



But Not Maternity webinar on easing visitor restrictions for Maternity Voices Partnership members- 22nd March 2021

Facilitator - Maria Booker, Birthrights
Joined by: Abbi Leibert, But Not Maternity
Nadia Higson, AIMS
Scott Mair, Paternal Mental Health Support
Kathy Jones, Fatherhood Institute

The webinar was supported by National Maternity Voices.

92 people registered for the webinar with around 60-65 attending. Around 47 different English MVPs were represented amongst those who registered in addition to service user representatives from Scotland and Wales and other interested individuals.

Objectives

- To raise awareness of the national picture
- To remind ourselves of the impact on those who are being shut out of maternity services
- To better understand the current picture

- To share best practice and inspiration for next steps on local level
- To identify further steps to be taken at national level

What we can't address in this webinar:

- Devolved nations where Govts have generally been more prescriptive in their guidance, although discussion about actions taken by local maternity services will be relevant to the devolved nations as well

[NHS England guidance for easing restrictions in England](#) (14th December)

[Current guidance for Scotland](#)

[Current guidance for Wales](#)

[Current guidance for Northern Ireland](#)

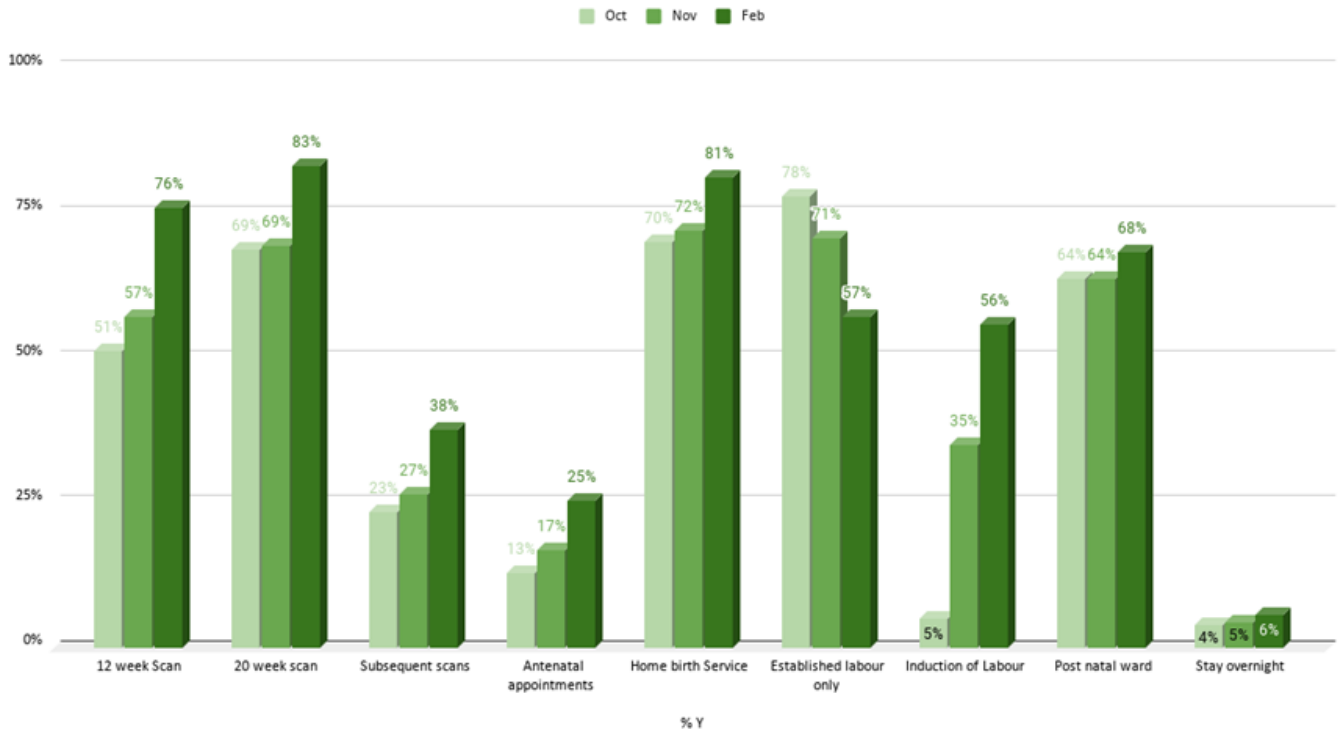
National overview

Abbi Leibert from But Not Maternity who has been overseeing the collection of data (by volunteers) on visiting restrictions from Trusts and Boards across the UK presented the national picture of how visiting restrictions have changed since the #butnotmaternity campaign began.

The good news is that there have been significant improvements. On the other hand there is still work to do in ensuring partners can attend any non-standard scans which is where there is already cause for concern and hence which many women and birthing people find anxiety inducing.

In addition there is still huge variation in visiting on the antenatal and postnatal wards. Some Trusts are still not allowing partners/fathers at all, whilst others have fairly open visiting. By comparison, the "birth partner" can visit postnatally in Scotland even though there is a bit of variation in terms of the length of visiting times.

NHS Trusts allowing partners to attend



Examples of good practice

Zara Candole, Chair of Royal Surrey Maternity Voices Partnership, talked about how Royal Surrey had really understood the importance of support for women and birthing people right from the outset, and had allowed second birth partners through most of the pandemic.

What was striking was how few women actually made this request (around 8 per month compared to around 214 births at Royal Surrey). Therefore fears that this will open up the floodgates to lots of extra visitors in the Department are misplaced. Also second birth partners during labour can be fairly easily accommodated as care takes place in single rooms and therefore the danger of infecting other service users is minimal whilst staff are in PPE.

Emma Taylor, Chair of Royal Berkshire, talked about the work Royal Berkshire had done to accommodate partners during scans. Emma and the MVP had pushed hard for partners to be able to attend, and had eventually taken the issue to the Local Maternity System. This had been accommodated by removing chairs from the waiting room to accommodate more people whilst still socially distancing and also asking people to wait outside if necessary. Emma stressed that there was still work to do at Royal Berkshire,

visiting slots were quite short for example, but the MVP was proud of what had been done to accommodate partners at scans.

The But Not Maternity alliance has tried to highlight examples of good practice at every opportunity during the pandemic. Ideas other Trusts have implemented include installing perspex screens in antenatal clinics in community (Royal Cornwall), piloting sending out lateral flow tests for partners in advance (Chelsea and Westminster), providing food for partners so they don't have to leave the ward (South Warks), Regular Facebook Lives when women/birthing people families could ask questions (Oxfordshire).

If anyone has other examples they would like us to highlight at any time - please do get in touch at info@butnotmaternity.org

The Father's Perspective

Scott Mair from Paternal Mental Health, talked about the impact of the restrictions on fathers. 1 in 10 dads will experience postnatal depression and up to 20% of dads will experience anxiety, which has been made worse by the restrictions in place during the pandemic. The impact of this is only just starting to be seen.

Many parents Scott has spoken to understand the need for restrictions but not all of the restrictions make sense, and it's not always clear why there are such differences between Trusts. Even having a partner on the end of a phone or Zoom call so they can hear their baby's heartbeat for the first time makes a huge difference and a lot of Dads and partners have been deprived of this. In addition 70% of new mums recently surveyed by Pregnant then Screwed said they received bad news alone which has a huge impact on both parents.

Dads are also not getting the opportunity to have any contact with maternity services. 90% of Dads are not being asked about their own mental health during the booking in appointment and 91% of Dads say they would have found it beneficial to have information about their own health and wellbeing (according to [Coram's 21st annual childcare survey](#)).

Scott has spoken to parents who have suffered a loss. In some cases the baby was born alive but didn't survive long enough for the father to get there. This is incredibly difficult to process especially without the opportunity for a debrief or proper support. Scott has also spoken to fathers whose children had been sick for various different reasons and have needed a specialist consultation and the Dads were not allowed to be present or even to join by video call a conference call which has caused even more distress and anxiety.

Scott believes that people would be more understanding of the restrictions if there was better communication around them and if there was a transparent plan for removing them.

Discussion

Participants were asked on registering for the webinar what was the biggest obstacle in their local maternity service to easing restrictions further. The results were as follows (73 respondents):



Participants were put into break out groups and asked to look at three questions and use a jam board to record their thoughts

What are you proud of?

What are your next steps planned at local level?

What would help at national level?

We then came back together and reviewed the main points made by participants working in groups.

What are you proud of?

There was a lot of pride over home birth services that had been kept running.

A number of MVPs have been involved in shaping messages put out to women/birthing people. Others have set up facebook pages and set up virtual coffee mornings to support mums/parents.

Doula projects have connected over the past year which has been a positive development.

What are your next steps planned at local level?

Trusts (and Boards in Wales) needed to go further to ensure partners could access areas of maternity services they were still excluded from.

MVPs had an important role to play in co-producing messages and ensuring they were in plain English, and disseminating these messages. However in some places, MVPs were also being told “we will ease restrictions when we can” and MVPs themselves were not being given any more detailed information about when this would be. The uncertainty makes parents anxious.

More could be done to give parents support for example, giving live online antenatal classes with an opportunity to ask questions as opposed to recorded videos, and setting up WhatsApp groups for all those whose babies were due in June for example for peer to peer support

Logistics of testing could be improved - testing was not yet available to birth partners in all areas, and in one Trust the partner was being sent to another area of the hospital to be tested rather than on the labour ward - meaning enforced separation for 45 minutes during labour.

One comment mentioned the importance of doulas being allowed to support women from BAME backgrounds.

What would help at national level?

More national encouragement was needed to implement NHSE guidance. There was currently a disconnect between issuing “national guidance” but it being up to Trusts to

decide whether they implemented it or not. Many felt there was too much of a postcode lottery and that a single policy across maternity services was needed. It would also be helpful if the English and Welsh guidance were aligned.

More clarity was needed over when the 2m rule can be breached (has vaccination of HCPs changed the position on this?). There was a clear message that if 2m needs to be observed some units cannot bring partners back into all areas, if it doesn't they can - but it can't be both.

It was not clear enough what trusts were supposed to do if they could not meet a woman's basic needs without breaking the rules and letting a partner in. Some Trusts were fearful of making exceptions and needed more guidance on this. There also needed to be guidance on family centres, and GPs not just Trusts - a bit more thinking outside the box.

Many units were simply not able to offer testing before appointments due to lack of space and staff. The guidance states that women and partners need to be tested on site - testing at home is the only practical solution here. In addition there needs to be funding available for testing and for the costs of making adjustments to the physical environment. Giving midwives and staff the pay increase they deserved was also mentioned.

MVPs would welcome more evidence, if it is available, about how letting partners back in increases (or not) the risks of spreading COVID.

Some participants felt that more direct action was needed, with women being given more information about scans not being compulsory and a much higher rate of women/birthing people missing scans for example might do more to bring about change.

Please note we are writing to NHS England to share these messages.

Current work of But Not Maternity Alliance:

- Press release coming out very soon calling on Government to clarify a road map for lifting restrictions in maternity services.
- Birthrights is working with health economist on quantifying the impact of visiting restrictions on mental health - in particular to factor into plans to balance against risks of COVID.

- Filming of scans - [legal advice on Birthrights website](#). National guidance from Society of Radiographers and other professional bodies has been archived and no longer applies.

Will be taking into account feedback from this webinar when planning next steps.

Conclusions (Maria Booker)

- Human rights framework – rights of families can only be restricted where necessary to achieve a legitimate aim. Any restriction must be proportionate.
- Impact on women/birthing people and fathers/partners must be considered. Covid risk is important but doesn't trump all other factors.
- Now that staff are vaccinated and cases are falling this balance is changing.
- Having plans in place and communicating them clearly really helps to reduce uncertainty/anxiety.
- But Not Maternity Alliance is keen to support Maternity Voices Partnerships in any way we can

Results of Zoom poll of participants during the webinar

1) Has your MVP been meaningfully engaged in discussions around visitor restrictions during the pandemic?

Yes (39%)

Somewhat (46%)

No (15%)

2) Does your Trust have a risk assessment and timetable in place to ease visitor restrictions in line with the NHSE guidance?

Yes (48%)

No (52%)

3) How optimistic do you feel about your Trust's ability to allow one supporter/partner into all areas of maternity services and two partners during active labour/birth by 17th May?

Very optimistic (7%)

Optimistic (20%)

Neutral (33%)

Not optimistic (26%)

Not optimistic at all (15%)

There were a number of questions and comments in the chat about whether Trusts could dictate who is present at a home birth. An additional question has been added to the [Birthrights Q&A](#) on this topic.

Further resources

[But Not Maternity website \(includes list of Trusts/Boards and their restrictions\)](#)

[Birthrights](#)

[AIMS](#)