



Perinatal Mental Health

March 2025

healthwatch
Stoke on Trent

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Introduction

Healthwatch Stoke-on-Trent is the independent voice of the public in health and social care services for the people of Stoke-on-Trent. We gather feedback from the public about their experiences and use that information to hold service providers and commissioners to account and work with them to improve their services.

One of the ways that we gather information is to carry out focused projects around public priorities each year. On this occasion we have completed a project looking at people's experience of maternity services with a focus on mental health support. Stoke-on-Trent has higher than average rates of neonatal deaths and still births than the national average. Additionally, maternity services in Stoke-on-Trent have been subject to scrutiny by the CQC and rated as needing to be improved. There is a history of staff shortages in maternity services at The Royal Stoke University Hospital and the service is subject to an improvement plan.

Maternity services are under some scrutiny, but the scope is wide and there is activity happening in various aspects of maternity care in Stoke-on-Trent. With this in mind, we undertook a project on maternity and mental health as we believed that feedback would also address some of the other issues within maternity services, whilst considering the impact of them on the mental health and wellbeing of women and their access to support.

Methodology

For this project we used a survey with women who had given birth in the last two years or who were expecting a baby and a survey for partners of women who were either expecting a baby or had given birth in the last two years.

The surveys were shared online, as well as being filled in face to face with people attending antenatal appointments at Royal Stoke Hospital, people attending groups at the Stoke-on-Trent Family Hubs and a range of playgroups or parent and baby groups across Stoke-on-Trent.

We also attended a discussion group with women who were being supported by Mothers Mind in Stoke-on-Trent.

Who took part

There were 136 responses from women who took part in the Maternal Mental Health Survey; 25 people who took part in the partners survey and 10 women shared their experiences at the discussion group.

Maternal Survey

The women who took part in the surveys were asked a number of demographic questions. They could choose to not answer the questions.

- 81 women said that they were aged 25–34 years, 37 were aged 35–44 years, and 9 were aged 18–24 years.
- 106 women said that they were heterosexual, 6 identified as asexual, 2 identified as bisexual and 2 identified as lesbian or gay, and 1 said that they identified as pansexual.
- When asked about their ethnic background, 10 women said that they were from an Asian/British Asian background, 4 were from Black/Black British backgrounds and, 3 people were from mixed ethnic backgrounds. 98 women were from White British backgrounds, 1 identified as White Irish, and 9 identified as being from another White background.
- 9 women said that they considered themselves to have a disability and 23 said that they had a long-term condition.

Partners Survey

Those who took part in the partners survey were also asked demographic questions. They did not have to answer the questions.

- 18 people said that they identified as men and 3 identified as women.
- 18 people identified as heterosexual, 1 as asexual, 1 as bisexual, 1 as a Lesbian or gay woman, and 1 as pansexual.
- 13 people who answered the question said that they were aged 25–39 years, 5 were aged 40–59 years, and 4 were aged 18–24 years.

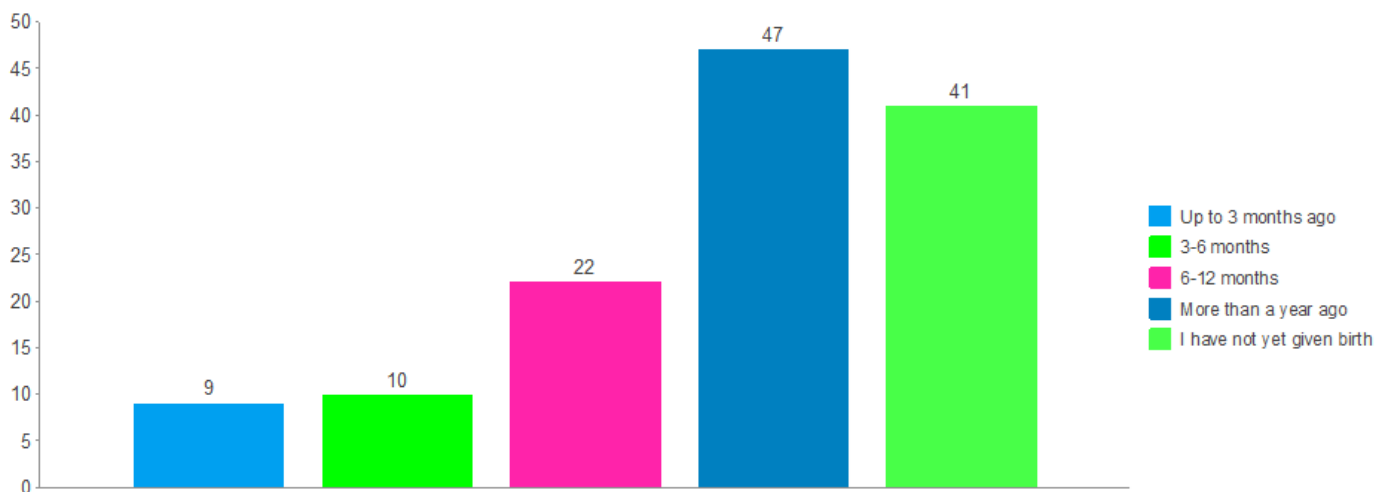
- 2 people said that they were from Asian/British Asian backgrounds, 2 were from Black African backgrounds, 15 from White British backgrounds, and 2 from other White backgrounds.
- None of the people who took part identified themselves as having a disability and 1 person said that they had a long-term health condition.

Findings

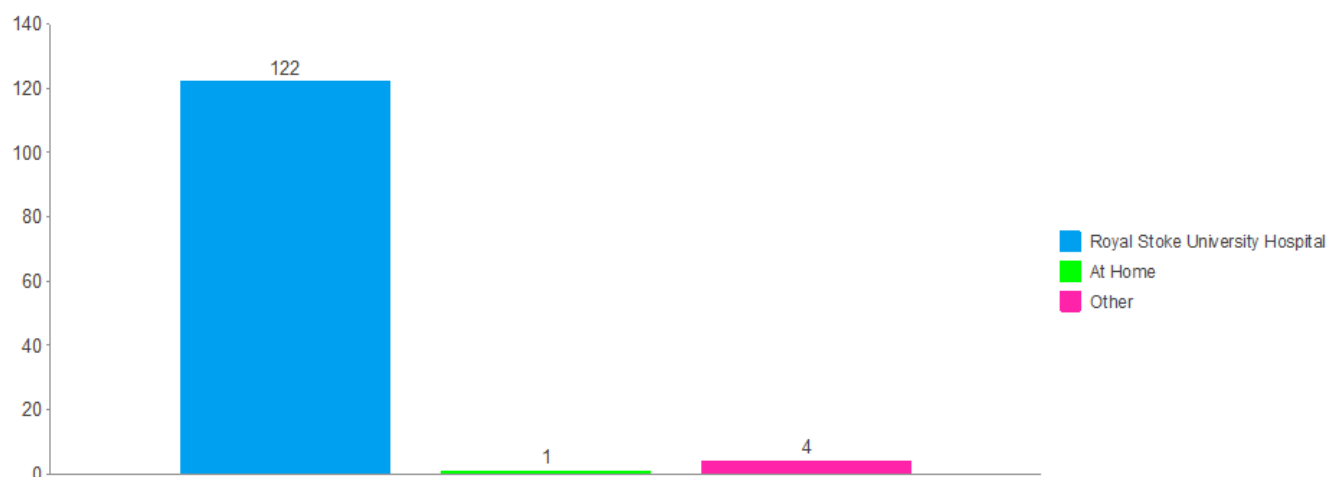
Maternal Survey

The women who took part in the survey were asked how long ago they had given birth. The largest group (47) had given birth more than a year ago. The next largest group were women who had not yet given birth but were accessing antenatal care and services. 9 women had given birth up to 3 months before completing the survey, 10 had given birth 3-6 months before and 22 had given birth 6-12 months earlier.

When did you give birth?

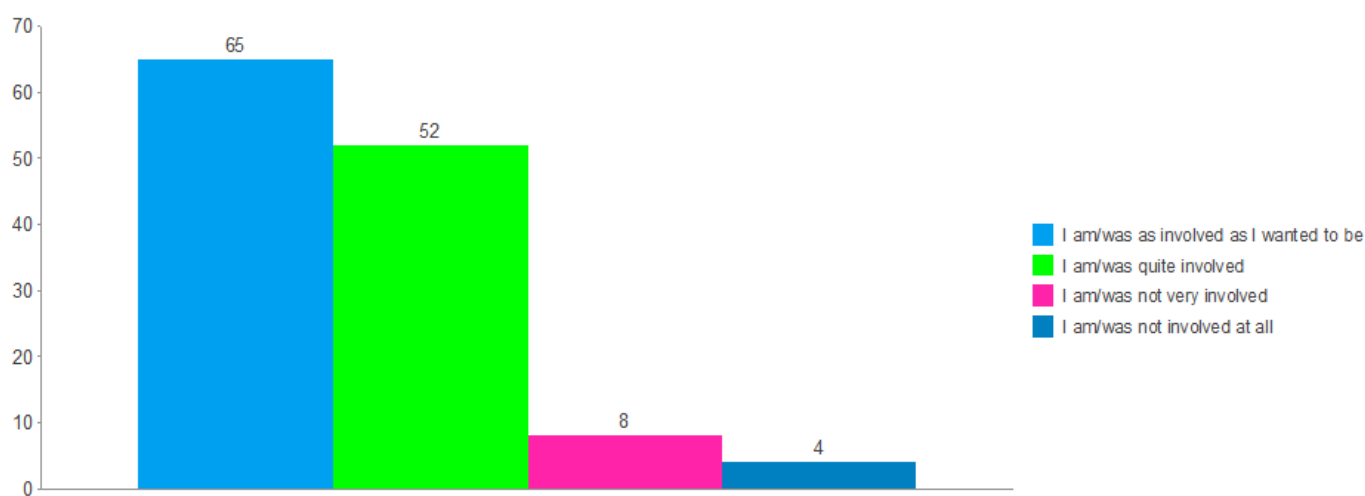


Where did you give birth or where do you plan to give birth?



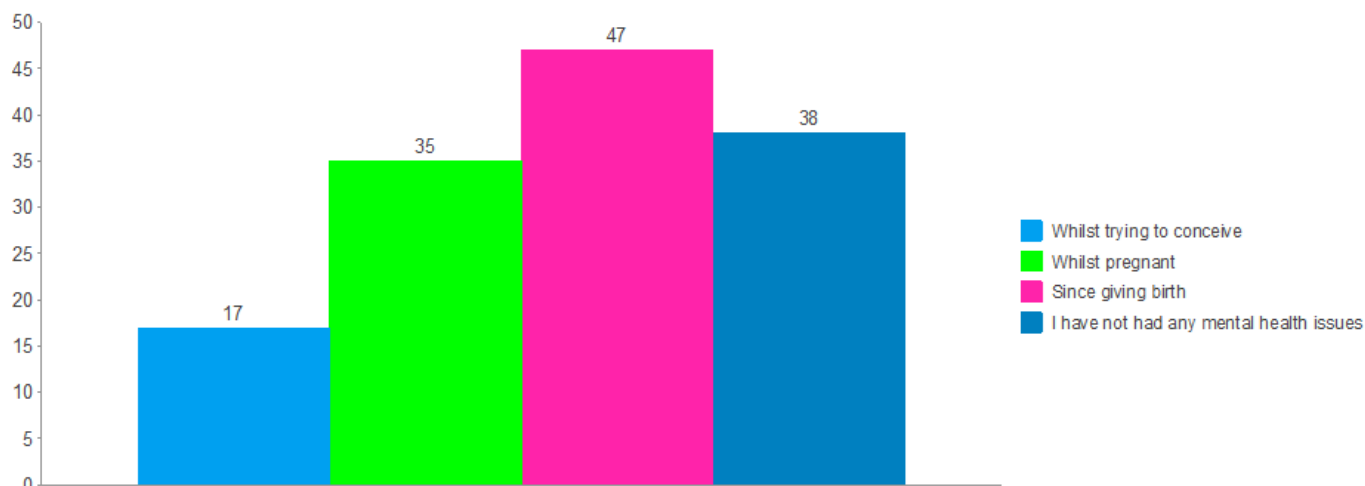
122 women had given birth or planned to give birth a Royal Stoke and one planned or had had a home birth. 4 women gave other as an answer.

How involved are/were you in the decision making about your maternity care? .



When asked about how involved they felt in decision making about their pregnancy 65 women said that they had been as involved as they wanted to be and 52 said that they were quite involved. 8 women said that they were not very involved in the decision making during their pregnancy and 4 that they were not involved at all.

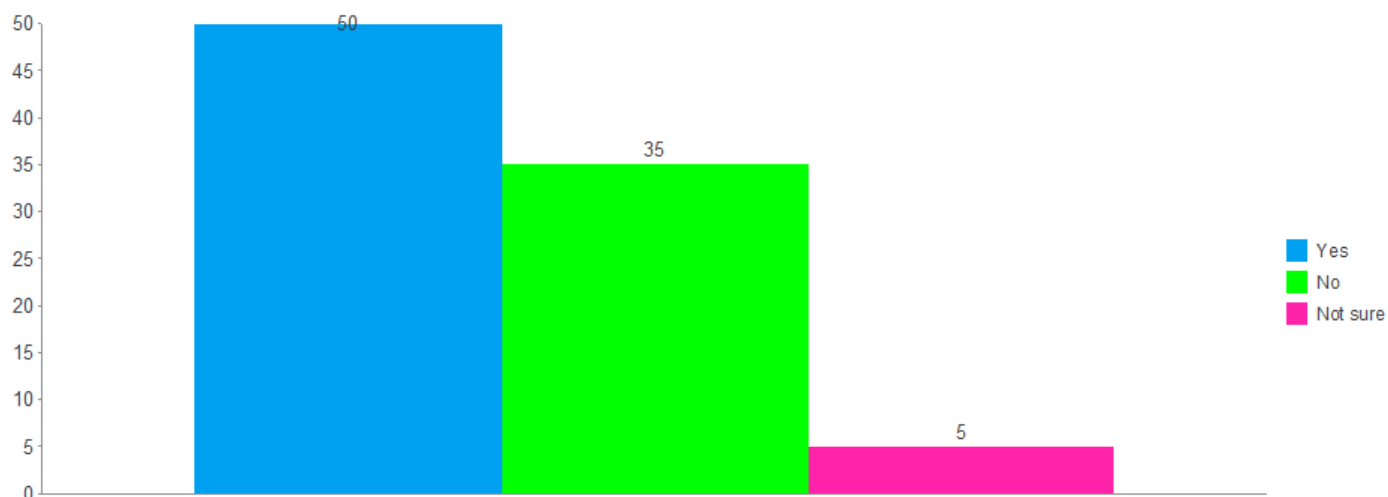
Have you experienced any mental health issues (Tick all that apply).



47 women said that they had experienced mental ill health since giving birth. 35 experienced mental ill health whilst pregnant and 17 whilst trying to conceive. The women were able to choose all of the options that were applicable to them and so some may have had ongoing mental ill health before, during and after their pregnancy.

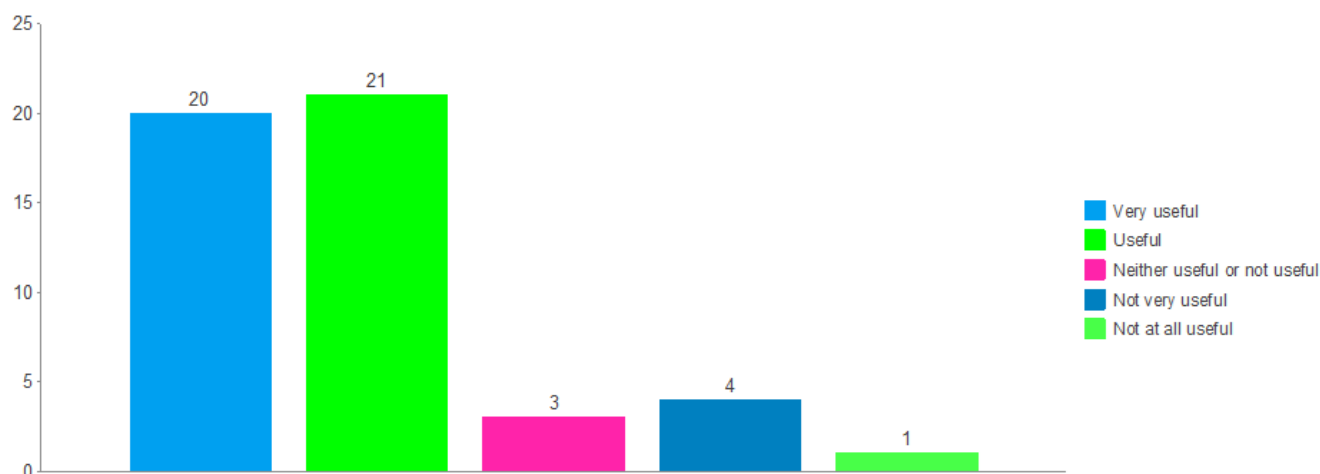
It is notable that a little over a third of women said that they had experienced mental ill health since giving birth.

Did you receive any information about your mental wellbeing during your pregnancy?



When asked if they had received information about their mental health more than half (50) of the women who answered the question said that they had had information. However, 35 women said that they had not received any information about their mental wellbeing during their pregnancy.

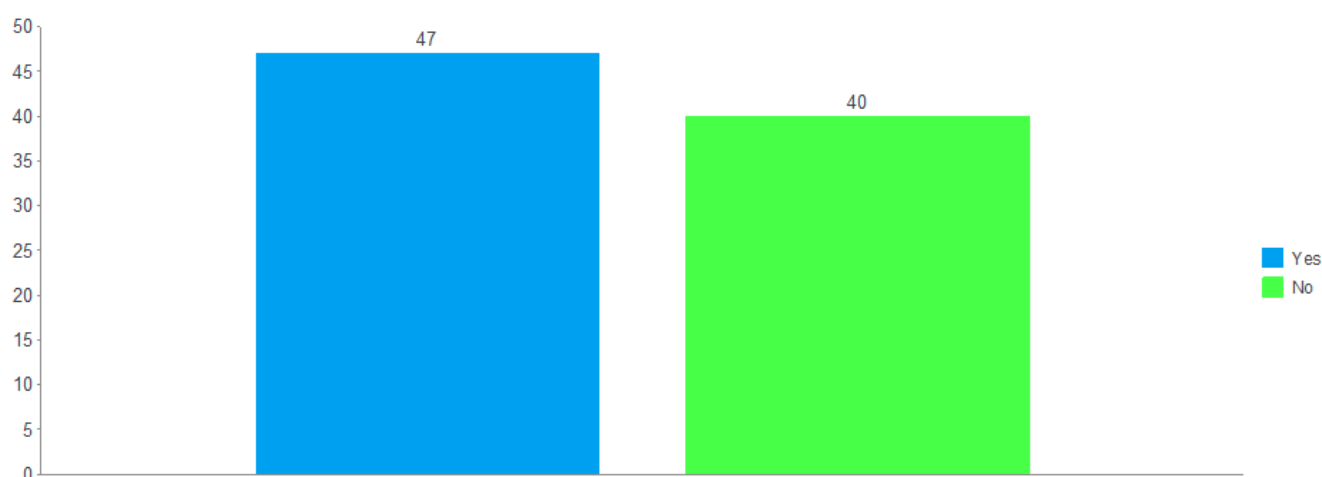
If yes, how useful was the information that you received?



Those who had received information were asked if they had found the information useful. Whilst most women (41) had found it very useful or useful, 5 said that they had not found it useful with one of them saying it was not at all useful.

47 women said that they had received support with their mental health and 40 said that they had not.

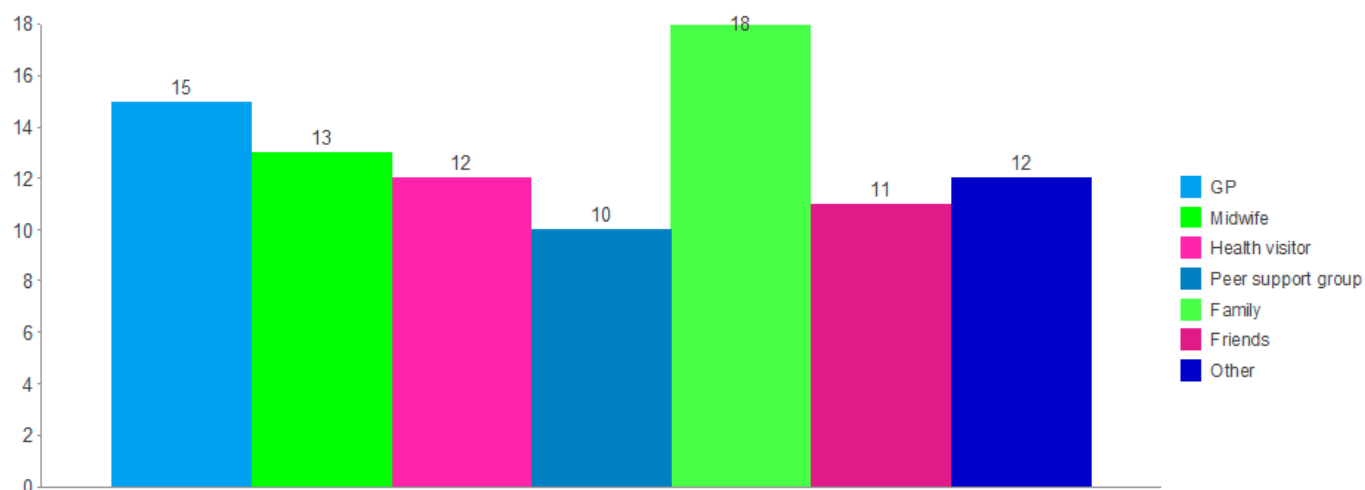
Have you had any support with your mental health?



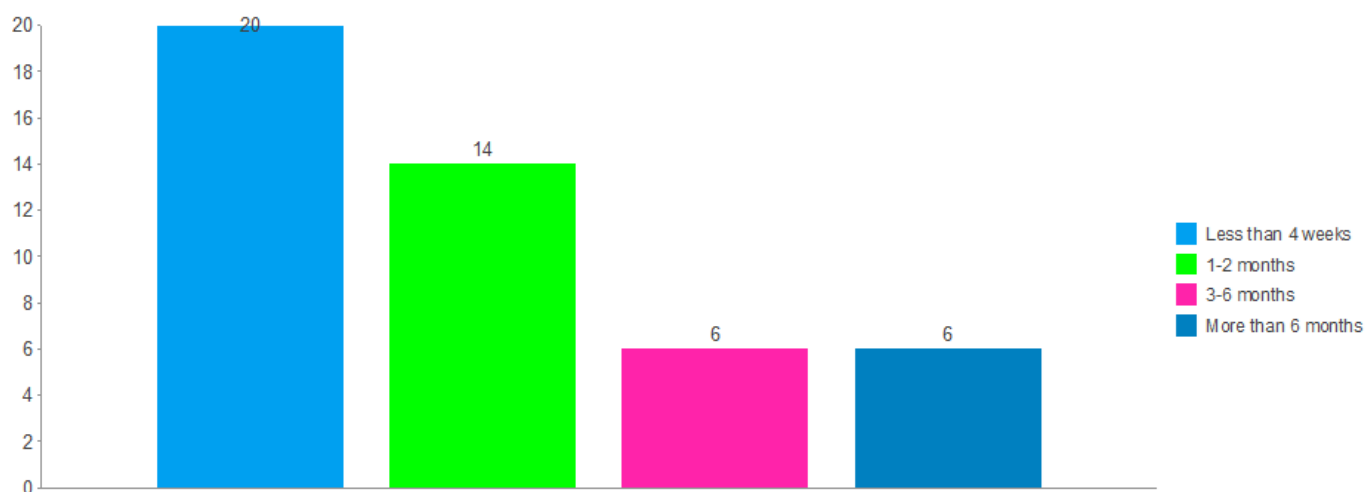
They were asked what support they had accessed. The largest number (18) said that they had had support from their family and 11 said that they had had support from friends.

15 had had support from their GP, 13 from their midwife and 12 from their health visitor. 10 women had accessed peer support groups for support with their mental health. 12 said that they had accessed other support for their mental health.

If yes, who provided the support?

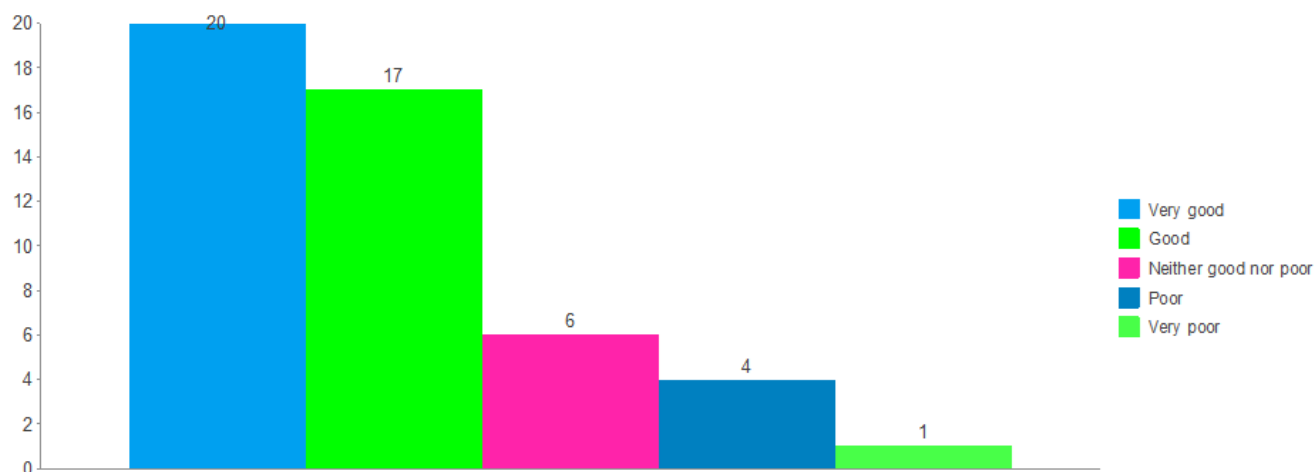


How long did you wait to access mental health support?



The largest group of women waited less than 4 weeks to access support for their mental health but 6 said that they waited for more than 6 months to access support.

Please rate the quality of the support that you have received.

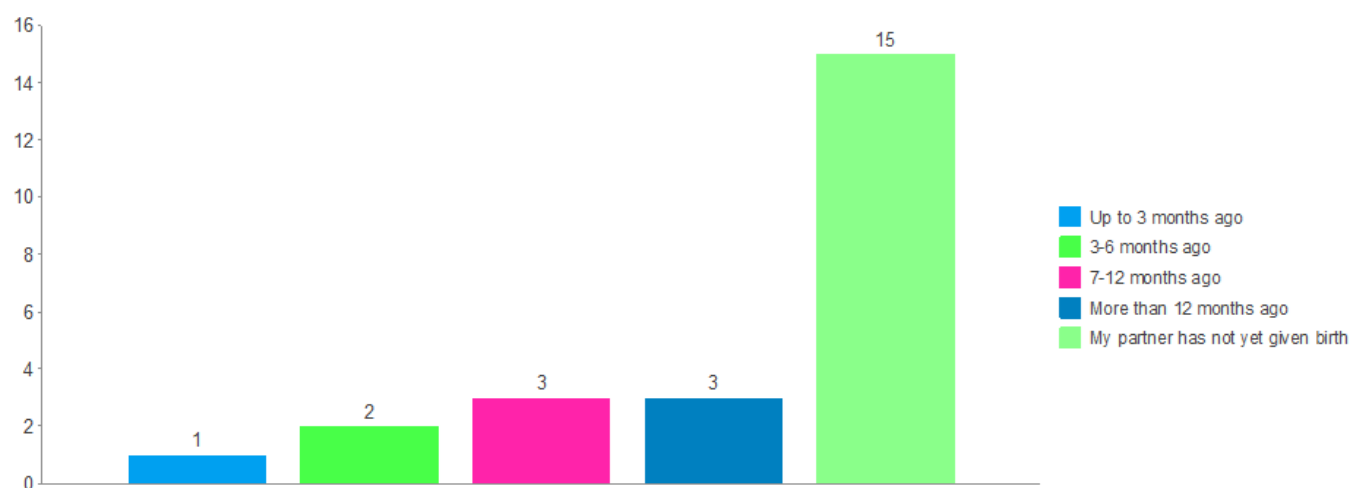


37 people rated the quality of the support that they received as very good or good. 5 People said that it was poor or very poor.

Partners Survey

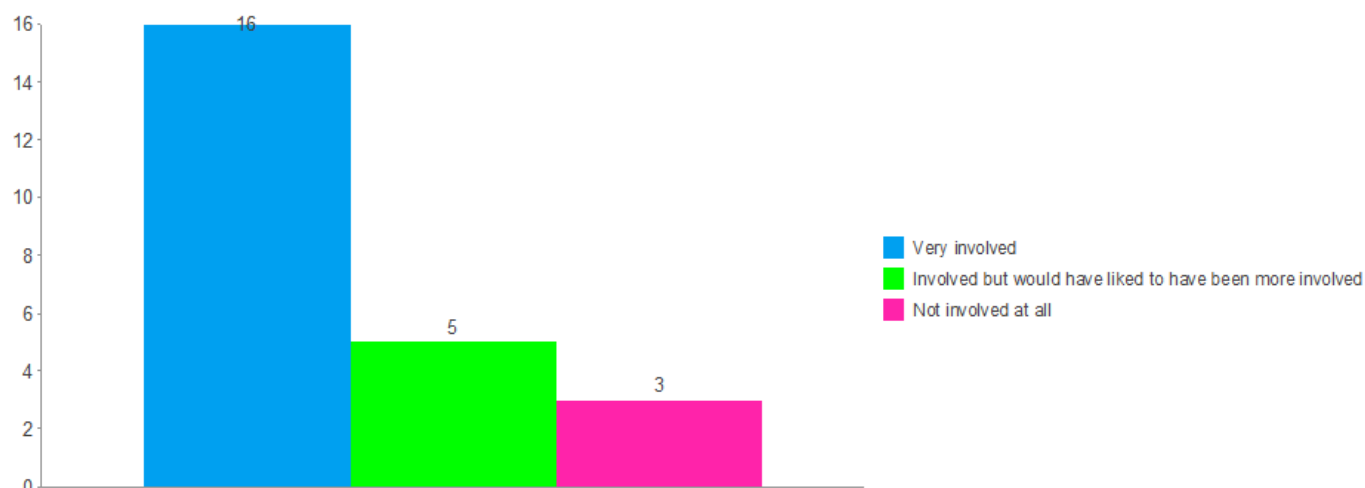
Partners of women who had given birth or were pregnant were asked similar questions to the women themselves. 15 of the survey respondents said that their partner had not yet given birth, 6 had partners who had given birth in the last 12 months and 3 had given birth more than 12 months ago. All of the people who answered the question said that their partners had given birth or planned to give birth at Royal Stoke Hospital.

When did your partner give birth?

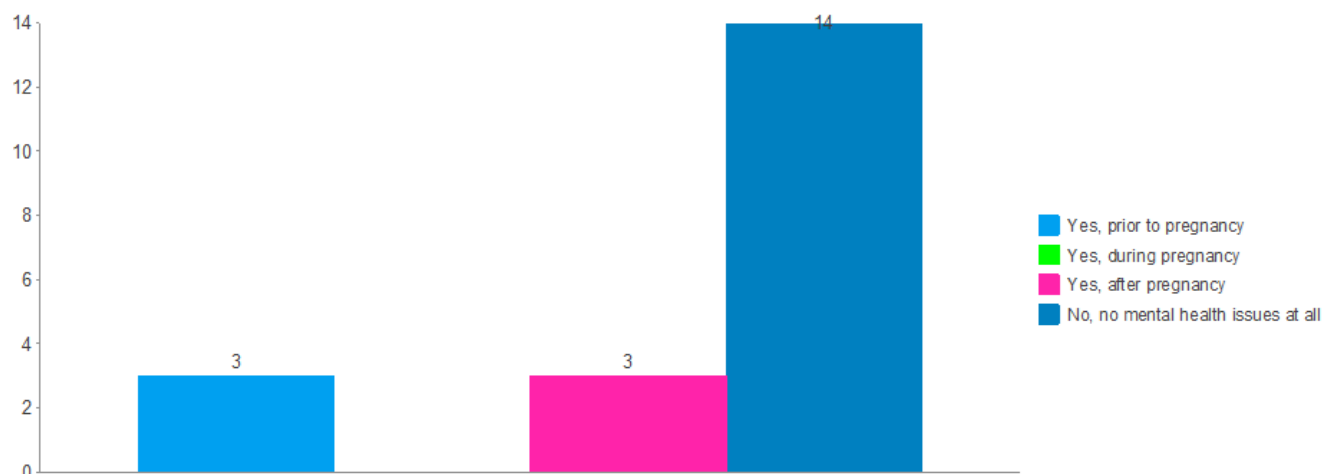


16 people who answered the question said that they felt very involved in the decision making as the partner of someone who was giving birth. 5 said that although they had been involved, they would have liked to be more involved, and 3 said that they were not at all involved.

How involved did you feel in the decision making about maternity care as the partner of someone giving birth?



Have you experienced any mental health issues?

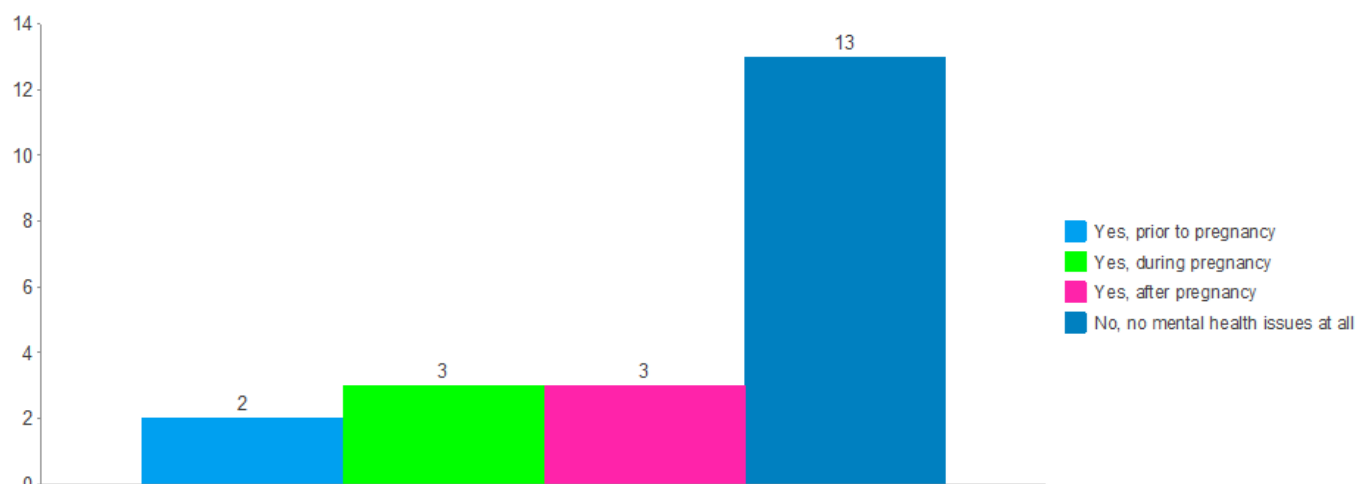


We asked the people taking part in the survey if they had experienced any mental health issues before, during and after their partners pregnancy. Most people (14) said that they had not experienced any mental health issues but 3 said that they had experienced mental health issues before the pregnancy and 3 said that they had had mental health issues after the pregnancy.

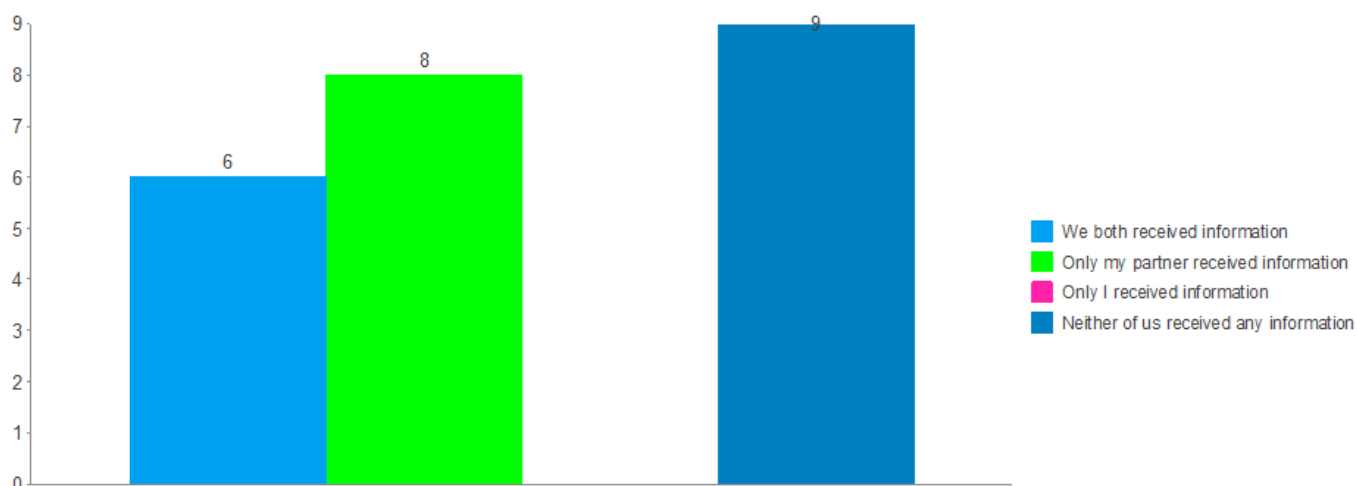
When asked about their partners mental health, 13 people said that their partner had not experienced any mental health issues.

2 had had mental health issues before the pregnancy, 3 during the pregnancy and 3 after the pregnancy.

Has your partner experienced any mental health issues?

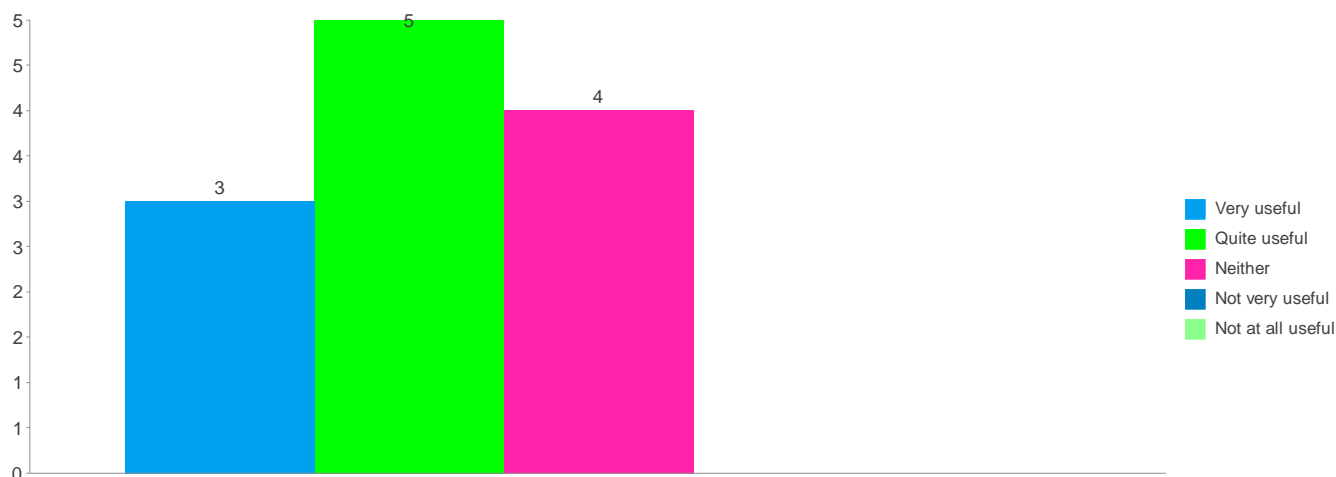


Did you or your partner receive any information about mental wellbeing during pregnancy?



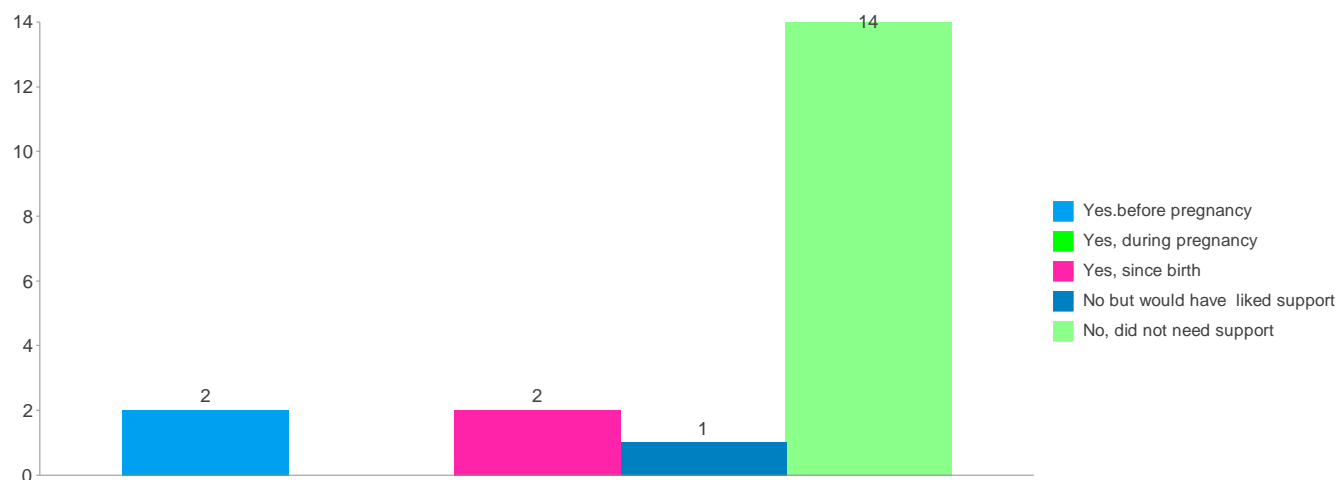
When asked if they had received information about mental wellbeing during the pregnancy, 6 people said that both they and their partner had received information, 8 said that only their partner had received the information and 9 said that neither of them had received any information.

If you or your partner received any information on mental wellbeing, how useful did you find it?



Those who had received information or whose partners had received information, were asked how useful it had been from their perspective. 8 people said that it had been very useful or quite useful and 4 gave a neutral answer.

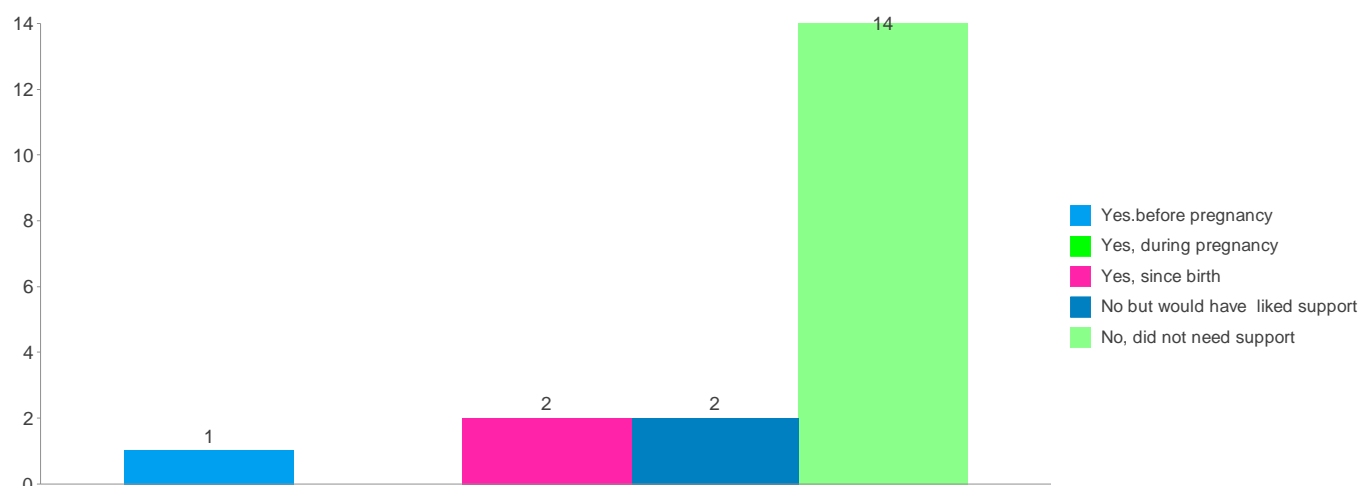
Have you had any support with your mental health?



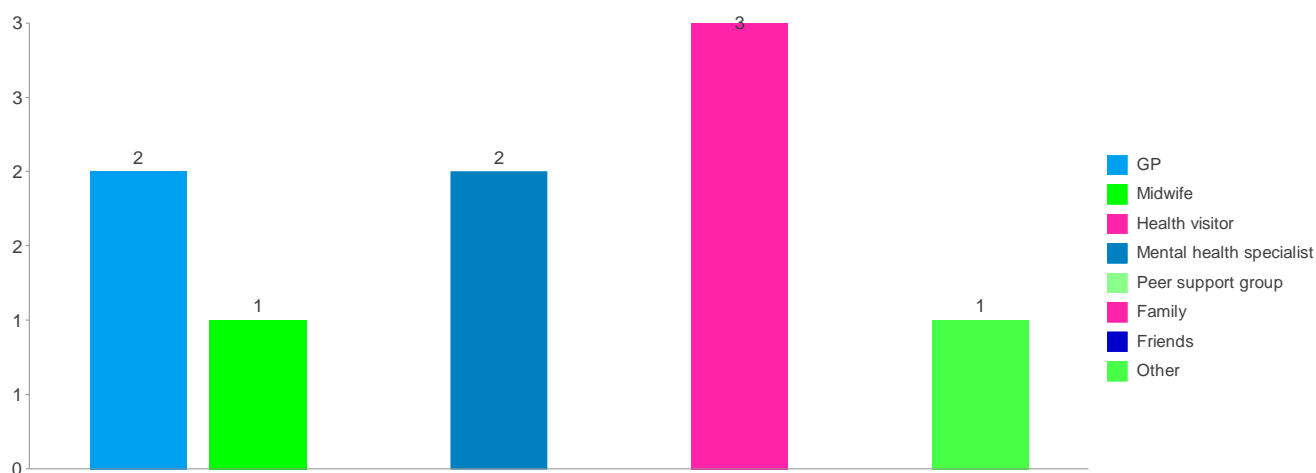
When asked if they had had any support with their mental health, 2 people said that they had had support prior to their partners pregnancy and 2 said that they had had mental health support after the pregnancy. One person said that although they had not had any mental health support, they would have liked to have had some.

One person said that their partner had had support with their mental prior to their pregnancy and 2 that they had had support since giving birth. 2 people said that their partner had not had support with their mental health but would have liked support.

Has your partner had any support with their mental health?

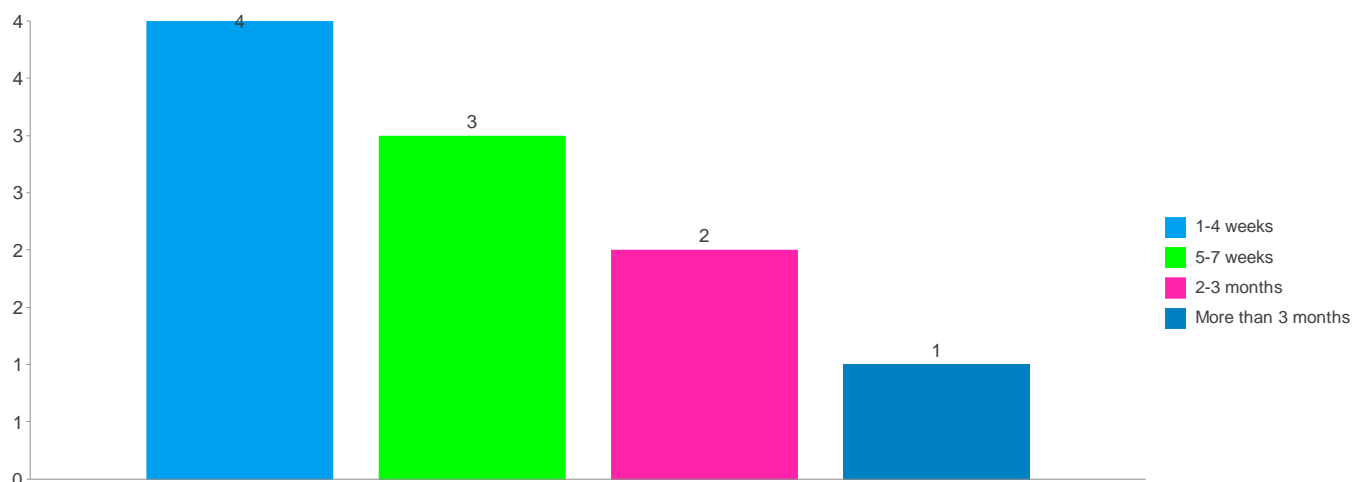


If yes, who provided the support?



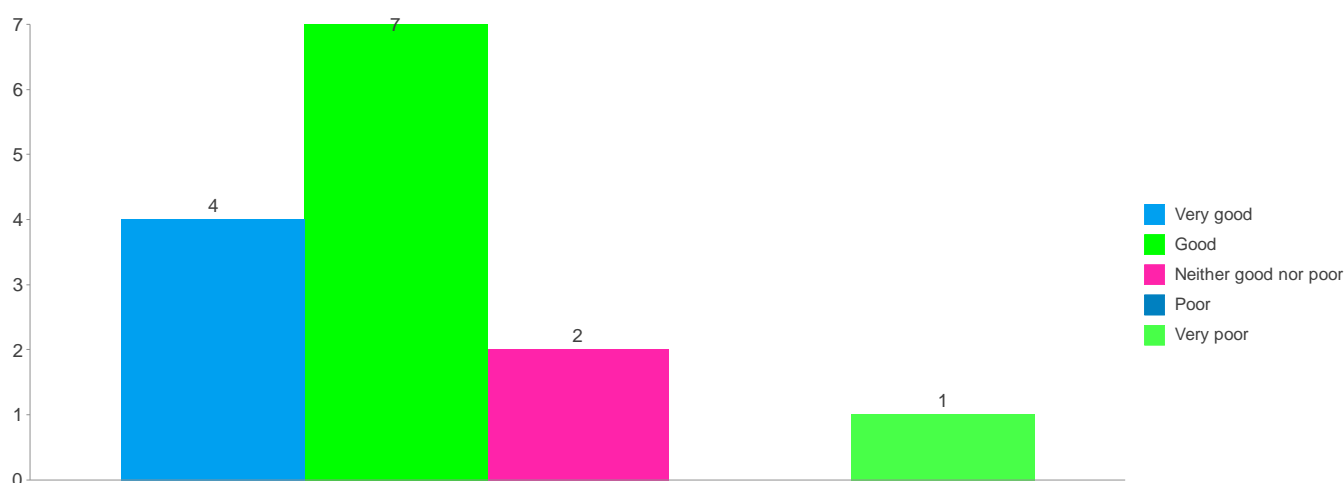
Those who had accessed mental health support either for themselves or their partner were asked who had provided the support. 3 people said that they had had support from family, whilst 2 had had support from their GP, 2 from a mental health specialist and one from the midwife.

How long did you wait to access mental health support?



Waiting time to access mental health support were spread out, with the largest group (4) waiting 1-4 weeks, 3 waiting for 5-7 weeks and 2 waiting 2-3 months. One person said that they waited for more than 3 months to access support.

Please rate the quality of the mental health support you or your partner received.



11 people rated the quality of the support that they or their partner accessed as being very good or good, and 1 person said that the support was very poor. 2 people gave a neutral response.

Themes of Findings

Participants in the surveys were able to comment on their experiences and their comments have been analysed alongside those from the women who took part in the focus group. They were analysed using thematic analysis in order to identify key themes across all those who contributed their feedback to the project.

The following themes were identified from the feedback across the three feedback methods.

Patient Choice

Some women felt that they had a lack of choice about their birthing preferences or lacked the information that they needed to make an informed choice.

'The Registrar on the day told me of the risks [of induction] and asked if I wanted a section. Why did nobody speak to me before I was 39 weeks?'

'It was you need to decide now.'

'I couldn't advocate for myself very well at that time.'

Where they had expressed a choice, they were not always listened to and were as a result disempowered, impacting on their mental health.

'I wanted a homebirth. I'd researched. I said to the midwife I wanted a home birth and she said 'oh, we're not doing home births at the moment, you can forget that one.'

'Whilst my pregnancy was low risk and uncomplicated, I ended up being induced because I was overdue. I felt bullied by staff who wanted to induce me sooner than I wanted... I had an incredibly traumatic birth... Both me and my husband felt like we had trauma following the birth experience. My mental health has been affected.'

However, one person said that they had had a positive experience of being supported when they outlined their birth choices despite them not being in line with the hospital policy.

'I was offered an advocate when my birthing wishes did not align with hospital guidance. In depth discussions with birth advisors. Compassion shown by maternity staff. All factors enabling me to feel empowered and listened to, leading to positive mental health.'

For some women there was a desire to be able to develop their own birth plans and whilst they were aware that things would not always go to plan some felt that they would have benefitted from having some element of planning.

'You used to have it filled in on paper... I felt I needed a plan. It would have helped me if I had my preferences down on paper.'

'Do a birth plan and my wishes be fully listened to.'

'You need to be involved in your own care.'

Antenatal Classes and Information

Women raised concerns about a lack of antenatal information feeling that there was an expectation that they would know more about the physiological stages of

pregnancy and the administrative processes associated with it, such as accessing midwife appointments and being booked in with the hospital.

'They presume people know everything.'

'We wanted to do antenatal classes, and it was 'we're not doing them since Covid'. We had to go private.'

It was suggested that there needed to be more information for first time parents.

'Midwife who explained more at the time of birth and more information before birth on what to expect.'

Mental Health needs not identified

There were comments from women that they felt their mental health needs had not been picked up on by professionals and they were sometimes dismissed when they raised concerns about their mental health.

'The first time I was just angry all the time... but nobody asked me if I was alright.'

'I was never given the chance to say anything about how I was feeling.'

'I told them I wasn't too good, but nothing happened.'

'I have developed postnatal depression soon after the birth of my baby, however, no one was taking it seriously when I complained of depression, anxiety and stress. My GP/health visitors/midwives did not acknowledge my mental health issues because they were not serious enough, I wasn't suicidal, even though I have a history of mental illness, and I was struggling with everyday tasks.'

However, others said that they were asked about their mental wellbeing.

'Always asked about my mental health.'

Mental Health Referrals

People said that they had sometimes needed to ask for support before they were referred to services. It was commented that the waiting times to be picked up by services was long and on occasion not followed up.

'I had to ask rather than being introduced to it.'

'My midwife made a referral to the perinatal mental health team at my request as I struggled severely with my mental health when I had my first child and never accessed support, but the referral was rejected.'

'I mentioned my struggles with bad anxiety and panic attacks at my first appointment with my midwife at 10 weeks. I completed an assessment and was deemed to need support. I am now six months pregnant and have received no support so far... The anxiety has now become so bad I have had to cancel prenatal appointments with the consultant as the last time I attended I had a panic attack.'

Mental Health Support

People commented on the mental health support that they received through the NHS service provision.

For some people the type of intervention that they received was not suitable for their needs such as telephone counselling rather than being able to see someone face to face.

'Was all done over the phone. So wasn't able to concentrate on the conversations during counselling. Lots of distractions and concentrate. Would have been better to have sessions outside the home.'

'I was put on medication from the doctors for my mental health, no other support.'

'I complained to my GP throughout several months about severe depression, I still didn't get any real mental health support besides being advised to self-refer to talking therapies... now I'm on antidepressants so all my emotions are numbed to the point where I don't feel anything at all and I am just coasting through life.'

Others commented on there being time limits to the mental health support with it commonly ceasing at the point when their child turned 1. This coupled with long waiting times or delays in being referred meant that support was short lived with some feeling that it was a box ticking exercise.

Support from the Parent and Baby Unit was commented on being a good service but that there were long gaps between the appointments, and this was something that people would like to be improved.

'Parent and Baby unit good, just a long time between meetings.'

'PBU are good but need to be more consistent with regular appointments and face to face meetings.'

The Value of Peer Support

The women who attended Mothers Mind valued the support, but there was also reference to other groups that they attended too, and this was the case for some of those who completed the survey.

'Mother's Mind saved me in my journey through the first year. I was at crisis point when I accessed the service and came out a changed woman.'

'The peer support group I attended was very friendly, not judgemental.'

'Sent to Outpatients for support and it just wasn't [the] support I needed. If anything, it made me more anxious but Mums To Be was my saviour.'

'I feel that moving forward now... with the benefits of peer support, why is there no peer support on labour wards?'

Women said that they had not always been aware of the existence and availability of the groups because not all midwives mentioned them or provided information on them. This meant that they had needed to find out the information for themselves and could mean a delay in accessing support.

'I found this group by Google.'

Peer support was suggested as something that women would like who were not already aware of the support that was out there.

'I think more peer support groups would help. Especially for babies over a year old as everything seems to be aimed at 0-6 months.'

'May be offer support groups for women, where we can all meet.'

GP Care during and after Pregnancy

People spoke about the care from their GP predominantly after the birth of their baby. Whilst some commented that they had received good care from their GP including around their mental health, others felt that there was more that was needed from GPs in the weeks and months after having a baby.

'I feel better with my GP than my midwife.'

'I saw a GP this morning, he was phenomenal. He tried to delve a bit deeper than the others have done before. I was there about anaemia, but he asked about my mental health as well and listened.'

'GPs are absolute crap. Absolute utter crap. Mostly men who have no idea about women's health, women's bodies.'

'GP shocking.'

It was felt that the postnatal check at six weeks was not thorough enough and lacked the scope to really discuss their mental health.

'You get one mental health question at your six-week check.'

'There needs to be a separate appointment to discuss Mum's health and mental health.'

'They'd done the checks on [baby]. He was crying, I am trying to get him dressed and that's when they asked 'how's your mental health?'. Of course I said I was fine because I just wanted to get him sorted and get out. I was not fine.'

'There needs to be a safe space to discuss mental health with the GP.'

Midwives

The care from midwives was raised as both a positive and negative by women and their partners.

Those who commented positively about their midwives felt that they had been well supported and valued the care from their midwives.

'Midwife (community, induction and hospital) were all very caring, supportive and understanding.'

'The midwives I needed to see post-birth were amazing.'

'The midwife's all looked after me and I couldn't thank them enough.'

The continuity of care from midwives was raised as an issue that impacted on their care and mental wellbeing. Those who had had the same midwife commented that this was a positive for them.

'I had the same midwife all the time. She offered me extra appointments whilst I was waiting for a referral to the parent and baby unit.'

'Being able to see the same midwife I'd seen in a previous pregnancy.'

There were others who felt that they were unable to build a relationship with the midwives that cared for them because there was little or no continuity and this had a negative impact on their mental wellbeing and birth experience.

'I am currently 32 weeks pregnant, and I don't know my midwife- never met her. I have had other midwives stepping in during her absence.'

'We had a different midwife every week, I had to explain the situation over and over again.'

The quality of the care from midwives was commented on, particularly in relation to the care on the labour ward and after birth. Many comments were incredibly positive about the care that they had from midwives on the ward.

'Once we had been transferred to Royal Stoke Hospital, the nurses and consultants went above and beyond to help us.'

'Midwives who delivered the baby, the support during labour was incredible. Even when baby gave us a bit of a scare, they worked quickly with baby whilst reassuring me and her dad.'

However, others felt that midwives were not always caring and supportive.

'Midwife was ...not really interested.'

'You could tell straight away when their shift was nearly over on the ward.'

'I was left with my legs in the air because the nurse had finished her shift, and she just left me there.'

Some women felt that they would have benefitted from more support and input from midwives after they had returned home with their baby. For some it was felt that they did not receive any support.

'A midwife didn't come out to me. My previous midwife noticed I hadn't had a visit, but nobody came out.'

'I was discharged over the phone.'

Care on the Maternity Ward

There were both negative and positive sentiments expressed about the care that was received on the maternity ward.

Some women felt that they were discharged from the ward too early, expressing that they had not felt ready to leave with their baby. But for others it was felt that they had been kept in hospital longer than they needed to be.

'... felt pressured to go home even though I wasn't well enough and ended up back in maternity a few days later.'

'There was no need for me or the baby to stay there for 3 days. It affected my mental health a lot.'

Those that had had a negative experience gave examples of being treated with a lack of compassion.

'The midwife being on her iPhone watch whilst helping to deliver my baby... This particular midwife gave me no confidence in having my first baby. There was no care or compassion from her. Being left on a dirty sheet. Shocking experience. It's completely changed my mind about having another baby.'

'The delivery was rough... the care I was given was not done properly.'

'Consultant- extremely poor care. Had a god complex. Total lack of care or consideration for both patient and baby.'

Whilst those who had had a positive experience were more likely to reference caring and compassionate staff.

'The team who conducted my c-section were absolutely exceptional, caring, compassionate in every way. NICU who looked after my daughter were also exceptional. The ward staff who looked after me and my husband following birth were also brilliant. I cannot fault any of my inpatient experience at all.'

'When I encountered my emergency the midwives and doctors were very caring and swift. They were all excellent with us.'

Communication

Poor communication between professionals was raised as an issue that had a negative impact on mental health.

'Lack of communication between consultants and not really knowing where I stand.'

'Communication throughout the team. Always felt like I was repeating myself.'

'Lack of communication between departments has been frustrating.'

Additionally, women felt that communication with them as patients was not always clear especially when explaining medical procedures.

'The birth massively affected me, and no one explained what had happened as I had an emergency C-section.'

Health Visitors

Like midwives, health visitors were viewed both positively and negatively by the people who gave feedback. There were comments that there was a lack of continuity of health visitors and that families needed to seek them out for support rather than them proactively supporting parents immediately after having a baby.

'You have to go to them. There's no relationship. You're not going to ring a hub.'

'She went off sick. I don't know who my health visitor is now.'

Accessing health visitors through a Hub put some women off seeking help with their mental health from the health visitors but others had accessed the support that way and had benefitted from being able to call.

'I actually do ring the hub... then they come out to me.'

'People don't realise that you can ask for more help from your health visitor if you feel you need it.'

Family changes

For a number of women changes to their family dynamics were seen as a cause of issues with their mental wellbeing during and after their pregnancy. For those that were expecting a first baby there was anxiety about being a parent and knowing how to care for their baby.

'Regular anxiety about becoming a parent.'

'How to look after my baby properly, will I be doing it correctly and scary feeling you will do something wrong.'

'Communication and more compassion as a first-time mum or any mum, the experience and labour is terrifying. No one gives you advice or support or real back up like information about how your body will change or what to expect when you get home.'

For others who already had children there was an anxiety about being able to care effectively for more than one child with their competing needs and demands.

'Juggling being a Mum of a toddler and a newborn and feeling guilt around not being enough.'

'Shock of going from 1 child to 2.'

'The stress of trying to take care of a baby... trying to juggle looking after another child... I still cannot cope.'

Support for partners

Whilst there were small numbers of surveys completed by partners and limited comment about the need for support for new Dads in particular, women who completed the surveys and those in the discussion group were clear that there was a need for mental health support for Dads and partners.

'No doctor, no health visitor has ever asked him if he's alright.'

'The focus was only ever on my wife and the baby, no one ever asked how I was.'

'Considering they are your main support; you would think they would fix them first.'

'There's nothing there for them'

The people who took part in the partners survey generally felt that they did not need support but there were comments that there was a need for services to support men and families.

'More support for Dads or support group for couple to attend together.'

Anecdotally we were told about men that had suffered with what could be considered postnatal depression but not been able to voice this. When asked if their sons or partners would complete a survey about their experiences it was always a firm no.

'Men will not seek help.'

Coupled with a lack of support for those that do see that they need it and a reluctance on the part of men to seek mental health support at this time, there would seem to be an unmet need that could be further explored.

Conclusion

There were a small number of women and partners who said that they were not as involved with the decision making about their maternity care as they would have wanted to be with some feeling that they had not been involved at all. From the qualitative feedback, some women felt that they lacked a choice about their care and were dismissed when they expressed their wishes. Some felt that they did not have enough knowledge and information to make choices but there was an expectation that they would know what to expect. There was a lack of antenatal classes provided by the NHS and women said that they had needed to pay for access to classes. Some women felt that they would have benefitted from being able to put together a birth plan to record their preferences and provide them with reassurance.

Some women said that they had not received information on mental health during their pregnancy. Women commented that conversations about mental health were

sometimes rushed or an afterthought on the part of medical staff, particularly after birth during the six-week checks. Some suggested that there needed to be a change in approach to mental health checks, with these being a separate appointment that was concerned with the mother's health and mental wellbeing.

Women who had accessed support for their mental health had used a range of support with the largest number having had support from family members alongside other support. Higher numbers had received support from their GP midwives or health visitors. Some women said that they had struggled with access to their midwives or health visitors due to a lack of continuity, particularly with accessing health visitors through a hub which was a barrier to some women.

A small number of women had used peer support groups and those that commented on peer support were positive about how much they had been helped by them. However, such provision was not always known about, meaning that some who could benefit were missing out on the support.

Women who had accessed support were not usually waiting for more than a couple of months to access support, however, some waited for long periods of time. Delays in accessing mental health support, particularly after the birth of a child could impact on the support received as many services are time restricted and end after the child's first birthday.

Support was rated as being good by most of these who had received it although a small number felt that it had not provided what was needed for them, such as being medication based rather than seeing a mental health professional or being signposted to CBT rather than being referred to specialist perinatal mental health services.

Women spoke about the things that they felt had impacted on their mental health during their pregnancy and after giving birth. Care from midwives was commented on positively in the main with women feeling that they had received compassionate care, but there were concerns raised about a lack of continuity from community midwives and that care and compassion was sometimes lacking from midwives working on the maternity wards.

Care in hospital was not always viewed positively, with some women feeling that they were not properly able to make decisions about their care in the moment due to a lack of information and being rushed to make decisions, as well as a lack of dignity in some cases when staff failed to communicate or when there was a shift changeover. Some women felt that worry about family changes such as having a first baby and being anxious about caring for a new born or having another child and looking after an existing child contributed to poor mental wellbeing during their pregnancy. Being able to provide reassurance, information and practical support to families going through a

transition like this could contribute to improvement in mental health for both mothers and their partners.

Whilst the number of partners who completed surveys was small there were comments from some that did complete the survey that there was a lack of support for men and their mental health during and after their partners pregnancy. This was echoed by women who attended the discussion group and anecdotally from conversations from women who completed surveys. The perception was that men would not ask for help and even if they did there was no support anyway.

Recommendations

No.	Recommendation
1.	Some people said that they did not feel involved in the decision making during their maternity care. It is recommended that consideration given to ways in which women and their partners can be better involved in making decisions and more use of advocacy when their choices don't align with hospital guidance.
2.	Some women felt that they did not have enough knowledge and understanding of what to expect during their pregnancy and this impacted on their ability to make informed decision and their mental wellbeing. It is recommended that consideration is given as to how women can access antenatal classes without having to pay privately for them as this will be beyond the means of many people.
3.	There was a lack of information about peer support for both women and their partners to aid their mental wellbeing. Whilst there is provision in Stoke-on-Trent people are not always made aware of it during and after pregnancy. It is recommended that there should be comprehensive information of all peer support provision given to all expectant parents.
4.	Women felt that checks on their mental wellbeing were not always at the right time or in sufficient depth to allow them to discuss how they are really feeling. Some felt that it would be more helpful to have a longer, focused appointment for their health and mental wellbeing separate from that of their baby. Therefore, it is recommended that provision is made for specific mental health appointments after birth that is separate from the six-week postnatal checks.
5.	There was a perceived lack of provision for Dads during and after pregnancy in regard to mental wellbeing as well as a reluctance to ask for help. It is recommended that partners attending appointments are specifically asked about their mental wellbeing and that support is made available and communicated that is specifically for Dads or families to encourage attendance and use.
6.	Some people said that their mental well-being had been affected by the anticipated and actual changes in their family dynamics. It is recommended that consideration is given to how both new parents and parents in

	expanding families can be supported to navigate the changes in their families with information, peer support and practical assistance.
7.	Referrals to mental health provision were sometimes difficult for parents, with delays in being referred and then being picked up by services. Consideration should be given to how parents could self-refer to services without the need for a GP or midwife referral if that is preferable for them, as well as ensuring that when a referral is made communication and support is provided whilst waiting for the service to pick them up as a client.
8.	All the above recommendations for additional information need to be in one pack that is regularly updated and records kept to be sure each mum and their birthing partner have had the information and then checks along their journey to ask if they have any questions or need for some of the services identified.

Thank You

We are grateful to everyone who helped shape this document by sharing their stories, thoughts, and reflections.

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and to our Citizen's Involvement Charter Champions.

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