe. But we hope the restrictions ease slightly so we can experience a more normalised birth and that Conor can be a part of our postnatal journey in hospital.”*

**Photo:** Siân Mulholland. Siân is 33 weeks pregnant and is from Bangor. Her baby will be born in the Royal maternity hospital, where she also works as a midwife.



*“Luckily, the restrictions were only coming in when I had Eben. Post-natal contact with the midwives was mostly done over the phone. I really missed having someone “check in” on the baby. He was jaundiced for a long time which I was concerned about.”*

**Photo:** Gemma Woods and baby Eben post caesarean section.

The photo shows Gemma Woods from Banbridge. Her baby, Eben, was born in Daisy Hill hospital in March.

# Recommendations

Although maternity staff are extremely supportive and caring, there is a strong message from the BirthWise survey that women are feeling alone and unsupported without their partners present, whether during scans or during a stay in one of the wards.

While the previous restrictions were understood and respected by women, and while there is a recognised ongoing need to maintain reduced footfall in healthcare buildings, the BirthWise survey shows clearly that women would now like to see the following changes:

## Scan appointments:

All women should be facilitated to have a partner attend booking and anomaly scan appointments. Women who have concerns in this pregnancy, or previous loss, should be facilitated to have a partner attend all appointments.

## Early labour and induction:

Women should be facilitated to have their chosen birth partners with them throughout labour and birth. This includes during induction, assessment and admissions, and on labour wards and midwife led units.

## Antenatal/postnatal wards:

1. Partner visits should be facilitated once a day, and more frequently in exceptional circumstances. Women's preferred time for such visits is the 'twilight' period of 5-8pm.
2. Consideration should be given to maintaining some visitor restrictions in the longer-term, given the positive feedback from women on the advantages to not having open visiting for other family members.