Healthcare Improvement Scotland

Rapid engagement with recent users of maternity services to inform the Maternity Services Independent Review

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Contents

Executive Summary

This document presents the findings from a rapid engagement exercise conducted by Healthcare Improvement Scotland in July 2026, aimed at gathering views from individuals with recent experience of NHS maternity services in Scotland. The engagement was designed to inform the Scottish Government's Independent Review of Maternity Services by exploring priorities for improvement, expectations for change and how women, parents, and families should be involved in shaping future maternity care services.

Introduction and engagement approach

Healthcare Improvement Scotland used two engagement methods: in-person pop-up sessions and online conversation cafés, both utilising structured questions to explore experiences and suggestions related to maternity care. Recruitment targeted community groups supporting parents and families, resulting in 27 participants from seven NHS board areas, including diverse perspectives from ethnically diverse communities and one care partner participated as a father. The engagement aimed to capture timely, qualitative insights rather than statistically representative data.

Key Findings

1 What matters most in maternity care

Participants emphasised that the quality of maternity care is defined not only by clinical safety but also by the quality of relationships.

- Feeling listened to, respected, informed, and supported were central to positive experiences.
- Compassionate, trauma-informed, and psychologically safe care was highlighted as essential.
- Clear communication and the ability to make informed choices fostered trust and control.
- Continuity of care and person-led approaches that involve families and provide coordinated support throughout pregnancy, birth, and postnatal periods were valued.
- Safety concerns extended beyond clinical measures to include reassurance and support.

2 What works well and areas for improvement in maternity care

- Positive experiences were linked to compassionate relationships, consistent midwifery support, clear communication and involvement in decision making.
- Participants appreciated being listened to and taken seriously.
- However, challenges included staffing pressures, long waiting times (including triage waits of up to 8–9 hours), inconsistent follow-up, and gaps in communication and coordination.

- Aftercare was frequently cited as an area needing improvement, with calls for more time and support post-birth.
- Equity and consistent service provision across locations were also concerns.

3 Priorities for the national review of maternity services

Participants wanted the review to focus on foundational elements: adequate staffing, high-quality clinical care, continuity of support, and clear communication. Staffing shortages were seen as a root cause affecting safety and quality. The review should consider the entire maternity journey, from prenatal care through birth to antenatal care, in both community and hospital settings. Human connection, empathy, respect, and trauma-informed care were seen as a priority. Enabling informed choice through clear, consistent communication was also prioritised.

4 Desired changes and improvements

Participants sought practical improvements in everyday maternity care, including better staffing and resource allocation to reduce stress and improve outcomes. Enhanced communication with both women, parents and families was desired, alongside care that feels compassionate rather than rushed. Improved postnatal support, including opportunities for birth debriefs, physiotherapy, and specialist services, was a key concern. Participants also wanted services to be more responsive to feedback, emphasising listening, respect, and person-led care. Reducing variation and improving equity in service quality were also highlighted.

5 Involvement of women, parents, and families in shaping services

Participants expressed a desire for ongoing partnership in shaping maternity services rather than one-off consultations. They recommended continuous feedback mechanisms, co-design approaches, and shared decision making. Practical suggestions included a dedicated contact point for feedback, education sessions from staff to patients to empower self-advocacy, and regular opportunities for input throughout the maternity journey. Trusted professionals like midwives and health visitors were seen as key facilitators for engagement. Inclusive involvement of partners, families and diverse communities was stressed, along with transparent demonstration of how feedback influences change.

6 Responses when care does not go as expected

When care falls short, participants advocated for compassionate, transparent responses that provide emotional support and honest explanations. Standard debrief sessions, clear communication about what happened, and outcomes of complaints were considered essential. Services should demonstrate accountability by investigating incidents, acknowledging errors, and communicating lessons learned. Participants emphasised the importance of using adverse experiences as opportunities for learning and for making visible improvements in practice, staff development and service delivery to enhance future safety and quality.

Chapter 1: Introduction

Background

Purpose of the engagement

Healthcare Improvement Scotland undertook a rapid engagement exercise to support the Scottish Government's Independent Review of Maternity Services[1]. The work aimed to gather views from people with recent experience of NHS maternity services in Scotland on what the review should prioritise, what improvements it should consider, and how women, parents and families should be involved in shaping future services. Given the timescales for the Independent Review, rapid engagement methods were used to gather timely insight from people with recent experience of maternity services across Scotland.

Method and Approach

Engagement approach

Two complementary engagement methods were used: in-person pop-up engagement sessions held in community settings and online conversation cafés. Both methods used the same structured question set to explore experiences of maternity care, areas for improvement, priorities for the national review, expectations for change, involvement in decision making, and accountability when care falls short. Engagement activities were designed to provide a supportive environment where participants could share both positive and negative experiences of maternity care and contribute voluntarily to discussions.

Recruitment and participation

Participants were recruited through existing community groups and networks that support parents, babies and families. Healthcare Improvement Scotland contacted local community groups, including Bookbug and other parent-and-child groups, to arrange in-person pop-up engagement sessions. Groups were also asked to share information about the online conversation cafés through their communication channels, such as WhatsApp and Facebook groups. Individuals who had used NHS maternity services in Scotland within the previous three years could then choose to take part in either a pop-up session or register for an online conversation café. Recruitment was therefore based on community outreach and voluntary participation rather than formal sampling methods.

Analysis and quality assurance

Participants were asked to have used NHS maternity services in Scotland within the previous three years. Views were recorded by facilitators using structured note-taking templates and analysed using rapid framework analysis. Feedback was coded and organised into themes to identify key patterns across the data. Microsoft Copilot was used to assist with the initial

[1] Maternity services independent review: principles - gov.scot

organisation, summarisation and thematic grouping of qualitative data. All coding, theme development and report findings were reviewed and quality assured by a Social Researcher and/or Social Research Analyst before inclusion in the analysis and reporting process.

Participant profile

A total of 27 participants took part, including 13 participants through pop-up engagement and 14 participants through online conversation cafés. These were conducted between 11-20 July 2026. While participants were asked to have experience of NHS maternity services in Scotland within the previous three years, one participant reported experiences from six years earlier and these were included in the feedback. Participants received maternity services across seven NHS board areas in Scotland[2]. Four participants were recruited through the Narjis Foundation, a community-led organisation working with ethnically diverse communities in the south side of Glasgow, helping to ensure that a broader range of perspectives and experiences were included. One further participant was a care partner and participated as a father.

Strengths and limitations

The engagement provided a timely and practical way of gathering qualitative insight from people with recent maternity care experience. However, the findings are based on a relatively small, self-selecting sample and should not be considered representative of all maternity service users in Scotland. Participants may have been more motivated to take part because of particular experiences or views, and the findings cannot be used to estimate the prevalence of views across the wider maternity population. While the engagement included participants from ethnically diverse communities, it may not have fully captured the experiences of all groups who experience poorer maternity outcomes or face barriers to participation. Further targeted engagement would be needed to hear from people experiencing poverty and multiple disadvantage, Gypsy/Traveller communities, those with complex health or social needs, and people living in remote and rural areas.

Instead, the findings provide an indication of participants' experiences, priorities and expectations to help inform the Independent Review of Maternity Services. Despite these limitations, the engagement captured experiences from participants across seven NHS board areas and provides valuable insight into the priorities, concerns and expectations of people with recent experience of maternity services in Scotland.

[2] Borders, Forth Valley, Grampian, Greater Glasgow & Clyde, Lanarkshire, Lothian and Tayside.

Chapter 2: Summary of Key Findings

This section of the report highlights a summary of the key findings for each of the six questions participants were asked during the engagement.

1 What matters most in maternity care

The first question asked participants, *'Thinking about your own experience of maternity care in Scotland, what matters most to you or your family when receiving care?'*

Key points from feedback

Importance of respectful relationships: Participants emphasised that positive maternity experiences are shaped by feeling listened to, respected, informed and supported, alongside clinical safety and quality. Compassionate, trauma-informed care that ensures emotional and psychological safety is central to these experiences.

Clear communication and informed choice: Consistent, timely communication and access to clear information were highlighted as essential for trust and a sense of empowerment during maternity care. Opportunities to ask questions and make informed decisions were highly valued.

Safety, staffing, and clinical quality: Physical and psychological safety, confidence in staff expertise, and adequate staffing levels were important priorities. Safety extended beyond clinical measures to include feeling reassured and supported.

Person-led and continuous care: Participants valued care tailored to individual needs that involved families appropriately and ensured coordinated support throughout pregnancy, birth, and postnatal periods. Continuity of care fostered trust, better communication, and holistic support.

Equity and consistent access to services were also noted as significant, though less frequently mentioned.

"When you are giving birth, you are in a vulnerable state (probably the most vulnerable you will ever be) and so it is important you feel listened to and are treated with dignity, respect and kindness. While care is important, these things are equally important." **Participant from pop-up engagement**

"The colour of skin, whether you wear a head scarf or not shouldn't dictate the level of care you receive but sadly in my experience it does." **Participant from Conversation Café**

2 Strengths and areas for improvement in maternity care

Question two asked, *'From your own personal experiences, what works well in maternity care and again from your experience, what could be improved?'*

What works well - Key points from feedback

Compassionate relationships enhance experiences: Positive maternity experiences are strongly linked to feeling listened to, treated with dignity, and receiving compassionate, personalised care from staff who understand individual concerns. Continuity of care with consistent midwives fosters trust and confidence throughout the maternity journey.

Communication and involvement matter: Clear communication, accessible information and involvement in decision making are highly valued by participants, contributing to confidence in care quality. Positive experiences also include person-led support that involves partners and family appropriately.

Digital Platform: The Badger notes app was mentioned a few times by participants for supporting the maternity journey, having information in one place and easy access to appointments.

Safety, staffing and clinical quality: Participants described positive experiences where concerns were responded to promptly and care was delivered in a safe and clinically effective manner. Timely assessments, appropriate monitoring and swift access to support contributed to feelings of safety and reassurance for both parent and baby. Participants also valued staff expertise and confidence in clinical care during pregnancy and birth.

"Feeling safe and having the tools and education behind your different options. I felt informed the whole time and I was communicated with well." **Participant in conversation café**

What could be improved - Key Points from feedback

Concerns relating to safety, staffing and clinical quality: This included delays in accessing care, long waiting times, staffing pressures and concerns about the consistency and responsiveness of services. Many participants felt these issues affected both their experiences of care and their confidence in maternity services.

Continuity and coordination of care: Participants described wanting better follow-up, smoother transitions between services and more consistent support throughout pregnancy, birth and the postnatal period.

Communication was also frequently highlighted, with participants seeking clearer explanations, more timely information and greater involvement in decisions affecting their care. Communication was cited as both a strength and area for improvement in relatively equal measure.

Digital Platform: Improvements suggested to the Badger notes app included enhanced communication features, improved usability, better appointment notifications, and more comprehensive information and explanations.

The importance of feeling listened to and respected: some participants described experiences where concerns were dismissed or not fully acknowledged. There were calls for more person-led approaches that better reflected individual circumstances, preferences and choices. A smaller number of participants raised concerns about equity, consistency of service provision and variation in experiences across different groups and locations.

"The service needs to be well resourced with staffing at weekend equal to weekdays because I gave birth on a Sunday and there were several concurrent emergencies... That service being well resourced is so important." **Participant in conversation café**

"For me, the aftercare would be something I would suggest was improved. I felt I was hurried out and not given time." **Participant in pop-up engagement**

3 Priorities for the national review of maternity services

The third question asked, *'What, in your own views, should a national review of maternity services focus on most?'*

Key points from feedback

Safety and coordinated support: Physical and psychological safety, confidence in staff expertise, adequate staffing, and continuity of care through consistent relationships and coordinated support across the maternity journey were important for trust and positive experiences.

Human connection in care: Feeling listened to, respected and supported with empathy and kindness was the most valued aspect, highlighting the need for compassionate relationships and trauma-informed approaches during maternity care.

Communication and informed choice: Clear, consistent communication and timely information were essential for enabling informed decisions and maintaining a sense of control over care choices.

"… safety is really the umbrella term taking them all in. For example, if the communication is wrong it impacts on safety, if there are staff shortages, this impacts on safety." **Participant in pop-up engagement**

4 Desired changes and improvements

Question four asked, *'What would you personally want this review to change or improve for people using services?'*

Key points from feedback

Participants identified several priorities for change, with a strong focus on improving the everyday experience of maternity care.

Improve staffing levels and service capacity: Participants wanted maternity services to be better resourced, with sufficient staffing to provide safe, timely and responsive care. Staffing pressures were seen as affecting the quality, consistency and safety of care.

Strengthen communication and information: Participants wanted clearer, more consistent communication throughout pregnancy, birth and the postnatal period. They highlighted the need for better explanations of care and interventions, improved access to information, and greater support for informed decision making.

Improve continuity and coordination of care: Many participants wanted stronger continuity of support from maternity professionals and better coordination between services. They felt improvements were needed to ensure women and families experience a more joined-up journey from pregnancy through to postnatal care.

Enhance postnatal support: Postnatal care was identified as a particular area for improvement. Participants wanted better follow-up after birth, opportunities to discuss and understand their birth experience, access to physiotherapy and specialist support where needed, birth debriefs, and increased community-based support.

Ensure women are listened to and treated with compassion: Participants wanted services to place greater emphasis on listening to concerns, responding with empathy and respect, and delivering care that feels person-led rather than rushed or impersonal. Feeling heard and taken seriously was viewed as central to improving maternity experiences.

Increase person-led and family-centred care: Participants wanted more personalised care that reflects individual circumstances and preferences. They also highlighted the need for greater involvement of partners and families in care and decision making.

Improve learning from feedback and complaints: Participants wanted services to be more responsive to feedback, with clearer mechanisms for learning from experiences and using this learning to drive service improvement.

Reduce variation and improve equity: Some participants wanted more consistent experiences of care regardless of where people live or access services, with greater equity in the quality and availability of maternity support.

"I think consistency of care, which has kind of been lacking so far. I've never seen the same midwife twice ... You have a named midwife, and you want to see them. I only saw my named midwife after I had my baby." **Participant of conversation café**

5 Involvement of women, parents, and families in shaping services

Question five asked, **'***How should women, parents and families be involved in shaping maternity services and any future changes?'*

Key points from feedback

Participants suggested a range of practical methods for involving women, parents and families in shaping maternity services. These included:

Ongoing feedback channels, such as a dedicated contact point where people could share experiences and suggestions outside of formal complaints processes, creating opportunities for continual improvement. The Badger notes app was mentioned as a potential tool to provide feedback.

Co-design and partnership working with women and families involved in developing, designing and improving services rather than being consulted after decisions have already been made.

Information and engagement sessions, including ideas such as final-trimester sessions on birthing options and self-advocacy, to help people understand services and contribute confidently to discussions about improvement.

Regular opportunities for feedback throughout the maternity journey, rather than one-off consultations, allowing experiences to be gathered during pregnancy, birth and the postnatal period.

Using trusted professionals as engagement routes, particularly midwives and health visitors, as participants felt ongoing relationships made it easier to share experiences and provide honest feedback.

Inclusive involvement approaches, ensuring opportunities are available not only to women but also to partners, family members, trusted friends and people with different backgrounds and experiences.

Demonstrating the impact of feedback, by showing how people's views have been considered and what changes have resulted from engagement activities.

"The only way to ensure people's voices are heard is if the people that eventually get this review and have to act on it can recognise how important it is to actually take on board what's being said." **Participant in Conversation Café**

"I think if there was a clear contact point for this specifically that was sort of there and ongoing... This is where we'd like you to send feedback. Not like a complaints line, but more like a place designated for that continual improvement piece." **Participant in Conversation Café**

6 Responses when care does not go as expected

The sixth and final question asked, **'***If care does not go as expected, what do you feel should happen afterwards, for the person involved and for the service?'*

Key points from feedback

What should happen for the person involved: Participants felt that women and families should receive compassionate support, honest communication and opportunities to understand what happened when care does not go as expected. Many highlighted the importance of debriefs, clear explanations, emotional support and opportunities to ask questions. They wanted people to feel listened to, respected and treated as individuals throughout the process.

What should happen with the service: Participants emphasised the importance of accountability, transparency and responding appropriately to concerns. They felt services should investigate issues, acknowledge when things have gone wrong and communicate clearly about what has been learned. Participants wanted services to demonstrate how feedback and complaints have informed changes and improvements to care.

Learning and improvement: Participants wanted services to use adverse experiences as opportunities for learning and improvement. They felt feedback, complaints and reviews should lead to visible changes in practice, staff development and service delivery. Overall, participants wanted learning to be embedded within maternity services to improve safety, communication, consistency of care and the experiences of women and families in the future.

"I think the family and the woman should be offered a debrief session as standard. This should be with a senior staff member and other members of the maternity team involved in your care." **Participant in pop-up engagement**

"They have to let us know what happened. Going through the notes, understanding what happened, why it happened, if this is something that has only happened once or if it's happened to other people." **Participant in conversation café**

Conclusions

The engagement suggests that participants are not primarily seeking entirely new models of maternity care. Rather, they want maternity services to consistently deliver the fundamentals well.

1 **Relationships and communication are central to good maternity care:** Participants consistently described positive experiences as being shaped by feeling listened to, respected, informed and supported. Compassionate, person-led, and trauma-informed approaches were viewed as fundamental to quality care alongside clinical expertise. Clear communication was considered essential for building trust, supporting informed decision making, and helping women and families feel safe throughout their maternity journey.

2 **Safety, quality, and experience are closely interconnected:** Participants did not view safety as solely a clinical issue. Instead, they linked safety to staffing levels, communication, continuity of care and the ability to raise concerns and be heard. Physical and psychological safety were both seen as essential elements of high-quality maternity care. This finding aligns with Healthcare Improvement Scotland's definition of "quality" in which care is safe, effective, equitable, person-centred, accessible, efficient and integrated[3].

3 **Staffing pressures affect both care quality and experience:** Many of the challenges identified by participants, including waiting times, inconsistent support, communication difficulties and reduced continuity of care, were attributed to workforce and service pressures. Participants frequently viewed adequate staffing as a prerequisite for delivering safe, responsive and person-led care.

4 **Continuity, coordination, and postnatal support require greater attention:** Participants valued ongoing relationships with maternity professionals and described continuity of care as important for trust, communication, and personalised support. At the same time, postnatal care emerged as a significant area for improvement, with participants calling for better follow-up, access to specialist support, opportunities for birth debriefs and more coordinated support after birth.

5 **The review should focus on the whole maternity journey:** Participants emphasised that maternity care should be viewed as a connected pathway rather than a series of separate services. They wanted improvements that span pregnancy, birth, and the postnatal period, ensuring that communication, coordination, support and clinical care work together to provide a consistent experience.

[3] Leading quality health and care for Scotland: Our Strategy 2022-27

6 **People want meaningful involvement and visible learning:** Participants wanted women, parents and families to play an ongoing role in shaping services through feedback, co-design and shared decision making. They also expected services to learn transparently from concerns, complaints and adverse experiences, demonstrating how feedback has informed improvements to care and outcomes.

Appendix 1: Question Set

The following question set was used to guide both the pop-up engagement and online conversation cafés.

Opening/context question

1. **Thinking about your own experience of maternity care in Scotland, what matters most to you or your family when receiving care?**
   Optional prompts included safety, communication and information, respect and person-led care, choice and involvement, relationships and continuity, family and practical support, and experiences of care.

Experiences of care

2. **From your own personal experiences, what works well in maternity care?**
   Optional prompts asked what aspects of care made the biggest difference to the participant and their family, and whether any particular interactions, services or support were especially important.
3. **Again, from your experience, what could be improved?**

Priorities for a national review

4. **What, in your own views, should a national review of maternity services focus on most?**
   Optional prompts included safety, staffing, communication including being listened to, continuity of care, and access.

Expectations of change and impact

5. **What would you personally want this review to change or improve for people using services?**
   Optional prompts asked what "good outcomes" would look like and what difference the review should make day to day.

Involvement and voice

6. **How should women, parents and families be involved in shaping maternity services and any future changes?**
   Optional prompts included involvement during care, after care, and in decision making or planning.

Accountability and learning

7. **If care does not go as expected, what do you feel should happen afterwards, for the person involved and for the service?**
   Optional prompts included being listened to, communication, learning and improvement, and preventing future issues.

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