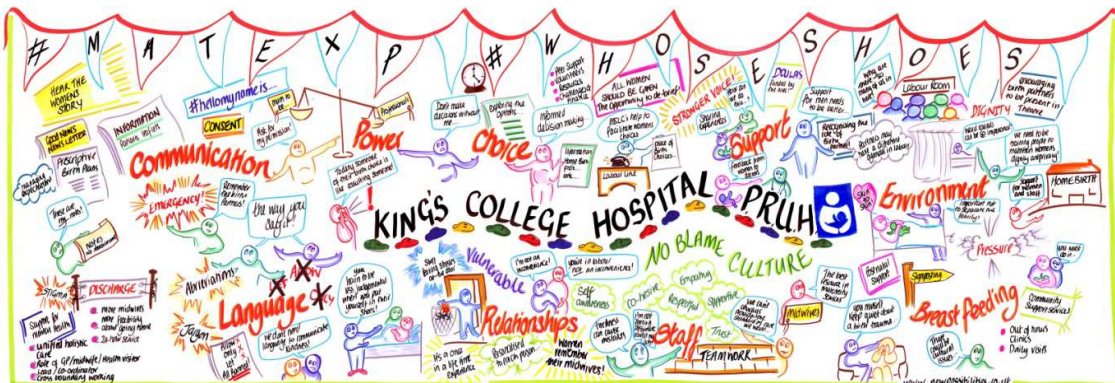


Whose Shoes - One Year On

In January 2016 Kings College Hospital Foundation Trust collaborated with Bromley CCG and [Bromley MSLC](#) to host a [Whose Shoes](#) workshop. The day was attended by 50 delegates who were a mixture of service users, health care professionals, commissioners, porters and receptionists and everyone came together to discuss how maternity experiences could be improved for everyone. More about the day can be found here: <http://matexp.org.uk/the-matexp-journey/when-whoseshoes-came-to-the-pruh/>



Anna Geyer from [New Possibilities](#) drew up the most fantastic graphic design, which now adorns the wall of the maternity wards at the PRUH. It has also travelled around with the MSLC to various events, including Bromley CCG's AGM and an Academic Half day for GPs and always attracts a lot of interest.



At the end of the day delegates were invited to make pledges about one thing they would do as a result of attending the workshop. Bromley Maternity Voices (MSLC) grouped these pledges into themes and came up with ideas about how to develop them. This forms part of the MSLC's ongoing workplan:

a) Communication and language (including self-awareness among staff members and consistent information given to women)

Ways in which the MSLC could help:

- Design a language information sheet (instead of.....try saying instead.....)
- Incorporate something on language in Newsweaver for staff
- Ask specific questions about language in Walk the Patch
- Connect with midwives in training
- Provide ongoing, targeted Whose Shoes events (with different groups)
- Devise infographics about interventions.
- Draw up a joint ethos between the Trust and the MSLC

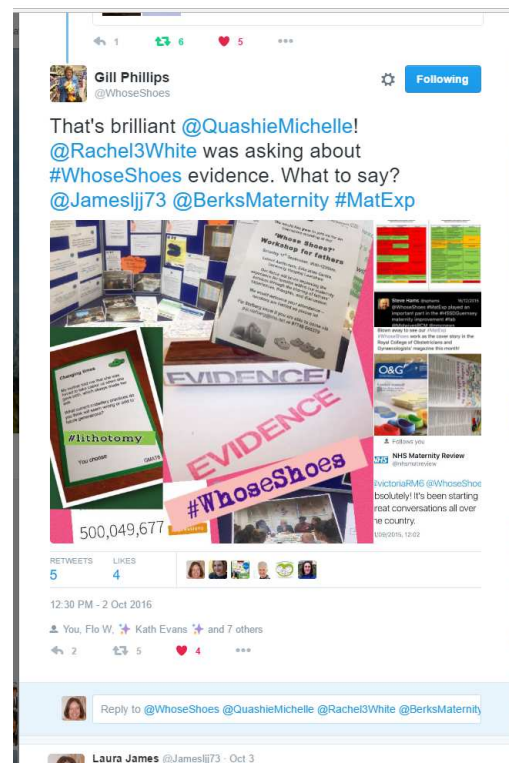
b) User experience brought to training

- Help compile a digital or audio library of service user stories
- Ask those people who attend Supervisor of Midwives and/or Obstetrician listening clinics if they could share their story on film/in person at training events
- MSLC to help publicise this (possibly with Patient Experience)
- Possibly reintroduce the "Fishbowl" experience (where a service user comes in to tell her story to a group of health care professionals who listen and explain what they will do differently next time).
- Include thank you cards from satisfied service users in the Good News newsletter and ensure ALL types of stories are heard (positive and those that provide learning).
- Contact junior doctors to be involved
- Create a blog of service user stories

c) Empowerment

- Partners to be in theatre while spinal injection is given (partners currently asked to wait outside while this is done). This is expected to become standard procedure.

It was felt that it was sometimes difficult to capture the tangible results and outcomes of the WhoseShoes workshops.



So, here is a compilation of some of those pledges and the actions that have resulted.

On Casearean Birth	
I said...(my pledge)	So I did...(my action)
<i>Fathers to be in theatre where possible and appropriate during insertion of regional anaesthesia to help support the client.</i>	We are achieving this pledge for most elective cases now my pledge to allow birthing partner into theatre for the anaesthetic was implemented in April 2016 and there haven't been any issues. This has definitely improved women's anxiety and experience.
<i>I will try to make every birth special (in theatre especially)</i>	I am pleased to say that I have had success in making every birth in theatre special. When I am present in theatre for cases I ask the parents if they would like music for 'the birthday party' of the birth of their child. If they say yes then I ensure it is on. I also ask partners if they would like to see the birth of their child by dropping the drape at Caesarean section at delivery and also if they would like to cut the cord on the resuscitaire. I also try to

	create a less frightening and more exciting atmosphere by talking to the parents during the delivery. Of course this is not always appropriate or possible but it can be modified to suit the situation and parents. I have had some informal feedback that parents liked this. Moving forward I will encourage juniors to adopt similar practices with the aim of making every birth special especially in theatre.
On breastfeeding support	
I said....(my pledge)	So I did.... (my action)
<i>Find out if Baby Cafes can do more to connect with perinatal mental health service or to support women's mental health Make sure Family Nurse Partnership staff are aware of NCT breastfeeding support</i>	I have written asking how Baby Cafe can best link in with the Perinatal Mental Health service. I have also written to the Bromley Family Nurse Partnership to ask how local NCT Breastfeeding Counsellors might best support the women using that service.
<i>Breastfeeding support workers. I will raise the issue with local authority and the demand and need</i>	The issue has been raised at the Joint Maternity Group meeting and responded to by the Local Authority to in collaboration with the Trust. A new infant feeding support team (8 whole time equivalent) of Band 3 and 4 midwives will be starting at the PRUH in the New Year.
On language	
I said....(my pledge)	So I did....(my action)
<i>I will always say hello/acknowledge and "congratulate" all parents on ward</i>	I always purposefully welcome all patients & visitors to the ward, I feel it is essential to greet everyone, especially new families in a polite and friendly manner. Stopping to welcome and congratulate new parents is about making connections, building a rapport and acknowledging their amazing achievement and their new role as parents.
<i>To smile at everyone, remember we are all only human after all.</i>	So my pledge was that we should encourage everyone to smile at each other, whether it's an obstetrician smiling at a cleaner or a midwife smiling at a doula. We're all trying (hopefully) to achieve the same result.
<i>I pledge to think about my language and not use "allow" on antenatal clinic or labour ward</i>	I helped care for a woman who had a vaginal birth after two caesareans: it definitely made me think of my pledge. Despite prolonged spontaneous rupture of membranes (SROM) she had the homebirth she wanted, what an inspiration. Since then, I have moved Trusts but continue to think and act on my pledge. My language has changed immensely with both women, families and colleagues.

On communication	
I said...(my pledge)	So I did...(my action)
<i>Think about ANC social and psychological issues on referrals - broader across all GPs</i>	In response to my pledge, I attended my monthly GP practice clinical meeting and advised them of the template letter available for antenatal referrals and drew their attention to the importance of the need for social history and mental health issues to be included in the referral. I then produced a piece for the GP Bulletin which is circulated to all GPs in Bromley by email introducing them to the new ABC which encourages self referral by service users, explaining that each referral generates a letter back to the GP asking for any other information that was not on the self referral, which will hopefully fill in any gaps in social and mental health issues not disclosed by the woman self referring.
<i>I will facilitate a good news newsletter and encourage all staff to submit thank yous and nominate staff for good support.</i>	A newsletter called "You made the difference!" is circulated each month and I send a reminder that can be sent to staff to email any piece of good news or thank yous/well done. It can be from anyone, about anyone.
<i>To email doctors when they are given feedback via community midwives</i>	I am happy to say that I have been able to inform some doctors of the positive feedback received from women in the community. I have also encouraged my colleagues to do the same. For one of my colleagues a doctor even came to her to ask for feedback and advice on how to approach a particular situation.
<i>To encourage more communication among my colleagues regarding women requiring increased care.</i>	We also have a safeguarding champion who collates info from the midwives in our team relating to the women to feed back at our monthly safeguarding meeting.
<i>Encourage midwives to give information to mums and equip them to do so</i>	Information leaflet on blood clots been developed and is now in use by maternity staff.
On continuity of care	
I said...(my pledge)	So I did...(my action)
<i>Continue to facilitate named midwives – for woman to see her named midwife at least 4 times during her pregnancy</i>	Women now see one named midwife during the antenatal/postnatal period and a "buddy" when that midwife is on annual leave. An audit of this process is about to be made to review its success.

On the importance of women's stories and service user input	
I said....(my pledge)	So I did....(my action)
<i>Share this experience with colleagues, be more involved with sharing women's experiences and include in training</i>	Carrying out Baby Friendly Initiative audits with mothers who have had babies in the last few months has allowed me to find out about women's experiences. I have been able to share this with staff at update training sessions over the past couple of months.
<i>Encourage my (doula) couples to speak about their birth experience either positive or negative. Show them where they can do this.</i>	I have been telling all clients and even friends, who are pregnant and mums up the school who are pregnant, to make sure every decision they make is their own during pregnancy and birth. To also make sure they ask as many questions as they want and letting them know that they have 'choices', so that they understand that no matter what the outcome of their labour and birth, they know that everything was 'their' choice.
<i>To introduce women's stories at rolling half day audit/skills and drills</i>	This is being done in various ways and events in the Trust, including at the recent GP Academic Half Day on Perinatal Mental Health (see quote from Bromley CCG).
<i>I will provide a platform for women to share their maternity experience. I would like to ensure that women's voices are heard as part of training and development.</i>	Bromley MSLC committee member and service user Michelle Quashie ran a Womens Voices Conference in Windsor Walk, Denmark Hill, in October 2016. This national event, attended by around 110 health care professionals, service users and birth workers, included speakers such as Sheena Byrom, founder of the Positive Birth Movement, Milli Hill, founder of Birthrights Rebecca Schiller, chair of AIMS Beverley Lawrence Beech, co-founder of the MatExp grassroots campaign Florence Wilcock and crucially, women telling their own birth stories in their own words. It was an extraordinarily powerful day and #WomensVoices16 trended on Twitter for a time. Michelle is now in talks with the Royal College of Obstetricians and Gynaecologists (RCOG) to plan a second conference.

Bromley Clinical Commissioning Group felt the Whose Shoes event to be of great value:

Bromley CCG was very pleased to have funded and worked closely with the Maternity Services Liaison Committee (MSLC) and King's College Hospital NHS Foundation Trust to deliver the Whose Shoes event. This remarkable event brought together local women and healthcare providers to share experiences and influence improvements in Bromley maternity care. The pledges made by attendees have helped shape and develop local maternity services. A pledge was made to introduce women's experiences at rolling educational events. Bromley CCG recently held a GP Academic Half Day on Perinatal Mental Health. The MSLC was asked to invite a service user with lived experience of PMH issues to come along to the

day and tell her story. It was an extremely powerful talk and as one GP said, "That was the most impactful and important presentation of the day."

Bromley CCG would welcome further use of the Whose Shoes/#MatExp platform to get further feedback from service users, and for educational purposes.

There were so many powerful pledges from the day and it has been wonderful to witness these pledges turned into action by so many individuals. We will probably not be able to measure the exact number of women that have been helped by the Whose Shoes event, or the countless ways that they have been helped, but this report is evidence that the Whose Shoes tool, coupled with an effective, local Maternity Voices Partnership (MSLC), a supportive CCG and a Trust that is willing to listen, learn and act, can have far-reaching, tangible consequences for a woman's maternity care.

Laura James - outgoing chair, Bromley MSLC

December 2016