



# Maternity Experience of women from Ethnic Minority communities

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# Executive Summary

A report published by the Care Quality Commission in 2023 revealed that nearly half of the maternity services in the UK were rated as either 'needs improvement' or 'inadequate'. As community advocates, we sought to explore whether these negative ratings disproportionately impact women from minority ethnic groups in their maternity care experiences.

To gather insights, we conducted face-to-face interviews with 32 women, with the assistance of children's centres and local charities. These conversations aimed to capture the personal experiences of these women throughout their pregnancy and childbirth journeys. The majority of participants shared that their experiences during pregnancy were either negative or mixed, though they reported more positive experiences during labour and after childbirth.

A notable finding from our study was the disparity in experiences between ethnic groups. Women from ethnic minority backgrounds, particularly those from black or Asian communities, reported more unsatisfactory experiences during both pregnancy and childbirth. For instance, during pregnancy, these women faced a range of challenges including the high cost of living (a significant issue among Asian/British Asian women), a lack of family support, the impacts of COVID-19, and diabetes. In contrast, white participants primarily dealt with issues such as the absence of familial assistance, pre-eclampsia, food cravings, and also the cost of living.

# Executive Summary

Despite the challenges faced during pregnancy, almost all respondents felt satisfied with the quality of care they received post-birth. However, it is important to note that 30% of these women felt that the support offered was insufficient to meet their needs.

When asked, women expressed a need for more focus on support offered by staff in terms of information, face-to-face appointments, training, and positive attitudes. Based on these insights, we developed a series of recommendations to address these concerns, which include recommendations around ensuring that staff engage in **active listening** to better understand the concerns and needs of pregnant women and new mothers, **Improving communication & information provision, increasing post-natal support, establishing pregnancy havens/drop-ins, offering support for women with small children, financial support, staffing concerns, specialist training for maternity staff, offering tailored support, and avoiding stereotypical assumptions and implicit bias.**

Overall, this study highlights where inequalities in maternity care experiences lie, pointing to the need for targeted improvements to support women from all backgrounds, particularly those from minority ethnic groups. Addressing these disparities will help ensure equitable and high-quality maternity care for all.

# About Healthwatch Hammersmith & Fulham

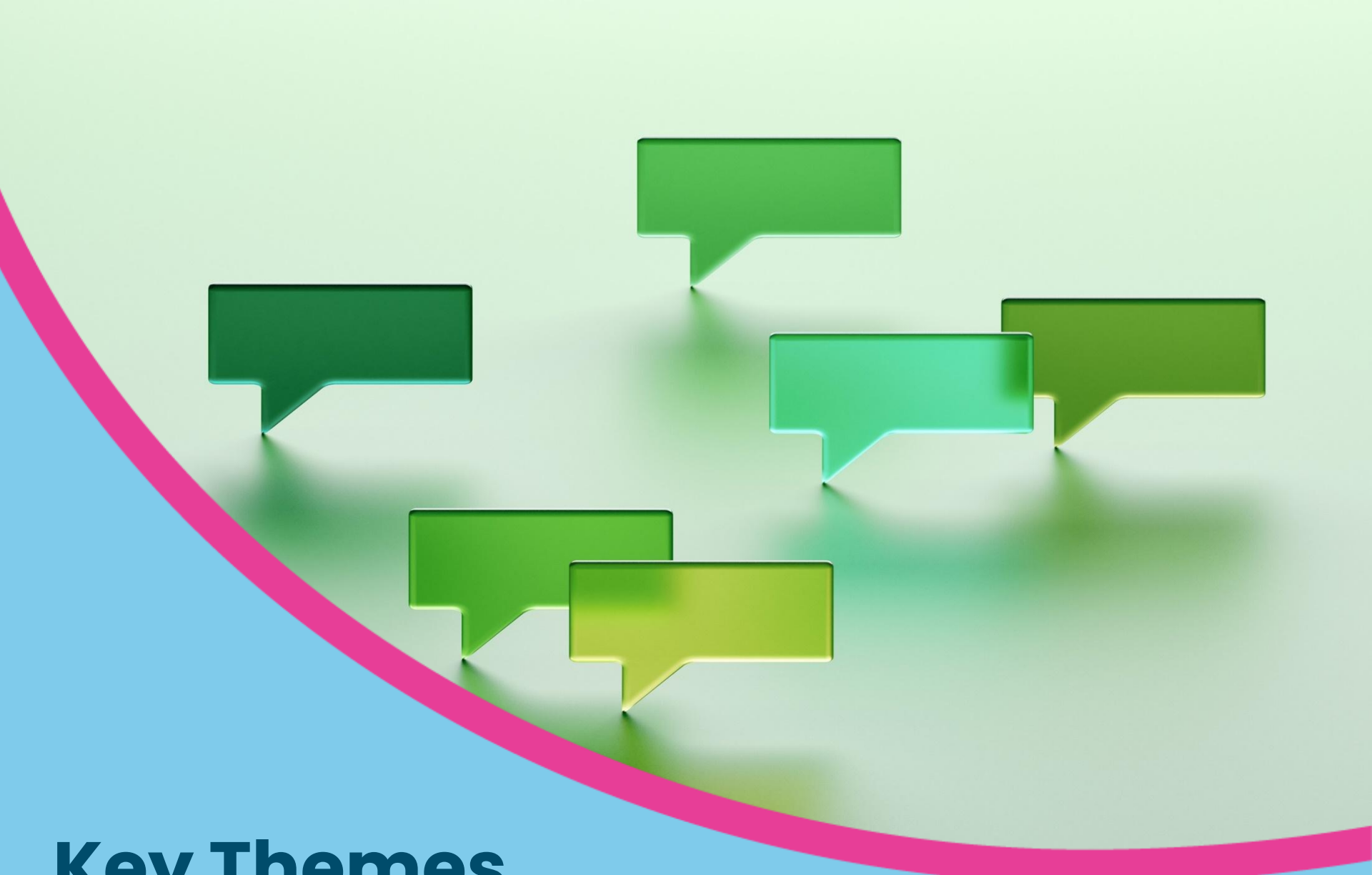
Healthwatch Hammersmith & Fulham (HWH&F) is an independent, statutory organisation dedicated to advocating for individuals who utilise NHS and publicly funded health and care services in the Hammersmith & Fulham area. Our primary goal is to gather feedback from patients and the public, using these experiences as evidence to drive positive change. We actively campaign for and influence commissioners and providers to ensure that services are designed and delivered equitably for all members of the community.

Our vision is centred on establishing high-quality services that meet the diverse needs and preferences of patients, while also maintaining consistent levels of public engagement. By prioritising the user experience, we aim to help the leaders of health and social care services create a healthcare system that is responsive and accessible to all individuals. We are committed to fostering a patient-centered approach and continuously striving to improve services to better serve the community and residents of Hammersmith and Fulham.

# Acknowledgments

We would like to extend our heartfelt thanks to all the participants who took part in this study and generously shared their experiences with us. We are especially grateful to the Family Hub Delivery Management Team, Children's Center Services H&F, Maternity Champions, Mama Haven, and MCWO for their invaluable assistance in helping us reach and interview these vulnerable groups.

Additionally, we express our gratitude to our committee members and stakeholder groups, including the Maternity Champions, whose insightful contributions were instrumental in shaping our questionnaire.



# Key Themes

# Improving Maternity Support: Perspectives of young mothers – Key Themes

The women pointed out specific areas where they need more assistance. These are...

**Offer more personalised support**

**Develop a culture of active listening**

**Address staffing concerns**

**Improve communication**

**More face-to-face appointments**

**More financial support**

**Childcare support**


**Safe Spaces**

**Translation support**



# Recommendations

## Recommendation 1: Active Listening




Many women felt that healthcare professionals did not take their concerns seriously. Feeling heard made a big difference and improved overall experience for women. Therefore, we recommend that maternity care staff should be trained to actively listen to women so to address their concerns and make them feel as though they have a choice.

### **Patient stories: When they are not heard**

*"At the end of pregnancy, I had a bit of pressure because they wanted to induce me. It was a bit stressful because I felt like I had no choice."*

*"The midwives were very dismissive they kept telling me to just stay at home- GP also dismissed claims from nurses & midwives before getting the referral" ID 597*

## Recommendation 2: Communication & Information provision



Lack of communication was a recurring issue in our research, especially among first-time mothers. Many felt unprepared for pregnancy challenges and outcomes. We recommend that midwives educate expectant mothers early on about potential deviations from standard care, their necessity, and associated benefits/risks. This ensures they feel more prepared and informed when the time comes.

### Patient story: When there is lack of communication

*"There should be more doctor's appointments where women can express their fears, questions, and personal situations because every pregnancy is different. **They kind of force you to inform yourself** from other sources. I was able to do it, but many women may not be able to do it. My information source was internet, which wasn't reliable." ID 995*

*"I wanted birth, but I had an emergency caesarean. I was **upset as they never informed me about the whole thing**. I was never told why was it needed in the first place. They apologised later but I am still a little mad about it." ID 900*

### Best Practice: Timely communication

*"They were nice and helpful. They **explained things and updated me** on what I needed to do." ID 539*

## Recommendation 3: More Post-Natal Support

The research shows that many respondents were dissatisfied with post-natal support specifically around mental health. Therefore, we recommend that health visitors and midwives actively focus on early assessment and offer appropriate support, including breastfeeding assistance and addressing post-natal mental health (like depression) and physical health (like hair loss) issues, among other concerns.


### Patient stories: More support needed

*"When I gave birth at the hospital, I was trying to breastfeed my baby, **but they did not guide me in anything**, and I had to bottle-feed because I did not know how to do it." ID 694*

*"The GP check after 6 weeks wasn't much. It was 10-minute check-up and they just talked about contraception. **There were so many things that I wanted to talk about**, but I don't think they have the time/training to talk about post-natal care" ID 480*

*"I don't think they care much about women. At the 6 weeks appointment, they don't examine women. **They never ask how you are feeling**. In the initial days, the midwife checks on the baby and everything but after that **you are just left alone**. Like you are suddenly responsible for keeping this baby alive. By the time I realised I had a problem, all my mandatory appointments were over. **This affected me to develop an attachment with my first kid.**"*

## Recommendation 4: Pregnancy Haven



Many respondents felt they lacked a safe space to discuss their feelings about pregnancy and the changes it brings to their regular lives. Therefore, **we recommend** establishing safe havens for women where they can drop in and discuss their doubts and fears with mental health professionals specifically trained in pre- and post-natal care. Furthermore, **we suggest** setting up a peer support group where new mothers can find support among women experiencing similar situations.

### **Patient Stories: What do mothers think?**

*"There should be some private counseling groups where women can discuss their thoughts and feelings about their new life. Like I have a history of domestic abuse, I wanted to discuss this and my upcoming baby in a more private setting." ID 714*

*"Probably if there is something like peer support, it may help you to understand more about things that happen after birth."*

*"It will help if there is something like this [Community group] available especially when I had my miscarriage. It happened in 7th month, and I did not want to take any other support or anything. Maybe this could have helped."*

## Recommendation 5: Support systems for families with small children




Many had negative experiences during maternity appointments when accompanied by their young children, as the children would not remain still. Consequently, these women were either rushed through their appointments or not seen at all when their children were restless. Therefore, we recommend providing specialised childcare services at hospitals or nearby baby centers specifically designed to accommodate mothers during their appointments. Additionally, where this is not feasible, it should be ensured that staff treat expectant mothers the same, regardless of whether their children are present.

### **Patient Stories: High childcare costs and consequences**

*"I had to attend a scan but had no childcare for my 1year who was asleep in the buggy anyway. They refused to scan me." ID 654*

*"They should offer something extra for mothers with small kids. I mean they let you bring your kids with you, but my boy does not sit still. There was nothing else for him to do. For my childcare, I had to rely on my husband or mother taking off from work. It wasn't very helpful as my husband does not get paid if you take a day off. if they could cover childcare during maternity appointments that would be good." ID 790*

## Recommendation 6: Financial support

A stylized illustration of a pregnant woman with long, flowing blonde hair, wearing a blue dress. She is shown in profile, facing right, with her hands resting on her belly. The background is a soft, warm orange color with faint floral patterns.

Numerous respondents, particularly from black or Asian minority groups, expressed difficulties arising from high living costs. We suggest that local CVS should provide struggling families with funding opportunities to cover essential supplies such as diapers, strollers, and more. Additionally, it is crucial to connect low-income families with services early on, either by helping directly or by guiding them to appropriate resources, enabling them to receive help promptly.


### **Patient Stories: High childcare costs and consequences**

*"I had to attend a scan but had no childcare for my 1 year who was asleep in the buggy anyway. They refused to scan me."*

*"I had other children and I had to pay someone to take care of my children but then it got really expensive. I had to take my kids with me. It was a bit uncomfortable, in case you had to wait."*

*"They should offer something extra for mothers with small kids. I mean they let you bring your kids with you, but my boy does not sit still. There was nothing else for him to do. For my childcare, I had to rely on my husband or mother taking off from work. It wasn't very helpful as my husband does not get paid if you take a day off. if they could cover childcare during maternity appointments that would be good."*

## Recommendation 7: Staffing Concerns




Many respondents expressed dissatisfaction with inconsistent staff, as they felt they never saw the same person twice, leading to uncertainty about the quality of care. We recommend that, whenever feasible, a consistent team should support mothers throughout pregnancy, providing them with emotional support during this vulnerable period. Additionally, we suggest encouraging maternity care staff to review patients' histories before appointments to ensure women feel adequately supported.

### **Patient stories:**

*"The problem is you never see the same person again. It's like you have to explain same things to different people all the time. Not having continued support from the same people is hard. There was always a different opinion. Nobody agreed on the same thing. It made life hard as I was always wondering what was right. Given that I had a complicated pregnancy, it was hard not having the same group of professionals."*

*"During my first birth at the hospital, there was a change of staff (night duty). I was just left on my own and wasn't informed about anything. The home birth team cares for you but the hospital staff do not."*

## Recommendation 8: Specialist training for staff



The experience of nearly all respondents was influenced by staff attitudes and levels of training. We recommend sensitising maternity care staff to help them grasp the vulnerable nature of pregnancy, thereby training them to approach pregnant women with greater empathy. Additionally, staff should receive periodic training on non-traditional methods and potential complications of pregnancy, as well as on how to navigate these discussions with women.


### **Patient stories:**

*"During my first birth at the hospital, there was a change of staff (night duty). I was just left on my own and wasn't informed about anything. The home birth team cares for you but the hospital staff do not."*

*"In general, the attitude of midwives is not very good. It often seems like they don't care. I believe that they are overstressed."*

*"The midwife who originally came home did not check my son for tongue-tie. I was not able to breastfeed my baby for two weeks. It was the other midwife (at the community center) who picked this up. Staff needs more training, and they should educate mothers. "*

## Recommendation 9: Tailoring Support for Every Journey



Some respondents, especially first-time mothers, were dissatisfied with the lack of individualized care. We recommend encouraging midwives and health visitors to provide advice on a case-by-case basis without making assumptions, particularly regarding second pregnancies. We suggest placing the responsibility on mothers to express their level of readiness for pregnancy or breastfeeding, and tailoring care accordingly to meet those needs.

### **Patient stories:**

*"As a first-time mum, I wasn't confident, but they should offer more support. They should follow up by call or something like simply asking how are you."*

*"It was my first pregnancy. I believe I needed more support in terms of education and support from staff. The staff that offers post-birth services needs more training."*

*"As a second-time mum I felt that they kind of dismissed me thinking that I knew everything. I would have preferred to get more information. Also, I feel like they don't give you enough time at appointments. every pregnancy is important whether first or second."*

## Recommendation 10: Avoiding Stereotypical Assumptions



A few respondents expressed feeling subjected to stereotypical assumptions about their health based on their ethnic background. We recommend providing maternity care staff with training to avoid making assumptions about health conditions such as diabetes, especially if certain ethnic groups are at a heightened risk. It's essential to explain this information to them thoroughly without inducing fear.

The cultural and religious practices of women from various ethnic backgrounds can influence behaviors such as food choices during pregnancy and breastfeeding. Therefore, staff should receive sensitisation regarding these differences and be encouraged to address them sensitively and promptly.

### **Patient stories: Assumptions and impact**

*“They assumed that because of my background, I would get diabetes. They talked to me as if I already had it. They did so many tests in the last 3 months. I mean I am a nurse myself, I know the risks because of my ethnicity but they could have approached the topic differently. I think the way they react it can put any new mum under a lot of pressure”*

*“I feel like since I'm American they don't take me seriously”*



# Methodology

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# Methodology

To engage with our target audience, we conducted in-person interviews primarily by visiting children's centers across the H&F borough. Additionally, we partnered with organizations such as Maternity Champions, Mama Haven, and Mother & Child Welfare Organization (MCWO), which help young mothers, particularly those from ethnic minorities. Furthermore, we distributed this survey through our online channels to gather data.

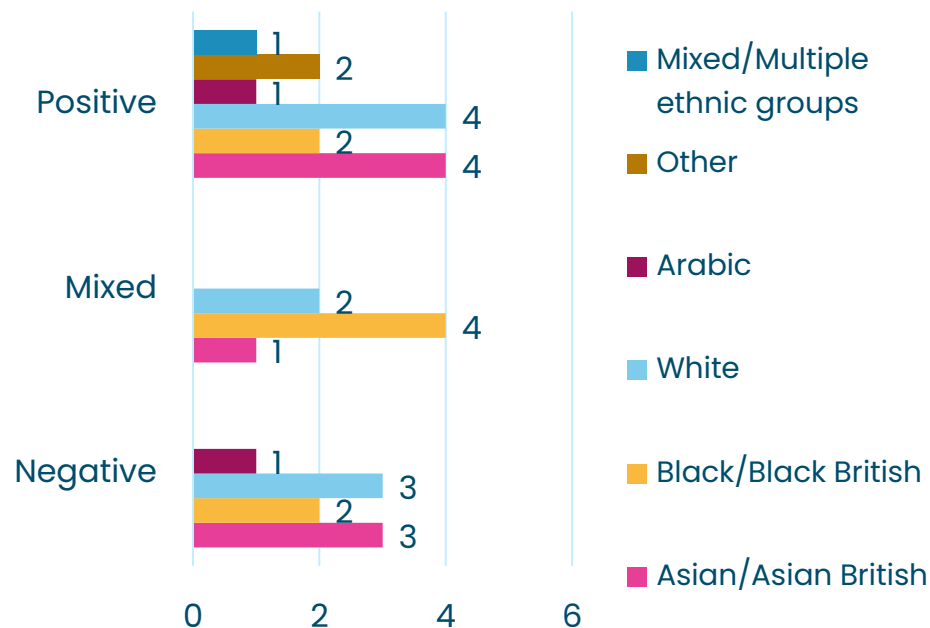
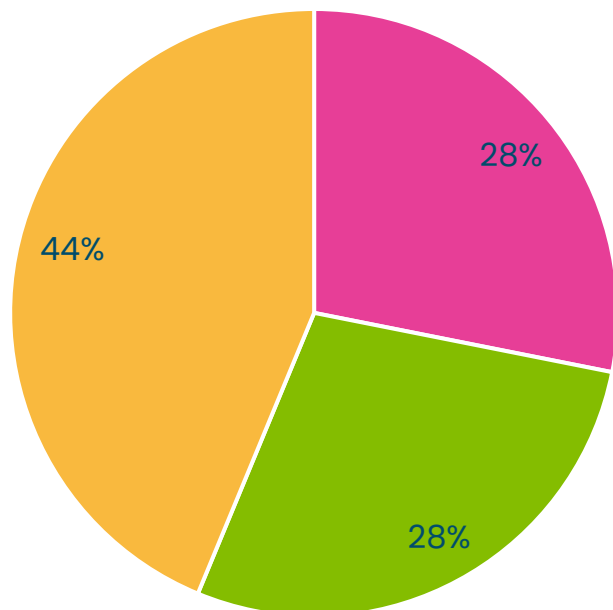
To ensure the relevance of our data, we included only women who conceived in the UK and gave birth within the last three years. Our data collection concluded on 16/02/2024, with a total of 32 responses, out of which **21** responses were from women from **ethnic minorities**, **9** were of women from **White/British/European** backgrounds.



# Key Findings

# Experience during Pregnancy

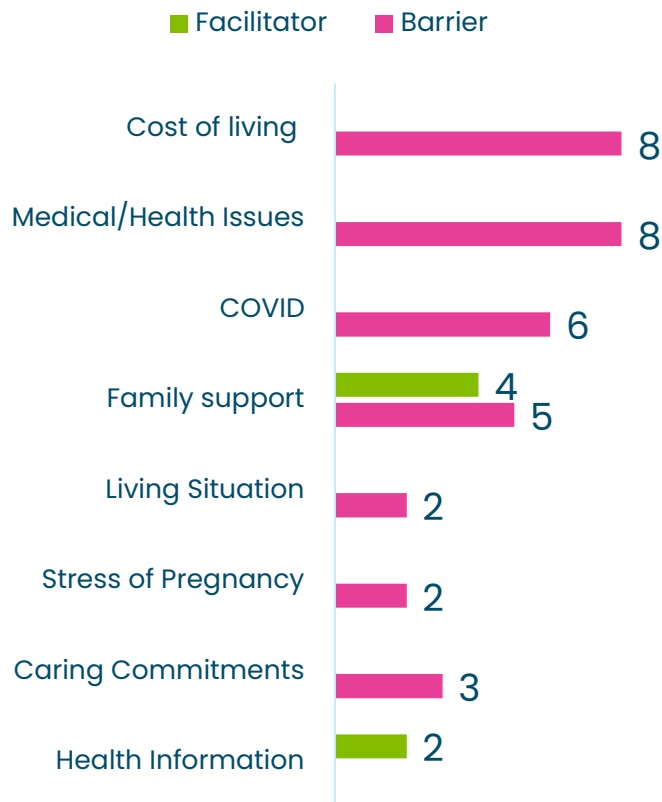
■ Negative ■ Mixed ■ Positive



Majority of women (n=18) reportedly had either 'negative' or 'mixed', while 14 women had 'positive' experience during pregnancy. Most of the women (n=7) who had unfavourable experiences during pregnancy were from 'Black/Black British' background.

# Factors affecting health during Pregnancy

## Barriers & Facilitators

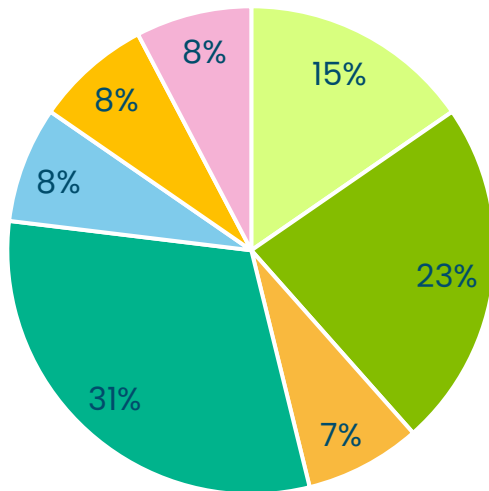


- Barriers are the factors that prevent people from engaging in certain behaviours, while facilitators are the factors that aid or help certain behaviours.
- **'Cost of living'** and **'Medical/Health issues'** were the most frequently cited barriers to maintaining health.
- **COVID** was a concern for some women. Three respondents reported negative impact on their social life, two on the quality of treatment, and one expressed concerns about vaccine safety.
- The other reported barriers to health were **lack of family/emotional support, unstable living situation** (high rent, small space), **stress of pregnancy**, and **caring commitments** (Child under 2 years- high childcare costs).
- On the other hand, **having supportive family/friends** and **healthy lifestyle/health information prior to pregnancy** improved health during pregnancy.

# Factors affecting health during Pregnancy

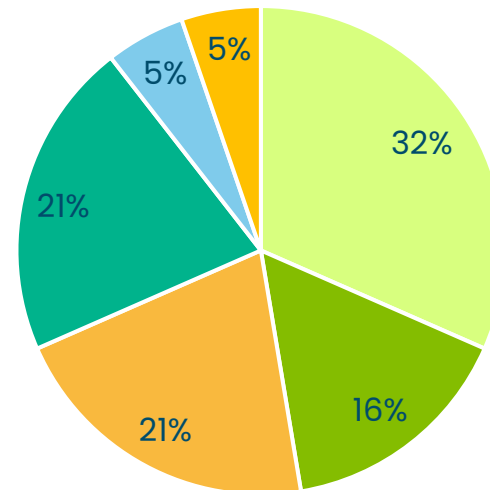
Whites

- Cost of living
- COVID
- Living situation
- Caring Commitments
- Medical/Health issues
- Family Support
- Stress of Pregnancy



Ethnic Minorities

- Cost of living
- COVID
- Living Situation
- Medical/Health Issues
- Family Support
- Stress of pregnancy



Among ethnic minorities, factors such as the cost of living (mostly among Asian/British Asians), lack of family support, COVID, and medical issues—particularly diabetes—were significant contributors to poor health during pregnancy. In contrast, their white counterparts primarily faced challenges such as absence of familial assistance, medical issues (like pre-eclampsia and food cravings), and cost of living.

# Experience with Maternity Care Appointments

Experience with maternity care appointments/Challenges faced with visits to doctor/midwife



When asked about their experience with maternity care appointments, most participants expressed dissatisfaction with the long waiting times for scheduled appointments.

Additional factors that resulted in poor experience were Inconsistent staffing, Poor attitudes among staff, instances of negligence, poor communication, and insufficient appointment availability.

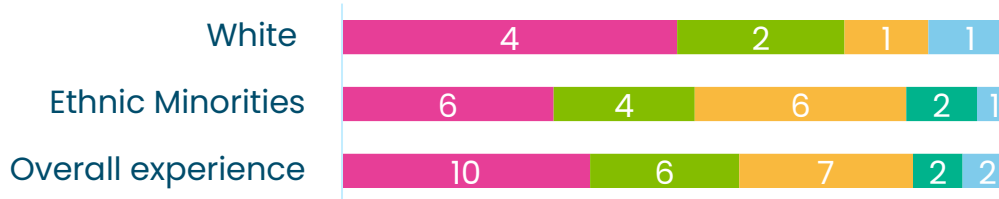
"It was good, but the problem is you never see the same person again. It's like you must explain same things to different people all the time. Not having continued support from the same people is hard. There was always a different opinion. Nobody agreed on the same thing. It made life hard"

"The waiting time was very long. At hospital, the wait time for one scan was like 1 to 3 hours. I mean it was a pre-scheduled appointment. it should not take that long."

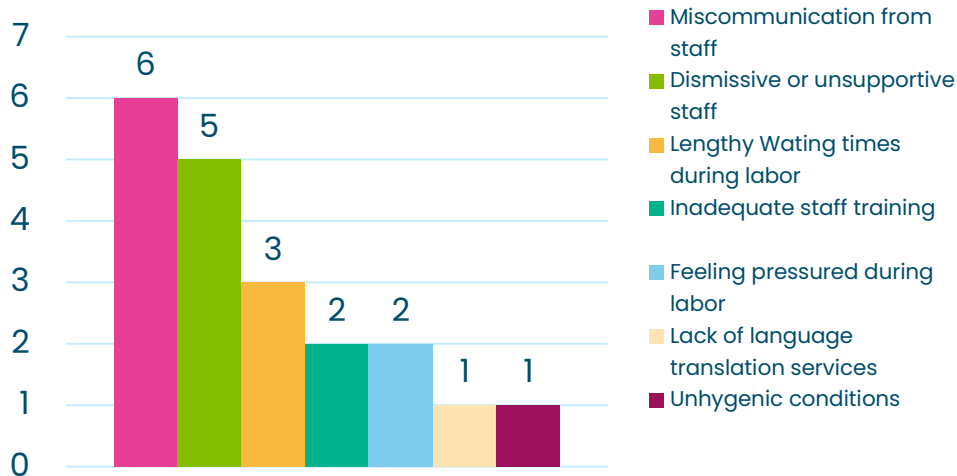
"I had so many appointments, but I feel midwives don't even check you properly. When I saw them, they told me everything was good but later on, the research team found that the baby was small for age and was losing weight. That made things very complicated."

# Childbirth Experience

Very Positive Positive Neither Positive nor Negative Negative Very negative



What did not work well or could be improved during childbirth?



- Overall **majority** (59%) of women had either 'positive' experience. Higher proportion of respondents from Ethnic minority groups had more of 'neutral' to 'negative' experiences as compared to their white counterparts (47% Ethnic Minority vs 25% Whites).
- The childbirth experience for women was largely influenced by staff attitudes, communication, support during labor, and level of training. Most women with negative experiences cited dissatisfaction with staff communication or encountering dismissive or unsupportive staff, the quality of care provided by night staff, and the absence of translation services. Conversely, those with positive experiences felt supported and well-communicated with by the staff.

# Childbirth Experience- Supporting Statements

"I was told my waters had broken and was pushing for two hours before my waters actually broke. The midwife was very dismissive (a very different experience from my previous birth)." ID 935

"The midwives tried to send me home from triage. I had to insist on being seen- It turned out my labor was very progressed, and my baby was very distressed. They need to be more careful." ID 739

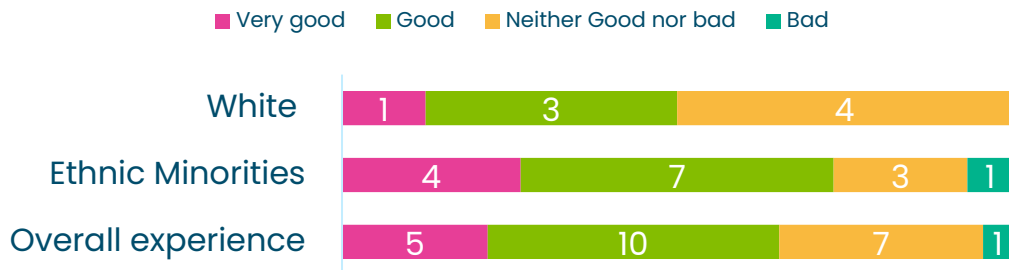
"There is a need to have more communication. Just in terms of explaining the process of what was happening and why. A lot of times I did not feel like I had a choice, and a lot of things were decided for me. They should explain to you how certain things can affect you in the long term." ID 790

"Just after my birth, I was left alone for like 4 hours. I couldn't do anything. I wanted water and when I asked the midwife, she was so rude. The staff needs more training- I was given a medication that makes you sweat a lot. That made me so thirsty. They should have checked in on me sooner. I just had my baby. I could not move, could not put my baby away. They did not help at all." ID 809

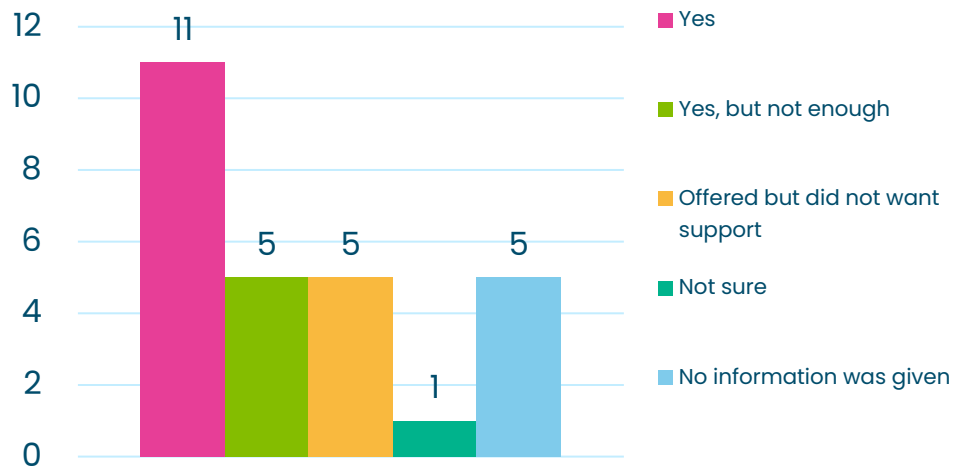
"Without going into too much detail, I was left in labor for 42 hours with paracetamol for pain relief and my son was born with sepsis due to this and ended up in neonatal care after a forced birth with a broken collar bone." ID 167



# Post birth Experience



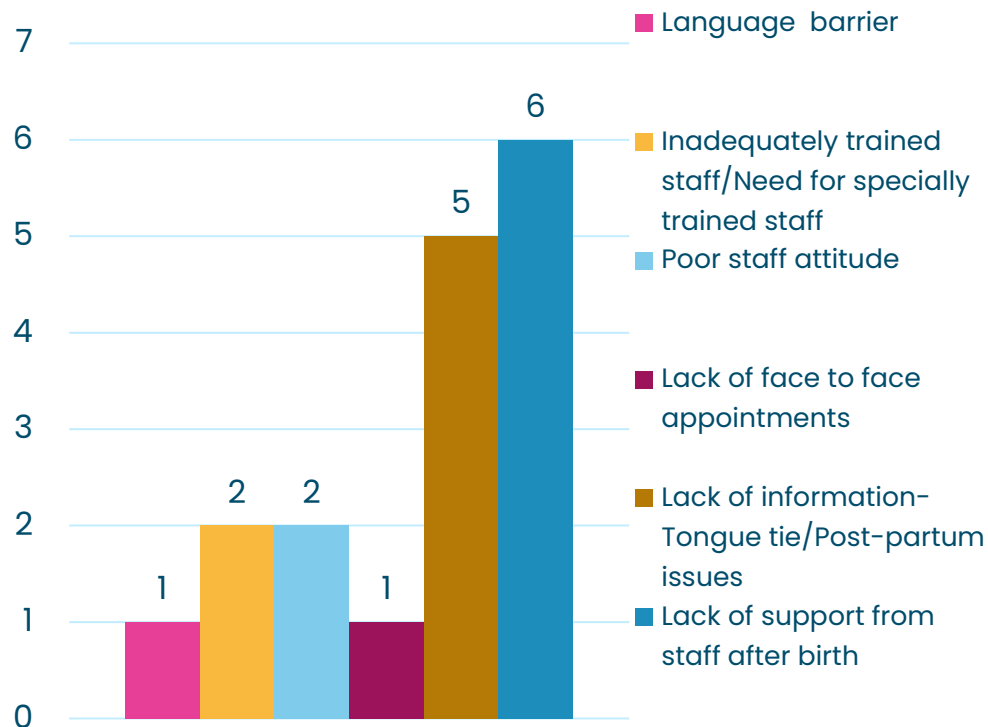
Were you offered any physical/mental health support after giving birth?



- Only 23 out of 32 study participants responded to the question about 'Quality of care after birth'.
- Overall, **almost all** of the respondents were either 'satisfied' or 'okay' with the quality of care received post-birth, except a women from minority ethnic group who did not feel the care met the expectations.
- Most respondents (about 70%) were offered/informed about physical and mental health services available post partum. About 30% of the service users, felt that the offered support wasn't enough.

# Post birth Experience

What did not go well or what could be improved post partum?

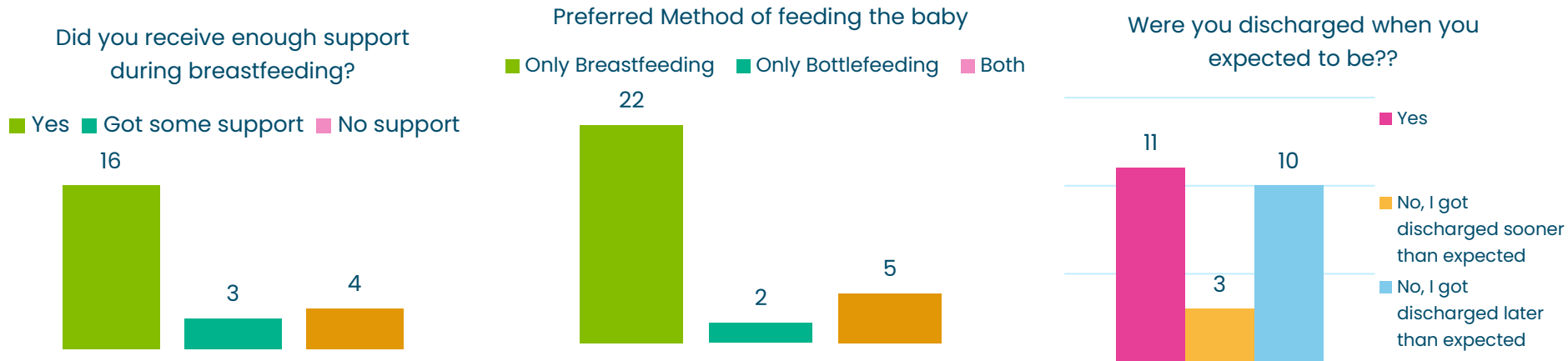


- Most of the respondents felt either **unsupported by the staff** or believed they weren't given **enough information** about post birth issues like raising the baby ,tongue-tie, and hair loss , among other things.
- Additional improvements could include **bettering staff attitudes**, ensuring **staff members are specifically trained** to address/educate about post-partum health issues like depression and issues regarding breastfeeding, **increasing the number of face-to-face appointments**, and providing **better language translation services**.
- When asked about what worked well since giving birth, having a **positive experience with the staff** was the only emerging theme.

# Post-birth Experience: Supporting Statements

- “Post-partum is not good. No support for women whatsoever. It would be good if they could provide an accessible breast pump. They should offer some physical services like Chiropractor after the birth.” ID 573
- “After giving birth, I think its all about baby. I don't recall that they cared so much about you as a mother.” ID 041
- “They should educate more about tongue tie. I did not know it was something that could be very serious. Thank god the midwife was experienced and could diagnose it.” ID 858
- “I don't think they care much about women. At the 6 weeks appointment, they don't examine women. They never ask how you are feeling. The process was so quick like after giving birth I was back home in 2 days. Midwives ask you how are you and everything but they never signpost you to any groups that you can go to.” ID 790
- “The midwife was rude. She was telling me off instead of supporting me.” ID 400
- “They did offer mental help, but she did not want to relive as it was very traumatic. Moreover, with her experience of language barrier she did not think anyone could actually offer help.” ID 594

# Post birth Experience: Breastfeeding & Discharge



All respondents expressed a preference for breastfeeding their babies. Approximately 80% exclusively breastfed, while about 19% used a combination of bottle feeding and breastfeeding, often due to the baby being in the weaning stage or the mother having difficulties producing enough milk.

Among those who felt unsupported during the breastfeeding phase, many reported problems with staff communication regarding tongue-tie issues and the failure to identify them early. In one instance, it took up to 2 weeks to diagnose the problem, resulting in significant weight loss for the baby. Additionally, some women felt that staff did not adequately support them, particularly during their second pregnancy, arguing that each pregnancy requires individualised care.

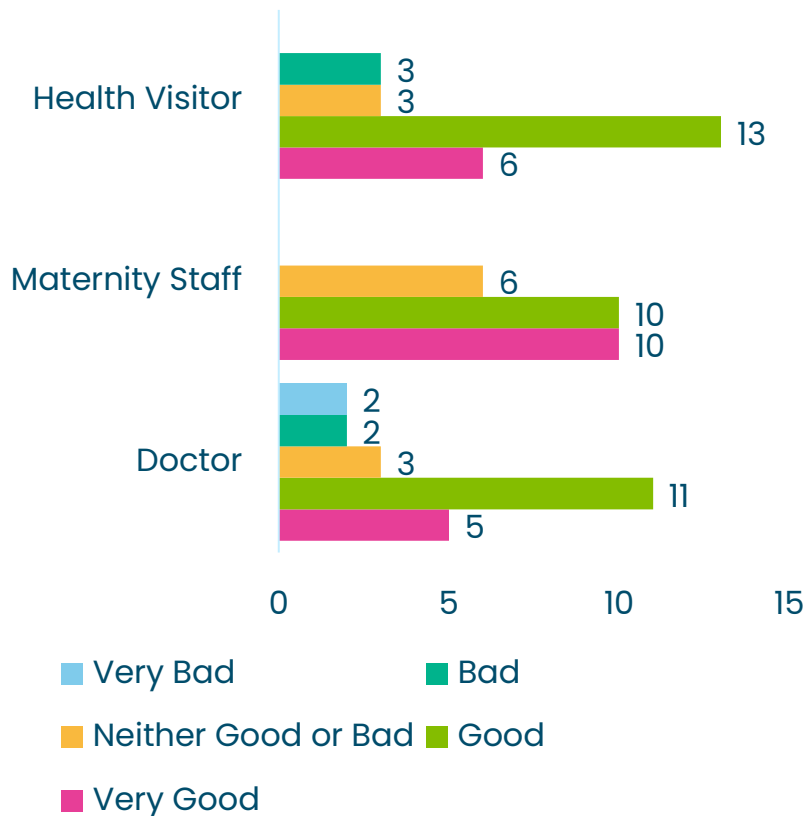
When questioned about their discharge experience, some individuals expressed dissatisfaction with the level of support from staff. This led some to desire an earlier discharge than originally planned, while others felt rushed and unprepared when they were asked to leave. In general, respondents believed that their preferences should be considered, regardless of whether they felt ready for discharge or not.

# Delivery & Breastfeeding Experience: Supporting Statements

- “Very helpful and lovely staff. Worried at first because I have no family here, but they made me feel safe and supported” ID 319
- “But my partner and I kept saying that it's very different to the last birth. Staff were dismissive.” ID 935
- “During my first birth at the hospital, there was a change of staff (night duty). I was just left on my own and wasn't informed about anything.” ID 694
- “I wanted to try with breastfeeding, and I did try to get some help with it from staff, but they are so busy on the ward, that no milk came out properly. So, I am bottle-feeding.”
- ““They should explain more about breastfeeding. Initially, my baby wasn't feeding very well. He kept on losing weight I did not realise why. It was only after 2 weeks when the midwife visited us home that she realised that my baby's tongue was tied. I am not sure why they did not check this in the hospital itself. Also, why wasn't I educated on this? I did not know this was a thing. It was stressful.” ID 809
- “My baby was fussy, and it was difficult for me to produce milk for the first 3-4 weeks. My family was there to help me, but I don't think there was much help from the hospital/staff. I think because it was my 2nd pregnancy they thought I didn't need any help, but every pregnancy is different. They should have still educated me or at least asked me if I needed help. There was literally no help with breastfeeding.” ID 386

# Experience with Healthcare Staff

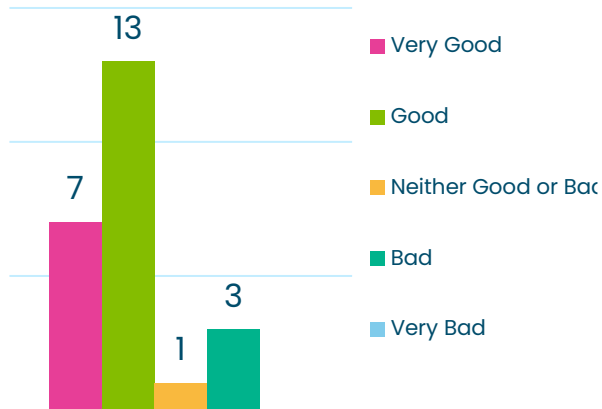
Overall experience with staff



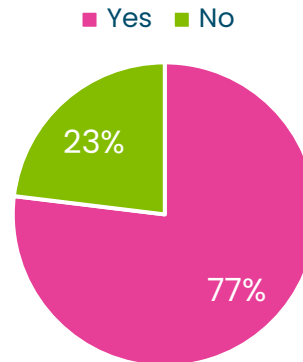
Overall experience with the healthcare staff was positive for most of the respondents throughout their journey of motherhood, spanning from conception, delivery, to postnatal care. Nevertheless, for those who had unfavorable or mixed experiences, staff significantly influenced their perception, from staff attitudes, training levels, to effective communication skills—all shaped participants feelings about the maternity services. Some women were dissatisfied that they never really saw their GP/doctor much throughout the pregnancy and some of them were unhappy that the staff kept changing throughout their pregnancy and so they felt they could not completely rely on anyone.

# Experience with Healthcare Staff: Communication

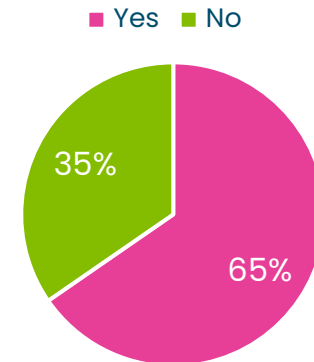
Overall experience of communication from healthcare staff throughout



Enough Information about what happens in pregnancy



Enough Information about how to take care of yourself & Baby

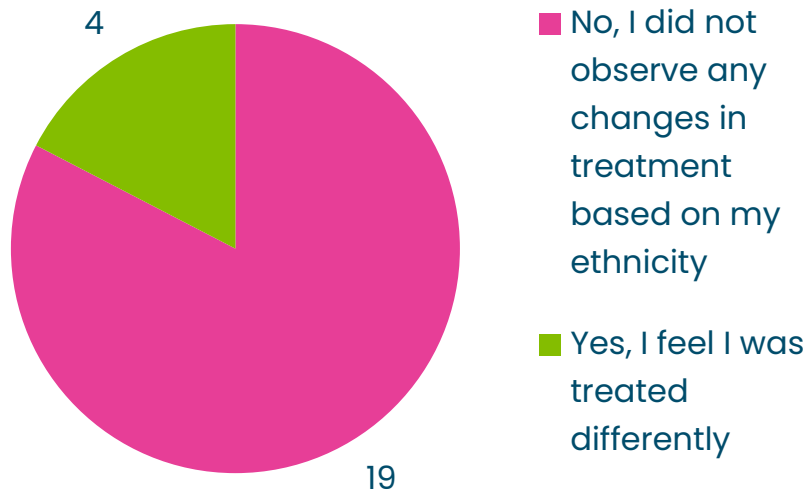


Although most respondents were satisfied with the communication levels of the staff, a significant proportion (23%) felt they didn't have enough information about 'what happens during pregnancy'. Additionally, an even higher percentage (35%) of women felt ill-informed about taking care of both themselves and the baby.

The primary source of information for most women was their appointments with the midwives, during which they received informative flyers, pamphlets, and recommendations for helpful apps and online resources. Some women expressed a desire for additional in-person educational sessions with professionals such as doulas to better prepare themselves for what to expect.

# Experiences based on Ethnicity

During your pregnancy, did healthcare providers (nurses/doctors/midwives) treat you differently because of your ethnic background?



Only four respondents (two Black/Black British, one Asian/Asian British, one Other: Latin American) indicated that they were treated differently due to their ethnic backgrounds. Three of them felt that doctors/staff made assumptions about them, and their health based on their cultural/ethnic backgrounds, while one felt that they were not taken seriously because of their ethnicity.

*"They assumed that because of my background, I would get diabetes. They talked to me as if I already had it. They did so many tests in the last 3 months. I mean I am a nurse myself, I know the risks because of my ethnicity but they could have approached the topic differently. I think the way they react it can put any new mum under a lot of pressure" ID 400*

*"I feel like since I'm American they don't take me seriously" ID 597*



# Additional findings

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# From Hospital to Home:

## Stories of home birth experiences

Approximately four respondents chose home birth instead of delivering in a hospital. Three of them were second-time mothers and reported a much more positive experience compared to their first birth. They attributed their satisfaction to the personalised care provided during home visits and the positive attitude of the staff. However, one mother had a negative experience, stating that the home birth team missed her pre-eclampsia diagnosis, which necessitated a hospital delivery. This oversight led to her dissatisfaction with the home birth experience.

### **Patient stories: supportive staff lead to positive experience**

*"My homebirth was exactly what I envisioned and hoped for. I was in complete control of my experience"* ID 654

*"This time it was great. I had a home birth it was so much nicer and more personal. Previously, when I gave birth at the hospital it caused me a lot of stress. I wasn't ready to push and when I gave birth there was a lot of blood on the floor. It was not even my blood. This is why I went for home birth this time."* ID 694

### **Patient stories: oversight led to complications**

*"We opted for home birth. The home birth team wasn't very hands-on. The lady who was supposed to visit did not come and canceled 5 appointments. Due to this, they did not catch pre-eclampsia. We got to know about it only in 8th Month."* ID 594

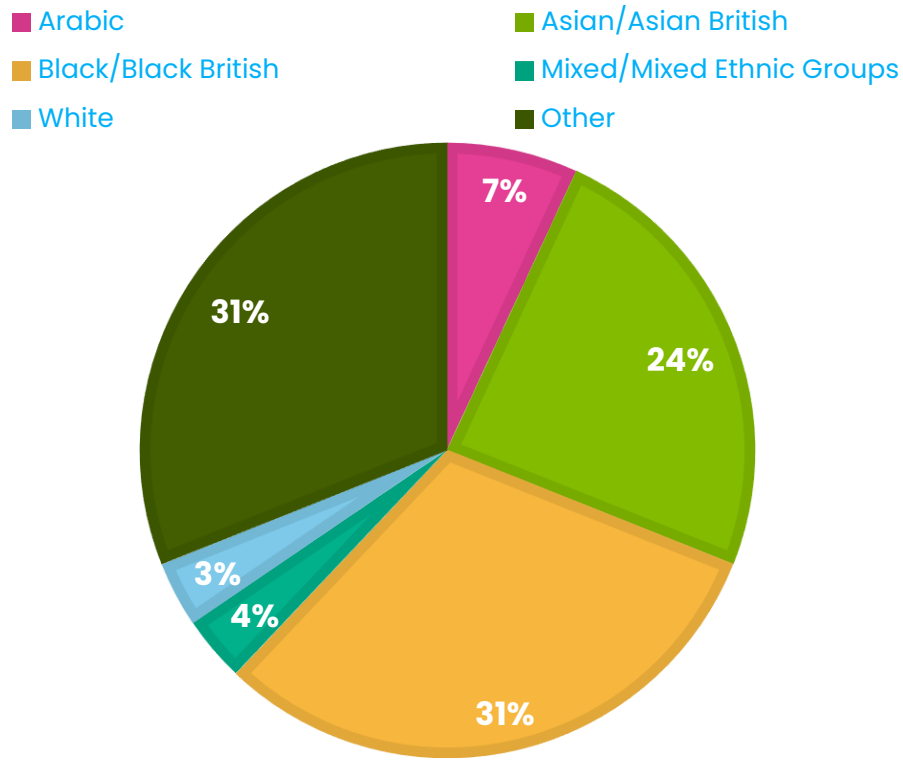


# Appendix

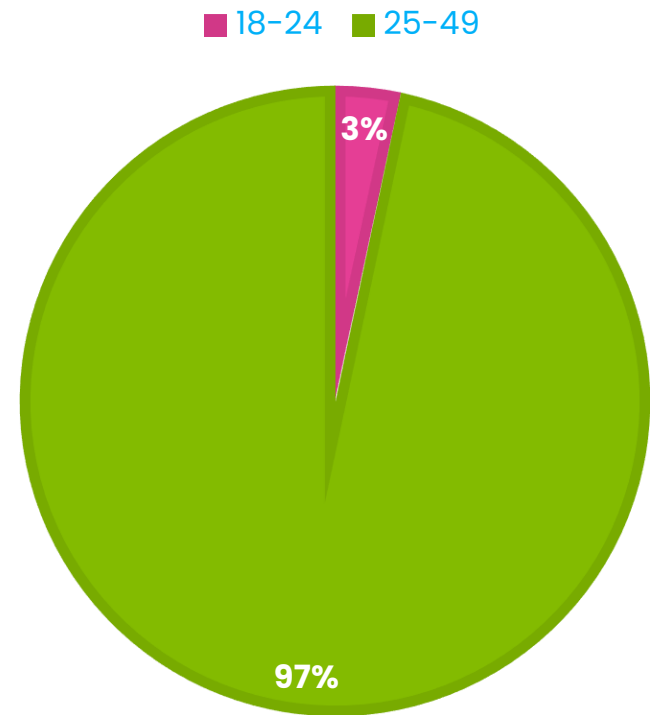
# Appendix– Demographic Background

We talked to a total of 32 women.

## ETHNICITY

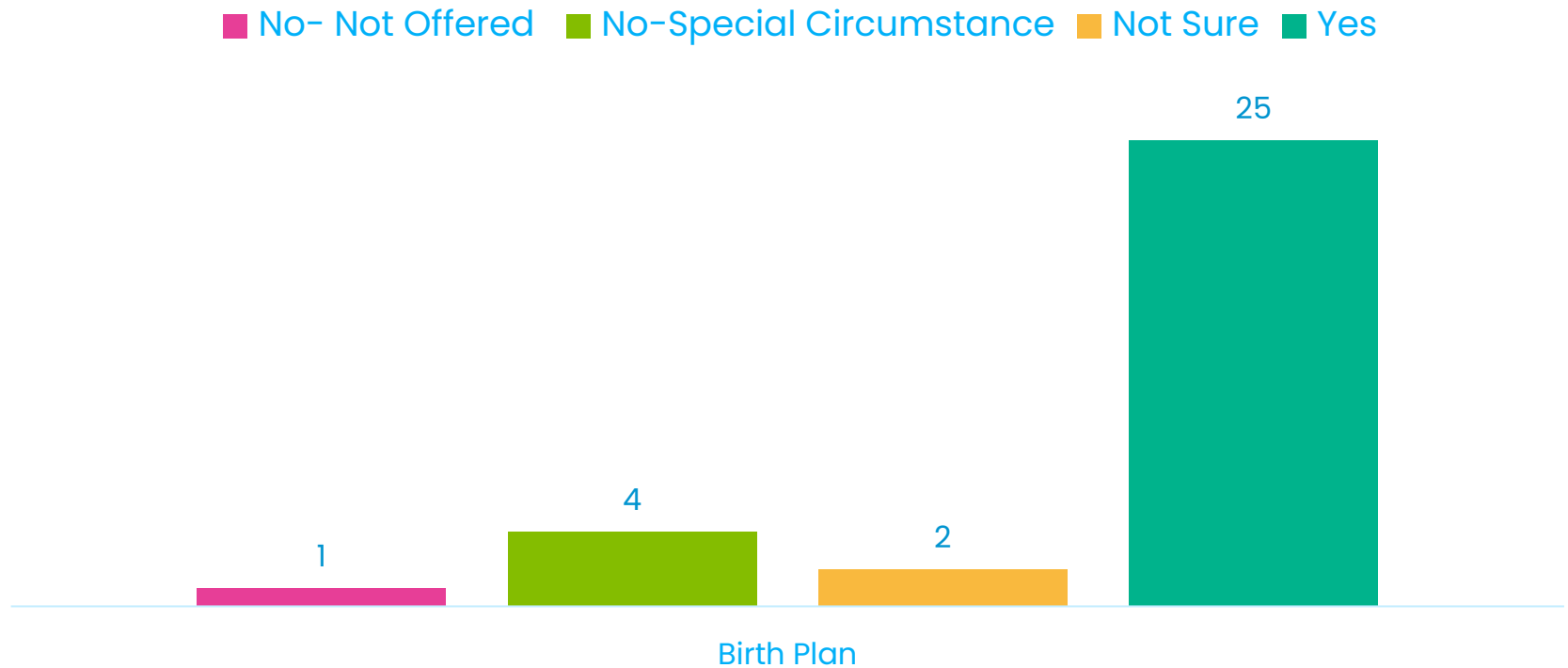


## AGE



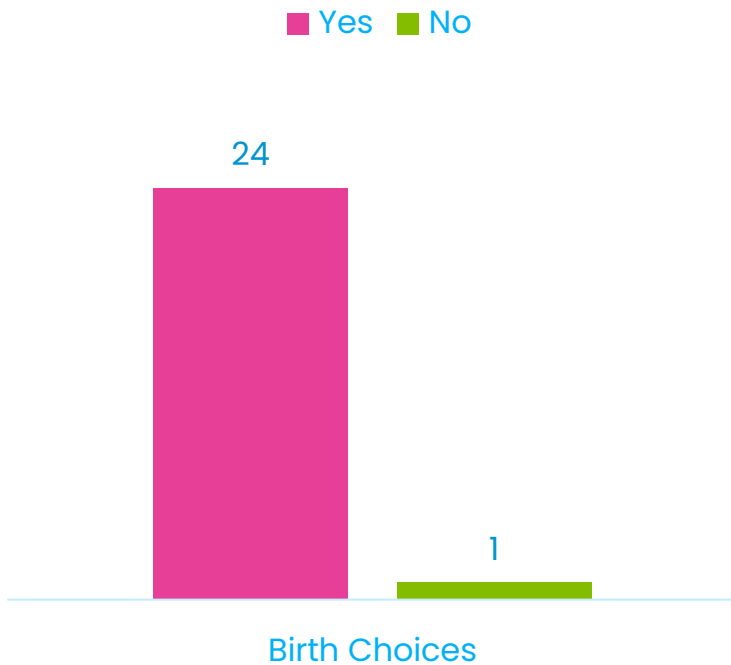
# Appendix

Were you informed about the possibility of planning your childbirth?  
Did you create a birth plan?

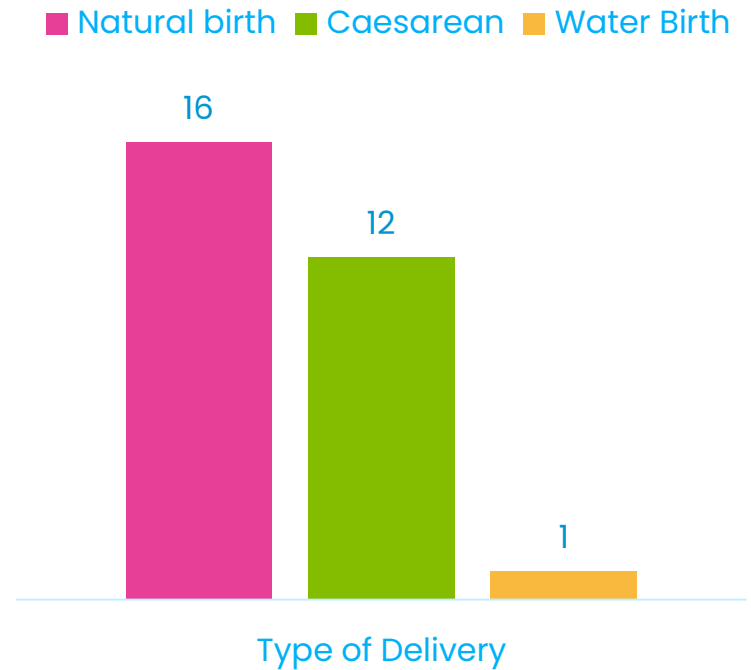


# Appendix

Were you given choice in birth delivery options: Natural birth or Caesarean section?

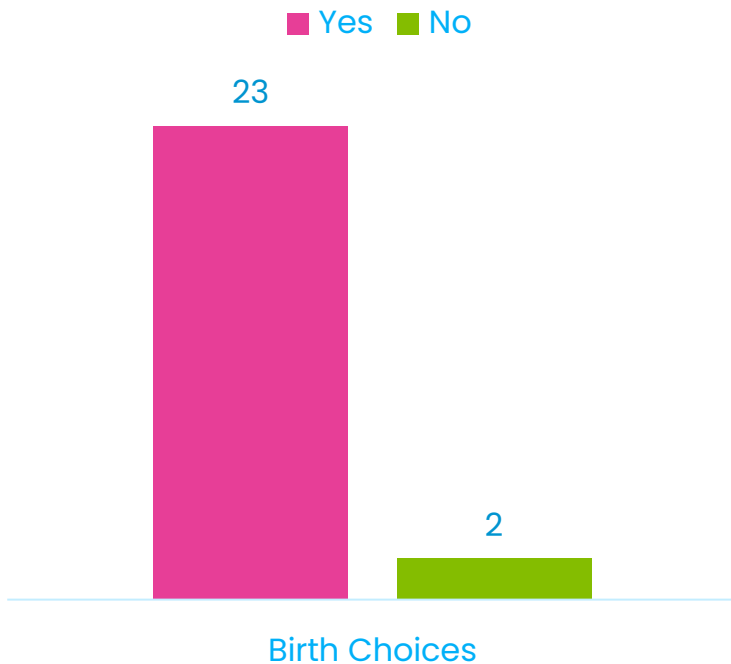


What type of delivery did you have?

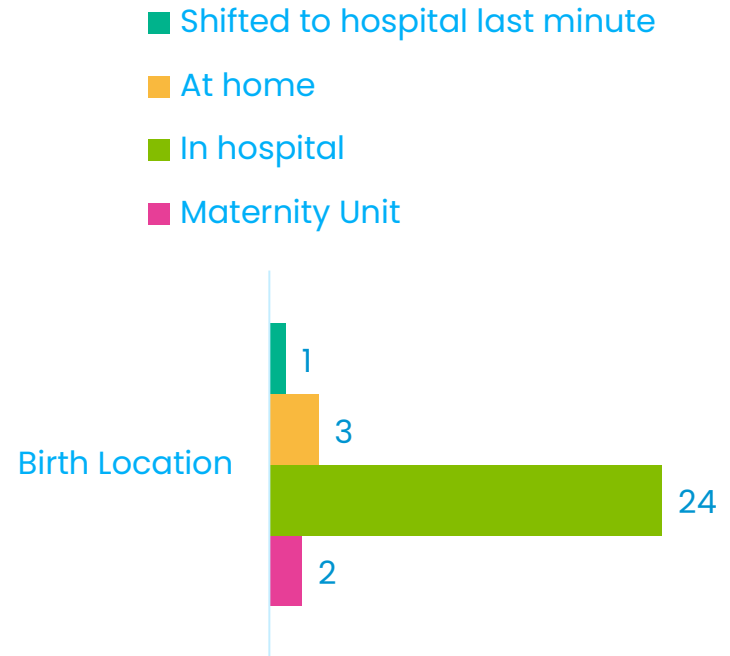


# Appendix

Were you given choice in birth delivery location like in hospital or at maternity unit (birth unit run by midwives) or at home?



Where did you give birth?



**For more information**

## **Healthwatch H&F**

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