NATIONAL Maternity Voices

Supporting maternity & neonatal voices partnerships

MNVP Star Awards

Hosts Natalie Whyte & Louise Griew

INDUCTION
CO-PRODUCTION PROJECT

SURREY AND SUSSEX
Maternity & Neonatal Voices
Working in partnership to improve maternity & neonatal services

Aim: To work together with Surrey & Sussex Healthcare Trust to improve induction experiences for women and birthing people.

THE PROJECT

By the summer of 2024, poor induction experiences were consistently coming up in our MNVP feedback themes. A need was also identified to review and address the volume of inductions at East Surrey.

Based on anecdotal evidence, feedback from SASH, and feedback from MNVP surveys, we launched a co-production project into induction.

In September 2024, we gathered together for a co-production event and discussed experiences of induction and what changes service users would like.

SASH STAFF INVOLVEMENT

Former HoM **Louise Frost** / Current HoM **Isata Tarawallie** / Current DoM **Rosemary Idiaghe** / Consultant Midwife **Emily Calderon** / Matron **Amy Oehlers** / working group team of other matrons and midwives.

SERVICE USER INVOLVEMENT

- Women and birthing people gave induction feedback via surveys, online focus group and 1:1 discussions with MNVP Co-Leads.
- Some attended the co-production day and shared their experiences in front of over 25 staff from SASH Maternity, Neonatal and external teams such as Health Visitors.
- During the day, we split into groups to review:
  - -Information leaflets
  - -Local guidance
  - -National guidance
  - -Existing support and medical information for those experiencing or choosing induction of labour
- Following this review, a range of actions were created as part of an 18-month co-production programme to drive change.
- Service users remained involved throughout the review and implementation process.
- We also asked service users how they would like to access information.

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What Happened Next?

CHANGES

NEW Local induction guidelines developed to be in line with national guidance. IOL offered between 41+0 - 41+5 (was from 40+5)

Training for midwives, support workers, obstetric consultants and teams sharing the service user feedback and subsequent changes.

New IOL Booking form prompting evidence based discussion and informed decision making.

Outside guidance IOL reviewed daily by senior midwife and obstetrician before booking.

Patient Information updated including:

- NEW Induction information leaflet providing information on post dates, outpatient induction and large babies (LGA).
- NEW antenatal webinar for families
- NEW padlet resource for parents including information on biomechanics, pain relief and relaxation.
- Translated materials.

Review of staff rotas. Priority ratings added if IOL needs to be moved due to high activity.

BENEFITS & IMPACT

Audit and review is ongoing. We plan to use our Walk the Patch, and re-launch our induction specific survey towards the end of 2026 also, to gather women and birthing peoples feedback on the changes and hear current feedback. The Trust will continue to capture staff feedback on the processes..

After one month, audit shows:

- Initial signs of reduced IoL rates for prolonged pregnancies and overall reduction of IoL in May, vs. April.
- Increased use of birth centre births and births in water.
- Positive feedback on resources from midwives.
- Women and birthing people accessing resources and verbal positive feedback on them.
- Full compliance from midwifery and obstetric team using the new booking proforma.
- MDT reviews of out of guidance referrals has allowed deep dive into theme of LGA<40 weeks, allowing for educating on evidence around LGA for IOL.

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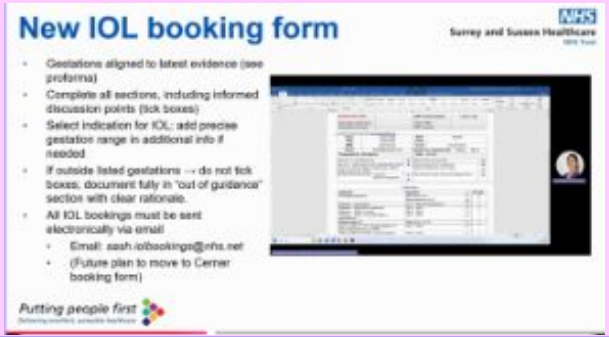

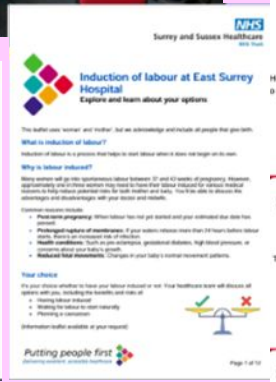

Listening Nominees

NATIONAL Maternity Voices

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• Wigan MNVP	Partners able to stay overnight	lead worked closely with staff
• North Manchester MNVP	Birth Centre Video	MLU births increasing
• Bolton MNVP	Signposting in hospital renovation	practical improvement
• Staffordshire & Stoke MNVP	Neonatal unit signage	practical action after 15 steps
• North Manchester MNVP	Inclusive signposting	practical action on equity
• Bristol, N. Somerset & S. Gloucs	Unconscious bias	supports compassionate care
• Chelsea & Westminster MNVP	SU voice in recruitment	co-production in recruitment
• Tameside MNVP	Late Booking	key safety & equity issue

Listening Stars

NATIONAL Maternity Voices
Supporting maternity & neonatal voices partnerships

- ★ Barking, Havering and Redbridge MNVP — Pain Relief Management
  - addressing a key source of complaints and inequity
- ★ Staffordshire and Stoke on Trent MNVP — Hyperemesis Listening Session
  - bringing service users & staff together to discuss a distressing minority condition

BHRUT
Maternity & Neonatal Voices
Working in partnership to improve maternity & neonatal services

Barking, Havering and Redbridge University Hospitals NHS Trust

Pain Relief Management Improvement Project

MNVP National Star Award Presentation

Presented by:
BHRUT MNVP

The Challenge: Delayed Pain Relief in Triage

"Women reported significant pain but were not offered analgesia promptly"

Service user complaints highlighted consistent delays in analgesia during triage and transfer waits. Women experiencing significant pain were not offered pain relief promptly, negatively impacting their comfort, dignity, and overall care experience. Complaints were also received in the FFT forms and CQC survey. These concerns, raised through MNVP, identified a clear gap in timely, patient-centred pain management that required urgent collaborative action.

BHRUT Maternity Services Users

Ethnicity Delivery Data

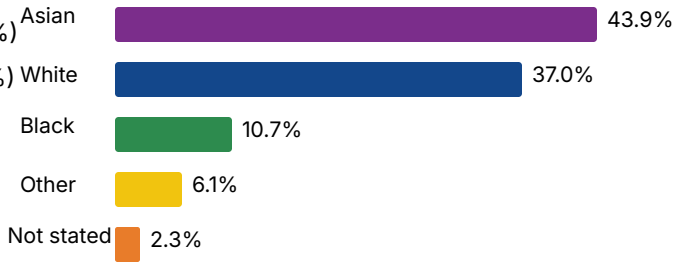
6,905
Total Deliveries

3,033	2,552	742	156
Asian ethnic (43.9%)	White ethnic (37.0%)	Black ethnic (10.7%)	Not stated (2.3%)

Deliveries by broad ethnic group

- Asian ethnic groups: 3,033 (43.9%)
- White ethnic groups: 2,552 (37.0%)
- Black ethnic groups: 742 (10.7%)
- Not known/not stated: 156 (2.3%)
- Other ethnic groups*: 422 (6.1%)

Breakdown by percentage



Collaborative Approach to Improvement

A Task & Finish Group was formed, bringing together MNVP, midwifery leadership, anaesthetist, consultant midwife for public health, maternity education team, obstetric consultant, consultants, Ward Managers, Matrons and pharmacists to co-develop meaningful, patient-centred solutions.

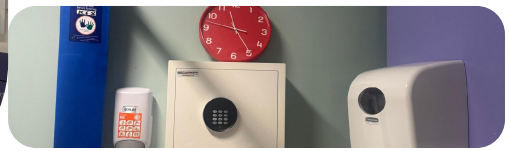
Task & Finish Group Leadership

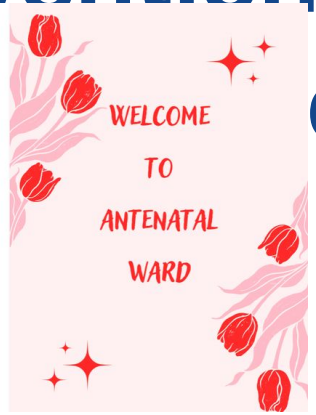
Led by the Better Birth & Multi-Ethnic Empowerment Senior Lead Midwife, the group united clinical expertise with lived experience to drive culturally appropriate, evidence-based improvements in triage pain relief.

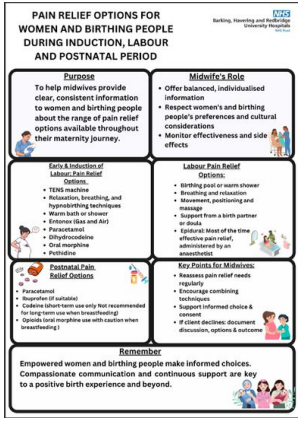
Service User & MNVP Engagement

MNVP raised service user concerns, co-developed solutions, and ensured diverse voices shaped every intervention, resulting in inclusive, patient-centred improvements reflecting the needs of all women.

Systemic Interventions Implemented







Medicines Access & Drug Administration

Installation of a medicines cabinet in the Initial Assessment Room for timely analgesia access. Drug trolleys deployed to enable simultaneous drug rounds, significantly reducing administration delays for women.

Patient Information & Communication

Pain relief posters created and distributed across the ward. Pain relief information included in the "Welcome to the Ward" booklet, ensuring all women receive clear, culturally appropriate guidance on available pain management options.

Evidence of Impact: Epidural Timeliness Audit

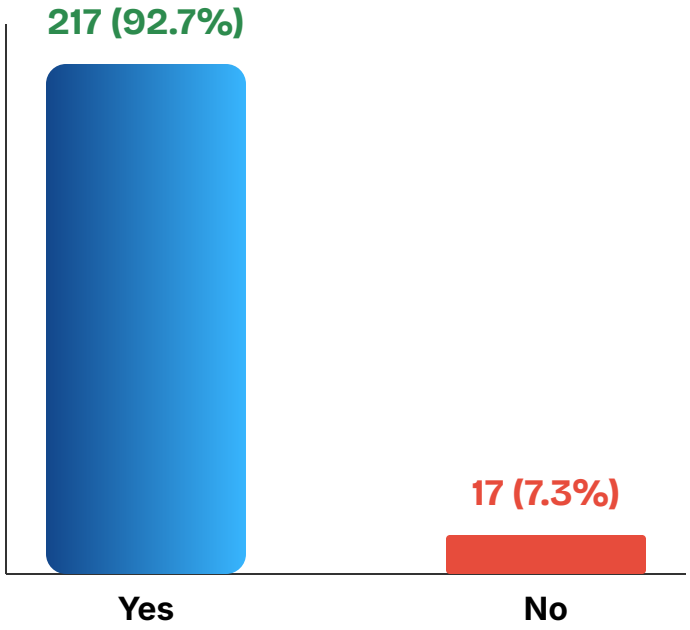
95.4% Compliance Achieved

1,312 of 1,375 women received their epidural within 30 minutes of request.

The remaining 4.6% of cases are being closely monitored. "This audit demonstrates a remarkable and sustained improvement in timely pain relief, a testament to the dedication of the whole team."

Pain Relief Satisfaction Survey

Total Responses: 234



Were you offered pain relief in a timely manner?

This chart shows responses from 234 service users(January-June 2026) asked whether they were offered pain relief in a timely manner. The overwhelming majority (92.7%) reported receiving timely pain relief, while 7.3% indicated they did not. These findings informed the Task & Finish Group's work to improve equitable access to pain relief across maternity triage

Benefits and Positive Outcomes

Improved patient experience

Women in triage reported significantly reduced pain and distress following timely access to analgesia, leading to a more positive and dignified care experience throughout the maternity pathway.

Enhanced staff efficiency

Drug trolleys enabling simultaneous rounds reduced administration delays, freeing midwives to focus on clinical care and improving overall workflow across the triage and ward environment.

Pain relief posters and updated 'Welcome to the Ward' booklets improved patient understanding and help them make informed decision. Strengthened collaboration between MNVP, midwifery leadership, and service users has embedded a culture of continuous, patient-centred quality improvement.

HYPEREMESIS GRAVIDARUM

LISTENING INTO ACTION

STAFFORDSHIRE & STOKE-ON-TRENT
Maternity & Neonatal Voices
Working in partnership to improve maternity & neonatal services

EVERY VOICE MATTERS

- MNVP meeting identified recurring concerns about Hyperemesis Gravidarum
- Women reported a lack of awareness, education and compassionate care
- Organised a dedicated listening event to understand experiences and identify areas of improvement

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THE LISTENING EVENT

STAFFORDSHIRE & STOKE-ON-TRENT
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WOMEN'S VOICES

"I was ready to have a termination until the medication kicked in"

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Working in partnership to improve maternity & neonatal services

THE IMPACT

- Feedback collated and shared with hospital trust
- Informed service improvement discussions
- Assisted in further development of staff education
- Raised awareness of risks and importance of equitable care

THANK YOU

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Co-production Nominees

NATIONAL Maternity Voices
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- Baywide MNVP — Induction of Labour Video
  - staff & service users working together
- Greater Manchester MNVP — Induction of Labour project
  - listening to both staff & service users
- Central Cheshire MNVP — Maternity & Neonatal Infographic
  - Neonatal involvement in co-production
- Staffordshire & Stoke on Trent MNVP — Breastfeeding Padlet
  - widely accessible digital resource
- Lister MNVP — Improvement to Discharge Process
  - co-produced solution following service user feedback
- Coventry & Warwickshire MNVP — Neuroinclusive Maternity Passports
  - facilitating personalised care

Co-production Stars

NATIONAL Maternity Voices
Supporting maternity & neonatal voices partnerships

- ★ Surrey and Sussex Healthcare MNVP — Induction Co-production
  - ongoing co-production which resulted in many changes to practice
- ★ Chelsea & Westminster MNVP — Personalised Care for NICU parents
  - joining neonatal & maternity care
- ★ Wirral MNVP — Trisomy 21 Pregnancy & Beyond
  - Multi disciplinary work addressing minority needs
- ★ Greater Manchester MNVP — Multilingual Pre-term Birth Leaflet
  - Practical action based on deep understanding of marginalised service users

Co-Production of our Personalised Care and Support Plan for NICU/SCBU parents

ChelWest MNVP

how the project arose

We don't feel cared for.

We're 'told off' for missing medication rounds and meal times, but nobody tells us when they are.

Staff don't know how to talk to us.

Why is there such a disconnect between the postnatal and neonatal units?

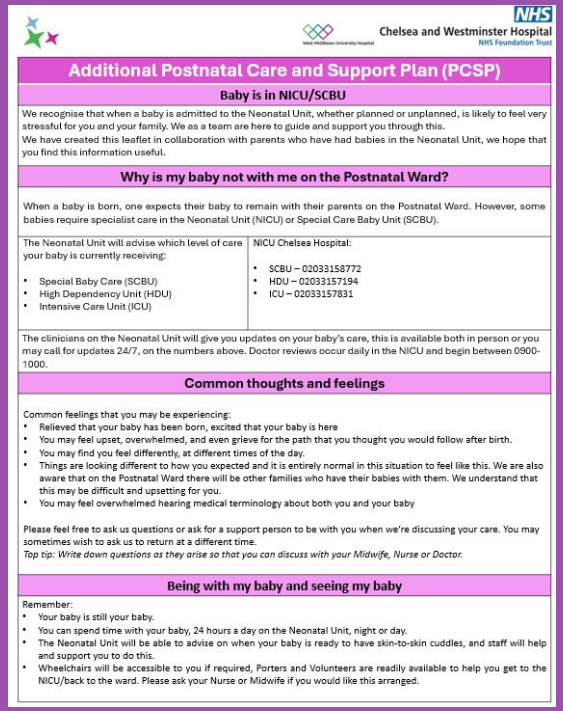
18m of co-design and co-production

Listening to authentic feedback

Workstream in Cross-Site Postnatal Care Group (MDT)

Service User near-final review

Launch and regularly revisit



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NHS Foundation Trust

Additional Postnatal Care and Support Plan (PCSP)

Baby is in NICU/SCBU

We recognise that when a baby is admitted to the Neonatal Unit, whether planned or unplanned, is likely to feel very stressful for you and your family. We as a team are here to guide and support you through this.
We have created this leaflet in collaboration with parents who have had babies in the Neonatal Unit, we hope that you find this information useful.

Why is my baby not with me on the Postnatal Ward?

When a baby is born, one expects their baby to remain with their parents on the Postnatal Ward. However, some babies require specialist care in the Neonatal Unit (NICU) or Special Care Baby Unit (SCBU).

The Neonatal Unit will advise which level of care your baby is currently receiving: • Special Baby Care (SCBU) • High Dependency Unit (HDU) • Intensive Care Unit (ICU)	NICU Chelsea Hospital: • SCBU – 02033158772 • HDU – 02033157194 • ICU – 02033157831

The clinicians on the Neonatal Unit will give you updates on your baby's care, this is available both in person or you may call for updates 24/7, on the numbers above. Doctor reviews occur daily in the NICU and begin between 0900-1000.

Common thoughts and feelings

Common feelings that you may be experiencing:
- Relieved that your baby has been born, excited that your baby is here
- You may feel upset, overwhelmed, and even grieve for the path that you thought you would follow after birth.
- You may find you feel differently, at different times of the day.
- Things are looking different to how you expected and it is entirely normal in this situation to feel like this. We are also aware that on the Postnatal Ward there will be other families who have their babies with them. We understand that this may be difficult and upsetting for you.
- You may feel overwhelmed hearing medical terminology about both you and your baby

Please feel free to ask us questions or ask for a support person to be with you when we're discussing your care. You may sometimes wish to ask us to return at a different time.
Top tip: Write down questions as they arise so that you can discuss with your Midwife, Nurse or Doctor.

Being with my baby and seeing my baby

Remember:
- Your baby is still your baby.
- You can spend time with your baby, 24 hours a day on the Neonatal Unit, night or day.
- The Neonatal Unit will be able to advise on when your baby is ready to have skin-to-skin cuddles, and staff will help and support you to do this.
- Wheelchairs will be accessible to you if required, Porters and Volunteers are readily available to help you get to the NICU/back to the ward. Please ask your Nurse or Midwife if you would like this arranged.

Our Names

Our baby's/ Babies' Name(s)

Our baby/babies was/were born at ..... weeks

My baby/babies are currently receiving care in NICU/SCBU, this means they are not with me here on the ward. Things that may help me are ...

Whenever possible, ensure I am not placed on a bay with women/birthing people who have their babies with them. This could be upsetting and distressing for me, as my baby is not with me. If this is not possible, explain this to me and that you recognise this is going to be difficult for me.

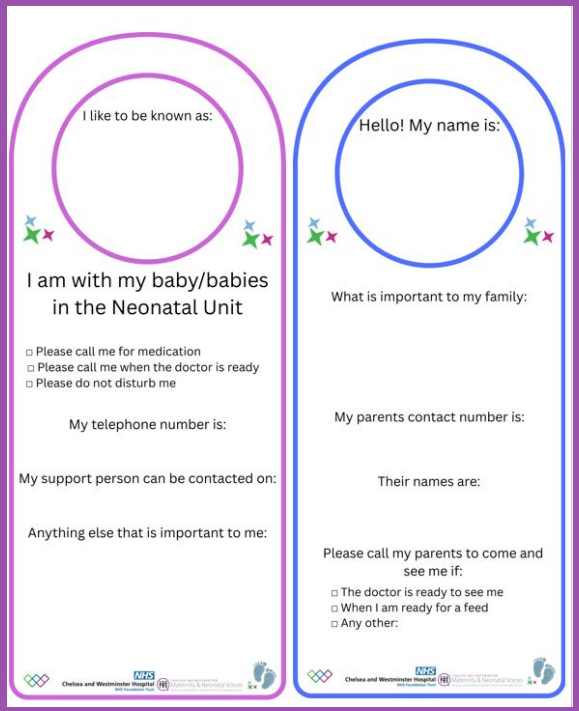
Remember to talk about my baby, and their name (if/when named), whilst I receive care on the Postnatal Ward.

Remember, I am receiving a large amount of medical information, not just about my care but my baby's too. I am also the parent of a patient/patients. I may need to be given time to understand information, may need to ask questions later, or even ask that it waits until a different time, if I am feeling overwhelmed. I may ask that I have my partner or a family member present to support me

Encourage me, when I feel ready and able to, to spend time with my baby to help minimise the separation I am currently experiencing when we are in two different places in the hospital.

You can make doing this easier for me, by remembering I still need access to my medical reviews, pain relief and mealtimes, when I am also visiting another ward.

I may be feeling like the situation is out of my control, so It's important that I still have choices about my care, like when I see my baby, or how I would like to feed my baby.



I like to be known as:

I am with my baby/babies in the Neonatal Unit

- □ Please call me for medication
- □ Please call me when the doctor is ready
- □ Please do not disturb me

My telephone number is:

My support person can be contacted on:

Anything else that is important to me:

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Hello! My name is:

What is important to my family:

My parents contact number is:

Their names are:

Please call my parents to come and see me if:

- □ The doctor is ready to see me
- □ When I am ready for a feed
- □ Any other:

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benefits of the project

- ‘This would have made such a different to my care.’
- Improved equity in postnatal care.
- Confident care, that is trauma-informed and responsive to families’ needs.
- Families being empowered with information and resources they need to be equitable partners in their baby’s care from day 0.
- Improved consistency of access to information, so this doesn’t vary between staff teams.
- Easy adoption beyond London Trusts and the South West ODN.

Wirral Family Voices: Trisomy 21, Pregnancy and Beyond

Presented by
Steph Dalby
Wirral Maternity & Neonatal Voice Partnership

Purpose:
Sharing family experiences to support learning and improvement across services.

Why This Work Was Undertaken

•An increase in Down syndrome diagnoses locally in 2025, alongside feedback from families reporting inconsistent experiences of screening, diagnosis delivery, and early support, prompted this project.

•Key facts:

•Experiences from **17 families**

•Diagnoses between **2001 and 2025**

•Data collected through **in-depth interviews over four months**

What Families Told us

Families consistently said that the trauma they experienced was often not the diagnosis itself, but the way the diagnosis and information were communicated.

Families' experiences often reflected challenges at the points where services connect rather than within one service alone.

"At the end of the day people won't remember what you said or did, they will remember how you made them feel."

— Maya Angelou

What happened next?

A multidisciplinary working group (MDT) has been established in partnership with the MNVP to develop a dedicated Wirral pathway for families with children with Down syndrome consisting of:-

- Neonatal nurses
- Midwives
- Medics – Obstetricians, Neonatologists and Pediatricians
- Health Visitors and School nurses
- Perinatal Mental Health Team
- EDI Leads
- Sundowns charity

Sundowns is also working to develop a peer support network to help families navigate services and life with a child with Down syndrome.

Bereavement input on the horizon.

Designed by Families, for Families

Each support box has been carefully designed by parents with lived experience and contains practical resources, trusted information, keepsakes and details of local support services to ensure families feel informed, supported and connected from the very beginning of their journey.

Impact

- Co-produced with families with lived experience.
- Developed in partnership with Sundowns and Wirral University Teaching Hospital.
- Provides immediate access to reliable information and local support.

Aims to reduce isolation and improve families' experience at the point of diagnosis.

"I would have loved to have received something like this when we got our diagnosis. We were never given any information at all from Arrowe Park aside from verbal confirmation of a diagnosis, so I'm glad to see things are improving."
– Parent feedback

Captured on film…

Local families have shared their lived experiences through professionally produced films, creating bespoke training resources for staff across Wirral. These resources will support discussion, reflection, and education for healthcare professionals involved in the care of these families.

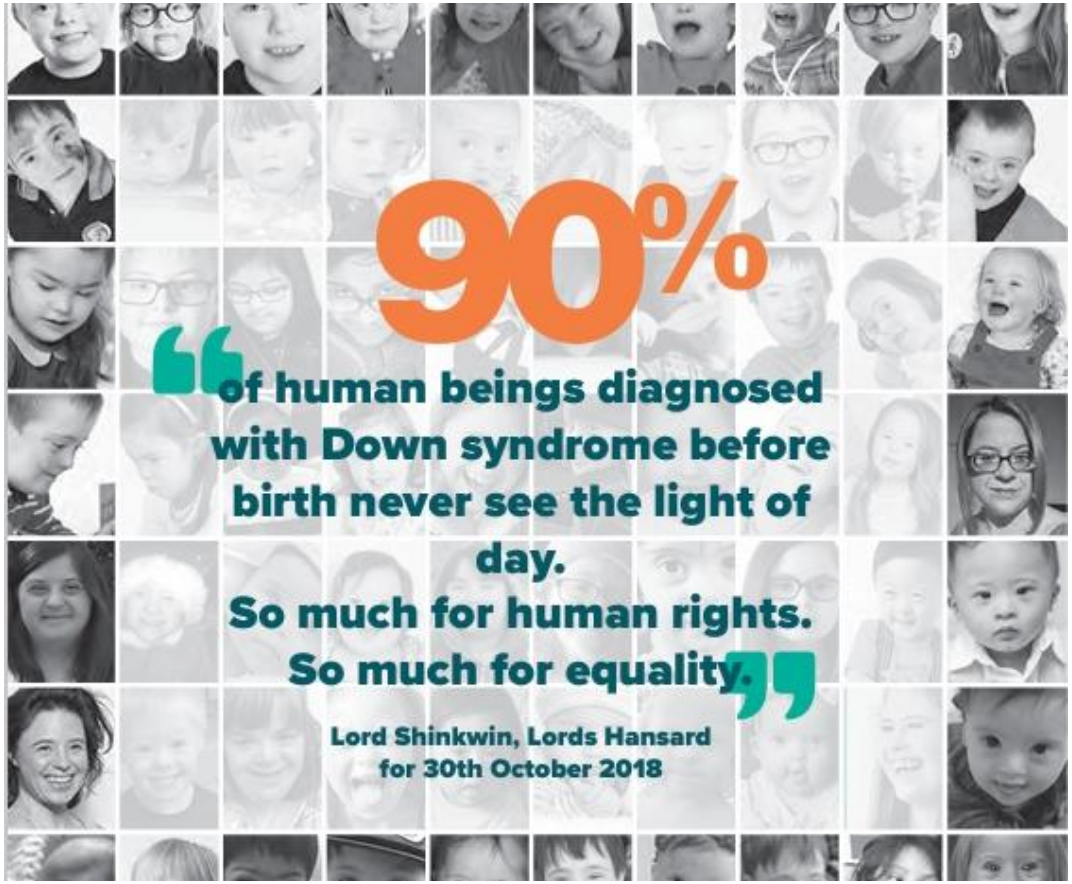
National Picture

Research across the UK highlights that the way a diagnosis is communicated has a significant impact on parents' emotional wellbeing and their experience of maternity care.

Key themes reported nationally include:

- Parents often report **insufficient emotional support when receiving a diagnosis**.
- Some families receive **limited or outdated information about Down syndrome**.
- Communication can sometimes feel **negative or overly clinical**, rather than balanced and supportive.
- Access to **peer support or parent networks is often delayed or not signposted**.

Rutter, T., Hastings, R., Enoch, N., Flynn, S., Randell, M., & Stinton, C. (2025). Down Syndrome in British Maternity Care: Mothers' Experiences of Prenatal Testing and Receiving a Prenatal or Postnatal Diagnosis. *Journal of applied research in intellectual disabilities : JARID*, *38*(6), e70160. https://doi.org/10.1111/jar.70160


90%
"of human beings diagnosed with Down syndrome before birth never see the light of day.
So much for human rights.
So much for equality."
Lord Shinkwin, Lords Hansard
for 30th October 2018

Voices for Choices

COMMUNITY INTEREST COMPANY

spoons
neonatal family support

Greater Manchester
Maternity & Neonatal Voices

Women and Communities Co-producing Pre-term Birth Information

Cathy Brewster & Natalie Qureshi | GM MNVP Co-Leads
Caroline Finch | Programme Manager - Patient Safety Collaborative, Health Innovation Manchester

Health Innovation Manchester

GREATER MANCHESTER
LOCAL MATERNITY AND NEONATAL SYSTEM
Part of GM Integrated Care Partnership

Women's CHAI Project
Care, Help & Inspire

How women shaped the final resource

Women shaped the language, images and format through multiple co-design sessions.

Greater Manchester
Maternity & Neonatal Voices

Understand → Co-design → Test → Refine

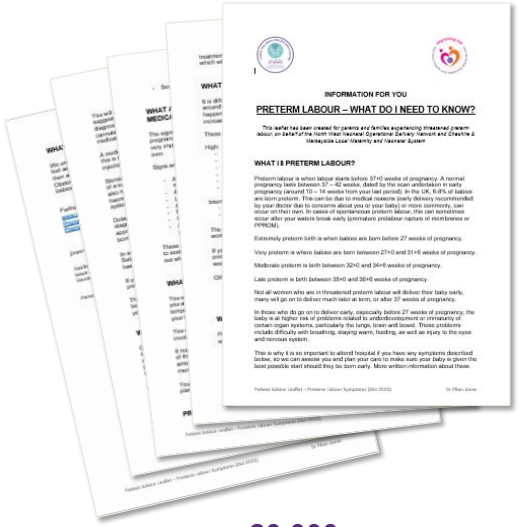
Clinical expertise + Community expertise = Information that works


Greater Manchester MNVPS
VISITOR
hello my name is
Cathy Brewster
Maternity Voices Lead
Pronouns: (she/her)
NHS

From women's voices to system-wide impact

Greater Manchester
Maternity & Neonatal Voices

Before



After

"*There's a stark difference*"

Yasmeen Bano, Women's CHAI Project participant

20,000+
Copies printed

7
Languages

18 months
Co-producing with women

Adopted by
other NHS regions

National Maternity Voices

NATIONAL Maternity Voices

Supporting maternity & neonatal voices partnerships

Provides information and services in support of service user influence:

- MVP Toolkit, MNVP Map, networking
- MNVP training: multidisciplinary, bespoke or open, general or co-production
- Logos, Lanyards, expense administration
- Consultancy

We have had no external funding for these awards and would appreciate a contribution to our costs: suggested £5 per person

Project Contacts

Barking, Havering & Redbridge MNVP	Pain Relief Management	bhrut.mnvp@nhs.net
Staffordshire & Stoke on Trent MNVP	Hyperemesis Listening	sasot.mvp@nhs.net
Surrey & Sussex Healthcare MNVP	Induction Co-production	sashmnvp@gmail.com
Chelsea & Westminster MNVP	Personalised Care for NICU parents	chelwest.mnvp@nhs.net
Wirral MNVP	Trisomy 21 Pregnancy & Beyond	wirral_maternity_voices@outlook.com
Greater Manchester MNVP	Multilingual Pre-term Birth Leaflet	natalie@voicesforchoices.org.uk

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