



**WOMEN
FRIENDLY
LEEDS**

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WOMEN'S LIVES LEEDS
Empowering Women and Girls in Leeds

COVID-19 Women's Survey

Maternity and Post Natal
Findings – Mini Report



July 2020

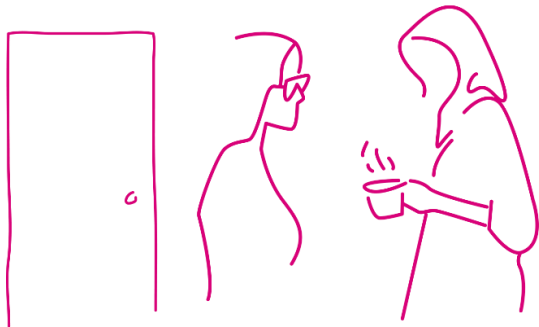
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Purpose of the Report

The purpose of this mini report is to draw together the findings from the COVID-19 Women's Survey, in relation to pregnancy, birthing and post-natal care and experiences during COVID-19. It is to be shared with the Maternity Voice Partnership, the operations group at Leeds Baby Week, and other targeted services, organisations and groups. This mini report directly supports recommendation 5 of the main report:



“All Partners including Leeds City Council, Public Health and Clinical Commissioning Groups who have a responsibility for designing, reviewing and commissioning services consider the specifics that are relevant to them to help shape more targeted approaches; to help make changes to services and to adapt to meet identified need that has arisen directly due to the pandemic, in particular maternity and mental health.”

Background

In light of the COVID-19 Pandemic that has swept across the nation, Women's Lives Leeds were keen to make sure that the effects of this pandemic on women were known, so created an online survey that would provide a quick snapshot of this, with a view that the findings would contribute to the reshaping of services across Leeds.

The Women Friendly Leeds COVID-19 survey was launched on Monday 1st of June and closed on Sunday 14th June. A total of 979 responses to the survey were received, telling us that Leeds women wanted their say about their views and experiences of the COVID-19 pandemic, within a local context. The purpose of the survey was to gather data to capture the experiences and views of women to gain a wide, diverse perspective, represent the views of as many women as possible and feed this into key decision conversations across the city. This included the “Communities of Interest” work, which is Leeds's partnership approach to COVID-19. The data will also be shared with other strategic partners, such as Public Health, Safer Leeds, Healthwatch Leeds and the Equalities Assembly.

The questions were focused to provide an understanding of women's concerns in the current pandemic and its future effects. Questions focused on women's opinions and their experiences. The survey was launched 10 weeks after lockdown begun, with the aim that women would be able to reflect and respond thoughtfully on their experiences so far.

The survey was advertised through established partnerships, contacts and networks within the local authority, social media and in newsletters to the Women Friendly Leeds and Women's Hub memberships.

Findings related to Pregnancy, Birthing, and Post-Natal Experiences



There were 2 questions in the survey where responses related to the pregnancy, birthing and post-natal care and experiences of the women who responded. Below we have provided a summary of the themes that were highlighted, and direct quotes that illustrate these themes.

Question 2 asked respondents if they thought there were other ways that women were disproportionately affected by COVID-19.

27 respondents mentioned women's health and maternity. The types of women's health services mentioned included sexual health, breast and smear screenings and contraception. Women's health included period poverty and menopause.

However, pregnancy, birth and post-natal care was of particular concern for women and issues included having to go for post and pre-birth appointments, check-ups, screenings and procedures without a partner to support them, only one person being allowed at the birth, and labouring in hospital up to that point alone. There was also the added general anxiety, stress and worry about COVID-19 whilst pregnant, or catching the virus whilst in hospital. Women were worried that post birth, recovery would be affected, without the usual face to face support mechanisms, such as health visiting. Postnatal depression, isolation, other mental health issues and breastfeeding were also mentioned as concerns.

“Women who are pregnant who are having to labour alone during rules about birth partners only being there for birth, and then no visitors and no one allowed into the home. This will impact on women's recovery after birth, and they will have less help, and reduces the critical support network needed after having a baby. Support for breastfeeding is difficult to access as no face to face groups, and there is a known link between women who wanted to breastfeed and stopped and postnatal depression.”

“Pregnant women and those giving birth are put at greater risk than usual and have to undergo check-ups, scans and procedures without moral support from a partner due to COVID restrictions (which are of course extremely important but do not mitigate the mental stress of this for the women involved).”

“Not my personal experience, but I have female friends and relatives who are pregnant / given birth during lockdown and were largely alone in hospital (one of them for more than 5 days). At an already stressful or traumatic time, I am hearing reports of this being exacerbated by COVID19 and the restrictions or changes to the way maternity services are delivered. These changes are understandable, but does present another way that women are affected.”

“There is currently NO support from the health visiting service for new mums and families. Thus, increasing mental health issues, risks of domestic violence and child abuse. This will have a severe impact on Safeguarding and the lack of health visiting services. If the service does not open up this will also have an impact of the staff’s mental health due to increase intense workload!”

“Women are disproportionately affected due to the changes in ante-natal care, post-natal care, menopausal care and access to birth control as well.”

“Access to some GP/Hospital Services has affected women e.g. only 1 person allowed at the birth of a child and sometimes not even 1 person.”

“Having to experience, pregnancy, labour and birth with minimal services as many services have limited contact such as maternity and health visiting services and support from family and partner is limited due to changes in visiting in hospital during labour and in postnatal period.”

“Pregnancy - birth partners can only attend for labour, not anything on a ward, e.g. induction and post-birth care. This will impact on female and male birth partners as well, but will have a big impact on pregnant woman, e.g. anxiety beforehand and during this process.”

“Having a baby during the pandemic was very traumatic for my daughter and I feel she went through an unnecessary c-section due to being rushed into labour.”

“Pregnant women and new mothers aren’t having check-ups they would usually have which can cause anxiety and physical health issues.”

“I think that the impact of CV19 on pregnant women may be a factor which could impact on their perinatal mental health - e.g. fear of contracting the disease, social isolation.”

Question 4 asked women what their main concerns were about the pandemic now.

11 respondent’s answers were in relation to maternity, birthing or post-natal experiences A strong theme was around women being on their own for appointments and parts of their birthing experience, and missing out on support networks due to social distancing. Some also expressed general health concerns around being pregnant and COVID-19, for themselves and their babies. Maternity leave was mentioned as a potential concern

“I’m also pregnant and concerned about what will now happen to my job while I am on maternity leave as well as the possibility of the virus still being a big issue on due date and affecting birth and possibility of support from family afterwards as well as the rest of my maternity care.”

“I am also going through a potential miscarriage of twins. This is already traumatic but having to go to scans/appointments on my own makes it so so much worse.”

“Access to antenatal services, whether my partner can join appointments”

“I am 37 weeks pregnant and concerned that the eased lockdown rules (combined with irresponsible behaviour of individuals) will lead to a second surge around my due date, thus potentially affecting my husband's attendance at the birth and childcare arrangements for our other child.”

“Currently pregnant - concerned about giving birth in a hospital and potential transmission in hospital, also concerned about visitors for the baby once she is here passing on the virus.”

“As a pregnant woman I am concerned about effects of Covid 19 on my unborn baby if I were to catch it, as there is so little research yet. I really hope I will be allowed to continue working from home and not pressured to go back to work sooner than I feel comfortable.”

“Getting pregnant and having to attend appointments and scans without my partner for support. I know this has been the case for a number of my friends who have literally gone through the process alone.”

“Not being able to be with my partner after she has given birth to our babies later this month.”

“My access to maternity services.”

Conclusion

These findings show us a range of concerns women have expressed around maternity, birthing and post-natal experiences in relation to the COVID-19 pandemic. We are pleased to have captured some of these concerns and are able to share them with commissioning services and organisations who have a responsibility to adapt services and improve experiences for women on this issue. We plan to adopt a strategy to share these findings where appropriate, and encourage activities and opportunities to address the issues highlighted in the findings, via Baby Week, the Maternity Voices Partnership and other similar workstreams.

