

Maternal Mental Wellbeing **in Brent**



March 2021

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EXECUTIVE SUMMARY

Why did we do this project?

Healthwatch Brent had heard from the community that perinatal mental health was a concern. Existing research in Brent indicated that perinatal mental illness affected approximately 20% of women¹.

The Covid-19 pandemic has exacerbated challenges around perinatal mental health, and this theme exists across all aspects of mental health. We decided to progress this project, and broaden its scope to assess the impact of Covid-19 on maternal mental wellbeing in Brent, focusing on general mental wellbeing, access to services and the birth experience.

What we did and who we spoke to?

We did some background research to assess the existing information available at perinatal mental illness in Brent, and attended the BAME Birthing with Colour Conference held in November to better understand perinatal mental illness.

We developed a survey on Google Forms that was then distributed through our partners, and our social media channels. In total, we received 31 survey responses, 22 of which are included in this report, as 9 of the responses received were not relevant (e.g. responses from women who had not given birth in the timeline specified, nor were they currently pregnant). We received 9 responses from women who were currently pregnant, and 13 responses from women who had already given birth (at the time of responding to the survey). We collected responses from mid-December until early March.

We received responses from a wide cross-section of Brent's diverse population, and the demographics of residents we heard from reflected Brent's communities. A full breakdown of the demographics can be seen in appendix I.

We developed a partnership with the Northwick Park Maternity Voices Partnership, who were instrumental in supporting the distribution of the survey.

We also conducted in-depth interviews with 5 Brent women to better understand their birth experiences during the pandemic. This provided us with additional qualitative insights.

This report summarises our findings, and provides a snapshot of the experiences of Brent women during an unprecedented period of history.

¹ <https://www.england.nhs.uk/wp-content/uploads/2017/07/cfv-brent-mhidp.pdf>

What did people tell us?

Residents told us that the Covid-19 pandemic had impacted their mental wellbeing, during pregnancy as well as postpartum. The main area that residents struggled with was the lack of support and isolation, with residents reporting that they felt isolated from health services as well as their friends and family. The main areas that residents wanted us to look at further were around community support, and improving accessibility of existing services.

What would we recommend?

- 1) Breastfeeding continues to be challenging, and it is important to address this. The pandemic has exacerbated existing barriers to breastfeeding. We recommend prioritising breastfeeding support for new mothers to ensure they feel supported and empowered to make the right choice for them and their baby. This could be achieved by strengthening links between health visitors and breastfeeding support services that are operating in Brent, to identify women who may be struggling and link them up with the right support.
- 2) One of the key points raised by residents was around a lack of support during scans as, early on in the pandemic, pregnant women were unable to have anyone attend pregnancy scans with them. In light of this, we would recommend that, should there be another lockdown or wave of this pandemic, safe ways of continuing to allow women to have a support person present are explored and implemented.
- 3) Although most residents were able to access appointments with health care professionals, there was some lack of continuity of care, particularly when it came to accessing health visitors postpartum. As such, we would recommend that postpartum support is reviewed, with a specific focus on how access to health visitors can be improved.
- 4) We recommend that services across all areas of perinatal care review how face-to-face appointments could continue in the future, should another lockdown or pandemic occur. Feedback from residents was clear that face-to-face appointments would have been preferable to phone and video appointments.
- 5) It is important to recognise the role of the voluntary and community sector in providing additional support to expectant and new mothers. Midwifery services and GP services should continue to develop close working partnerships with community organisations to ensure women feel supported.
- 6) Make better use of existing links and networks, and promote maternal mental wellbeing at all stages.

ACKNOWLEDGEMENTS

A special thanks to those women who provided survey responses, and those women who were interviewed by us. An additional thanks to the Northwick Park Maternity Voices Partnership, whose support for this project has been invaluable.

INTRODUCTION

Healthwatch Brent is part of a national network led by Healthwatch England, which was established through the Health and Social Care Act in 2012, to give service users of health and social care services a powerful voice both locally and nationally. Healthwatch Brent is delivered by CommUNITY Barnet, an award winning, multi-borough charity based in London. We are the independent voice for people's views on Brent services, both good and bad. We listen to local people and feedback patient experience and liaise with local commissioners and decision makers, in order to improve services.

During the first quarter of 2020 we had set out to look into how BAME pregnant women disproportionately experience perinatal mental illness². In light of the Covid-19 pandemic and subsequent lockdown, the scope of the project changed. The focus shifted to look at the experiences of pregnant women and those who had given birth during the lockdown period (Mar 2020 - Feb 2021), and the impact of this on maternal mental wellbeing.

The Covid-19 pandemic disproportionately affects women who are known to have socioeconomic inequalities, gender and racial inequalities - these inequalities are further exacerbated for women who are pregnant³. Reports have shown that the majority of pregnant women who passed away during the pandemic were from BAME backgrounds⁴, this coincides with findings from the MACBRE report that show that women from a BAME background were more likely to pass away during and after giving birth.

The COVID-19 BAME Public Health England report highlighted the direct effect of COVID-19 on Black, Asian, Minority Ethnic (BAME) populations. It was found that BAME communities are more at risk to suffer severe effects and, more likely to die once infected with COVID-19. It notes that the pandemic exposed and exacerbated longstanding structural inequalities that particularly affect BAME populations in the UK⁵. As Brent has been one of the worst hit boroughs by the pandemic⁶ and, with 66.4% of the population of Brent coming from BAME backgrounds⁷, Healthwatch Brent sought to understand the effect of social isolation on new and expectant mothers.

² <https://evidence.nihr.ac.uk/alert/new-insights-into-how-ethnicity-and-culture-affect-maternal-mental-health/>

³ https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMH_MaternalMHPandemic_FullReport_0.pdf

⁴ <https://www.independent.co.uk/news/health/coronavirus-pregnant-women-deaths-ethnic-minority-nhs-maternity-a9679871.html>

⁵ PHE COVID-19 BAME report, June 2020

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

⁶ <https://www.kilburntimes.co.uk/news/health/brent-has-highest-COVID-mortality-rate-in-uk-1-6704545>

⁷ Brent JSNA December 2014; <https://www.brent.gov.uk/media/11085556/BrentJSNA-Health-and-Wellbeing-in-Brent-Dec-2014.pdf>

The Healthwatch Brent team had received feedback on the effects of social isolation on expectant mothers and people who had recently given birth. In the early stages of the pandemic, pregnant women were classified as high-risk and asked to shield. We had received feedback that this guidance accompanied with the changes to services had a compounded impact on the mental health of pregnant residents.

We had heard anecdotal evidence of challenges with accessing services and frustrations at the limitations placed on who could attend the birth. This led us to develop a survey and set of case study questions to better understand these women's experiences, and how they could be improved.

METHODOLOGY

Traditionally, Healthwatch has gathered the views of residents through surveys, face to face conversations, community stalls, briefings and e-communications. But, mindful of social distancing, we developed a safe programme which involved assessing, preventing, and mitigating risks by implementing the government's instructions at the time. In light of the limitations due to the lockdown restrictions, we opted to collect data using an online survey for this project. This was the safest and most efficient method of data collection. Phone interviews were also conducted to gather information for case studies.

We developed and disseminated the survey through Google Forms. We developed a series of more focused interview questions to be used to develop case studies on individual women's experiences, to enrich the data we were collecting through our survey.

We engaged with external stakeholders from the CCG and NHS to develop these questions. From our engagement with them, we discerned that the three main areas of focus should be general mental wellbeing, access to services and the birth experience.

The survey was promoted extensively through our social media channels between December 2020 and February 2021, and through our promotion and reach partner organisations. We also developed a close working relationship with the Northwick Park Maternity Voices Partnership, and they promoted the survey heavily through their channels.

The survey explored several main themes:

General mental wellbeing

This theme explored how women had felt generally throughout their pregnancy, and whether they felt supported. In this survey, mental wellbeing referred to how residents felt, how well they were coping in day to day life, and what felt possible for them at that time. General mental wellbeing was important to consider because it allowed residents to identify changes in their mental wellbeing during their pregnancy, as well as during the pandemic.

Access to services

This theme explored access to health professionals, such as GPs, midwives and health visitors. It also looked at access to antenatal classes. The purpose of this theme was to determine how Covid-19 had affected access to services, and the subsequent impact on women's mental wellbeing. From our conversations with stakeholders, it was clear that there was a need to explore any potential link between accessibility of services and the impact on mental wellbeing.

Birth experience

We know that negative birth experiences can have a significant impact on a woman's mental wellbeing postpartum. It was important to explore how the birth experience affected mental wellbeing, while also exploring the impact of the pandemic on the birth experience.

We developed two different sets of survey questions, dependent on whether the respondent was pregnant at the time of answering, or had already given birth. The survey questions used are available in appendix II. A separate set of case study questions was also developed. The full set of case study questions is available in appendix III.

We used 3 case study questions.

1. How would you describe your mental wellbeing journey throughout your pregnancy?

We wanted to understand any changes to the respondent's mental wellbeing throughout their pregnancy, and understand any possible links between those changes and the restrictions imposed on day to day life. This is tied to the survey theme of general mental wellbeing.

2. How has Covid-19 impacted your pregnancy (and childbirth)?

This was a broad question that encompassed two key themes - access to services and the birth experience.

3. How could your mental wellbeing journey have been improved?

Ultimately we wanted to understand how the experience of women could be improved moving forward, and what changes can be made in order to create a more positive mental wellbeing experience.

FINDINGS

In total, we received 31 survey responses; 22 responses were eligible to be considered in this project, as we only collected data from women who had given birth since the start of the lockdown period (March 2020 - 21) or were pregnant at the time of completing the survey. We received 9 responses from women who were pregnant at the time of completing the survey, and 13 responses from women who had given birth since March 2020.

Findings from those who were pregnant at the time of responding

General mental wellbeing

67% of residents said they had experienced changes in their mental wellbeing while pregnant during the pandemic. Typical descriptors of these changes included feeling 'very emotional', 'stress' and 'anxious'. 56% said they had felt isolated from family and friends due to the pandemic. 44% said they felt isolated from health services due to the pandemic.

67% said they had not felt able to talk about their mental wellbeing with family, friends or health care professionals. 56% of residents said they had not been able to access their support network (including family, friends and support groups) as easily as before the pandemic.

'I have become anxious and worried about life in general, especially the wellbeing of the baby.'

Resident who has recently given birth in Brent

Case study 1

Ms R gave birth early on in the pandemic to their first child. Ms R decided to switch hospitals to give birth at Watford General, rather than Northwick Park because they were concerned that Northwick Park had been inundated with Covid-19 patients. Ms R had a lot of anxieties about not being able to look after their baby properly because there was no one available to show them what to do. Ms R also had concerns about their baby not interacting with other people because of the lockdown restrictions. They joined online zoom calls with other mothers to talk about their experiences, which alleviated some of their anxieties about having a new baby during a pandemic.

Access to services

78% of residents said they had been able to access GP appointments, through a mixture of face-to-face, online and telephone appointments. On the whole, residents indicated that they were satisfied with the contact they had had with their GP, with 67% agreeing with the statement 'I am satisfied with the contact I have had with my GP'.

88.9% of residents said they had been able to access midwife appointments, through a mixture of face-to-face, online and telephone appointments. Residents' satisfaction with contact with their midwives varied, with 45% indicating some level of dissatisfaction.

45% of residents were not able to access antenatal classes, as seen in figure 1. The responses given indicate that women wanted to access this type of support but were unable to. 33% of residents indicated that they were not satisfied with their access to antenatal classes.

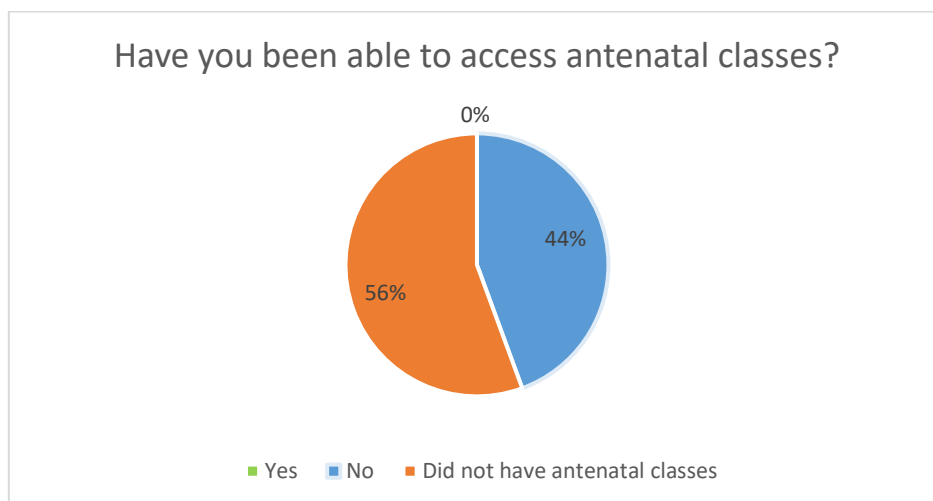


Figure 1: Access to antenatal classes

Residents were asked to describe the impact the changes in access to different services, including GP appointments, midwife appointments and antenatal classes had on their mental wellbeing. They described feeling 'nervous', 'not prepared enough', and 'boredom and frustration associated with a loss of all the activities I have been used to taking part in'. 45% of residents felt that they had not been well supported during their pregnancy. Residents have still been able to access GP and midwife appointments, although it has not necessarily taken the form they would have preferred. It is important to acknowledge the impact of shifting from face-to-face appointments to mostly online and telephone appointments, and how this change has contributed to feelings of isolation and a lack of connectedness.

Birth experience

67% of residents indicated that they had concerns about giving birth during a pandemic, with 78% stating that their concerns about giving birth had weighted heavily on their mind. 67% said that their concerns about giving birth during a pandemic had negatively affected their mental wellbeing.

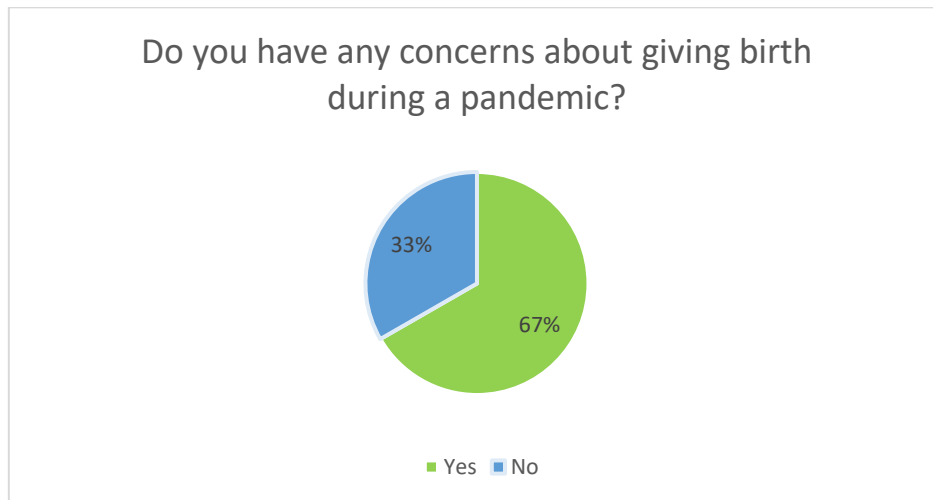


Figure 2: Concerns about giving birth during a pandemic

Findings from women who had given birth since March 2020

General mental wellbeing

We asked residents whether they had experienced any changes in their mental wellbeing while pregnant during the pandemic. 61.5% of residents responded that they had experienced changes.

Residents described the changes they had experienced in their mental wellbeing during pregnancy, as outlined in table 1 below.

Table 1: Residents' feedback on general mental wellbeing.

Theme	Insights shared
Positive experiences	<ul style="list-style-type: none"> • Best experience, completely different to their first birth experience
General wellbeing	<ul style="list-style-type: none"> • Residents expressed feeling anxious for their own wellbeing, and the welfare of their children. • Residents expressed anxiety about catching Covid. • Residents expressed concerns about who would look after their child if anything happened to them.
Mental wellbeing	<ul style="list-style-type: none"> • Residents described feeling stressed and anxious. • Feelings of loneliness and isolation were commonly reported. • One resident described a period of severe depression during pregnancy which worsened as the pregnancy continued.

76.9% of residents said they had experienced a change in their mental wellbeing since giving birth. Residents were also asked to describe any changes in their mental wellbeing since giving birth, as seen in table 2.

Table 2: Residents’ feedback on general mental wellbeing since giving birth.

Theme	Insights shared
Positive experiences	<ul style="list-style-type: none"> • A small minority of residents stated that their mental health had improved since giving birth.
Support and connectivity	<ul style="list-style-type: none"> • Residents described having no help or support from family, friends or health professionals. • Residents described feeling isolated, tired and unsupported.
Anxiety and concerns	<ul style="list-style-type: none"> • Concerns were raised about having a newborn child at home while older children attended school, and the possible risk to them. • Residents reported feeling worried about the safety of their babies.

‘It has been difficult to work out everything for my baby on our own (we are first time parents) as my health visitor never gets in touch with us and doesn’t answer my calls.’

Resident who has recently given birth in Brent

77% of residents reported feeling isolated from family and friends due to the pandemic, while 69% reported feeling isolated from health services. 54% of residents felt that they were unable to talk about their mental wellbeing with family, friends or health care professionals. 69% indicated that they had not been able to access their support network as easily as before the pandemic.

We asked residents to describe the impact this had on their mental wellbeing, as outlined below in table 3.

Table 3: Residents’ feedback on the impact of isolation on their mental wellbeing.

Theme	Insights shared
Support and connectivity	<ul style="list-style-type: none"> • Residents described how important it was to have help and support with a newborn, and expressed how challenging this had been with the restrictions in place. • Residents described the necessity of being able to access support networks and be able to go over to people’s houses to break up the day, as having young children can be relentless and exhausting.

	<ul style="list-style-type: none"> Residents described the challenges of not being able to access familial support, particularly noting that the absence of their own mothers had been difficult for them.
Mental wellbeing	<ul style="list-style-type: none"> Residents described feeling lonely, sad, stressed and isolated.

Access to services

85% of residents were able to access GP appointments. Residents accessed these appointments face-to-face, online and over the phone. 67% of residents were satisfied with the contact they had with their GP.

Residents accessed midwife appointments face-to-face, online and over the phone. 23% of residents reported not being able to access midwife appointments, as seen below in figure 3. While most residents were satisfied with the contact they had with their midwife, 31% indicated some level of dissatisfaction.

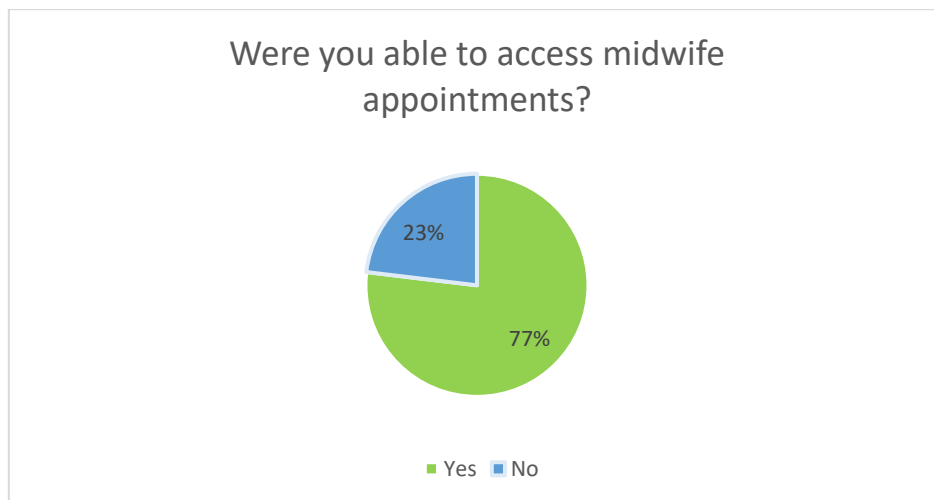


Figure 3: Residents' accessibility of midwife appointments

The resident who did have antenatal classes accessed these through a mixture of online and face-to-face sessions. 31% of residents were unable to access antenatal classes.

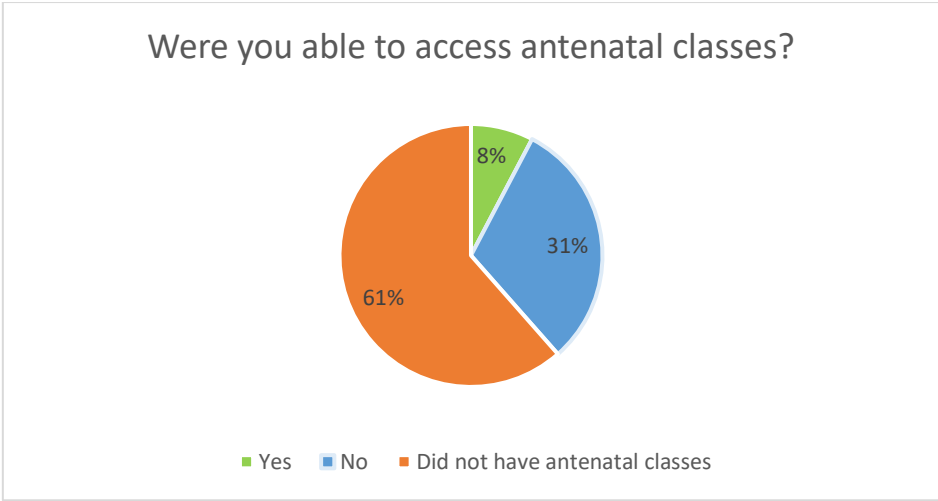


Figure 4: Residents’ accessibility of antenatal classes.

Residents accessed face-to-face, online and telephone appointments with a health visitor. 39% residents were unable to access appointments at all, as seen in figure 5. One resident noted that there were no appointments offered to them, and another stated that they ‘wouldn’t even know where to start’ if they did need to contact a health visitor. 46% of residents were dissatisfied with the contact they had had with their health visitor since giving birth.



Figure 5: Residents’ access to health visitor appointments since giving birth.

We asked residents what impact the change in access to services had on their mental wellbeing, the insights are outlined in table 4 below.

Table 4: Residents’ feedback on changes in access to services.

Theme	Insights shared
Support and connectivity	<ul style="list-style-type: none"> Residents described feeling left out, let down, lost and unsupported. Feelings of frustration were described, and residents also described the challenges of not being able to have partners at scans.
Use of mental health terms	<ul style="list-style-type: none"> Residents spoke about anxiety and depression being brought on as a result of the changes in access to services.

We asked residents about whether they had breastfed or were currently breastfeeding, with 54% saying they had breastfed or were breastfeeding. We followed this up by asking if they felt supported to breastfeed. The overwhelming response was that they had not felt adequately supported to breastfeed. This reinforces the importance of ongoing postpartum support. We know that breastfeeding can be really challenging for new mothers, and the UK already has some of the lowest breastfeeding rates in the world⁸. There are links between short breastfeeding duration or needing to stop breastfeeding with higher depression scores⁹, so it was important for us to explore how a lack of support with breastfeeding could potentially impact mental wellbeing. This is especially pertinent when looking at whether access to breastfeeding support has been lessened.

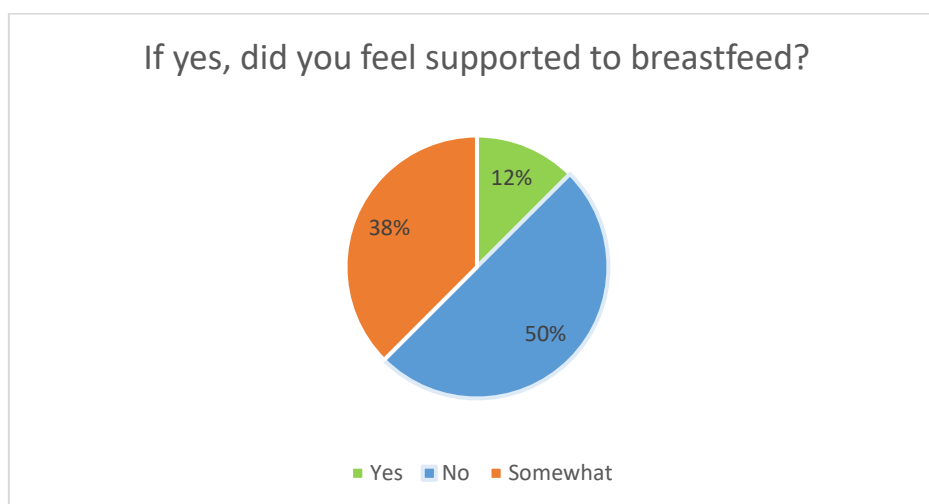


Figure 6: Residents' breastfeeding support.

We asked residents how well supported they felt during their pregnancy, and how well supported they have felt since giving birth. 62% of residents felt well supported during their pregnancy, however, only 31% of residents have felt well supported since giving birth. Again, this reinforces how important ongoing support is. It is

⁸ <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2017/07/Barriers-to-Breastfeeding-Briefing-The-Baby-Friendly-Initiative.pdf>

⁹ <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2017/07/Barriers-to-Breastfeeding-Briefing-The-Baby-Friendly-Initiative.pdf>

important to look at community-based support and how this type of support can still be made accessible to women when restrictions may be in place.

Case study 2

Ms K gave birth to their baby in February 2021. They were fortunate to have support through their pregnancy, and they were able to create a support bubble with their mother who lives nearby. Ms K had concerns about catching Covid-19 while pregnant. They couldn't fault the staff at Northwick Park Hospital, but they said that it would have been helpful to have more community support. They paid to join a midwife-led zoom group, but thought that more informal support would have been helpful as well. They noted that it can be quite isolating, especially for first time mothers who may need additional support with things like breastfeeding, and that having more free professionally-run support networks would be beneficial.

Case study 3

Ms T gave birth to her first child in March 2020, immediately prior to the government announcement regarding lockdown restrictions. Ms T had a particularly difficult pregnancy, with their mother passing away from cancer during the pregnancy. Ms T has particularly struggled with the lack of support available, and described postpartum support as 'nonexistent'. They wished they'd had someone to turn to for guidance, especially when they were struggling with breastfeeding. Ms T has lots of concerns about how the lockdown period will affect their baby's development.

Case study 4

Ms X gave birth in July 2020. Despite the challenges surrounding the pandemic and the conditions under which they were pregnant, they had a very positive experience. They had a dedicated midwife who they saw throughout their pregnancy and they had a great experience with Northwick Park Hospital. It was important to Ms X that they had one dedicated person they could speak to about their pregnancy, and they felt well-supported throughout the pregnancy. The main area that Ms X felt could be improved in the future was to ensure a support person is allowed to accompany expectant mothers to all scans. They emphasised how important it was for women to have a support person with them, regardless of whether they were receiving good or bad news during the scan, to alleviate some of the anxieties associated with pregnancy scans.

Birth experience

We asked about what went well during their birth experiences. Their insights are detailed in table 5 below. Many residents commented on how helpful the staff were

and how supported they felt during their labour. We also asked what didn't go well during their birth experiences. Insights from their feedback can be seen in table 5 below.

Table 5: Residents' feedback on what didn't go well during their birth experiences.

Theme	Insights shared
Staffing	<ul style="list-style-type: none"> Residents described a shortage of staffing and midwives being too busy to help them.
Support	<ul style="list-style-type: none"> Residents expressed frustration that they were unable to have a support person stay with them after the birth.
Mental wellbeing	<ul style="list-style-type: none"> Residents described the birth experience as being uneasy and isolating.

Residents were asked to assess how their birth experiences had affected their mental wellbeing. Insights from their responses are outlined in table 6 below.

Table 5: Residents' feedback on how their birth experiences affected their mental wellbeing.

Theme	Insights shared
Mental wellbeing	<ul style="list-style-type: none"> Residents shared that their birth experience had brought on mental health issues. Residents described feeling stressed and anxious in the lead up to the birth, and this meant that they were unable to enjoy the pregnancy. Residents shared that their birth experience made them scared of having more children. Some residents shared that their birth experience had not impacted their mental wellbeing.

Overall, 77% of residents felt that the pandemic had had a negative impact on their birth experience.

How could mental wellbeing support during pregnancy and post-birth be improved?

We asked both pregnant women, and women who had already given birth to tell us about improvements that could be made to better support their mental wellbeing.

One of the key points made was that there needs to be more information available, and more support available in the form of having someone to speak with about motherhood. This could be community-based support, or in the form of professional services.

More face-to-face contact was identified as being important, as phone calls and online appointments did not provide the same level of support. Residents also wanted more visits by medical professionals, and dedicated support from individual lead carers.

We also received comments from residents about wanting partners to be able to stay in hospital for longer after the birth and attend follow up appointments.

These comments further highlight and exemplify the need for greater support structures in place to ensure women who are pregnant, or postpartum, are well supported and equipped to handle the new challenges of motherhood.

CONCLUSIONS

It is clear that the Covid-19 pandemic has had a significant impact on the mental wellbeing of expectant and new mothers. This is unsurprising, and echoes the results of other surveys and studies that have recently been undertaken to assess how maternal mental wellbeing has been impacted by the pandemic¹⁰. Similarly to our findings, issues were identified with the lack of face-to-face appointments, lessened continuity of care, restrictions on birthing partner attendance and subsequent lack of support, and concerns from mothers about their children's development.

The link between antenatal classes and mental wellbeing cannot be understated¹¹. Antenatal classes provide professional support as well as community support, as they are attended by people going through a shared experience, pregnancy. The lack of access to antenatal classes was frustrating for residents, and meant that they felt unprepared. It also contributed to wider sentiments of feeling unsupported, as support networks were not developed.

Despite most residents being able to access services in alternative ways, there are still gaps in the support available to new and expectant mothers. The pandemic exacerbated a lot of these support challenges, as support from family and friends was more difficult to access. There were a number of changes to the clinical support available for pregnant women¹², an outline of these changes that occurred during the first wave of this pandemic can be found in appendix IV.

RECOMMENDATIONS

In light of our findings, we would like to make the following recommendations.

- 7) Breastfeeding continues to be challenging, and it is important to address this. The pandemic has exacerbated existing barriers to breastfeeding. We recommend prioritising breastfeeding support for new mothers to ensure they feel supported and empowered to make the right choice for them and their baby. This could be achieved by strengthening links between health visitors

¹⁰https://www.centreformentalhealth.org.uk/sites/default/files/publication/download/CentreforMH_MaternaIMHPandemic_FullReport_0.pdf

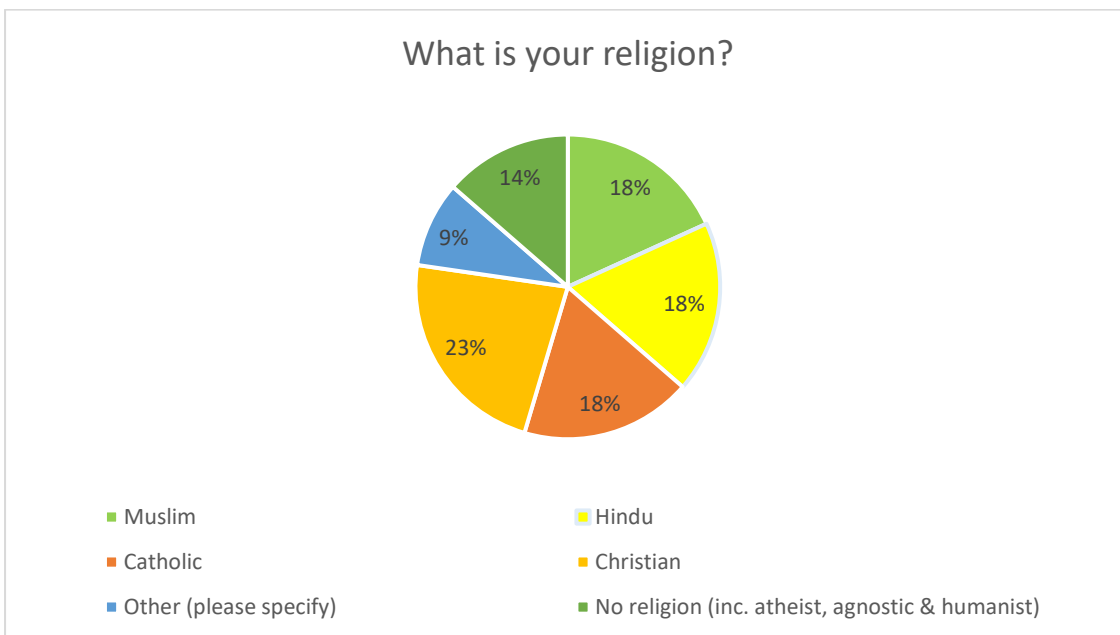
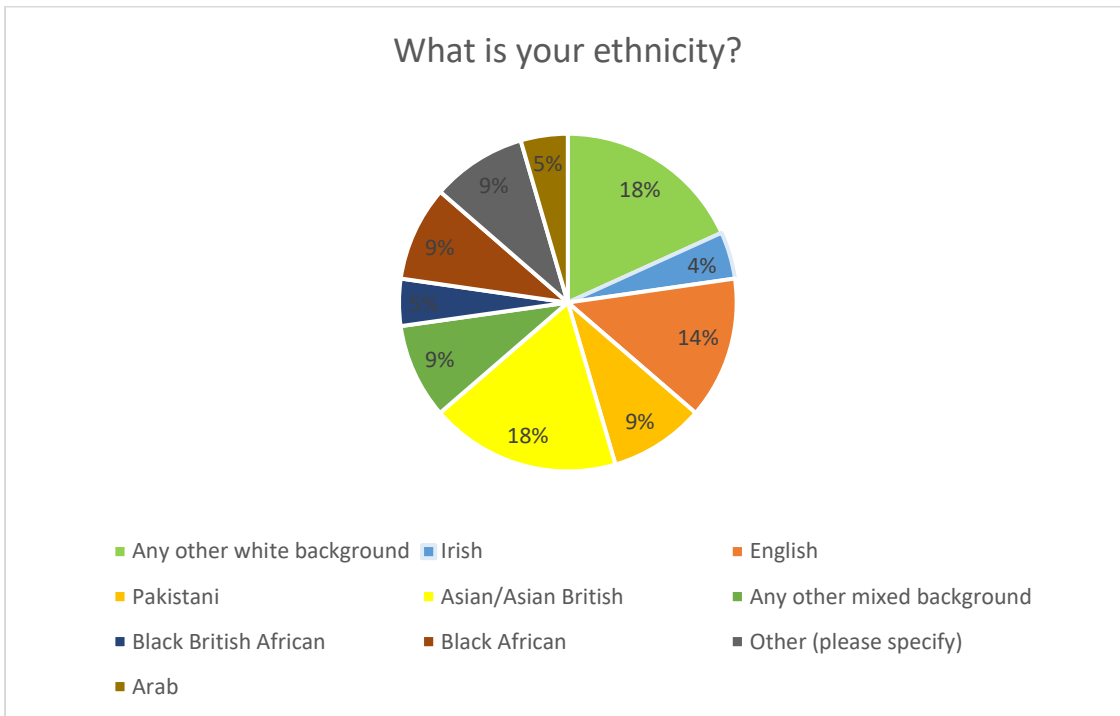
¹¹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3392600/>

¹²<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-07-10-guidance-for-antenatal-and-postnatal.pdf>

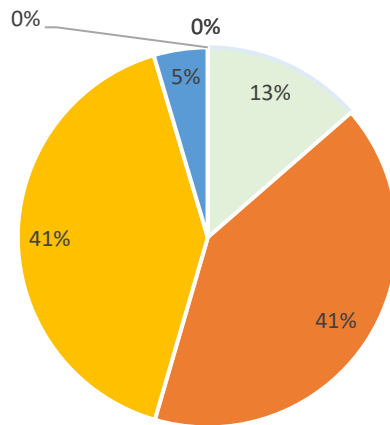
- and breastfeeding support services that are operating in Brent, to identify women who may be struggling and link them up with the right support.
- 8) One of the key points raised by residents was around a lack of support during scans as, early on in the pandemic, pregnant women were unable to have anyone attend pregnancy scans with them. In light of this, we would recommend that, should there be another lockdown or wave of this pandemic, safe ways of continuing to allow women to have a support person present are explored and implemented.
 - 9) Although most residents were able to access appointments with health care professionals, there was some lack of continuity of care, particularly when it came to accessing health visitors postpartum. As such, we would recommend that postpartum support is reviewed, with a specific focus on how access to health visitors can be improved.
 - 10) We recommend that services across all areas of perinatal care review how face-to-face appointments could continue in the future, should another lockdown or pandemic occur. Feedback from residents was clear that face-to-face appointments would have been preferable to phone and video appointments.
 - 11) It is important to recognise the role of the voluntary and community sector in providing additional support to expectant and new mothers. Midwifery services and GP services should continue to develop close working partnerships with community organisations to ensure women feel supported.
 - 12) Make better use of existing links and networks, and promote maternal mental wellbeing at all stages.

APPENDICES

Appendix I - Demographics

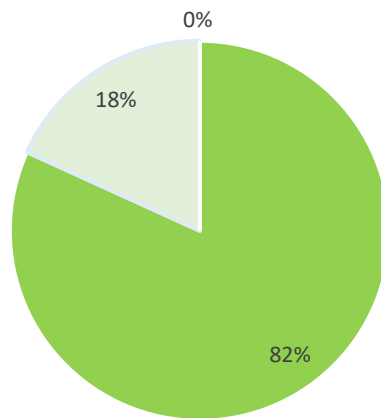


How old are you?



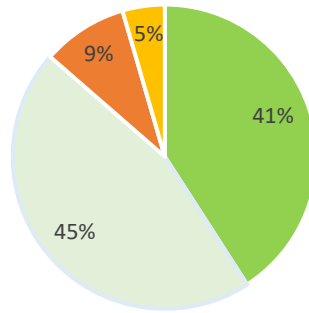
■ Under 18 ■ 18 - 24 ■ 25 - 34 ■ 35 - 44 ■ 45 - 54 ■ 55 - 64 ■ Over 65

Do you have a pre-existing health condition or disability?



■ Yes ■ No ■ Prefer not to say

Which of the following best describes your current housing situation?



- Live in own home
- Live in rented accommodation
- Temporarily staying with a friend or relative
- Temporarily staying in a shelter or homeless

Appendix II – Survey questions

Questions for those who are currently pregnant

General Information

1. What is your ethnicity?

2. What is your religion?

3. How old are you?

4. Do you have a pre-existing health condition or disability?
 - Yes
 - No

5. If yes, please describe your health condition or disability.

6. Which of the following best describes your current housing situation?
 - Live in own home
 - Live in rented accommodation
 - Temporarily staying with a friend or relative
 - Temporarily staying in a shelter or homeless
 - Other (please explain below)

7. Please provide the first 3 or 4 characters of your postcode (e.g. NW10, HA8).

8. Is this your first child?

9. When are you due?

General Mental Wellbeing

This section will explore your general mental wellbeing. In this survey, mental wellbeing refers to how you feel, how well you are coping in day to day life, and what feels possible at the moment.

1. Have you experienced changes in your mental wellbeing?
 - a. Yes
 - b. No
 - c. Not sure

2. If yes, please describe the changes below.

3. Have you felt isolated from family and friends due to the pandemic?
 - a. Yes
 - b. No
 - c. Not sure

4. Have you felt isolated from health services due to the pandemic?
 - a. Yes
 - b. No
 - c. Not sure

5. Have you felt able to talk about your mental wellbeing with family, friends or health care professionals?
 - a. Yes
 - b. No

6. Do you feel you have been able to access your support network (friends, family, support groups) as easily as before the pandemic?
 - a. Yes
 - b. No
 - c. Not sure

7. If no, what impact has this had on your mental wellbeing?

Access to services

This section will explore how access to health services has impacted your mental wellbeing during pregnancy.

1. Have you been able to access GP appointments?
 - Yes
 - No

2. How have you accessed these appointments? (please tick all that apply)
 - Face-to-face
 - Online
 - Telephone
 - I have not been able to access appointments
 - Other (please specify) _____

3. To what extent do you agree with the following statement: I am not satisfied with the contact I have had with my GP.
 - Strongly agree
 - Agree
 - Slightly agree
 - Slightly disagree
 - Disagree
 - Strongly disagree

4. Have you been able to access midwife appointments?
 - Yes
 - No

5. How have you accessed these appointments? (please tick all that apply)
 - Face-to-face
 - Online
 - Telephone
 - I have not been able to access appointments
 - Other (please specify) _____

6. To what extent do you agree with the following statement: I am not satisfied with the contact I have had with my midwife.
 - Strongly agree
 - Agree
 - Slightly agree
 - Slightly disagree
 - Disagree
 - Strongly disagree

7. Have you been able to access antenatal classes?
- Yes
 - No
 - Did not have antenatal classes
8. How have you accessed these appointments? (please tick all that apply)
- Face-to-face
 - Online
 - Telephone
 - I have not been able to access appointments
 - Other (please specify) _____
 - Not applicable
9. To what extent do you agree with the following statement: I am not satisfied with the antenatal classes I have accessed.
- Strongly agree
 - Agree
 - Slightly agree
 - Slightly disagree
 - Disagree
 - Strongly disagree
 - Not applicable
10. What impact has the change in access to services had on your mental wellbeing?
11. To what extent do you agree with the following statement: I have not felt well supported during my pregnancy.
- Strongly agree
 - Agree
 - Slightly agree
 - Slightly disagree
 - Disagree
 - Strongly disagree
12. Do you have any other comments?

Birth experience

1. Do you have any concerns about giving birth during a pandemic?
 - Yes
 - No

2. To what extent do you agree with the following statement: My concerns about giving birth during a pandemic have weighed heavily on my mind.
 - Strongly agree
 - Agree
 - Slightly agree
 - Slightly disagree
 - Disagree
 - Strongly disagree

3. To what extent do you agree with the following statement: My concerns about giving birth during a pandemic have negatively affected my mental wellbeing.
 - Strongly agree
 - Agree
 - Slightly agree
 - Slightly disagree
 - Disagree
 - Strongly disagree

4. Do you have a birth plan in place
 - Yes
 - No

5. How has having a birth plan in place (or not) affected your mental wellbeing?

Final comments

1. How could mental wellbeing support during pregnancy and post-birth be improved?

2. Would you be interested in speaking to us further about your experiences? (all personal information will be anonymised)
 - Yes
 - No

3. If yes, please leave your first name and phone number below.

Questions for those who have recently given birth

General Information

1. What is your ethnicity?
2. What is your religion?
3. How old are you?
4. Do you have a pre-existing health condition or disability?
 - Yes
 - No
5. If yes, please describe your health condition or disability.
6. Which of the following best describes your current housing situation?
 - Live in own home
 - Live in rented accommodation
 - Temporarily staying with a friend or relative
 - Temporarily staying in a shelter or homeless
 - Other (please explain below)
7. Please provide the first 3 or 4 characters of your postcode (e.g. NW10, HA8).
8. Is this your first child?
9. When did you give birth?
10. Did you have a natural birth or a c-section?

General Mental Wellbeing

This section will explore your general mental wellbeing. In this survey, mental wellbeing refers to how you feel, how well you are coping in day to day life, and what feels possible at the moment.

1. Did you experience any changes in your mental wellbeing during your pregnancy? (during the pandemic)
 - a. Yes
 - b. No
 - c. Not sure

2. If yes, please describe the changes below.

3. Have you experienced any changes in your mental wellbeing since giving birth?
 - a. Yes
 - b. No
 - c. Not sure

4. If yes, please describe the changes below.

5. Have you felt isolated from family and friends due to the pandemic?
 - a. Yes
 - b. No
 - c. Not sure

6. Have you felt isolated from health services due to the pandemic?
 - a. Yes
 - b. No
 - c. Not sure

7. Have you felt able to talk about your mental wellbeing with family, friends or health care professionals?
 - a. Yes
 - b. No

8. Do you feel you have been able to access your support network (friends, family, support groups) as easily as before the pandemic?
 - a. Yes
 - b. No
 - c. Not sure

9. If no, what impact has this had on your mental wellbeing?

Access to services

This section will explore how access to health services has impacted your mental wellbeing during pregnancy, and since the birth of your child.

1. Were you able to access GP appointments?
 - Yes
 - No

2. How did you access these appointments? (please tick all that apply)
 - Face-to-face
 - Online
 - Telephone
 - I have not been able to access appointments
 - Other (please specify) _____

3. To what extent do you agree with the following statement: I was not satisfied with the contact I had with my GP.
 - Strongly agree
 - Agree
 - Slightly agree
 - Slightly disagree
 - Disagree
 - Strongly disagree

4. Were you able to access midwife appointments?
 - Yes
 - No

5. How did you access these appointments? (please tick all that apply)
 - Face-to-face
 - Online
 - Telephone
 - I have not been able to access appointments
 - Other (please specify) _____

6. To what extent do you agree with the following statement: I was not satisfied with the contact I had with my midwife.
 - Strongly agree

- Agree
- Slightly agree
- Slightly disagree
- Disagree
- Strongly disagree

7. Were you able to access antenatal classes?

- Yes
- No
- Did not have antenatal classes

8. How did you access these appointments? (please tick all that apply)

- Face-to-face
- Online
- Telephone
- I have not been able to access appointments
- Other (please specify) _____
- Not applicable

9. To what extent do you agree with the following statement: I was not satisfied with the antenatal classes I accessed.

- Strongly agree
- Agree
- Slightly agree
- Slightly disagree
- Disagree
- Strongly disagree
- Not applicable

10. Have you been able to access appointments with a health visitor since giving birth?

- Yes
- No

11. How have you been accessing these appointments?

- Face-to-face
- Online
- Telephone
- I have not been able to access appointments
- Other (please specify) _____
- Not applicable

12. To what extent do you agree with the following statement: I am not satisfied with the contact I have had with my health visitor since giving birth.
- Strongly agree
 - Agree
 - Slightly agree
 - Slightly disagree
 - Disagree
 - Strongly disagree
 - Not applicable
13. What impact has the change in access to services had on your mental wellbeing?
14. Did you breastfeed/are you currently breastfeeding?
- Yes
 - No
15. If yes, did you feel supported to breastfeed?
- Yes
 - Somewhat
 - No
16. To what extent do you agree with the following statement: I did not feel well supported during my pregnancy.
- Strongly agree
 - Agree
 - Slightly agree
 - Slightly disagree
 - Disagree
 - Strongly disagree
17. To what extent do you agree with the following statement: I have not felt well supported since giving birth.
- Strongly agree
 - Agree
 - Slightly agree
 - Slightly disagree
 - Disagree
 - Strongly disagree
18. Do you have any other comments?

Birth experience

1. Were you given the option of a birth plan?
 - Yes
 - No

6. To what extent do you agree with the following statement: The option of a birth plan gave me reassurance during pregnancy, given the pandemic.
 - Strongly agree
 - Agree
 - Slightly agree
 - Slightly disagree
 - Disagree
 - Strongly disagree

7. What went well during your birth experience?

8. What didn't go well during your birth experience?

9. To what extent do you agree with the following statement: The pandemic had a negative impact on my birth experience.
 - Strongly agree
 - Agree
 - Slightly agree
 - Slightly disagree
 - Disagree
 - Strongly disagree

Final comments

1. How could mental wellbeing support during pregnancy and post-birth be improved?

2. Would you be interested in speaking to us further about your experiences? (all personal information will be anonymised)
 - Yes

- No

3. If yes, please leave your first name and phone number below.

Appendix III – Case study questions

Case Study Questions

General Information

11. How would you describe your ethnicity?
12. How would you describe your religion?
13. How old are you?
 - a. Under 18
 - b. 18 – 24
 - c. 25 – 34
 - d. 35 – 44
 - e. 45 – 54
 - f. 55 – 64
 - g. Over 65
14. Do you have a pre-existing health condition or disability?
 - a. If yes, please describe your health condition or disability.
15. Which of the following best describes your current housing situation?
 - a. Live in own home
 - b. Live in rented accommodation
 - c. Temporarily staying with a friend or relative
 - d. Temporarily staying in a shelter or homeless
16. Please provide the first 4 characters of your postcode.
17. Are you currently pregnant?
 - a. If yes, when are you due?
18. Have you given birth since March?
 - a. If yes, when did you give birth?

Key questions

1. How would you describe your mental wellbeing journey throughout your pregnancy?
2. How has Covid-19 impacted your pregnancy (and childbirth)?

3. How could your mental wellbeing journey have been improved?

Appendix IV – Changes to antenatal and postnatal support July 2020

Images and guidance from <https://www.rcog.org.uk/globalassets/documents/guidelines/2020-07-10-guidance-for-antenatal-and-postnatal.pdf>.

31 weeks	Nulliparous women		Omit – replaced with 32/40 for all.
32 weeks	All women	Measure fundal height, BP and test urine; discuss results of investigations at 28 weeks; discuss plans for birth. Discuss wellbeing, fetal movements. Follow up safeguarding issues.	Maintain appointments as far as possible. If need to reschedule due to illness/quarantine, see or contact all women within 3 weeks of previous contact.
36 weeks	All women	Measure fundal height, BP and test urine; discuss fetal movements and wellbeing; discuss plans for birth and all usual care.	
38 weeks	Nulliparous women only	Measure fundal height, BP and test urine and all usual care.	
40 weeks	All women	Measure fundal height, BP and test urine; give information about options for prolonged pregnancy.	
Post dates from 41+0' (Locally agreed protocol)	All women	Measure fundal height, BP and test urine; discuss fetal movements and wellbeing.	Appointment to be co-scheduled with offered outpatient / inpatient IOL to avoid a further attendance ^T

Visit	Who	What	Modifications
Booking visit	All women	Full history, initial screening for medical, psychological and social risk factors.	Virtual booking where possible, or one-stop visit, with dating scan and all testing in maternity unit.
Dating scan	All women	Combined antenatal screening, all blood tests, BP and urine testing to be taken at dating scan appointment.	
16 weeks	All women	Review results of screening review, discuss and record the results of all screening tests. Reassess planned pattern of care for the pregnancy and identify women who need additional care. Give information about ongoing care.	Virtual appointment unless attendance required for additional testing or other concerns
18-20 weeks	All women	Routine anomaly scan. Check BP and urine at this visit instead of 16-week appointment.	Maternity unit or community unit with ultrasound facilities.
25 weeks	Nulliparous women	Measure fundal height, BP and urine; review scan results.	Maintain if staffing allows or additional concerns.
28 weeks	All women	Discuss current health. Enquire about fetal movements. Discuss mental wellbeing, and offer advice and sources of further support and information. Follow up any safeguarding concerns. Discuss plans for antenatal classes (remote access). Measure fundal height, BP and test urine; repeat blood tests to screen for anaemia and RBC allo-antibodies; anti-D prophylaxis for Rh negative women.	Maintain appointment.