

# WHOSE SHOES?®



## Workshop Report – September 2023

Partners/Birth Supporters Staying  
Overnight on the Postnatal Ward



# Attendees

MVP	
Jordon Clarke	Co Chair WH & SRH
Hannah Daly	Co Chair PRH
Leader/Facilitators	
Laura Spicer	Transformation Midwife
Laura Naish	Chair MVP
Jane Cleary	Staff Retention Midwife
Natalie Beckley	Transformation Midwife
Gail Addison	Head of Midwifery
Kate Shove	Transformation Midwife
Heads	
Beckie Elms	Head of Midwifery
Sarah Barwick	Safeguarding Lead
Brighton	
Didi Craze	Social media midwife
Hannah Toms, RSCH	IP Matron
Angelina Steinegger, RSCH	Postnatal Ward Lead
Anouk Llyod	Infant feeding lead
Jane Canning, RSCH/PRH	Birth Stories
Haywards Heath	
Sally Burrows, PRH	Safeguarding
Emily Moss, PRH	Postnatal Ward Lead
Worthing	
Sophie Clarke, WH	Postnatal Ward Lead
Tina Temple, WH	Community
Julie Carr, WH	IP Matron
Debbie Furniss, WH	PN lead
Chichester	
Karen Bennett, SRH	Postnatal Ward Lead
Leanne Stoner, SRH	MSW
Rebecca Corney, SRH	Community
External	
Sarah Sesto	VCSE - Mothers Uncovered
Cecily Hollingworth	Commisioner
Sharon Gardner Blatch	Senior Programme Director LMNS
Maddie Partridge	Healthy Child Programme Team Lead
Rachel RW	Service User
Lucy S	Service User
Samantha A	Service User
Chelsea S	Service User
Jennifer T	Service User
Nicola M	Service User
Alex B	Service User
Jordan H	Service User



Whose Shoes is a game that promotes listening, learning and collaboration between service users and professionals. It centres around transformation and co-production to increase patient safety and satisfaction.

UHSussex Maternity Service and UHSussex Maternity Voices Partnership (MVP) agreed to host a shared learning event following feedback from service users who would like the option of having partners/birth supporters to be able to stay overnight on the postnatal ward with them. The Workshop will look at finding a solution to this via pledges to ultimately move forward while hearing all the voices involved in this decision.

The MVP was able to recruit 8 service user voices to come along to Whose Shoes, who were able to share experiences from their perspectives. The MVP have compiled a document with service user thoughts and feelings from across UHSussex so that anybody who could not be at the event had a voice. These voices came from a variety of service users and were taken from the MVP survey, walk the patch, in the community, social media and also 1-1 discussions with service users. These quotes and feedback were all shared at the workshop.

Whose shoes has been used at UHSussex since 2018 and has been a useful tool in facilitating coproduction and multi disciplinary working with stakeholders in maternity. It was decided that another Whose Shoes event would bring to life the thoughts and feelings for service users, clinical staff, managers, specialist services such as safeguarding and commissioners regarding birth support staying overnight on the postnatal ward.

The day took careful consideration to prepare for, ensuring that as many voices as possible would be heard. Having service users with babies attending really created the connection to the entire story. As staff we can sometimes not fully appreciate the impact to service users of decisions made internally. UHSussex will flourish with co-production with our service users and we are committed to ensuring we work together.



**At the beginning of the workshop we asked participants  
'Is there anything in particular you would like to get out of this  
workshop?'**

**'A better understanding of what mothers and fathers are going through'**

*'People's views'*

**'Clarity on next steps and timescales'**

*'To hear different stories and views from a different range of people'*

**'Will be interesting to hear other people's views'**

*"I have experience of an experience where a partner would have been incredibly beneficial. But also witnessed times where it would have been difficult for others to see partners staying (when theirs couldn't or they didn't have any - or where some were making a lot of noise)"*

**'A DECISION THAT SUITS MAJORITY'**

**'UNDERSTANDING'**

**'NOT SURE YET'**

**'A DISCUSSION'**

*'Wide variety of opinions to make best decisions'*

*'I would like to understand why the change was made to begin with and share my experiences in why it was important for me to have my partner there'*

*'Better understanding'*

*'Share my experiences with others'*

*'Discuss options to make everyone feel safe'*

*'Compromise where most service users and staff are happy with the decisions made'*

*'A collaborative mindset and the service users voice heard'*

*'Clarity on the need for partners with a decision that is inclusive for all, which I understand is challenging'*

*Wide variety of opinions to make best decisions'*

*'Learn more about this tool as a potential for challenging topics and discussions'*

**'I AM MOST INTERESTED IN HEARING FROM THOSE WHO USE OUR MATERNITY SERVICES TO UNDERSTAND THEIR NEEDS.'**

# Thoughts & feelings from the participants pre-workshop

## WHOSE SHOES?®



### SAFETY & SAFEGUARDING

#### PERSONALISED CARE & COLLABORATION

Hopeful for a collaborative solution that suits all

Personalised, responsive care approach should inform policy

Happy we are talking about the possibility - needs to be safe and fair

Worried for vulnerable families

Feeling mixed  
Not good for women in abusive relationships  
More work for a midwife could be helpful & less help for midwife

#### PARTNERS & INCLUSION

Positive to include partners

Important, we need inclusion

Fathers are so important

Very strong they should be there its a shared experience

#### OPEN OR UNSURE

Hard to give a definitive opinion

No strong views

Neither here nor there - open to opinions and discussions

unsure but excited to hear opinions

indifferent and unsure

#### FACILITIES/SPACE

Mixed feelings should be choice and facilities for this option

100% support them BUT staying apprehensive purely due to the space we have

Concerned for capacity and space and worried RE: safeguarding

**PRE-WORKSHOP FEELINGS ON PARTNERS/BIRTHING SUPPORTERS STAYING OVERNIGHT ON THE POSTNATAL WARD**

#### STAFF FEELINGS

Not Happy

Worried

can see both sides but feel partner @ home is better

Understand from both sides however I question why women/people cant be on their own for 9 hours and spend time with their baby

#### SERVICE USER FEELINGS

Calm and relieved to have partner there to support

Excited - so many women say how much they need it

Grateful that future service users may have their partners

#### EXCITED!

Excited to hear views

Excited for parents but worried for staff

Excited for the discussion





## We shared this recent service user story

'Katie' had a long labour, she started contracting and her fore waters broke on Monday and she did not have Freddie until the early hours of Thursday morning. After being back and forward to MAU she was eventually taken into antenatal ward although she was contracting she was not fully dilating so could not give birth yet. On day 2 they broke her 2nd waters and waited but she was still not dilating enough.

She was then given the induction drip which also did not work. By day 4 she was extremely tired from labour and feeling very unwell. It was then discovered that she had sepsis. She was rushed in for a cat 1 C-section. During the section she had a haemorrhage and lost 1.5 litres of blood. Her baby was taken away to be checked over (he also had sepsis) and Katie's partner went with him to make sure he was ok. He was convinced that he would come back to find her dead as she was so unwell and surgeons were still working on her. This was extremely distressing for them all.

Mum and baby were transferred over to busy postnatal ward (in 4 bedded bay), it was fraught, hot and noisy. She was in shock and feeling really unwell due to the sepsis and having a temperature. She also needed a blood transfusion and antibiotics, she was not in a good way.


Her partner was able to stay with her on the postnatal ward until 9pm. 9pm came and she had been holding things together despite her experiences and feeling in shock. Now it was time for him to leave she felt overwhelmed and vulnerable, she had a huge cry and felt absolutely exhausted and upset. Her partner was also very distressed at the thought of leaving, but they stuck to the rules and he left her and the baby.

After he left she felt extremely isolated and upset. Her blood pressure was still very low and both they both had temperatures. Her ability to move around was little due to her recent C-section, she was in pain, she struggled to look after her baby overnight without her partner's support. Although her bell was answered when she called for something, she felt that the practical and emotional support that her partner could give was essential at this time given everything she has been through. It was gutting for her and her baby to spend their first night alone after everything they had been through that day.

Her stay continued and she was told she would need to stay in for at least 5 days, due to the antibiotics they both required. It seemed that everyone on her ward was coming in and out within 24 hours as they had planned C-sections and no complications and it was gutting to see this and still be on the ward. The ward was still extremely busy and noisy, mum and baby were very hot and sweaty from the sepsis. They moved her to a bay by the window to be cooler and have some fresh air but the midwives kept shutting the window and saying that they could not have a draft with babies around.

Everyone had visitors in and out, including toddlers running around there was no time for rest and recovery. She was concerned about the infection risks to herself and her baby because of the sepsis. With little sleep and rest, she had enough and asked to speak to somebody in charge. She was told twice within the space of a couple of hours that the person in charge was handing over and she needed to wait. She asked again and she was told 'there's nobody in charge, we are all in charge!' Katie pleaded her case and asked that somebody come and speak to her. Eventually a midwife came, and listened to everything she had to say but shrugged her shoulders and walked off afterwards. She explained all they had been through, how vulnerable, how unwell her and the baby were and that she was getting no rest. She felt that a side room would be more appropriate in terms of her recovery. She had been really affected by the trauma and them both having sepsis. She was firmly told that this was not policy and was not offered a side room or even told that she could have one at a point when one came free.

She was not offered any further support in terms of a side room and her partner still needed to go home at 9pm each night. Late that night she was eventually moved to a side room, it was a lot cooler, they had more space and it was a lot quieter and she felt that she could get some more rest and recovery. Katie stayed for the full 5 nights with her baby and was discharged on oral antibiotics. Her partner was still not allowed to stay despite her having a side room and being really traumatised from what had happened during birth. She felt that having her partner stay with her on the postnatal ward would have been so beneficial, the support that midwives can give is not the same emotional support and closeness that you would receive from your partner.



**Service users have been consistently feeding back about partners not being able to stay overnight and how this has adversely impacted their experiences, with both short and longer term impacts, it is the most prevalent theme that the MVP have been seeing**

- Feeling alone and vulnerable** - Some service users felt alone and vulnerable caring for their baby without their partners support, with some not getting any rest due to concerns about sleeping with no-one to watch their baby
- Birth interventions and complications** - With induction, assisted vaginal and caesarean birth rates accounting for over 50% of births, birthing people are more likely to have a difficult recovery and need additional support, not only caring for their baby, also emotionally, in a way they feel only partners can
- Buzzers** - Some service users have experienced buzzers being too far away to reach or not being responded to, if partners were there they could provide this support or access a midwife
- Staffing** - There is an awareness that staff are under pressure, which may impact their ability to provide personalised and compassionate care. Causing a reluctance to call for help, especially for when it is for 'minor' things, such as reaching belongings. Partners being able to provide support overnight may also alleviate some of the demands on the midwives
- New Family** - Some partners feel they are missing those important and special first few nights, time to bond with their new baby, the birthing person may be the patient, but the partners are just as much a part of the new family unit and need to be included
- Feeding** - Some service users feel their partners support overnight would have helped them establish breastfeeding
- Mental Health** - Some service users and partners mental health have been adversely impacted by being separated in the early days after birth, particularly after traumatic births
- Safeguarding** - Separation of partners may be necessary for some families, whilst for others, partners provide the emotional and physical safety they need when in a vulnerable situation, some partners are currently allowed to stay, which may increase anxiety for those who are on their own
- Consistent, flexible and personalised care** - There is some inconsistency with what is being allowed, especially since paid side rooms have been reintroduced, this is not equitable or inclusive, if all partners were given the option to stay then everyone is getting the same opportunity, which is more flexible and meets their personal needs

**Postnatal wards are the only place where someone is recovering from birth whilst also caring for a new baby. With so many aspects of people's experience being impacted by partners not being able to stay overnight. Is it time to try something different? With the service users needs at the heart**

When looking at possible solutions it's important that we hear from all groups including those who are vulnerable, experiencing deprivation, black, asian and mixed ethnicities





## We shared this staff story

I have worked within the Trust in both periods when partners have and have not stayed on the ward overnight and I feel there are more benefits to having partners leave the ward at night.

I feel that the aim of partners to stay overnight is to help support the mother/birthing person and care for the baby. However, in my experience, a lot of the time the support partners would end up sleeping in the chair next to mum, having had little sleep themselves, so were not at full capacity to be able to fully support their partners. Often this meant that unfortunately, the partners were at times physically in the way! I believe that it is good for birth support partners to go home and rest, to be able to come back in the morning having had some sleep to be able to fully support their partner and help care for the baby.

I feel that having males stay on a female ward at night may make the mothers, especially those whose support partners may not be staying, feel uncomfortable. There is obviously a lot of personal care that takes place on the ward as well as the early days of establishing breastfeeding.

I do appreciate that some new mothers and birthing people are keen for partners to stay to give them emotional support as well as physical, and think that this could be an option if having a private room. However, I do feel that the cost of these private rooms is not affordable to everyone, so perhaps this could be re-evaluated too as this is not equitable.

I have also noticed that since partners have not been staying, the mothers and birthing people tend to open their bay curtains more and talk to each other which is lovely to see!

The visiting times that are in place seem to work well. I wonder if there is going to be any change to the current rule of only one other person in a 24-hour period is being looked into? It used to be that 2 visitors were allowed (on top of birthing partner) and this did not need to be the same person/people in one day.

I look forward to seeing the discussion topics and outcome of this event.







# STAFF THEMES & CONCERNS

1. **Estate/Facilities** - there isn't enough space on the wards, or facilities for partners i.e. no showers, beds or food can be provided.
2. **Partners behaving badly** - concerns around partners sleeping in birthing persons bed, walking around in underwear, smelly feet and general inappropriate behaviour.
3. **Ward temperature** - more bodies mean the ward temperature will be even hotter.
4. **Health & Safety** - more people on the ward, tripping over them when trying to work and move around. Partners have been reported as sleeping on the floor and staff tripping over before.
5. **Safeguarding** - there are concerns around more vulnerable service users and those experiencing domestic violence.
6. **Cultural Respect** - some maternity staff are concerned about service users from other cultures that may not want men present on the postnatal ward because of privacy.
7. **Partners are not an asset** - some maternity staff feel that partners are not an asset, they create more work and they hinder the midwives.
8. **Door Buzzer** - some maternity staff feel that they do not have time to buzz partners in and out overnight. Provision overnight would increase people coming and going.
9. **Backup** - if staff needs to ask a partner to leave, who will be there to back them up. More support needed from the Trust so that staff are not subjected to abuse.
10. **Code of conduct**- Some staff feel that a code of conduct, or signing a piece of paper will not work and partners will behave how they want regardless.
11. **Leaving** - Some staff have said they will leave if partners are allowed to stay overnight. They may not have experienced this before and feel they need more training.

# Finding Collaborative Solutions

We asked participants to come up with some solutions to support staff with implementing overnight stays for partners/birthing supporters on the postnatal ward.



# THOUGHTS & FEELINGS FROM THE PARTICIPANTS POST-WORKSHOP



## MOVING FORWARD

My opinion hasn't changed. I am still an advocate for partners staying. But I am much clearer on how much support staff need.

Feelings not changed, still believe partners shouldn't be asked to leave in middle of the night. Could they stay perhaps one night? Hoping staff become welcoming to this.

No different from the AM. Still excited to move forward.

## PERSON CENTERED CARE

Service users need to be at the centre of their care.

Great moments of seeing the opportunities of supporting family centered care & support early on. More in favour of overnight stays.

I still feel strongly that partners/2nd parents should stay. I am pleased that my views were listened to by staff today. I recognise the difficulties for them better.

## SAFETY & SAFEGUARDING

I'd worry if staff feel unsafe or unhappy with partners on the ward. It could affect the quality of care which is given.

To ensure all service users are heard & staff are supported and listened to.

**Give it a go!**

I feel that a broader/inclusive survey should be done and then next steps a trial of partners staying (sometimes) including survey of service users and staff.

## EDUCATION & EXPECTATIONS

From the mothers perspective it sounds like they should be allowed to have a partner overnight. Much better education on maternity ward etiquette/rules need to be provided from the beginning.

I think all arguments are valid. It's a good idea for partners to come back with the expectations discussed.

A better understanding that rules are for everyone and it can't be on a case by case basis.

Now I feel much more empathetic to the challenges of managing people movement that the healthcare team face, particularly overnight.

## OPEN TO POSSIBILITIES

Is a carefully considered plan - code of conduct, 24/7 ward clerk then YES!

My understanding has stayed the same. We are trying to make a one size fits all with an individualised approach - challenging yet possible.

Useful discussions, good to hear from different perspectives. Good starting point.

**POST-WORKSHOP FEELINGS ON PARTNERS/BIRTHING SUPPORTERS STAYING OVERNIGHT ON THE POSTNATAL WARD**

I have heard the issues which are challenging. However I hope we can all work together to embrace the changes necessary.

Hopeful that a compromise can be found that benefits staff and patients.

Realisation that a solution is needed. We need to move forward. Still keen to find a way to get more of the vulnerable/isolated people heard.

I feel informed on how partners staying affects so many different factors & the complex picture but hopeful a solution can be found.

Still hopeful, though there is a long way to go.

Apprehensive but hopeful.

It has been useful to hear all perspectives. My view hasn't changed. But it's a practice that needs to be jointly worked on to work for all.

I feel this could be a wonderful piece of coproduction. As long as everyone's thoughts are taken into consideration.

Opportunity for 4 sites to come together with good robust plan to meet the needs of women and partners.

More appreciation of challenge to midwives. Less positive that change would work. Longer visiting hours or overnight for first night only.

My opinion hasn't changed. I'm still against partners staying.

Having heard all the views it just feels the infrastructure isn't there & there will be too many people on the ward.

My opinion has not changed but I do sympathise with service users.

## COPRODUCTION & CONSIDERATION

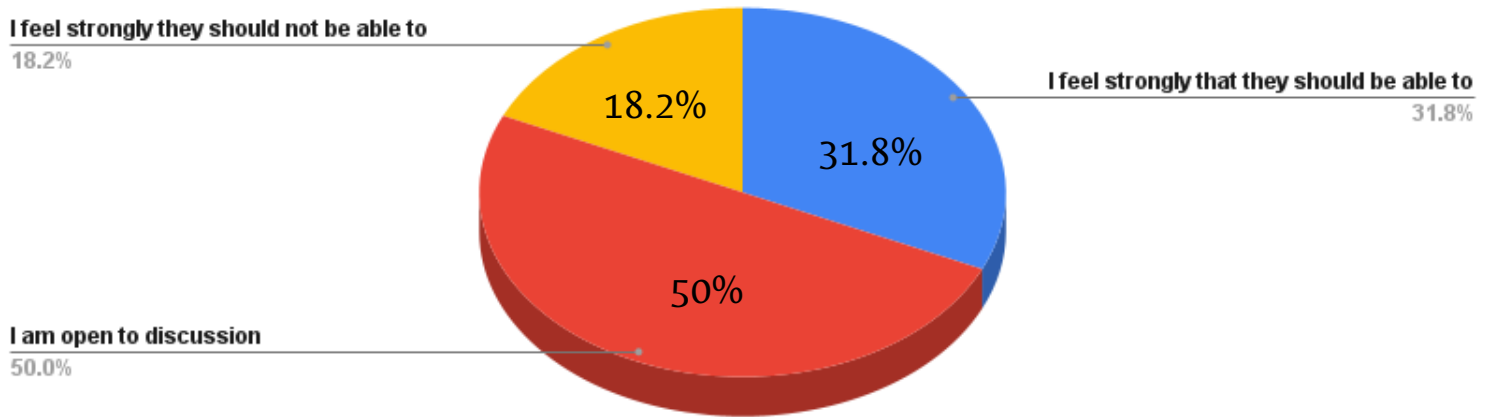
## REALISATION & HOPE

## FEELING IT WON'T WORK

# Here are the outcomes and feedback from the questions we asked attendees to complete in the workshop evaluation.

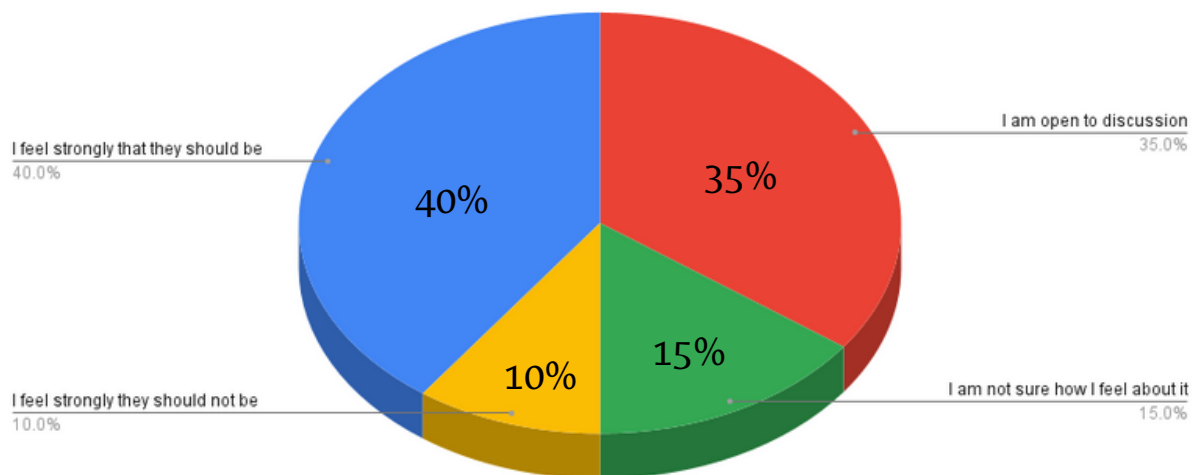
## Before the workshop....

How do you currently feel about partners/birthing supporters being able to stay overnight?



## After the workshop.....

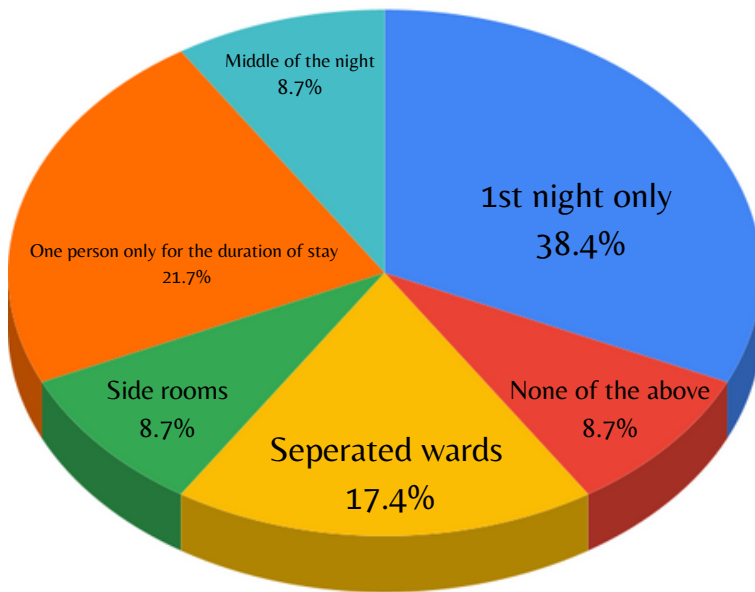
How do you feel about partners/birthing supporters being able to stay overnight following the workshop?





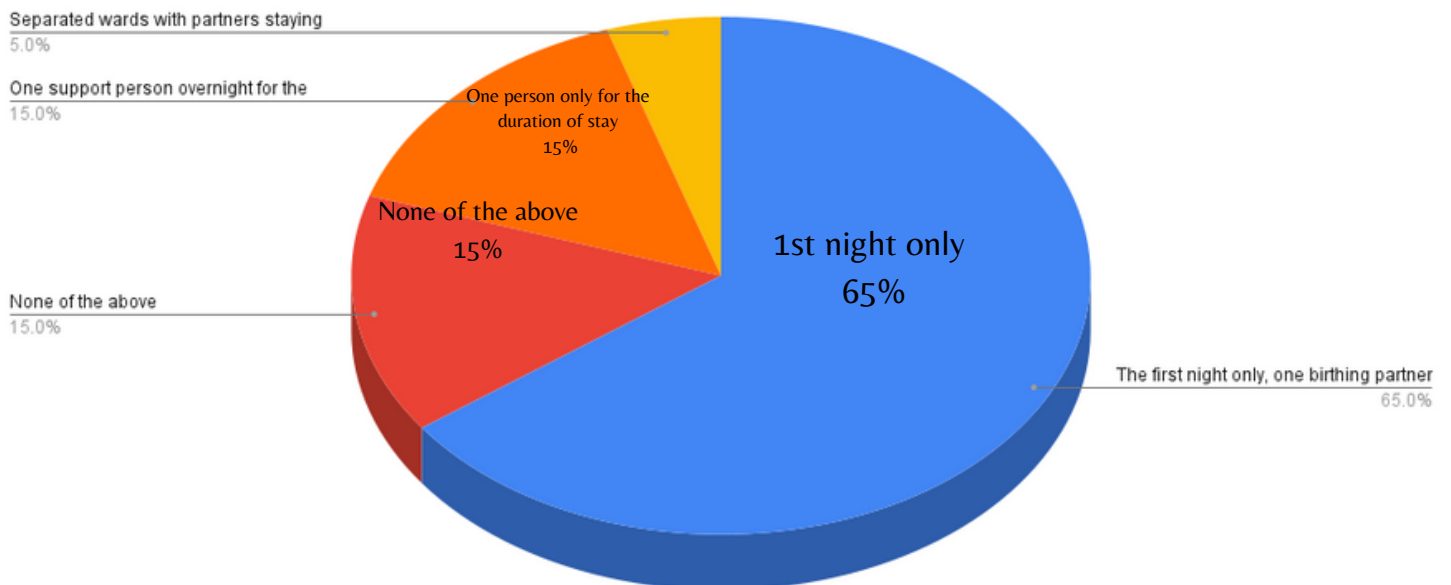
## Before the workshop....

- The first night only, one birthing partner only (no swapping)
- None of the above
- Separated wards with partners staying and not staying
- Side rooms only, unless there is none available then only on permission from the rest of the bay
- One support person overnight for the duration of the stay (no swapping)
- Only able to stay if the baby is born in the middle of the night



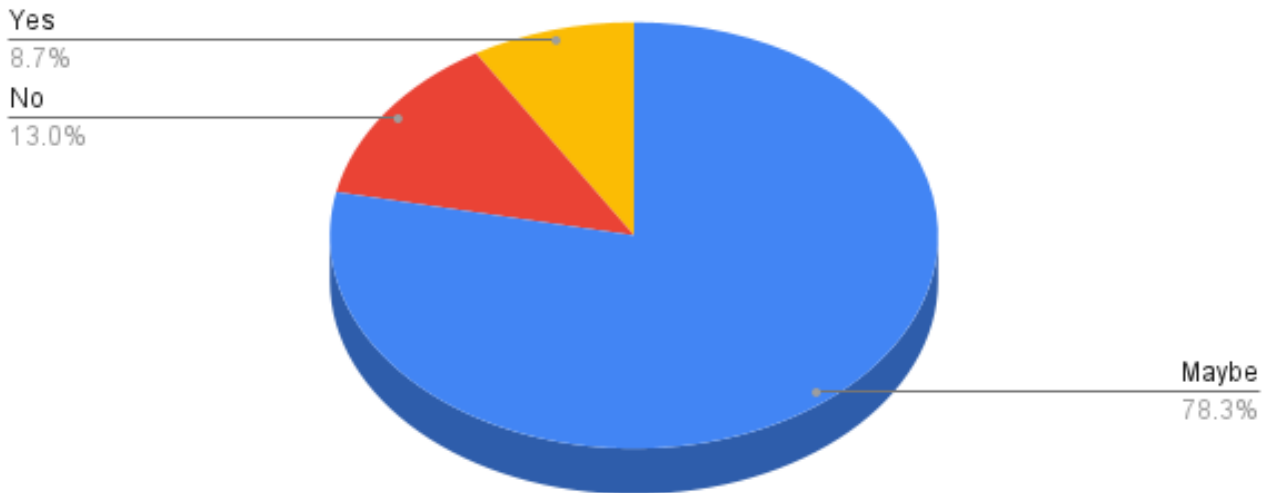
## After the workshop.....

If Partners/Supporters were to stay overnight what do you feel would be the best options in terms of timings/rules? (these are some options that other trusts are currently offering)



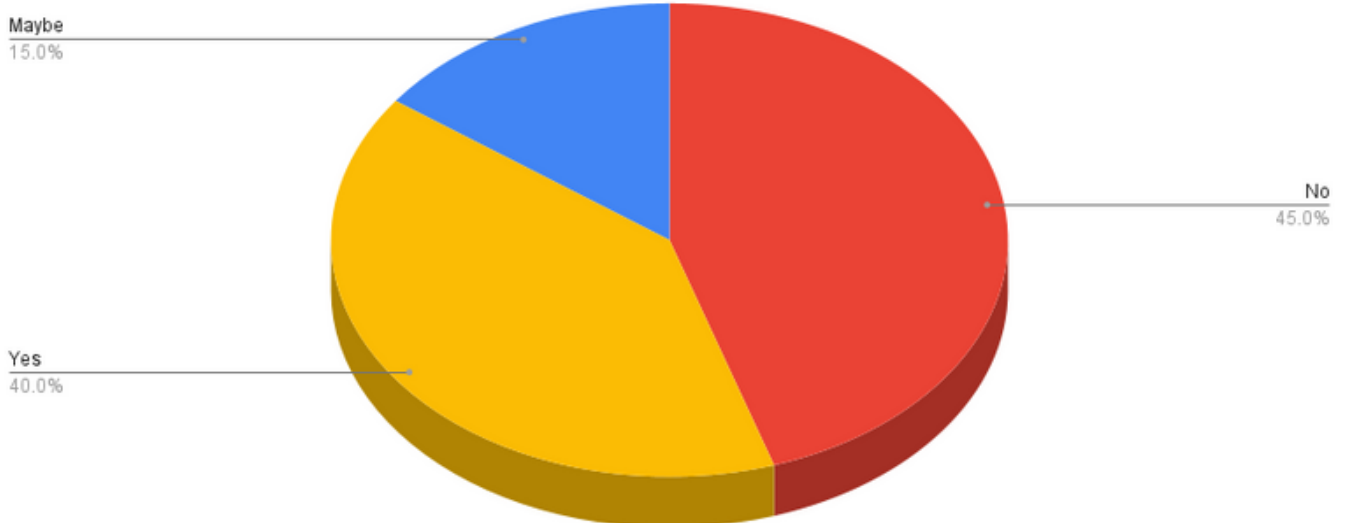
### Before the workshop....

Do you think attending this workshop will change how you feel about partners/birthing supporters staying overnight?



### After the workshop.....

Since attending this workshop have you changed how you feel about partners/birthing supporters staying overnight?



Here are the outcomes and feedback from the questions we asked attendees to complete in the workshop evaluation.

We asked participants 'What does the future of partners/supporters overnight look like?'

'Positive'

'Problematic for some and OK for others'

'Hopefully they can stay but with better expectations around etiquette and rules on the ward. Reason they are there.'

'I think it looks positive'

'Lots of work to do but optimistic for future'

'Hopefully there are some serious considerations to allow birthing people to retain the support of their partners over night, at least for the first night were people who have birthed are so vulnerable'

'A work in progress, I feel they should be able to, with more alterations to current practices made. A night ward clerk or security for example.'

'In discussion working together will find a good solution'

'It needs to be considered and planned properly'

'Work in progress'

'A family oriented supportive environment where staff and families feel valued and understood. Partners able to stay overnight but with a clear code of conduct and prompt management of poor behaviours.'

'Staffing needs to improve, the environment needs to be improved, continuity of care needs to be improved greatly, expectations of service users and staff need looking at.'

'At the moment, I'm skeptical and apprehensive for my staff due to pre-existing pressures on the postnatal ward. But I'm hopeful for our service users to find a solution that might work for them.'

'I feel hopeful that it could work, as long as everyone works together'

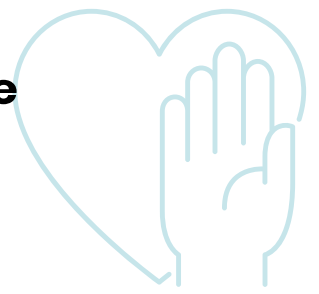
'A compromise that supports patients and staffs wishes and concerns'

'First night'

'Undecided'

'I think it's good to try new things and would be important to trial it and see what does and doesn't work'

**We asked participants to make a pledge  
to the next steps in this journey**



Here are some that were shared.....

**'Strive to help make  
best solutions for staff,  
service users and their  
partners. Contribute to  
more work on this  
change'**

**'Champion the  
service users voice  
and hear & balance  
the concerns of staff  
throughout this  
journey'**

**'To ensure the service user  
voice is amplified throughout  
the coproduction of this  
project and to seek out lesser  
heard voice, particularly  
those that may only be a  
whisper'**

**'I pledge to support my care  
staffing team even more so than I  
try to do now, so as to make this  
transition as smooth and as  
positive as possible. Not only for  
them but also for the families we  
care for'**

**'Supporting the MVP  
with spreading the net  
further to capture a  
broader diversity of  
voices and  
perspectives'**

**'I promise to always  
remember what it was  
like to be a new parent  
in a vulnerable position,  
to support parents in  
this situation'**

