



LEICESTER, LEICESTERSHIRE & RUTLAND

Maternity Voices

Working in partnership to improve maternity & neonatal services

ANNUAL REPORT

2024/25



This annual report covers the period of April 2024 - March 2025. The purpose of this report is to share the projects and key achievements of the LLR MNVP, as well as our plans moving forward.

This year, we have focussed on listening to experiences and feedback from service users, engaging with UHL to facilitate co-production and make improvements to key areas of Maternity & Neonatal Services. We have succeeded in forming a growing membership with a passionate and motivated group of people, all determined to contribute to improving maternity services across LLR.

We hope you enjoy reading about our work for this year!

LLR MNVP Team

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1. Introduction from our LLR MNVP

Who We Are

Fatimah Rashid – MNVP Co-Lead



Mum of two – a 4-year-old and a 1-year-old and a trained Mammass breastfeeding peer supporter. My experience with my first born is the reason I am so passionate about making a difference and contributing to making a positive change in maternity care. I believe the service user voice is key to help shape maternity services. My degree in Biomedical Science helped me gain skills which I have been able to use in my role.

Nafeesah Tutla - MNVP Co-Lead



Mum of three children who are 6, 4 and 1 years old. I am passionate about making a real difference to maternity and neonatal services by ensuring all voices are heard and listened to. Service user input is vital in shaping the future of our maternity and neonatal services. I believe by empowering voices we can create meaningful change. I am also a trained Breastfeeding Peer Supporter.

Anita Gondal – Leicester Mammass MNVP Co-ordinator



I am a mum of 3 children who are 13, 10 and 2 years old. I have a degree in English, and a background in Early Years education and family support work. I trained with Mammass as a breastfeeding peer supporter after my first child, and have been an active member of Mammass ever since. I believe seeking out the voices of service users and using these to help shape the maternity & neonatal services to meet the needs of all users is so important and it's been great to be able to contribute to this.

Sally Etheridge – Leicester Mammass Coordinator, IBCLC, MA



As the Lead for Leicester Mammass I oversee the MNVP team, working alongside to encourage and support. Delivering the MNVP is challenging but rewarding. Ensuring that maternity service responds to the needs and wishes of women and families is vital.

2. About LLR MNVP

Background

In January 2023, LLR Integrated Care Board put out a Tender Notice for the MNVP. Leicester Mammias was invited to deliver the programme from April 2023. The contract was renewed in April 2024 and Leicester Mammias continued to deliver the MNVP for another year.

Leicester Mammias

Leicester Mammias was founded in 2008 to ensure that parents from under-served communities were valued and were supported to be instrumental in improving services, specifically around breastfeeding, although a conscious decision was made from the outset to be inclusive to all families, irrespective of feeding method.

Since 2017 Mammias has been sub-contracted by LPT to deliver breastfeeding support across the city, with a focus on those living in areas of higher deprivation, and families facing vulnerabilities. Our approach over the past five years has widened to encompass the First 1001 Days. We were cognisant of both the terminology and the importance of this period long before its inclusion in government strategy.

Leicester Mammias has contributed to many reports and strategies around Maternity Services, women's and babies' health, and the intersection with Public Health, and supported the implementation and development of numerous interventions and strategies, including the Equity and Equality Strategy work in 2022, the launch of the First 1001 Critical Days event for LLR in November 2022, and local and regional Start for Life/Family Hubs. Leicester Mammias is a member of the collaborative for the Leicester Best Start for Life Workforce Pilot.

Mammias also contribute to a number of national actions and initiatives, including UNICEF Baby Friendly UK Local Authority Guidance on Food Insecurity

for Families with Infants under 12 months (Nov 22); The All-Party Parliamentary Group on Infant Feeding and Inequalities; the Baby Feeding Law Group; the World Breastfeeding Trends Initiative UK Report; and the UK Infant Feeding Competencies Framework (June 2022)

3. Purpose of MNVPs

In 2022, MVPs were restyled as Maternity and Neonatal Voices Partnerships (MNVPs) recognising the unique needs and experience of families following a premature birth, and the importance of ensuring the input of staff teams working within NNUs.

‘An MNVP listens to the experiences of women and families, and brings together service users, staff and other stakeholders to plan, review and improve maternity and neonatal care. MNVPs ensure that service users’ voices are at the heart of decision-making in maternity and neonatal services by being embedded within the leadership of provider trusts and feeding into the LMNS (which in turn feeds into ICB decision-making). This influences improvements in the safety, quality, and experience of maternity and neonatal care.’

- *NHS England » Maternity and neonatal voices partnership guidance*

For Leicester, Leicestershire and Rutland, an effective, inclusive MNVP that enables the voices of all our diverse communities and families is ever more essential, in a time where our population is growing, and where health inequalities and challenges for so many communities are becoming increasingly significant and impacting on life chances. A healthy pregnancy and birth are of huge importance to the early vital weeks of feeding and bonding.

4. MNVP Five Principles



1. Work creatively, respectfully and collaboratively to co-produce solutions together. Work together as equals, promoting and valuing participation.



2. Listen to, and seek out, the voices of women, families and carers' using maternity and neonatal services, even when that voice is a whisper, enabling people from diverse communities to have a voice.



3. Use experience data and insight as evidence.



4. Understand and work with the interdependency that exists between the experience of staff and positive outcomes for women, parents, families and carers.



5. Pursue continuous quality improvement with a particular focus on closing inequality gaps

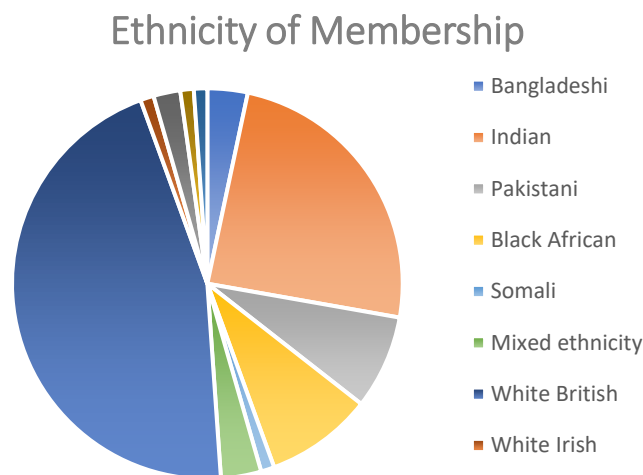
5. Brief details of Maternity Services in LLR

University Hospitals of Leicester Maternity Services incorporates two obstetric led hospital sites - Leicester Royal Infirmary (LRI) and Leicester General Hospital (LGH), a stand-alone low risk unit (St Mary's Birth Centre) and a community team including the homebirth team across Leicestershire. There is an inpatient capacity of 90 beds in total for all admissions: antenatal, intrapartum and postnatal. There are approximately 10,000 births a year. Some births to babies of families living in Leicester, Leicestershire and Rutland take place in hospitals outside UHL, for example in George Eliot Hospital in Nuneaton, Royal Derby Hospital, or Kettering General.



6. LLR MNVP membership & participants

As of March 2025, the MNVP has **128** service user members. This is a live membership, with new members joining steadily, and others moving on. The membership is ethnically diverse, with 46% identifying as White British, 25% as Indian, 9% as Black African, 8% as Pakistani, 3% as Bangladeshi or of mixed ethnicity, 2% as White European, and 1% as Arab. Geographically, 61% of the members are from the city, while 39% are from the surrounding county.



LLR MNVP participants

We have a number of participants from across the maternity and neonatal services, and from local community organisations, who regularly attend our membership meetings and represent parents as well as doulas and antenatal practitioners. We have engaged with Healthwatch representatives from across LLR, Homestart Horizons, Family Hubs, representatives from both University of Leicester and De Montfort University as well as linking with Leads from MNVP' s across the region. We have representation from UHL maternity services, including Head of Midwiferies, the Director of Midwifery, the Safety Champions, the Quality Improvement team, the Neonatal team, and Specialist and Consultant midwives. LLR MNVP is a member of the LLR VCSE Alliance, Leicester Community Well-being Champions, Working Wednesdays, and Leicester Working2gether. We are also registered on Joy.

Subcommittee

A subcommittee was recruited from the MNVP membership following a role description being circulated to members. We currently have 4 subcommittee members who support with organising meetings, raising awareness about the MNVP and giving their input and ideas on how we work to make our services more accessible for members and service users.

7. Neonatal Voices Partnership

The Neonatal Voices Partnership (NVP) sits under the MNVP and is part of, but also distinct from it. The NVP is set up and operational. Our NVP Lead is Nafeesah Tutla.

- The NVP Lead attends monthly UHL FiCare (Family Integrated Care) meetings to provide Neonatal Parent perspective.
- Active member of the East Midlands Neonatal Operational Delivery Network (EMNODN) with regular attendance to meetings.
- NVP working group is set up with 15 service user members who have had experience of their baby staying on the Neonatal unit.
- The NVP also includes service user representation from local organisations like Healthwatch Leicester and Leicestershire, Healthwatch Rutland and Home Start Horizons.
- There is regular representation from Neonatal Staff at UHL, and staff from the EMNODN too.

NVP Committee Meetings

The NVP has regular committee meetings, separate to the main MNVP Member Committee Meetings. These meetings are open to all members, particularly those with an interest in or experience of Neonatal care.

These meetings have a separate Terms of Reference. These state that 3 members are required to be present in order to be quorate. This reflects the fact that attendance is usually lower at these meetings due to its specialised focus. All meetings have been quorate, and there has been good representation from Neonatal staff too.

Throughout the year, we have held four meetings. Each meeting includes an update from the NVP Lead on current areas of work, an update from UHL Neonatal Staff and a dedicated slot on an area of focus for the meeting, at the request of members.



5th June 2024
14 attendees



16th October 2024
17 attendees



12th December 2024
16 attendees



12th February 2025
22 attendees

NVP Working Group

The NVP has a service user working group made up of 15 members. They provide feedback on various topics raised by the UHL Neonatal team, as well as sharing their own experiences.

The NVP has contributed to numerous projects over the year. Neonatal parent perspective has been crucial to developing and co-producing solutions to

ensure a service appropriate for the needs of families. Some key areas of focus put forward by our Neonatal Parents have been looking at the current provision of Emotional and Mental Wellbeing support for Neonatal families, breastfeeding and expressing support on the unit and communication with Neonatal Parents when their baby/babies are on the unit.

Requests have been made by Neonatal Staff to hear feedback on projects they are working on too. Please see table below -

Table 1 - Actions taken throughout the year and the outcomes from service user feedback on Neonatal Services		
Action	Outcomes	Notes
UHL Neonatal Unit (NNU) requested feedback from Neonatal Parents on using an Amazon wishlist for the NNU.	Members provided feedback around this.	Amazon Wishlist now in use on NNU.
Following a suggestion from National Maternity Voices, the NVP Lead wrote a letter, supported by the EMNODN, in support of free car parking for NN parents as a follow up to feedback provided previously.	Letter shared with Tilly Pillay to be put forward in support of the business case.	Free parking and free meals for NN parents now in place following feedback provided by service users.
Attendance at Adapt Support Group meeting at Beaumont Leys Children's Centre	Feedback received from NN parents around Parent Competency booklets. Feedback shared at the FiCare Meeting.	Parent Competency booklets now renamed.
Invite to attend STORK Stakeholder event	MNVP Lead and 2 service users attended STORK event and provided service user feedback.	Service user voice contribution to discussions.

NN Working Group meeting	Feedback received around addition of language sticker to notes and inconsistent messaging on the NN units.	Sticker now in use on notes.
Parent Feedback on STORK Training	Feedback shared with staff to support improvements to STORK Training provided by staff to Neonatal Parents.	
UHL request for Neonatal Parents to attend focus group around parallel planning	1 service user recruited.	UHL have made changes to how they wish to conduct this work. Update to follow.
UHL request for Neonatal Parents input into the redecoration of NNU.	'Woodland' and 'Ocean' Theme suggested for Neonatal Unit redecoration. Suggestion provided to use artwork created by children who have previously stayed on the Neonatal unit as a baby.	'Woodland' theme selected in December 2024.
NVP Lead met Dr Joanne Preesley to discuss the Transitional Care Pathway. Request to members to provide input on Transitional Care	Discussion around Transitional Care at members meeting. Feedback shared to staff on what Neonatal Parents would like to see on Transitional Care.	
TV Screens information for screens on NNU	Members provided suggestions of what they would find helpful to see on the TV screens on the NNU.	Microsoft form created and shared to gather member insights.
UHL request for feedback on Parent Proforma, to be used on Parent Lead ward	Questions and feedback put forth to Neonatal staff on Parent Proforma. Parents reassured of its	Staff attendance at MNVP Meeting to explain expectation of

rounds. NVP Lead gathered member feedback to share with staff.	use to facilitate open dialogue between parent and staff.	Parents around the Parent Proforma.
UHL request for input into project on Improved Communication on the Neonatal unit.	Neonatal parent input provided on proposed ideas for the new information boards.	Originally proposed as a face-to-face focus group by staff, which was then cancelled. NVP Lead shared feedback via email instead.
Neonatal Psychology Survey shared to NVP by the Neonatal Psychology Team at UHL.	Responses provided by members.	Member are keen to see an increase in provision around emotional and mental wellbeing support on the Neonatal Unit. Concerns also raised around lack of support for Neonatal parents once baby is discharged.
EMNODN request to hear experiences of LLR families who have had a baby move between Neonatal units.	Shared details to local families to encourage parent participation.	
Parent Padlet for Neonatal Units shared to members to gather ideas of what parents would like to see on the Parent Padlet being created for LLR.	Parent feedback requested.	This is an ongoing piece of work which will take time to be launched. Parent feedback will be required as Parent Padlet develops.

8. Key achievements in 2023/24

We are extremely proud to share some of our key achievements over the past year –

Birth partners staying overnight –

Since October 2024, birth partners can stay overnight with women on the postnatal wards, offering many benefits for both mother and baby.

Free Meals & Free Parking for Neonatal Parents –

Last year our members spoke to us about the financial burden of having to pay for parking and meals when visiting their baby/babies on the Neonatal Unit. At the time, both units in LLR remained an outlier, within the East Midlands, in relation to car parking provision for Neonatal Parents. The feedback was shared with UHL and put forward by the NVP to support a business case for free car parking as well as free meals for Neonatal parents.

Free meals and free parking for parents with a baby in the neonatal unit reduce financial stress and logistical challenges. Meals ensure parents stay nourished and focused on their baby's care, while free parking makes frequent hospital visits more manageable.

The free meals and free parking are valid for as long as your baby/babies are on the unit. Staff will provide information on how to claim the free parking.

Reviewing the UHL Complaints Process –

The MNVP, alongside UHL reviewed the complaints process to ensure it is clearer and more accessible for patients and families. Previously, the process was difficult to understand and information was hard to find, leading to confusion and frustration. In response, the MNVP held a focus group to discuss the current resources available for sharing concerns or complaints. Based on feedback from the group, an action plan was created to simplify the process and

make it easier to navigate. This includes making the complaints procedure more visible on the website, providing clear instructions, and offering additional support resources. These actions aim to ensure the process is straightforward, allowing patients and families to easily voice concerns and receive the support they need.

UHL Lithotomy Challenge –

UHL took on the Lithotomy Challenge after a request from one of our amazing members to raise awareness about the lithotomy position, which is commonly used during certain medical procedures, such as childbirth. The lithotomy position involves the patient lying on their back with their legs raised and supported, which can sometimes be uncomfortable or challenging for patients. By taking on this challenge, UHL aimed to highlight the physical and emotional impact this position can have on patients, particularly those undergoing surgeries or examinations. This led to UHL also taking part in another initiative called the “Journey to Theatre” challenge, which focuses on improving the patient experience by exploring and addressing the concerns and discomforts patients as well as birth partners may face when moving from their ward to the operating theatre. The purpose of these challenges is to raise awareness, spark meaningful conversations, and implement changes that make procedures more comfortable and patient-centric.

Birth Statistics now shared online –

After receiving numerous requests from service users to make UHL maternity birth statistics more accessible, the hospital has started sharing these figures on public platforms, including the MNVP social media pages on Instagram and Facebook and the TV screens which have been placed in different antenatal and postnatal areas of the hospitals. Because of the time required for processing, the statistics are provided with a delay instead of being shared on a real-time monthly basis.

Multiple Pregnancy Pathway –

Our members have played a crucial role in shaping the multiple pregnancy pathway by providing valuable feedback on patient information. Their input highlighted the need for more personalized care and clearer communication for women expecting multiples. As a result of this feedback, all women with a multiple pregnancy will have an appointment with the Midwife Lead within a couple of weeks of their booking scan to discuss their specific type of multiple pregnancy and the planned pathway of care for their pregnancy and birth. UHL made changes to the process, ensuring that women pregnant with multiples now have a dedicated one-to-one appointment with their midwife.

Maternity Website –

Leicester's maternity website is now part of the "Health for Under 5s" webpage, making it easier for families to find everything they need in one place—from maternity information to early childhood care. The MNVP has played a significant role in reviewing the patient information, as well as providing feedback on the website's navigation, content, and layout.

Engagement with UHL

Co-production with UHL has been a significant part of our work, allowing us to build strong relationships and collaborate closely. We have held regular monthly meetings with the Quality Improvement team, which has served as our link to other areas of maternity services, ensuring we stay connected with the relevant staff working on various projects. A key part of this collaboration has been working with Lara Harrison, the Quality Improvement Lead Midwife, who has been instrumental in supporting our efforts.

Table 2 - Actions taken throughout the year and the outcomes from service user feedback requested by UHL		
Action	Outcome	Notes
UHL request for MNVP input into the 'Ask Me' campaign poster	Over 20 members shared feedback on the poster, which was collated and passed on to UHL. Poster was amended based on the feedback.	UHL shared the updated poster in the next MNVP Committee meeting
UHL requested MNVP presence at DadPad Launch meetings	MNVP Co-Lead attended these and the launch event providing service user perspective.	DadPad launch delayed. Update to follow.
UHL and University of Leicester request for MNVP Leads and service users to attend Empathic Healthcare training to provide service user perspective	4 service users recruited. 2 service users attended the training and had productive conversations with staff around the impact empathy made on their care. MNVP Co-Leads also attended.	Request from researchers changed so 2 service users were unable to attend.
UHL request for service user input on what they would like to see displayed on the new TV screens in the different clinical areas of maternity.	MNVP conducted a feedback activity at the in-person members meeting to gather feedback from members. Microsoft Forms survey created by Lead and circulated to members following this to allow other members to feedback too.	TV Screens are now in use and feedback was used to display suitable information.
DMU Midwifery Programme session	MNVP Lead attended a lecture to present about the MNVP and the importance of service user voice to first cohort of student midwives.	2 cohorts presented to – September & February.
Service user feedback requested by UHL on the Birth Reflections Poster. 17 members shared their thoughts on the poster.	Poster amended to incorporate service user feedback.	

UHL Maternity Friends and Family Test questions review by service user members. UHL staff shared Microsoft forms survey to collect feedback.	Feedback provided on questions to be used in the Maternity Friends and Family Test.	
Complaints Process Focus group held by MNVP Leads to listen to feedback from members. Request by UHL to hear service user perspective.	Feedback collated and shared with UHL. Actions taken to improve ease and accessibility of complaints processes.	
Service user feedback request by UHL on the Health for Under 5s maternity website. Feedback provided on content, layout and usability.	Member input considered in content of maternity website.	
MNVP Lead attended meeting at University of Leicester to discuss Empathy Training.	Service User perspective provided on the impact of empathy in maternity care.	

9. Working Groups

Working groups play a crucial role in the MNVP, offering a dedicated space for members with shared interests to come together and share their experiences. This collaborative environment allows valuable feedback to be gathered and used to shape UHL Maternity Services, ensuring they meet the diverse needs of all service users. Members of the working groups are encouraged to discuss both positive and negative aspects of their experiences, offering insights and suggestions on specific areas of focus. This could include providing feedback to UHL on certain areas or on patient information leaflets/posters. The MNVP Leads work closely with key staff at UHL to ensure the feedback from these discussions is communicated and considered. This year, we launched five new working groups—covering antenatal care, bereavement, breastfeeding, perinatal mental health, and perinatal pelvic health, allowing us to focus on critical areas of maternal care.

Induction of Labour

Lead: Fatimah Rashid

The Induction of Labour working group has reviewed all the patient information available around Inductions to ensure that service users are fully prepared with all necessary details before going in for an induction of labour. A key achievement has been the co-production of an informative script for an induction of labour video, which is now available on the maternity website. Additionally, two of our group members developed a leaflet specifically addressing post-dates inductions, outlining the associated benefits and risks to support informed decision-making by service users. All of these resources are accessible via the Health for Under 5s website. We have also given our input into the IOL pathway which has led to the implementation of meaningful changes aimed at improving the overall journey for women and birthing people. To better understand the impact of these improvements, we recently conducted a survey capturing the experiences of those who have undergone an induction of

labour since January 2024. The insights gathered will help to shape future developments.

At the end of March 2025, there were 15 members in the IOL working group.

Table 3 - Actions taken throughout the year and the outcomes from service user feedback around Induction of Labour		
Action	Outcome	Notes
MNVP Lead and service user member attend the UHL IOL Working Group meetings fortnightly	Service user feedback relayed to UHL in meeting. Input into the IOL pathway.	
Service user feedback requested by UHL on the IOL patient information leaflet.	5 members provided feedback on the leaflet. Patient information was amended based on feedback and has now been published on the Health for Under 5s maternity website.	
Service user feedback requested by UHL on the video script for IOL video for service users.	Members provided feedback and the video script was co-produced.	
MNVP IOL Working group meeting organised for IOL midwives to give us an update on the progress of outcomes based on service user feedback.	1 member attended. Notes from meeting shared to update other members.	Meeting arranged at short notice due to IOL midwives working clinically.
UHL requested for a service user to take part in IOL patient information video.	1 service user recruited to be in video. Video has been published on the Health for Under 5s website.	
UHL requested for feedback on post-dates IOL patient information leaflet.	5 members shared feedback on leaflet	Service users felt this was not fit for purpose

UHL suggested the MNVP IOL Working Group members produce the IOL Post-Dates patient information leaflet	2 members created the patient information on postdates IOLs. Information was reviewed in UHL meeting and has now been published online.	
IOL survey created by Lead and shared with service users to hear their experience of having an Induction of Labour.	63 responses received. A survey report was created.	UHL to create an action plan based on the results of the survey.

Breastfeeding

Lead: Fatimah Rashid

In honour of World Breastfeeding Week, the MNVP, in partnership with Leicester Mammias, organized a series of workshops aimed at listening to the experiences of women on their breastfeeding journeys. These workshops provided a platform for participants to share both the challenges and successes they encountered, as well as the support they received throughout their breastfeeding experience. This initiative was part of a broader effort to better understand the needs and expectations of breastfeeding mothers and to improve services in the future.

Additionally, we held our first working group meeting where we discussed and identified key points regarding breastfeeding support—highlighting what is working well and what is not. These insights will be taken forward to UHL to drive improvements. We are currently in the process of organising a meeting with key senior staff to ensure our feedback is fully considered and that the right changes are made to improve breastfeeding support for women. The collaboration between MNVP, Leicester Mammias, and service users is instrumental in shaping a more supportive and effective system for breastfeeding mothers.

A total of 25 members joined the breastfeeding working group.

Table 4 - Actions taken throughout the year and the outcomes from service user feedback around Breastfeeding		
Action	Outcome	Notes
3 Breastfeeding focus groups held during World Breastfeeding Week. (1 st – 7 th August) 2 online sessions, including one evening group, 1 in person at Thurnby Lodge CYPFC	In total, 19 service users attended and provided feedback. The focus groups were open to all, not just MNVP members. Poster shared on MNVP social media, the MNVP Members WhatsApp group, and Mammias WhatsApp group & social media.	All invited to become members after participating. 2 new members recruited. Report of the outcomes can be viewed here .
Working group meeting held on 11 th February 2025. 7 members joined the meeting.	Feedback from the meeting has been recorded and will be shared with key stakeholders in our meeting with UHL.	Once the meeting has been organised, members will be informed.

Perinatal Mental Health

Lead: Fatimah Rashid

Our Perinatal Mental Health (PMH) working group was established to gather and listen to feedback from service users regarding access to perinatal mental health support. From the feedback, it became evident that support was not always accessible to all women, primarily due to various barriers, including cultural factors and unclear professional pathways. Many healthcare professionals lacked a clear criteria for determining who to refer for support and when, making it harder for women to receive timely care. This feedback was relayed to UHL, which led to a number of initiatives aimed at improving access to PMH services for all women.

Additionally, significant efforts have been made by UHL to understand different communities' views on PMH, raise awareness, and ensure that women from all backgrounds feel comfortable and confident seeking support when needed. Through these initiatives, we aim to break down barriers and ensure that every woman has the opportunity to access the mental health care she deserves during the perinatal period.

A total of 26 members joined the PMH working group.

Table 5 - Actions taken throughout the year and the outcomes from service user feedback around Perinatal Mental Health

Action	Outcome	Notes
UHL requested for MNVP attendance at Maternal Mental Health and PNMH Working Group meeting.	Lead attends each month and provides service user perspective. Feedback provided around: -access to PNMH services -reaching communities they wish to hear from	
First PNMH Working Group meeting	6 members attended and provided feedback on their experience of accessing PNMH support. Feedback shared with UHL	
Second PNMH Working Group meeting	3 members attended. Joanne Herdman (Clinical Psychologist and MMH/PMH Lead LPT) also attended to listen to service user feedback. Feedback shared around barriers to accessing support	Lower numbers due to school holidays.
UHL Race and Health Observatory Learning and Action Network (RHO LAN)	Lead attended UHL's RHO LAN away day at the LRI. The focus of the meeting was to review the MINT referral pathway and discuss how this can be communicated to primary care. MNVP provided service user feedback and perspective around accessibility of the services.	

MNVP feedback requested for survey on PNMH to be circulated to service users	Feedback provided by MNVP leads on the wording of the questions.	Survey was circulated by UHL.
Maternal Mental Health Service request on renaming the clinic. Member input provided.	PMH working group sent in new name suggestions. A poll was conducted to choose the name. UHL finalised new name for MINT clinic.	

Perinatal Pelvic Health

Lead: Nafeesah Tutla

The MNVP Perinatal Pelvic Health working group was created as an avenue to ensure service user voice is taken on board in the UHL Perinatal Pelvic Health pathway, which is under review. UHL had requested service user input into their PPH NHS Working Group led by Tom Baker. The Lead has liaised with the PPH team to facilitate this. Initially, 17 members were recruited to the MNVP Perinatal Pelvic Health Working Group and a meeting was set up to hear their experiences.

Service user contribution has been essential to ensure the PPH pathway meets the needs of the local community.

By the end of March 2025, 24 Members were recruited to the Perinatal Pelvic Health working group.

Table 6 - Actions taken throughout the year and the outcomes from service user feedback around Perinatal Pelvic Health

Action	Outcome	Notes
UHL request for Working Group meeting to hear service user feedback around the PPH service.	5 members attended and provided feedback. 4 further members provided feedback via WhatsApp message. All feedback was shared with PPH team.	Timing of meeting made it difficult for members to attend.
UHL request for members to review online resources to assess if suitable for our local communities. Resources included videos and posters/leaflets on 'Reducing risk of perineal tears' , 'Antenatal information on perineal tears' and 'Information on perineal tears during childbirth' .	4 members provided feedback. All feedback shared with PPH team.	Awaiting update on how this will be used.
UHL request for meeting to update on progress with developing PPH pathway following feedback.	1 member attended and shared feedback, alongside the Lead.	
Perinatal Pelvic Health (PPH) resources sent by UHL PPH Team to be reviewed by working group members. Resources included leaflets and posters to be shared around pelvic floor exercises, pelvic girdle pain, pelvic health assessment, top tips, perineal massage and myth busters on perinatal pelvic health.	Feedback shared via WhatsApp and in focus group held by Lead with UHL PPH Staff presence.	Resources amended based on suggestions made by members.

Bereavement

Lead: Nafeesah Tutla

This is a key area of focus for the MNVP, but has required careful thought. The MNVP recognises the need for service users to be consulted on how they feel this working group will gain meaningful insights without causing further distress. With this in mind, appropriate consideration and planning was carried out. We also acknowledge the need to ensure service users are kept informed of the actions being taken from sharing their experiences and of their continued contributions to any potential changes to the service. The bereavement working group has provided feedback on their experiences and by doing so, actions have been put in place. The Lead has linked with Babyloss Support to ensure appropriate support is available for members should they need it.

By the end of March 2025, there were a total of 12 members in the MNVP Bereavement working group.

Table 7 - Actions taken throughout the year and the outcomes from service user feedback around Bereavement

Action	Outcome	Notes
Lead requested member input into how work around bereavement should progress	Feedback from members received in the meeting, suggesting that miscarriage should be part of this work.	
Bereavement Working Group set up	10 members recruited	
Meeting set up by Lead with key local Bereavement support organisations to discuss best way forward.	Bodie Hodges Foundation, Babyloss Support, Jakin Counselling and Shama Women' s Centre attended an in person meeting at the Bodie Hodges Foundation with Lead.	The Laura Centre unable to attend.

	Assisted organisations with mapping support and identifying gaps.	
EPAU (Early Pregnancy Assessment Unit) & GAU (Gynaecology Assessment Unit) member experiences & feedback shared with Leads. Informed by members partners are not being allowed to wait with service users at EPAU or GAU. Concerns raised with UHL.	Assured this policy has changed recently and partners can wait with service users. Other feedback also shared by MNVP Lead. Informed this will be shared with appropriate staff.	
Bereavement working group meeting held by Lead to hear member experiences of babyloss with support by Roopal Shah, from BabyLoss Support.	Feedback gathered and shared with staff at UHL.	
Meeting arranged by Lead with Maternity, Gynaecology and Bereavement Services to discuss actions needed to improve care of families experiencing baby loss. Actions discussed.	Ongoing work in progress. Actions put in place to support families.	Another meeting to be held separately with UHL Bereavement Services to discuss the communal cremation service available to parents.
UHL Maternity and Neonatal Services Banner feedback request - Feedback on sentence relating to bereavement care at UHL.	Feedback shared to UHL on the banner wording.	UHL to look at the difference in provision of care of those going through loss at different stages of pregnancy following

Service user members shared their thoughts.		feedback heard by service users.
Update provided to members on ongoing work being undertaken by UHL following receipt of feedback.	Members provided further thoughts. Concern around lack of update on communal cremation feedback.	Lead emailed Bereavement services requesting update. Update to follow once response received.

Maternity Guidelines

Lead: Nafeesah Tutla

UHL requested service user input in their monthly Maternity Guidelines meetings. Service user members were recruited by the Lead to receive the guidelines to review each month directly from UHL. One spokesperson for the group attends the meeting to share feedback on behalf of the MNVP working group. Other feedback that is not discussed in the meeting is shared via email. The Lead coordinates the working group to ensure service user representation each month at the UHL Maternity Guidelines meetings. There have been some delays around when members receive the guidelines each month. Members have expressed that this has meant they have struggled to provide as much input as they would like to. This has been escalated by the Lead.

By the end of March 2025, there were a total of 17 members in the MNVP Maternity Guidelines Working Group.

Antenatal Care & Education

Lead: Nafeesah Tutla

Antenatal Education is an area of focus that emerged from the results of the survey we held in 2023. Throughout the year, the MNVP have supported numerous projects that have looked at improving the antenatal education

families receive locally. Alongside this, we were able to do some targeted work to capture the views of families on the antenatal education they had received.

A survey was created and shared in February 2025. A report was produced with the results of this survey. The survey can be viewed [here](#).

Table 8 - Actions taken throughout the year and the outcomes from service user feedback around Antenatal Care and Education		
Action	Outcome	Notes
UHL request for MNVP input into patient information leaflet on Multiple Pregnancy leaflet	2 members provided feedback which was shared with UHL. New leaflet produced and now in use as well as all women with Multiple pregnancy will now have a long appointment with the Midwife Lead within a couple of weeks of their booking scan to discuss their specific type of multiple pregnancy and the planned pathway of care for their pregnancy and birth.	
UHL request for one service user to input into Vitamin D project Working Group	One service user recruited to attend meetings and co-design poster. This Working Group has now ended and the project has been rolled out.	

UHL request for service user input into video on birth choices being produced	8 service users shared feedback on what should be included.	Awaiting update on the progress of the video.
UHL request for MNVP input into how well the Telephone Triage/Single Point of Contact service is working.	14 members provided feedback which was shared with UHL. The Telephone Triage and Single Point of Contact service has been reviewed to ensure service user feedback has been considered.	
Antenatal Education Survey created and shared to hear service users experience of Antenatal education.	92 responses received. Report created by MNVP Lead with findings and recommendations was shared with UHL. UHL have updated their maternity website to include maternity rights and are planning to share information via social media on Antenatal Education/Classes	The Antenatal Education survey report can be viewed here .

“It has been rewarding to know a difference is being made.

I'd like to thank everyone for this opportunity.”

~ MNVP Member



FIFTEEN STEPS FOR MATERNITY

Quality from the perspective of people
who use maternity services

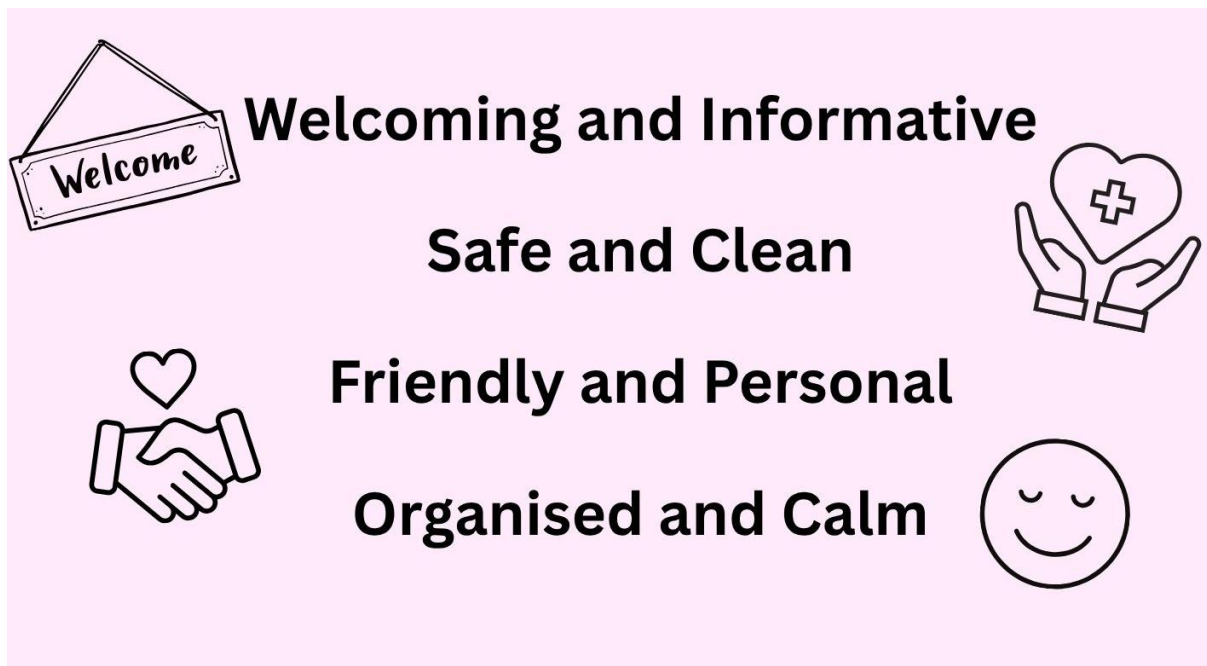


#15StepsforMaternity

10. 15 Steps for Maternity

Following on from the success of the 15 steps visits to all 3 sites in 2023, the MNVP liaised with UHL to arrange 15 steps visit to the Leicester Royal Infirmary and Leicester General Hospital Antenatal wards, Postnatal wards and Neonatal units in 2024.

The 15 steps toolkit uses an observational approach. 15 Steps visitors observe and reflect on their surroundings, looking at whether the setting and the care provided feels:



LRI Antenatal & Postnatal Wards 15 Steps visit

The aim was to recruit at least 4 members to visit the wards at the LRI on 12th September 2024. A meeting was held with service users to discuss what to expect on the day.

Outcome

Six service users were recruited. On the day only 2 were able to attend alongside the MNVP lead, but a representative from Trade Sexual Health joined them to share the perspective of the LGBTQ+ community.

LGH Antenatal & Postnatal Wards 15 Steps visit

The aim was to recruit at least 4 members to visit the wards at the LGH on 19th September 2024.

Outcome

Six service users were recruited and joined on the day. They were joined by a representative from Trade Sexual Health to share the perspective of the LGBTQ+ community.

The report for the Antenatal & Postnatal Wards 15 Steps visits can be viewed [here](#).

Neonatal 15 Steps Visits

NNU 15 Steps at LGH and LRI were planned for October 2024. Weekend dates had been arranged to allow parents to join easily. A meeting was held with service users to discuss what to expect on the day.

LRI Neonatal Unit 15 Steps Visit

The aim was to recruit at least 3 members to visit the Neonatal unit at LRI on 13th October 2024.

Outcome

Six service users were recruited but unfortunately, due to unforeseen circumstances, several dropped out in the morning of the visit. 2 service users joined on the day (one Neonatal Parent and one service user representative as well as the NVP Lead).

LGH Neonatal Unit 15 Steps Visit

The aim was to recruit at least 3 members to visit the Neonatal Unit on 17th November 2024.

Outcome

Six service users were recruited but unfortunately, due to the change of date, some service users were unable to attend. Four service users joined on the day (two Neonatal Parents, two service user representatives and the NVP Lead).

Following the 15 steps visits, all feedback has been collated into a report which has been shared with UHL. The report includes findings and recommendations which can be viewed [here](#).

The MNVP aims to conduct 15 Steps visits annually to review progress and identify further areas of improvement.



11. Walk the Patch

Co- Lead Nafeesah conducted the 'Walk the Patch' at the Antenatal and Postnatal Wards at Leicester Royal Infirmary. This is where direct feedback is collected from current service users on the Antenatal and Postnatal Wards. It is intended as a snapshot of women's experiences of care on a specific day.

Feedback heard from the 'Walk the Patch' visit was shared to the UHL Quality Improvement Team. It was extremely positive to hear of the good care received by service users on the wards.

On the visit, it was explained what the MNVP is, and where feedback shared would go. MNVP postcards were also given out.



12. Social Media

Our social media channels play a key role in interacting with service users and raising awareness about the MNVP. Through platforms like Instagram and Facebook, we share information about what we do, the services we provide, and the various opportunities for service users to get involved. These platforms allow us to connect with a wide audience, particularly in Leicester (27.7%), Loughborough (10.5%), Melton Mowbray (8.6%), and Market Harborough (5.5%). With over 20,000 people reached across both accounts, we've been able to inform and engage a growing community. Our Instagram has 650 followers, and our Facebook page has 171 followers, providing us with a strong base to foster conversations, share updates, and invite people to actively participate in shaping maternity and neonatal services in the region.

Through our social media presence, we aim to make sure service users know they have a voice and the opportunity to influence positive change.



"Behind the scenes there is a lot that goes on which I never knew before. Being a part of it now and getting involved in activities and meetings has opened my eyes of the amount of work that goes in. I would like to continue being a member of this community because if I can even make a small difference in someone's life that will actually make a huge difference in my life."

~ MNVP Member

13. Committee Meetings

Throughout the year, we held six MNVP member committee meetings, where we provided updates on current projects and shared outcomes from previous feedback. The agenda also included a NVP update and a UHL update, with a representative from UHL attending to discuss ongoing work. We highlighted opportunities for members to get involved, featured guest speakers who presented on various research projects, and discussed different topics of interest such as c-sections and antenatal scans. These meetings offered valuable information and engagement for our members.



23th May 2024
23 attendees



11th July 2024
23 attendees



26th September 2024
24 attendees



13th November 2024
26 attendees



30th January 2025
22 attendees



19th March 2025
18 attendees

It was a real highlight this year, to be able to organise our first in-person meeting on 26th September 2024. We had a number of positive comments from members, including how the refreshments on offer took into account the children too, and how calm the meeting had been, despite the presence of a number of children. We were really pleased that we were able to facilitate a meeting that worked well for members both with and without children in attendance.

A special thank you to the team at UHL for consistently ensuring that a representative joins our committee meetings throughout the year to provide us with valuable updates. Their ongoing support and involvement have been greatly appreciated. Some of the UHL representatives have included Danni Burnett (Director of Midwifery), Flo Cox (Consultant Midwife), Dalvir Kandola (Consultant Midwife), Lara Harrison (Quality Improvement Lead Midwife), Rebecca Wardle (Deputy Head of Midwifery) and Karradene Aird (Interim Head of Midwifery).

Guest speakers have included Penny McParland (Consultant Obstetrician), Nichola Cammiss (Midwifery Quality & Safety Manager), Marit Bodley (East Midlands Maternal Medicine Network) and Hilary Brooke-Clarke (Lead Sonographer).

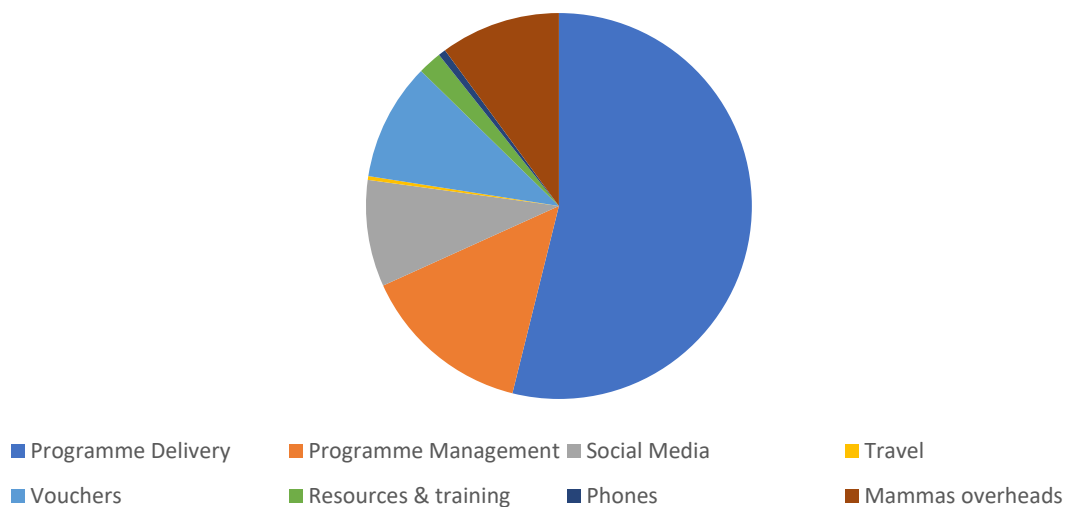


In person MNVP Members Committee meeting – 26th September 2024

Thank you to all attendees!

14. Accounts

LLR MNVP Spending 2024-25



Income - £34,000 – ICB

Underspend from 2023 – 24 - £3185

Total income - £37,185

Expenditure - £37,067

Item	2024 - 25
Programme Delivery MNVP Leads	£20095
Programme Management Staff	£5357
Social Media	£3330
Travel	£118
Resources and Training	£742
Vouchers for members	£3675
Leicester Mammas Overheads @ 12%	£3750

15. Note from Leicester Mammias

Leicester Mammias is proud to have held the contract to deliver the LLR MNVP since April 2023. Mammias has played an integral part in the Maternity Voices Partnership since its launch in 2018. Previous to the MNVP, Mammias had involvement in the Maternity Services Liaison Committee and specifically the Infant Feeding Subgroup/Infant Feeding Strategy Group of the MSLC for many years, and has helped shape services and bring the voices of service users on board.

In December 2024, Leicester Mammias made the difficult decision to inform the Integrated Care Board (ICB) that they will not be continuing with the contract to deliver the MNVP at the end of the current term, i.e. the end of March 2025. However, at the ICB's request, Mammias agreed to continue with the contract for a further quarter, until the end of June 2025, in order to allow for a smooth transition, and for stakeholders to work together to co-produce an MNVP model that works well for Leicester, Leicestershire and Rutland.

Leicester Mammias believe strongly in the value of MNVP's, and the need for service user voices to be central to shaping local maternity services. Mammias look forward to remaining members of the LLR MNVP going forward, and continuing to be part of this important work.

16. Moving forward - Aims for future

Build on Community Engagement and raising awareness of the MNVP:

With a focus on county and Rutland, alongside continuing to strengthen our links with priority and underserved groups across the area we aim to –

- Attend parents' groups including Breastfeeding Peer Support groups, Baby Sensory sessions, young parents' groups, Stay & Play
- Hold drop-ins and coffee mornings at libraries, community venues, Family Hubs, Children and Family Wellbeing Centres, and Children, Young People and Family Centres

Key Priorities for our MNVP Members:

- Communication between healthcare professionals and service users
- Breastfeeding support
- All current working groups will continue as usual as key areas of focus

Maintaining an Independent MNVP:

With Leicester Mammias no longer holding the contract for the MNVP, opportunities may arise for new service user Leads in order to maintain the independence of the MNVP and ensure the service user voice is at the forefront of all Quality Improvement work carried out in UHL Maternity Services.

17. Letter to Members

Dear members,

We would like express our sincere appreciation for your time, effort, and honesty in sharing your experiences of maternity and neonatal care with us. Your participation in surveys, meetings, and focus groups has been incredibly valuable, and we cannot thank you enough for your willingness to speak up and share your story.

By engaging in these discussions, you have played an important role in helping us understand the needs and challenges faced by mothers during their maternity journeys.

We understand that your time is precious, and we truly appreciate the dedication you have shown in supporting our efforts to improve care for everyone. Your voice matters, and we are committed to making sure it continues to be heard as we work towards better outcomes for mothers, babies and families.

LLR MNVP Team

We encourage all those interested in supporting our work, or becoming part of the Subcommittee to contact us.

Email – llr.mnvp@gmail.com



[@llr_mnvp](https://www.instagram.com/llr_mnvp)



[Leicester, Leicestershire & Rutland MNVP](https://www.facebook.com/llr_mnvp)



[LinkTree](https://linktr.ee/llr_mnvp)