



# North Middlesex University Hospital Maternity Services

January 2025

**healthwatch**  
Enfield

# Contents

**Acknowledgements ..... 2**

**About Us ..... 2**

**Executive Summary..... 3**

**Introduction..... 4**

**Methodology..... 5**

**Findings ..... 8**

**Recommendation ..... 23**

**Conclusion ..... 24**

## Acknowledgements

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We would like to express our gratitude to all the volunteers, interns and staff of Healthwatch Enfield for their dedication and efforts. Their commitment was instrumental in the success of this project, and we are truly appreciative of their invaluable contributions.

## About Us

Healthwatch Enfield serves as an independent champion for local people who use health and social care services; we lend our ears to the Enfield community and represent their voices. We work with multiple community organisations and statutory institutions to share information and gather insights to help improve the quality of health and social care services in the borough. We share information and advice with residents to ensure they get the support they need, acting as a health and social care champion.

### **What is the role of Healthwatch?**

We gather feedback through projects, experiences shared by residents and community groups and social listening to share with public health and social care leaders and local decision-makers to help guide local policies and strategies.

Healthwatch is for everyone who uses all health and social care services, ranging from GPs to care homes, hospitals to pharmacies.

# Executive Summary

Analysis of the collected feedback revealed several key themes. Concerns regarding the quality of care provided by healthcare professionals, including nurses, midwives, and doctors, were frequently expressed. Additionally, participants raised concerns about the lack of empathy and compassion demonstrated by some staff members.

Furthermore, the issue of breastfeeding support emerged as a significant concern. Some mothers reported feeling pressured to breastfeed, perceiving that alternative feeding options were not adequately supported or accepted. Others expressed a lack of sufficient one-to-one breastfeeding support.

These findings highlight a potential contributing factor to the observed decline in the utilisation of North Mid's maternity services by women residing in the borough of Enfield. Despite its geographic accessibility, some women we spoke to are choosing to seek care at hospitals located further away, suggesting that negative experiences or negative feedback from other mothers are influencing their decisions.

This research was undertaken to gain a deeper understanding of the experiences of women and birthing people who used North Mid's maternity services. The aim was to determine whether these experiences align with the findings and recommendations outlined in the CQC report.

The insights and recommendations gathered from service users are intended to inform service improvement initiatives at North Mid, with the ultimate goal of enhancing the maternity experience for all patients.

# Introduction

The Care Quality Commission (CQC) published a report in December 2023 that rated North Middlesex University Hospital (North Mid)'s maternity services as inadequate. This prompted an investigation to understand the factors contributing to this low rating. As a local health organisation dedicated to improving healthcare services, we sought to gather firsthand experiences of residents who received maternity care at North Mid.

To achieve this, we conducted a multi-faceted data collection process, speaking to 63 women, health professionals and mother and baby care service providers. This included a survey covering key areas such as antenatal care, labour and delivery, pain management, breastfeeding support, mental health services, and language services. In parallel, we engaged with local communities, attending Stay and Play groups, Rhyme and Bounce sessions, and baby clinics. This allowed for direct conversations with mothers and families about their experiences at North Mid, including both antenatal and postnatal care.

The primary objective of this research was to assess the alignment between the CQC report's findings and the lived experiences of service users. By understanding the perspectives and concerns of women who received maternity care at North Mid, this report aims to provide valuable insights and recommendations for service improvement.

# Methodology

This research, held between October and December 2024 in Enfield, employed a mixed-methods approach to understand the experiences of mothers in antenatal and postnatal care at North Middlesex University Hospital (NMUH). Data was collected to gain a deep understanding of the subject.

- **Online Survey:** An online survey was distributed to mothers who had received maternity care at NMUH. A total of 45 surveys were collected from women with children between 0-2 years old, residing in the Enfield borough.
- **Focus Groups:** We conducted a series of focus group discussions at various locations within the Enfield borough. These locations included Stay and Play groups, Rhyme and Bounce sessions, and baby clinics. We spoke to 63 mothers and their families with children between 0-2 years old, Health professionals, health visitors, stay-and-play facilitators, Children's centre management and the health visitor service director, to openly share their experiences and perspectives.

This mixed-methods approach was chosen to deepen our understanding into the issues parents faced. By combining online surveys with focus groups, this study aimed to provide a more nuanced and comprehensive understanding of mothers' experiences, addressing both the breadth and depth of their perspectives.

## Where we attended:

Sessions we attended	Organisation
Stay and Play at Carterhatch Primary school	Enfield children's centre
Stay and Play at Eldon Primary school	Enfield children's centre
Stay and Play at De Bohn Primary School	Enfield children's centre
Stay and Play at Raynham Primary School	Enfield children's centre
Baby weighing clinics at Eldon Primary School	North Mid Health visiting centre
Baby weighing clinics at Ridge Avenue library	North Mid Health visiting centre
Rhyme and Bounce	Palmers Green library

# Demographic

Enfield is very diverse borough with many residents from different communities and different socio-economic backgrounds. We wanted to hear from all residents therefore we did not choose specific groups for this project.

- **96%** of the people we spoke to were **female**.
- **65%** of females we spoke to were aged **30-39 years** seeing a rise of women choosing to have their babies at an older age with only **9% under 30**.
- Most of the women we spoke to were from black/Asian and ethnic minorities including **Bulgarian and Turkish communities at 48%**.

What best describes your ethnic origin?

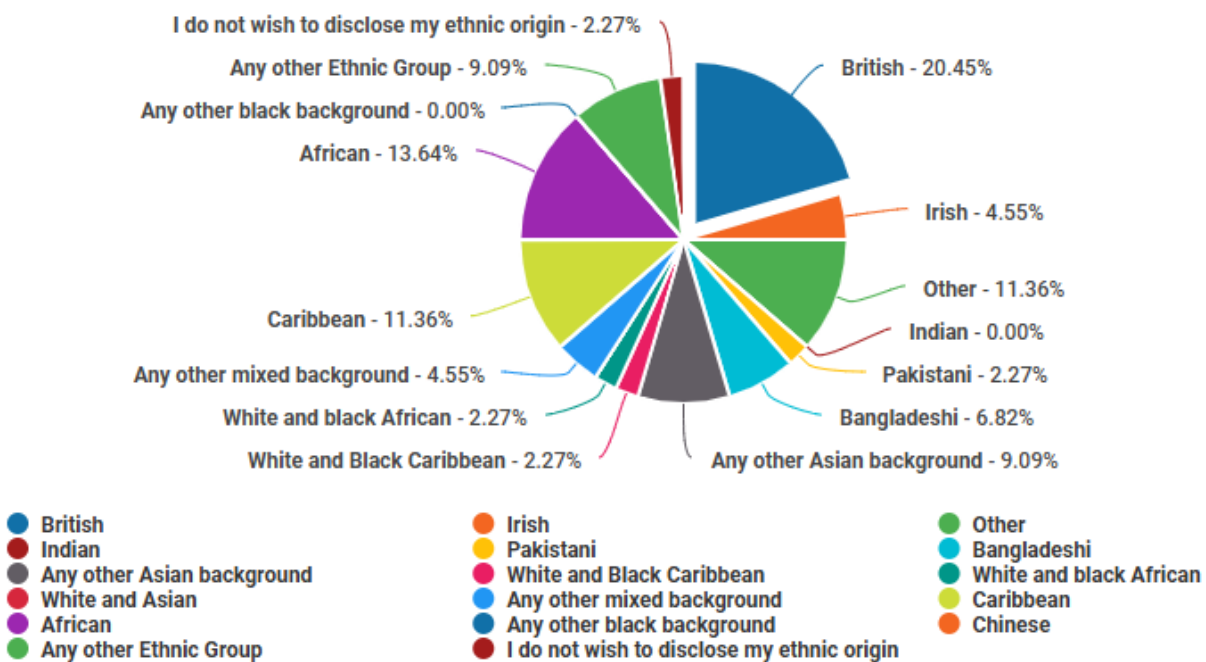


Figure 1. Ethnic Origin

How old are you?

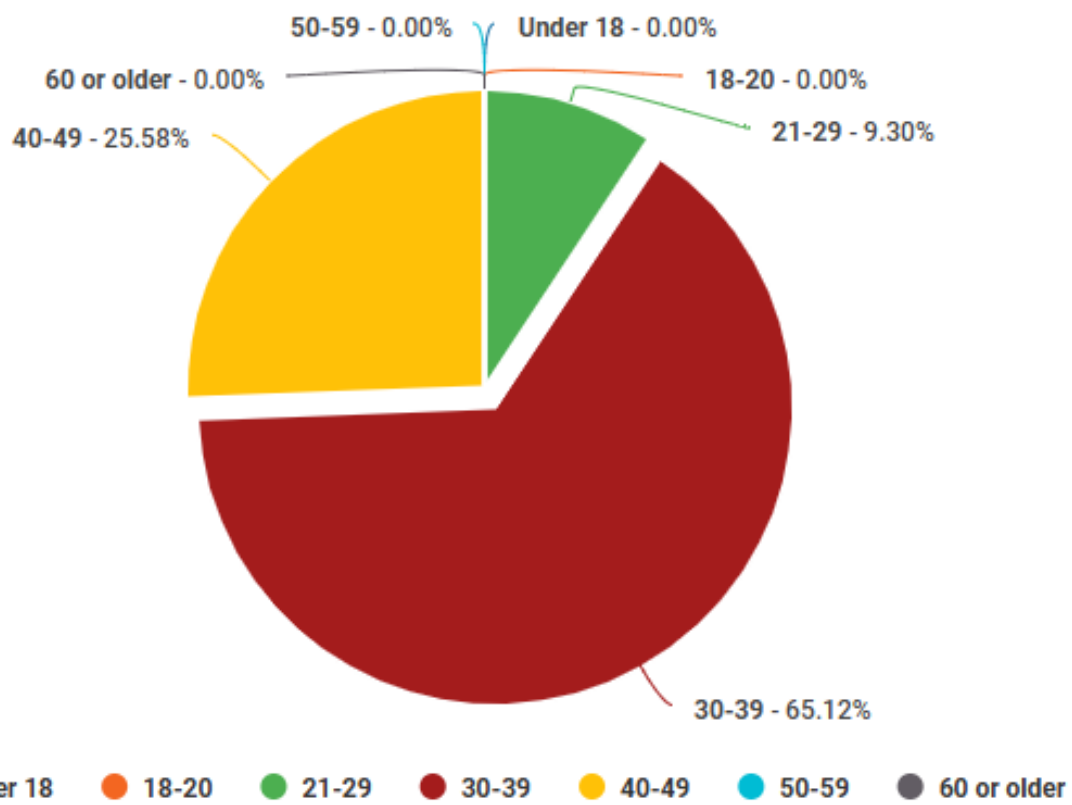


Figure 2. Age

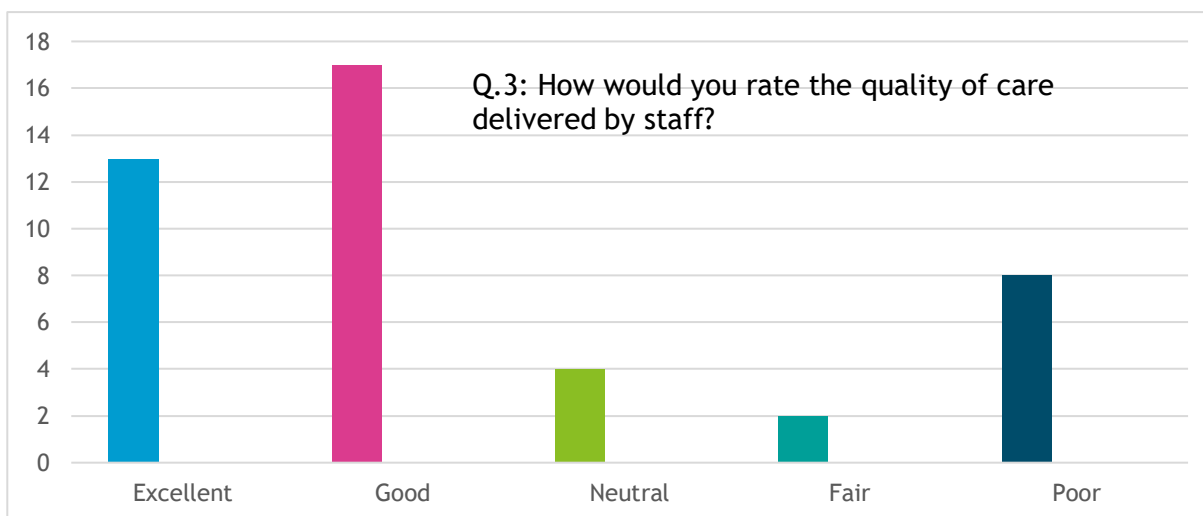


# Findings

While generally positive, the feedback received from women regarding maternity care at North Mid revealed several concerning issues, prompting this summary to focus on these findings and their potential connection to the CQC report's observations, particularly among women who chose not to give birth at the hospital.

## Quality of care

Although the overall quality of care was rated "Good/Excellent", **27%** of responses rated the quantity of care either **fairly or poorly**.



**Positive Feedback:** The overall good and excellent feedback that was received showed gratitude for their maternity care, they thanked the midwives and doctors that they had personally met stating that the service was "excellent", some women mentioned that the care they received whilst giving birth was "fantastic" and that the "midwives were lovely."

## Attentive and Thorough Care



“For the most part, the service was excellent, with just a couple of individuals that were a little disappointing. The majority of the level of care I received was very attentive and thorough.”



## Quick and Lovely Care



“Was seen very quickly when visited the triage. No long waiting times. Care in labour was fantastic and the Midwives were lovely.”



## Clean Rooms



“Staff was good, food was good, room was clean”



**Opportunities for Improvement:** Most of the “poor” comments that were made mentioned the unpleasant behaviour and treatment from midwives. 3 women expressed that some of the staff were not friendly, lacked compassion and had a poor bedside manner.

## Missed Diagnosis and Care



“After getting birth I had to get out of bed to ask for medication. Things were missed. My baby was a breached baby but wasn't scanned to know this. Was offered induction and refused C-section, wasn't listened to”.



## Unpleasant Experience



“Unpleasant experience, some staff were unkind, but not all of them.”



## Missed Care



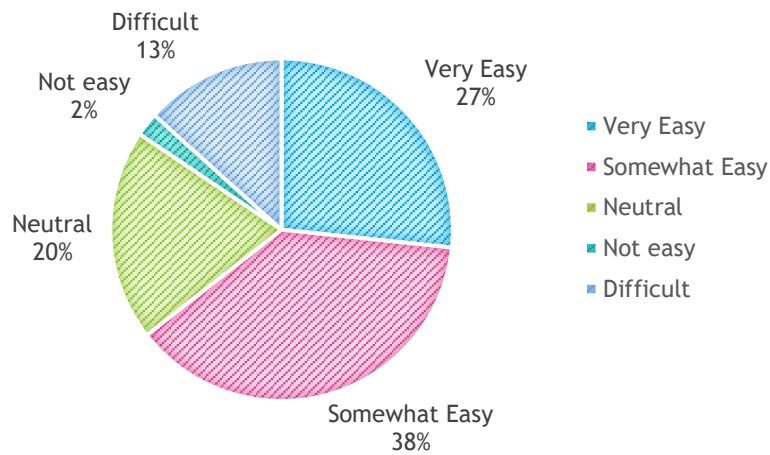
“My birth in 2023 was horrible. 2024 was slightly better. The midwives left me alone and didn't come to check for more than 5 hours”.



## Communication

Most women found it “Somewhat easy” to speak to a health professional when needed. 28% of women expressed that it was “very easy” to speak to a health professional when needed, 38% women stated it was “Somewhat easy” whilst 20% remained “Neutral” and 13% suggested it was “Difficult”.

## Q2. How easy was it to speak to a health professional when needed?



Although, most women shared it was “**somewhat easy**” to speak to a health professional when needed, some women shared that the communication was not to the standard they thought it should have been, suggesting that there was a lack of communication between health professionals.

### Need to Clarity Information Given



“In North Mid we have to keep asking questions and for them to clarify information because they were not good at communicating.”



### Easy Communication



“Some of them were easy to speak with.”

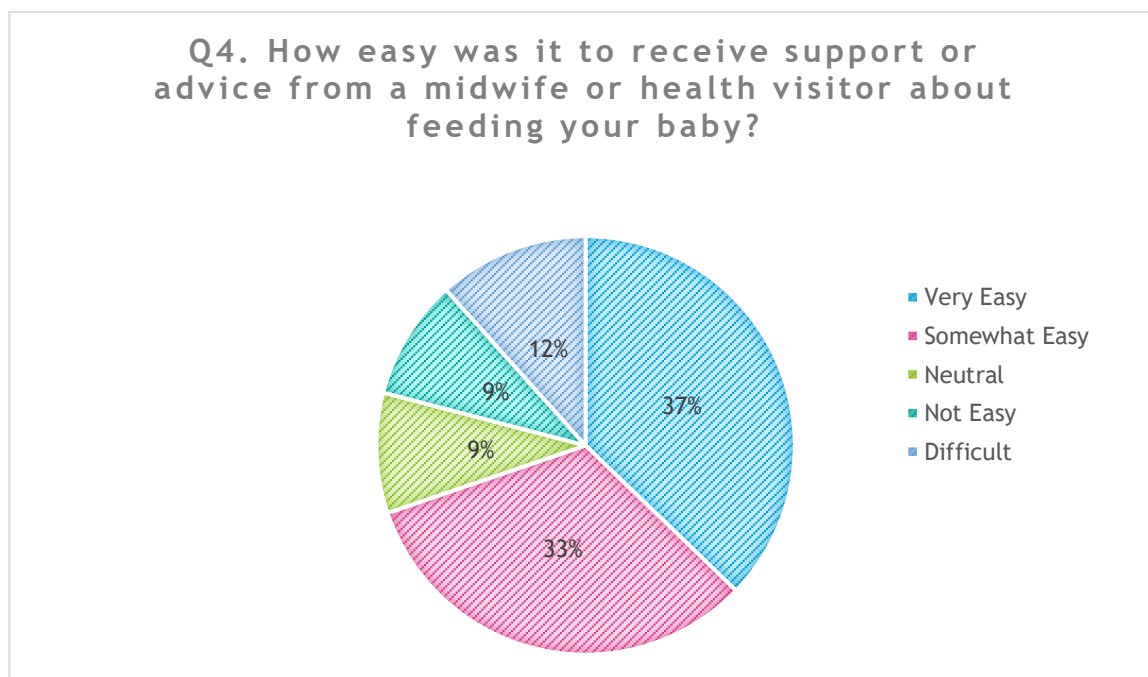


We learned that having easy access to a health professional is very important when receiving maternity care, as in some instances first time mothers do have a lot of queries and questions. Therefore, being able to **speak to a health professional when needed is essential** in ensuring all mothers are receiving accurate and reassuring communication.

It is also important that all relevant members of staff are communicating with each other to ensure that the best interest of the mothers' health is being seen to prevent further complications.

## Breastfeeding/Feeding Options and Advice

Receiving breastfeeding and feeding advice from a midwife or health visitor seemed to be "Very Easy" as 37% expressed this, meanwhile, 33% suggested it was "Somewhat easy" whilst 9% were "Neutral", 9% found it "Not Easy" and 12% Found it "Difficult".



Most women shared that it was "Very easy" to speak to a midwife or health visitor about feeding their baby. The recently launched Breastfeeding Support and Advice Network, we hope has a positive impact in the community. Most of the mothers we spoke to said they had or will attend these sessions. Many women mentioned that

they were also advised to attend the breast-feeding drop-in sessions around Enfield with a popular session being at the Dugdale Centre in Enfield Town.

### Classes Available



"I had breastfeeding classes available as well as help when I'd given birth."



### Choice Encouraged



"Very supportive midwives who encouraged and supported my choices."



### No Choice Given



"However, felt forced to breastfeed."



A woman said that although she had been given support and advice, she thought she would be able to get one-to-one support, but this was not available, therefore she hired a private lactation consultant. Some women who live in the more deprived areas do not have access to these private services, this should be taken into consideration by health professionals by hiring more breast-feeding support workers for mothers who wish to breastfeed.

## Breastfeeding as a Challenge



“Breastfeeding was the most challenging part of having a baby for me. I feel like there is not enough information or support in this area. It can put the mom in a bad mental state.”



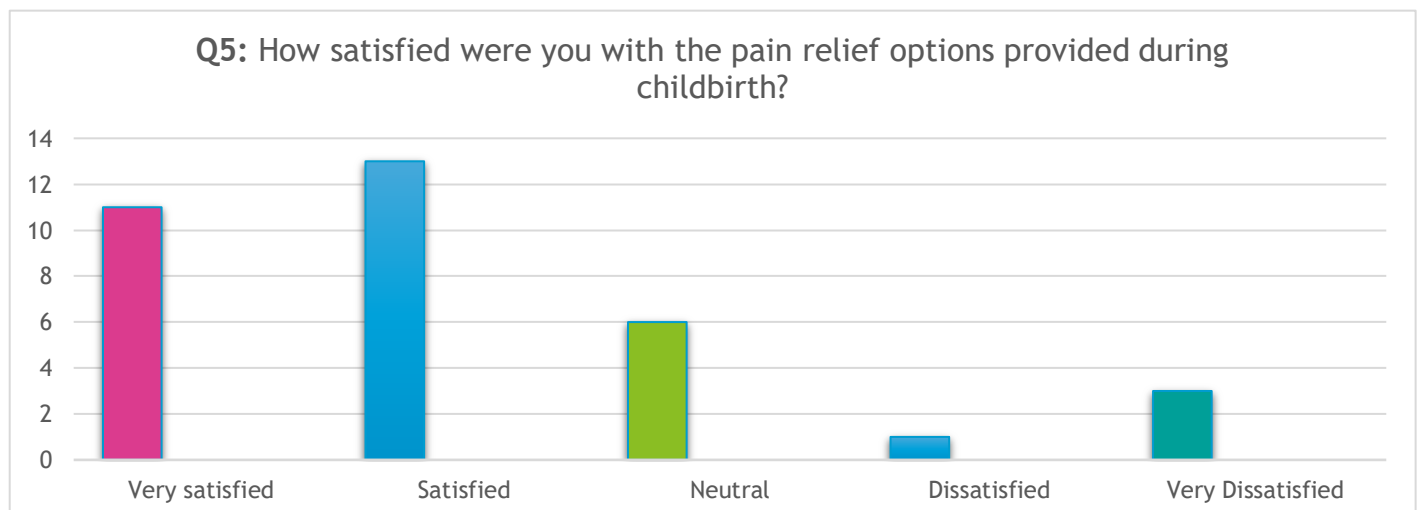
Two women had the experience, whereby their babies had not latched on during the first breastfeeding attempts. This caused other weight issues to the point where the babies were force-fed formula by health professional which left the mothers traumatised.

From these findings, we would recommend that more breastfeeding support workers are made available to those who need and want the extra support. We also feel that all feeding options should be available to mothers as some mums do not wish to breastfeed and find it challenging.

## Pain Relief During Childbirth

Many of the women we spoke to had a C-section, therefore were automatically given an epidural for pain relief as this is a protocol for this type of childbirth, as surgery is needed.

**Positive Feedback:** 70% of the women stated that they were “Very Satisfied/Satisfied” with the pain relief options given.



## Attentive Care



“Was given what I wanted when I needed it”



**Opportunities for Improvement:** Those who were “Dissatisfied or very dissatisfied,” mentioned that after birth they had experienced some lack of care when the pain relief was most needed.

## No Pain Support



“Left in pain after my C-section for days,”



## Missed Pain Support



“After C-section- morphine was given but I still have same pain till today. A higher dosage was requested but wasn't given”



We would suggest that closer supervision is provided after childbirth in regard to pain relief. It appears after giving birth, women are not given the same pain relief options as they were during childbirth.

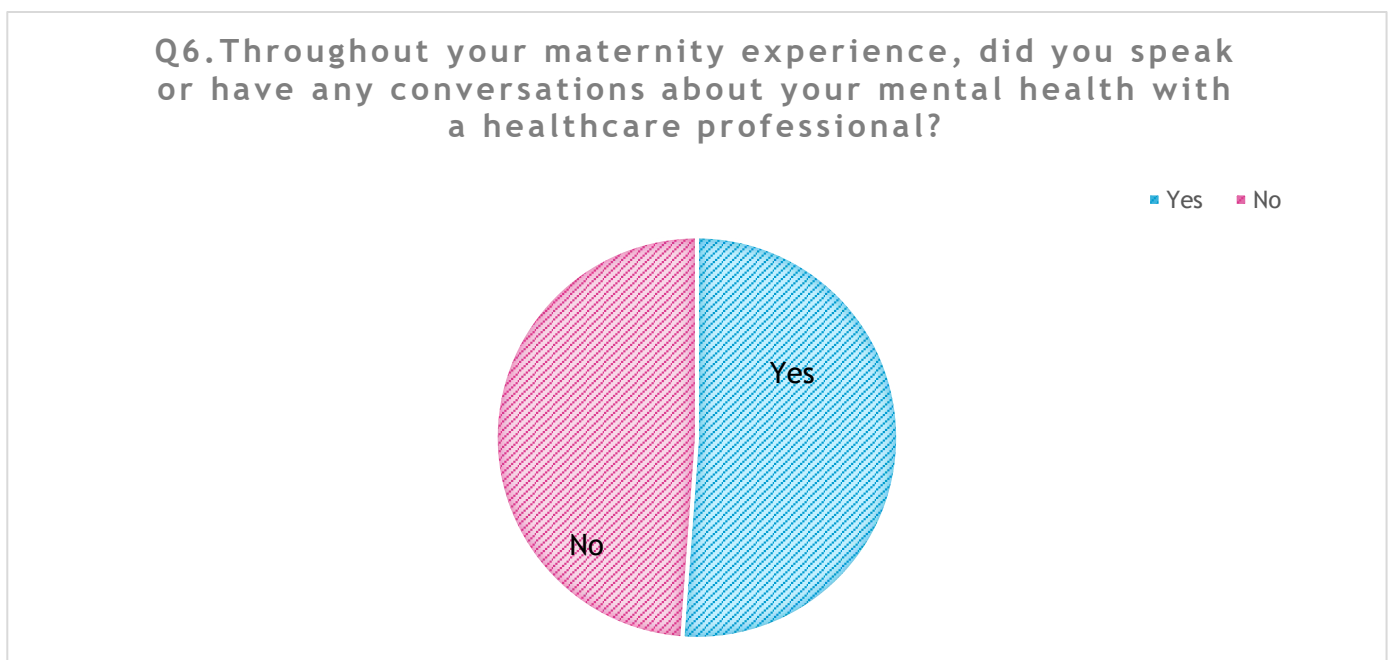


## Mental health Advice and Supervision

Post-partum depression can be very prevalent after giving birth which can be detrimental to the mother and baby's overall quality of life and health.

We asked mothers if they spoke to or had any conversations about their mental health with a healthcare professional. 22 women said "Yes", and 21 women said "No".

This showed that around 50% of women who gave birth at North Mid Hospital never spoke to anyone about their mental health.



The feedback received was particularly good. Some women explained they were not asked about their mental health, but they felt that this was not as important at the time. There was a lot of praise, some mothers mentioned health professionals by name and the support that was recommended to them in their time of need.

### Helpful Support



Very helpful, sorted out referral to a compassionate therapy group and provided with medication"



## Helpful Support



“After home visits, they helped with resources, especially with my husband and offered services in case extra care was needed: They stressed the importance of a calm environment”.



## More Support Needed



“Was asked "How are you" They should have prompted more, given options and support for others not for me.”



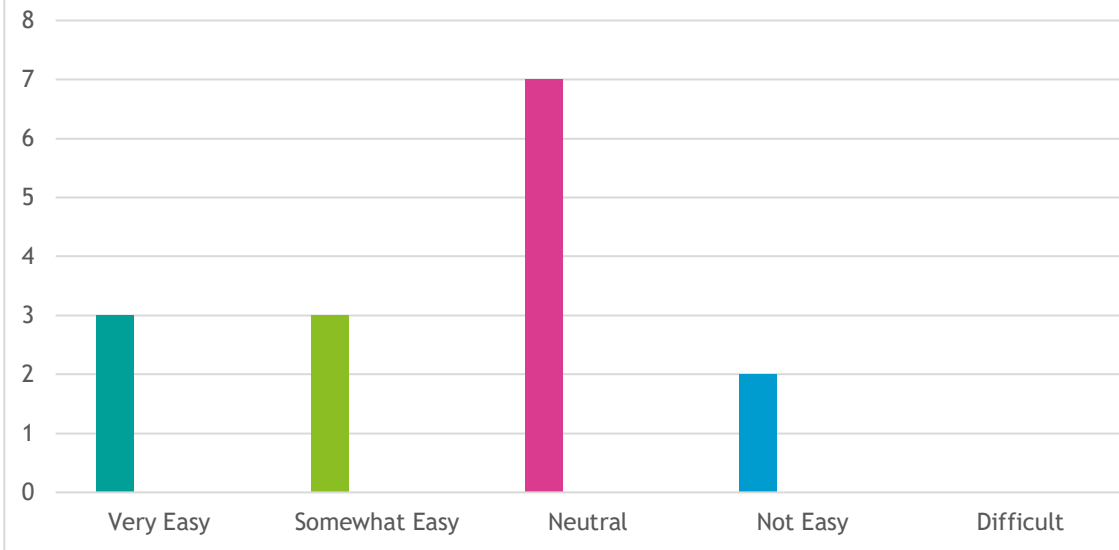
We would recommend that a closer screening process is implemented for all mothers at the ante-natal, post-natal and follow-up appointments after the baby is born to ensure no risks are missed, and to reduce any further mental health issues. Some women may not be aware of mental health issues as they are very much engrossed in their baby. In-depth conversations with all mothers should be made available, so that mothers can acknowledge any signs.

## Access to an Interpreter

Accessing an interpreter when needed was a question that was difficult to retrieve feedback on, as most women spoke English as their first language. We were able to speak to some residents who this question related to. We spoke to spouses who translated the questions that were asked to their partners when completing the survey.

6 people said it was “Very easy, somewhat easy” to get access to an interpreter when needed. Whilst 7 remained “Neutral” and 2 said it was “Not easy”.

Q7. If you required an interpreter, how easy was it to access this service?



### Speaking Slow



“They offered, but I understand the language, so I refuse. I just needed them to speak slowly and explain technical words.”



Suggesting that although she could understand English it was difficult for her to fully understand when being spoken to as technical words were not explained.

### Speaking Slow



“For my first appointment there was an interpreter option. However, if my husband was not present for the wife - NOT EASY.”



This suggests that although an interpreter was present at the first appointment for other consecutive appointments, for someone who does not speak English this would be exceedingly difficult to request an interpreter.

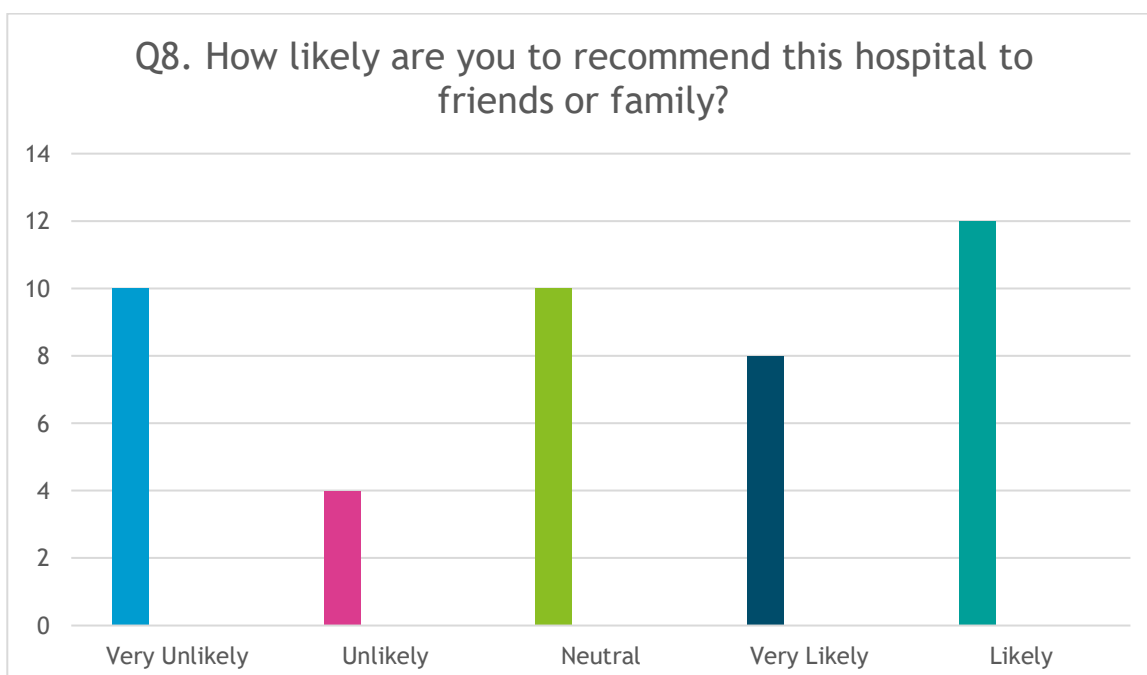
Those who stated that it was “Very easy/ Somewhat easy”, mentioned that booking an interpreter when needed was “Very Easy” and was available when needed.

We would recommend that after an initial interpreter has been booked for a first appointment for a family this should be recorded on the person file so that if this service is needed for the next consecutive appointments, so it is available and accessible when needed for those who are unable to communicate in English.

## Recommending North Middlesex University Hospital to Family and Friends

We wanted to know how likely these women were to recommend this hospital to their friends and family based on their experience.

20 Women stated they were “Very Likely/Likely” to recommend North Mid to their friends and family, 14 women said they were “Very Unlikely/Unlikely” whilst 10 remained “Neutral”.



**Positive Feedback:** Many women said that their experience was great, although there were some minor issues during their maternity care at North Mid.

### Good Experience - Yes



"I had good overall experiences with both children"



### Good Experience - Yes



"I have no faults and was very happy with my care and my whole birthing experience."



### Unsure



"I received good care this time, but last time it was not so good. I was sent home to get to 10cm. Staff had bad attitudes/ there was lack of compassion from the older midwives in 2017".



**Opportunities for Improvement:** However, those that had selected “Unlikely, very unlikely” expressed:

### Not Listened to



“Staff seemed very opinionated on one occasion and was advised that a C-section wasn't a choice, but a preference.”



### No Information Given



“It was very uncomfortable to watch the baby being so unwell, I wasn't advised why this was happening, nothing was explained.”



### Chose Against North Mid



“Due to my profession, I am aware the North Mid team is under-resourced, with poor antenatal care. It is by far my closest hospital, but I chose to deliver elsewhere.”



## Changes Residence Would Like to See

We asked the mothers, spouses and families what changes they would like to see (If any), and these are some of their responses:

- “Appointments should be together, e.g. scan and midwife appointment, as there are long wait times at appointments.”
  - “Support mothers with breastfeeding. Better communication between staff feeding options need to be changed. Mums should be allowed to not take on breastfeeding. Better information given regarding antenatal care programmes.
  - “Quality of care from doctors to be improved, bedside manner to be improved from all staff. Explanation of processes involved when a health professional is carrying out checks on baby, ability to ask for a second opinion.”
  - “First-time mums need more attention, everyone is different. Deeper assessment needed, was unsure how a contraction felt and was unaware I was in labour.”
  - “Information regarding induction to be accurate.”
  - “Better post-natal care.”
  - “More compassion and care for mum after birth.”
  - “At the hospital desk, on arrival, a physical interpreter is needed.”
  - “Easier to get through to reception, Apps could be used to store all information instead of Folders.”
  - “Listen to parents and answer questions instead of leaving them.”
-

- “More done for dad’s/birthing partner e.g. extra pillows, light refreshments (sandwiches)”
- “If a mistake is made, communicate with people. More supervision as a first-time mum. Rooms (TV was not accessible). Should be able to have an alternative visitor -- had to sign a contract. A lot of rules.”
- “The care given while giving birth (listening to the patient) not everyone is a textbook case. After giving birth, everyone has the correct information, so the patient isn't annoyed and knows what the actual process and policy is.”

# Recommendations

Below is a list of recommendations that we have summarised from our findings:

- Quality compassion and empathy training for all health professionals.
- Recorded data for all patients noting valuable information e.g. Language preference, health issues, and all advice given to patients.
- Accessible interpreters as and when needed given recorded suggestions from initial appointments.
- All feeding options are to be explored by the mother. Additional breastfeeding support to those who want it. Additional breastfeeding support workers.
- More information and in-depth supervision for first-time mothers.
- More information and in-depth supervision for mothers regarding mental health advice and support.
- Additional support/assistance for mothers after birth who have to be kept in hospital due to c-section.



# Conclusion

North Middlesex University Hospital is a first choice for many women in the local area due to its accessibility. However, past and current experiences have led some women to seek alternatives maternity care, as issues left them feeling traumatised. While many praised the excellent care provided by health professionals, others raised concerns about bedside manner, compassion, and empathy.

Interpretation services, though available, were not always easily accessible to those who needed them most. Breastfeeding support received mixed feedback: some mothers appreciated the guidance and encouragement, while others felt pressured, leading to negative experiences and, in some cases, complications for both mother and baby.

Mental health advice and support were generally well-known, but some mothers expressed a need for more in-depth conversations to ensure their well-being. Pain relief options during childbirth were satisfactory; however, accessing adequate pain relief post-birth proved challenging for some.



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