

Prepared for:



Leicester, Leicestershire  
and Rutland

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# Engagement Report:

The Impact of the Pause of  
Service at St Mary's Birth  
Centre

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2<sup>nd</sup> March 2026

**Produced by JW Research Limited**

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# Executive Summary

## Background to Engagement

This report summarises feedback from women, families, carers, staff and students about their experiences of St Mary's Birth Centre and the impact of the pause of births that began in July 2025.

NHS Leicester Leicestershire and Rutland Integrated Care Board (LLR ICB) ran this engagement from 5 January to 15 February 2026, which consisted of a questionnaire that received 231 responses, alongside a further 68 contributions through focus groups, one-to-one interviews and formal emails.

Feedback from all engagement activities showed a high level of consistency in what people valued about St Mary's and how they experienced the pause in service. Participants shared clear and detailed reflections based on their recent experiences of maternity care across Leicester, Leicestershire and Rutland.

## What people valued about St Mary's

Across survey responses, focus groups and emails, St Mary's was described very positively, with many participants highlighting the specific benefits associated with a midwifery-led unit.

People consistently emphasised:

- the calm, non-clinical environment,
- the sense of safety and emotional security,
- the unhurried, personalised approach, and
- the time staff had to listen, support and respond.

Survey findings reflected this:

- **94%** chose or considered St Mary's because they preferred its environment, and
- **98%** believed the quality of care there was high.

A defining feature was the postnatal support. Around-the-clock feeding help, reassurance, and the chance to recover in a calm setting were repeatedly cited as the aspects that mattered most, particularly following difficult births or early feeding challenges. Some families contrasted this with busier and more time-pressured acute ward environments.

Staff and students echoed the voices of families. Midwives described St Mary's as a place where they could deliver midwifery-led care, with autonomy, continuity and time to support physiological birth. Students highlighted that St Mary's provided essential learning in low-risk, holistic care that can be difficult to achieve on acute sites.

## How the pause was experienced by families

The pause of births at St Mary's had both an emotional and practical impact on those affected.

Across the survey:

- **95%** of patients reported being impacted,
- including **72%** who felt *significantly* impacted.

Many participants described the pause as a difficult and unexpected change. Several spoke about feeling unsettled or disappointed, and some said it affected how confident or prepared they felt during pregnancy or the postnatal period. A number of people explained that St Mary's

had been the setting where they felt most comfortable giving birth, so its temporary closure left them unsure or apprehensive about their options.

Many respondents commented on a perceived loss of choice as a result of the pause in service, with some expressing concern about having to travel further. This was particularly noted by families living in Melton, Rutland and nearby rural areas.

### **How the pause was experienced by staff and students**

Staff reflected on both the personal and professional effects of the pause. Several described an emotional impact, alongside the loss of opportunities to deliver midwifery-led care and changes within the St Mary's team as colleagues moved into other roles. Staff also highlighted several practical considerations, such as potential increases in demand for home births and the challenges of sustaining midwifery-led practice within acute settings.

Students shared that St Mary's had offered valuable opportunities to learn across the full spectrum of midwifery practice and to observe physiological birth within a dedicated midwifery-led environment. Some expressed that these opportunities felt more limited following the pause.

### **What people said matters most in maternity care**

The priorities below summarise what participants described as most important in maternity care. These reflect their perspectives and do not indicate that these elements are not already provided or in progress within existing services.

#### **1. A calm, safe, midwifery-led environment**

Participants highlighted that the environment played a significant role in how they felt during labour and birth. Several associated acute settings with a higher likelihood of intervention, which shaped their preferences and choices.

#### **2. Adequate postnatal support**

Many respondents felt postnatal support was not consistently available at other sites to the same standard as St Mary's. Some also emphasised the importance of breastfeeding support, early skin-to-skin contact and post-operative support, and noted the value of clear communication when medical circumstances require temporary separation between mother and baby.

#### **3. Personalised, unhurried care**

Participants emphasised the importance of personalised, unhurried care that recognises individual needs, including those relating to equality, privacy and inclusion (for example, LGBTQ+ families, single parents, people in privacy-sensitive professions, or those preferring female-only care).

#### **4. Real, reliable choice**

Many felt their choices had narrowed significantly, which impacted their confidence and mental wellbeing. This was especially true for those in rural areas and those who preferred midwifery-led care.

#### **5. Being listened to**

Participants described specific concerns about admission, triage and reassessment. People were clear that delays, unread notes and conflicting plans can create distress and erode trust. Some participants suggested that these challenges reflected pressures

on services rather than the staff themselves, who were often described as caring and doing their best within very stretched environments.

#### 6. Reliability across all birth options

Some participants mentioned uncertainty about whether a home-birth team would be available when needed.

#### 7. Environment, cleanliness and basic facilities

Cleanliness, access to showers and toilets, and uncrowded bays were described as important to dignity, privacy and recovery.

#### 8. Transparency and trust

Staff described personal and professional impacts of the introduction of the pause in services and there were concerns over how this was managed and communicated.

### What people think needs to improve in local maternity care

In addition to describing what matters most in maternity care, many participants also offered specific suggestions for how local maternity services could be improved.

One of the most commonly mentioned suggestions to improve birth and inpatient maternity services at Leicester General Hospital, Leicester Royal Infirmary or for home births centred on the perceived need for hospital settings to **replicate the personal service and quality of care** that people had experienced at, or heard about from, St Mary's Birth Centre.

When asked for suggestions, 25% of patients, families and carers who left a comment highlighted the need to **improve hospital birth care environments**. This was also the second most common theme among staff and students, with 28% making similar suggestions.

Other frequently raised suggestions across both groups included the need for hospital care to be more **individual and holistic**, the importance of **listening** to patients and **respecting birth preferences**, providing better **breastfeeding support**, and ensuring **adequate staffing** levels.

### Overall reflections

Across all engagement sources, participants were consistent and clear about what mattered to them, and what they felt changed when births at St Mary's were paused.

They spoke about the value of calm, midwifery-led environments; the importance of personalised and unhurried care; the crucial role of postnatal support; the impact that choice has on confidence and feelings of safety; and the importance of being listened to and treated with dignity.

Participants also described a range of emotional and practical effects, including feelings of anxiety, reduced confidence, worries about safety, and a sense of loss around a team and culture they felt had delivered excellent care.

This Executive Summary presents, in participants' own terms, the areas they expressed as essential considerations for future maternity planning across Leicester, Leicestershire and Rutland.

# Introduction

## Background to the engagement

Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) and University Hospitals of Leicester NHS Trust (UHL) are setting out proposals for the future of St Mary's Birth Centre following a pause in service that commenced in July 2025. The pause was introduced after birth numbers fell to fewer than two a week and staffing the service safely became increasingly difficult.

In 2021, following the Building Better Hospitals for the Future public consultation, it was agreed that births at St Mary's should move to a new standalone midwifery-led unit at Leicester General Hospital as part of the national New Hospitals Programme. That decision still stands but national changes to the New Hospitals Programme have delayed the construction of the new maternity hospital planned for the Leicester Royal Infirmary. As a result, maternity services have not moved from the Leicester General Hospital (LGH) to the Leicester Royal Infirmary (LRI) as originally intended.

However, there is no capital funding currently available for a new standalone midwifery-led unit, and national policy emphasises evidence-based, resource-efficient models of care. At the same time, birth numbers at St Mary's Birth Centre have dropped further and staffing challenges continue. As a result, the plan is to enact the outcome of the 2021 consultation as far as possible. This means relocating births to the existing midwifery-led unit at Leicester General Hospital, while maintaining other community services in Melton, including antenatal and postnatal clinics, home visits, and infant feeding support.

Before these plans move forward, the key objective for LLR ICB was to understand what the pause at St Mary's Birth Centre has meant for women, their families and colleagues directly affected. Understanding these experiences ensures that next steps are clear, fair, and informed by those most impacted.

## Objectives of the engagement

The engagement titled Understanding the Impact of the Pause in Services at St Mary's Birth Centre aimed to:

- gather feedback on what stood out to patients, their families, carers and professionals about their experiences of St Mary's;
- understand how and to what extent people were affected by the pause in service;
- explore the reasons why the pause affected people's maternity choices and experiences;
- understand why people chose or considered choosing St Mary's; and invite suggestions for improving birth and inpatient maternity services at Leicester General Hospital, Leicester Royal Infirmary or for home births.

## About the engagement approach

The six-week engagement ran from 5 January to 15 February 2026. It consisted of an online questionnaire, supported by printed copies, and a series of qualitative focus groups and depth interviews.

It was open to:

- those planning or considering giving birth at St Mary's between July 2025 and September 2026;
- those who used St Mary's between January 2021 and July 2025;
- family members and carers of both groups;
- staff who worked at St Mary's prior to the pause; and

- staff and students working in maternity services across LLR.

## Engagement activities

To maximise reach and encourage participation, a multi-channel approach was used, incorporating a range of online and offline tools and techniques to communicate with people across Leicester, Leicestershire and Rutland.

### Questionnaire

- Available online via QuestionPro and in printed format.
- Alternative formats (e.g. Easy Read, large print) available on request.
- Telephone translation available.
- Participants could also submit views by email, phone or post.

### Focus groups and one-to-one interviews

- Held with patients, families and carers, St Mary's staff and student midwives.
- Sessions took place online and in person in Melton and Leicester.
- Two evening sessions were added following participant feedback.
- One-to-one interviews were offered for those preferring individual discussion.

### Online promotion

LLR ICB used online channels extensively to share information and encourage participation. Activities included:

- Dedicated engagement webpage.
- Social media activity across NHS channels and local community groups.
- Email updates to over 3,000 local organisations and partners.
- Promotion through newsletters and system-wide meetings.
- Direct communication with NHS organisations, local authorities and emergency services.

### Offline promotion

- Letters sent to individuals previously booked to give birth at St Mary's.
- Printed leaflets distributed at Leicester Royal Infirmary, Leicester General Hospital and St Mary's.

### Partnership working

Collaboration across the local health and care system underpinned all engagement activity. Local authorities, NHS providers, primary care networks, voluntary and community organisations, parish councils, Healthwatch bodies and elected representatives all supported promotion of the engagement. Their involvement ensured consistent messaging and helped extend reach into diverse communities.

The Leicester, Leicestershire and Rutland Maternity and Neonatal Partnership also supported promotion, and a representative attended most focus groups to ensure participant voices were heard.

### Media coverage

- LLR ICB issued a press release: <https://leicesterleicestershireandrutland.icb.nhs.uk/nhs-sets-out-proposals-for-the-future-of-st-marys-birth-centre/>
- Coverage also appeared in the *Melton Times*.

## **Campaign group and local councillor promotion**

- The Save St Mary's Birth Centre campaign group and local councillors played a key role in encouraging participation.
- Engagement criteria were expanded following discussions with them, and evening focus groups were added.
- Meetings also took place with local MPs and councillors.

## **Scrutiny and assurance**

- The approach was reviewed by the LLR Public and Patient Involvement Assurance Group, who confirmed it was appropriate and sufficient.
- The engagement was also discussed at the Joint Health Scrutiny Committee.

## **Engagement response**

Data collected and analysed for this engagement comprised of:

- 231 questionnaire responses (including one paper response)
- 4 patient/family member/carer focus groups (2 face-to-face and 2 online, totalling 25 participants)
- 1 face-to-face staff focus group (18 participants)
- 1 staff interview (online)
- One student focus group (online with 5 participants)
- 3 one-to-one depth interviews
- 11 emails

The number of responses should be viewed in the context of the small eligible population. Only those who had recently used St Mary's or were affected by the pause of services were eligible, many of whom were heavily pregnant or caring for newborns during the engagement period. Therefore, very high response volumes would not have been expected for this context.

Despite this, the scale of response was strong: 231 questionnaire responses for a service with only 92 births in the preceding year, supplemented by rich insights from qualitative discussions. What matters most in qualitative engagement is the depth, relevance and consistency of insight. The engagement generated consistent, detailed insights across all methods, providing robust qualitative evidence on the potential impact of service changes

## **Legal duties**

LLR ICB has a legal duty to involve people in decisions about services that affect them. This engagement took into account relevant legislation and principles, including:

- the Equality Act 2010
- the Public Sector Equality Duty
- the Gunning Principles
- the Human Rights Act 1998
- the NHS Act 2006
- the NHS Constitution
- the Health and Social Care Act 2012

LLR ICB is confident that the engagement activities met both statutory and common law duties.

## **About this report**

JW Research Limited, an independent market research company, was commissioned to provide an independent analysis of the questionnaire and qualitative findings. The questionnaire included closed questions, open questions and “other” text fields. JW Research carried out thematic analysis of open comments and coded themes for quantification.

All questionnaire responses were anonymous. Data from focus groups, interviews and emails were anonymised by LLR ICB before being shared with JW Research.

This document summarises the findings from that independent analysis.

# Section 1: Respondent Profile

## Respondent profile

In total, 231 completed usable responses to the survey were received. A profile of the respondents to the survey is provided below (tables 1 to 12).

Please note that questions 3 to 16 were completed by patients, families and carers only, to identify whether different groups of service users had differing experiences or views, to understand the demographics of respondents, and to avoid asking questions that could risk identifying staff or students.

**Table 1: Q1. Who is completing this questionnaire? (Select one).**

**OVERALL RESULTS** (all respondents answering: n=231)

Respondent type	No. responses	% responses
Myself, a family member, or the person I care for had decided to give birth at St Mary's Birth Centre before being notified about the pause in service	35	15%
Myself, a family member, or the person I care for were considering giving birth at St Mary's Birth Centre between July 2025 and September 2026	108	47%
Myself, a family member, or the person I care for used St Mary's Birth Centre between January 2021 and July 2025	60	26%
I worked at St Mary's Birth Centre prior to the pause in service	10	4%
Staff and students working in Leicester, Leicestershire and Rutland maternity services	18	8%

The answer option 'Myself, a family member, or the person I care for used St Mary's Birth Centre between January 2021 and July 2025' was added part-way through the fieldwork period following the extension of the eligibility criteria. Respondents who completed the survey before Monday 2 February did not see this option. Response numbers for this item should therefore be interpreted with this in mind.

**Table 2: Q17. Which area do you live in?**

**OVERALL RESULTS** (all respondents answering: n=231)

Respondent type	No. responses	% responses
Blaby	4	2%
Leicester City	14	6%
Charnwood	48	21%
Harborough	10	4%
Hinckley & Bosworth	6	3%
Melton	101	44%

North West Leicestershire	5	2%
Oadby & Wigston	4	2%
Rutland	18	8%
Other	15	6%
Prefer not to say	6	3%

44% of respondents to the survey live in Melton, with 21% resident in Charnwood

### Table 3: Q9. What is your age?

**OVERALL RESULTS** (all respondents answering: n=202)

Respondent type	No. responses	% responses
20-24	2	1%
25-34	125	62%
35-49	64	32%
50-64	4	2%
65-74	3	1%
75+	0	0%
Prefer not to say	4	2%

As may be expected, the large majority of respondents are in the 25-49 age category.

### Table 4: Q7. What is your sex?

**OVERALL RESULTS** (all respondents answering: n=202).

Respondent type	No. responses	% responses
Male	9	4%
Female	191	95%
Prefer not to say	2	1%

As may be expected, the large majority of responses received are from females.

**Table 5: Q8. Do you identify as the gender you were assigned at birth?****OVERALL RESULTS** (all respondents answering: n=200).

Respondent type	No. responses	% responses
Yes	198	99%
No (please tell us your gender identity)	0	0%
Prefer not to say	2	1%

**Table 6: Q11. What is your ethnicity? Please tick one box only.****OVERALL GROUPED RESULTS** (all respondents answering: n=202).

Respondent type	No. responses	% responses
White (i.e. British, Irish, any other white background)	183	91%
Asian or Asian British (i.e. Indian, Pakistani, Bangladeshi, any other Asian background)	7	3%
Black or Black British (i.e. Caribbean, African, or any other Black background)	0	0%
Mixed (i.e. White & Black Caribbean, White & Black African, White & Asian and any other Mixed background)	6	3%
Other (i.e. Arab and any other ethnicity)	2	1%
Prefer not to say	4	2%

The large majority of responses received for the online survey (91% - 183 respondents) are from respondents who consider their ethnic origin to be White.

**Table 7: Q10. What is your religion or belief? Please tick one box only.****OVERALL RESULTS** (all respondents answering: n=201).

Respondent type	No. responses	% responses
Christian	61	30%
Muslim	5	2%
Sikh	2	1%
Hindu	1	<0.5%
Buddhist	0	0%

Jewish	0	0%
Jain	0	0%
Baha'i	0	0%
Any other religion	0	0%
No religion	124	62%
Prefer not to say	8	4%

Three-tenths (30%) of respondents identify with or follow, a Christian religion, while more than three-fifths (62%) say they identify with no religion.

**Table 8: Q12. Do you consider yourself to have a disability or suffer from poor health? Select all that apply. Q13. (If 'Yes' selected at Q12) Which disability/condition(s) do you have? Please tick all that apply.**

**OVERALL RESULTS** (all respondents answering: n=198).

Respondent type	No. responses	% responses
<b>Yes – I have a disability</b>	<b>10</b>	<b>5%</b>
<b>Yes – I am in poor health</b>	<b>13</b>	<b>7%</b>
<i>Mental health condition</i>	13	7%
<i>Long standing illness or condition</i>	4	2%
<i>Physical</i>	3	2%
<i>Learning disability/difficulty</i>	2	1%
<i>Partial or total loss of hearing</i>	1	1%
<i>Partial or total loss of vision</i>	0	0%
<i>Speech impediment or impairment</i>	0	0%
<i>Other medical condition or impairment</i>	1	1%
<i>Did not specify which condition(s)</i>	10	5%
<b>No (I do not have a disability or suffer from poor health)</b>	<b>182</b>	<b>92%</b>
<b>Prefer not to say</b>	<b>4</b>	<b>2%</b>

Over a tenth (11% - 21 respondents) say that they either have a disability or suffer from poor health – the most common disability or condition mentioned is a mental health condition. More than nine-tenths (92% - 182 respondents) say they have no disability and do not suffer from poor health.

**Table 9: Q14. Do you provide unpaid care to someone who could not manage without your support?** *(Please select one box only.)* This could be a family member, partner or friend of any age who needs help because of illness, frailty, disability, mental health problems or addiction?

**OVERALL RESULTS** (all respondents answering: n=198).

Respondent type	No. responses	% responses
Yes	10	5%
No	183	92%
Prefer not to say	5	3%

A small minority (5% - 10 respondents) say that they provide care for someone, with 92% (183 respondents) saying they do not provide care for someone.

**Table 10: Q15. What is your sexual orientation (preference)?**

**OVERALL RESULTS** (all respondents answering: n=200).

Respondent type	No. responses	% responses
Heterosexual/straight (male to female relationship)	180	90%
Bisexual (relationship with any gender/s)	4	2%
Gay or lesbian (male to male relationship)	1	1%
Other – please specify	1	1%
Prefer not to say	14	7%

A small minority (3%) of respondents have a sexual orientation that is not heterosexual.

**Table 11: Q16. Which of the following applies to you?** *(Select one)*

**OVERALL RESULTS** (all respondents answering: n=199).

Respondent type	No. responses	% responses
I am in an Armed Forces family (a spouse, civil partner or child of serving personnel)	6	3%
I have previously served in HM Armed Forces (a veteran)	1	1%
I am regular serving personnel in HM Armed Forces	0	0%
I am Ministry of Defence (MoD) employed civilian personnel	0	0%
I am a reserve in HM Armed Forces	0	0%

I have a different connection to HM Armed Forces (please tell us)	2	1%
None of the above (I have no connection to the Armed Forces community)	182	91%
Prefer not to say	8	4%

A small minority (5% - 9 respondents) indicate that they have ever had some form of involvement in the armed services.

In the remainder of this report, where appropriate, analysis has been conducted to determine how views differ by some of the different respondent types and demographic groups outlined above. However, it should be noted that there are very low base sizes for many of the sub-groups so any findings should be treated as indicative, rather than statistically significant.

# Section 2: Findings for Patients, Families and Carers

## 2.1 Experiences of St Mary's Birth Centre

### Headline findings

Respondents to the survey who had previously used St Mary's Birth Centre as a patient or carer were asked to outline what stood out most for them about their experience at St Mary's Birth Centre, in terms of the way care was provided, the setting or atmosphere or how they felt during their care. The overall results for this question are summarised in Table 12 below<sup>1</sup>.

**Table 12: Q2. Thinking about your experience at St Mary's Birth Centre, what stands out to you most about the care you received there? For example, you might want to tell us about the way care was provided, the setting or atmosphere, or how you felt during your care.**

**RESULTS** (all patient/family/carers respondents who have previously used St Mary's Birth Centre and answering: n=68).

Theme of comment (NB: themes mentioned by 3+ respondents shown)	No. responses	% responses
<b>Positive (overall theme of comment)</b>	<b>67</b>	<b>99%</b>
High quality/reassuring/empathetic/encouraging support received from staff	54	79%
SMBC provides better/higher quality care than received/heard about at other birthing locations	30	44%
Good post-birth support (e.g. breastfeeding support) received	29	43%
Individual/personalised care received (e.g. offered choice, flexibility)	28	41%
Good/positive environment at SMBC (e.g. calm birthing rooms. calming/peaceful mood, privacy, good size)	24	35%
Calm/calming support received from staff	16	24%
Feeling of safety/a safe environment at SMBC	16	24%
Knowledgeable/professional/experienced staff	10	15%
SMBC is a local setting/close to where I live	8	12%
Clean environment at SMBC	3	4%
<b>Negative (overall theme of comment)</b>	<b>1</b>	<b>1%</b>

<sup>1</sup> This question was a new question that was added to the survey part-way through the fieldwork period – hence, only respondents who completed the survey from Monday 2<sup>nd</sup> February onwards had the opportunity to provide an answer.

Of those who answered the question, all but one described positive experiences at St Mary's, often mentioning more than one positive aspect. The key theme most mentioned relates to the high quality and empathy of the staff and service provided – nearly four-fifths (79% - 54 respondents) say that they received *'High quality/reassuring/empathetic/encouraging support from staff'*, while at a lower level more than two-fifths state that *'Individual/personalised care was received (e.g. offered choice, flexibility)'* (41% - 28 respondents), that *'Calm/calming support received from staff'* (24% - 16 respondents) and that the staff were *'Knowledgeable/professional/experienced'* (15% - 10 respondents).

Positive comparisons with other birthing/maternity support locations are also made by patients/families/carers that have previously used St Mary's Birth Centre. More than two-fifths of those answering believe that *'SMBC provides better/higher quality care than received/heard about at other birthing locations'* (44% - 30 respondents) and a similar proportion feel that St Mary's Birth Centre offered *'Good post-birth support (e.g. breastfeeding support)'* (43% - 29 respondents).

The other main theme of these positive comments relates to the environment at St Mary's Birth Centre, with 35% (24 respondents) making comments about the *'Good/positive environment at SMBC (e.g. calm birthing rooms. calming/peaceful mood, privacy, good size)*, 24% (16 respondents) mentioning a *'Feeling of safety/a safe environment at SMBC'* and 4% (3 respondents) specifically mentioning the *'Clean environment at SMBC'*.

Only one respondent described a negative experience, which related to being transferred to St Mary's but then being told they needed to travel elsewhere to receive the care required.

In total, 68 respondents provided a comment of some kind for Q2 ('Thinking about your experience at St Mary's Birth Centre, what stands out to you most about the care you received there? For example, you might want to tell us about the way care was provided, the setting or atmosphere, or how you felt during your care').

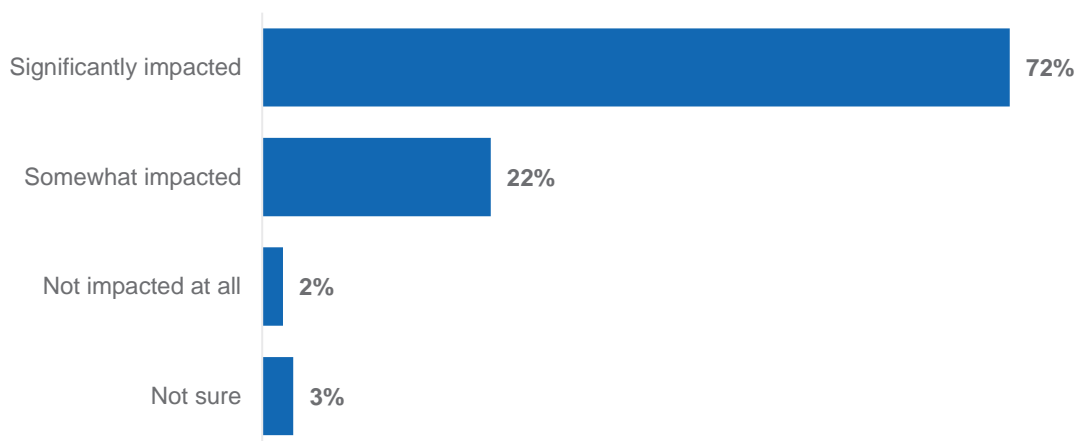
## 2.2 Impact of the Pause in Service at St Mary's Birth Centre - Summary

### Headline findings

Respondents to the survey were asked to indicate the extent to which themselves and/or their family felt they had been impacted by the pause in service at St Mary's Birth Centre. The overall results for this question for **patients/families/carers** are summarised in Figure 1 below.

**Figure 1: Q3. To what extent do you feel you and/or your family have been impacted by the pause in service at St Mary's Birth Centre? (Select one).**

**OVERALL RESULTS** (all patients/families/carers answering: n=202).



Overall, 95% of the patients, families and carers who answered this question (191 respondents) reported feeling impacted by the pause in service at St Mary's Birth Centre. This includes 72% (146 respondents) who felt significantly impacted and 22% (45 respondents) who felt somewhat impacted.

### Results by respondent type

Table 13a, 13b and 13c (overleaf) show how responses to this question vary by LLR area the respondent lives in, capacity in which respondents are answering the questionnaire, geographical area the respondent lives in, gender, age and ethnicity, while Table 13d shows responses by general health status, carer status and armed forces involvement and Table 13e shows responses by sexual orientation and religion/belief.

**Table 13a: Q3. To what extent do you feel you and/or your family have been impacted by the pause in service at St Mary’s Birth Centre? (Select one). RESULTS BY LLR AREA & CAPACITY ANSWERING IN** (base sizes in brackets).

Base: All Patients/families/carers answering	Total (202)	LLR Area Live In:				Capacity Answering In:				
		Leicester City (9)	Leicester-shire (164)	Rutland (16)	Out of LLR Area (11)	Decided to give birth at SMBC before notified about the pause in service (35)	Considered giving birth at SMBC between July 2025-Sept 2026 (107)	Used SMBC between Jan 2021-July 2025 (60)	Worked at SMBC prior to the pause in service (10)	Staff/Student at LLR maternity services (18)
Significantly impacted	<b>72%</b>	56%	72%	81%	91%	86%	81%	48%	90%	72%
Somewhat impacted	<b>22%</b>	33%	23%	13%	9%	11%	18%	37%	0%	11%
Not impacted at all	<b>2%</b>	0%	2%	0%	0%	3%	1%	3%	10%	11%
Not sure	<b>3%</b>	11%	3%	6%	0%	0%	0%	12%	0%	6%

Although base sizes are too low to show any significant differences in impact between respondents living in different LLR areas, there may be some anecdotal evidence to suggest that respondents living outside the LLR area (i.e. in Nottinghamshire and Lincolnshire) may be more likely than average to say that they or their family have been ‘significantly impacted’ by the pause in service at St Mary’s Birth Centre (91% - 10 respondents – stating this, compared to the 72% average). A similar finding is evident amongst patients/families/carers living in Rutland, where 81% (13 respondents) say they or their family have been ‘significantly impacted’. However, the very low base sizes involved means that these findings should be treated as indicative rather than statistically significant.

There is some evidence to suggest that the strength of the impact of the pause in service at St Mary’s Birth Centre may be less than average amongst patients/families/carers who used St Mary’s between January 2021-July 2025. In this group, 48% (29 respondents) reported being *significantly affected*, compared with the overall average of 72%. This may be partly explained by some respondents in this cohort saying they have finished having children and therefore feel less directly impacted.

However, when looking at the proportion who have been affected *to any degree*, the differences between the three respondent groups are smaller (85% compared with the 96% average), suggesting that while the intensity of impact may be lower for this cohort, most still report some level of impact.

**Table 13b: Q3. To what extent do you feel you and/or your family have been impacted by the pause in service at St Mary’s Birth Centre? (Select one). RESULTS BY GEOGRAPHICAL AREA** (base sizes in brackets).

Base: All Patients/families/carers answering	Total (202)	Geographical Area Live In (Grouped):					
		Leicester City (9)	Charnwood (43)	Melton (93)	Other LLR Districts (28)	Rutland (16)	Out of LLR Area (11)
Significantly impacted	<b>72%</b>	56%	74%	77%	50%	81%	91%
Somewhat impacted	<b>22%</b>	33%	23%	18%	36%	13%	9%
Not impacted at all	<b>2%</b>	0%	0%	2%	7%	0%	0%
Not sure	<b>3%</b>	11%	2%	2%	7%	6%	0%

Although base sizes are too low to show any significant differences in impact between respondents living in different geographical areas, there may be some evidence to suggest that respondents living in Melton may be slightly more likely than average to say that they or their family have been ‘significantly impacted’ by the pause in service at St Mary’s Birth Centre (77% - 72 respondents – stating this, compared to the 72% average across all respondents). There may also be some evidence to suggest a similar impact amongst Rutland respondents (with 81% - 13 respondents – stating this) and also amongst those from outside of the LLR area (91% - 10 respondents) but this should be treated as indicative rather than statistically significant.

Meanwhile, patients/families/carers living in other LLR districts (i.e. Harborough, Hinckley & Bosworth, North West Leicestershire, Oadby & Wigston, Blaby collectively) may be less likely than average to say that they or their family have been ‘significantly impacted’ (50% - 14 respondents, compared to the 72% average).

**Table 13c: Q3. To what extent do you feel you and/or your family have been impacted by the pause in service at St Mary’s Birth Centre? (Select one). RESULTS BY GENDER, AGE & ETHNICITY** (base sizes in brackets).

Base: All Patients/families/carers answering	Total (202)	Gender:		Age:			Ethnicity	
		Male (9)	Female (190)	20-34 (126)	35-49 (64)	50+ (7)	White (182)	Non-White Ethnicity (15)
Significantly impacted	<b>72%</b>	67%	73%	74%	67%	86%	72%	73%
Somewhat impacted	<b>22%</b>	33%	22%	22%	23%	14%	23%	20%
Not impacted at all	<b>2%</b>	0%	2%	1%	5%	0%	2%	7%
Not sure	<b>3%</b>	0%	4%	3%	5%	0%	4%	0%

There are no significant differences by gender, by age group or by ethnicity in the proportions of patients/families/carers saying that they or their family have been 'significantly impacted' by the pause in service at St Mary's Birth Centre.

**Table 13d: Q3. To what extent do you feel you and/or your family have been impacted by the pause in service at St Mary's Birth Centre? (Select one). RESULTS BY 'HEALTH STATUS', 'CARER STATUS' AND 'ARMED FORCES INVOLVEMENT'** (base sizes in brackets).

	Total	Disability or Poor Health?		Carer Responsibility?		Armed Forces Involvement?:	
		Yes (21)	No (172)	Yes (9)	No (183)	Yes (9)	No (181)
<i>Base: All Patients/families/carers answering</i>	(202)						
Significantly impacted	<b>72%</b>	76%	71%	67%	73%	100%	70%
Somewhat impacted	<b>22%</b>	19%	23%	22%	22%	0%	24%
Not impacted at all	<b>2%</b>	5%	2%	0%	2%	0%	2%
Not sure	<b>3%</b>	0%	3%	11%	3%	0%	4%

There are no significant differences by health status, carer responsibility or Armed Forces involvement in the proportions of patients/families/carers saying that they or their family have been impacted to some degree by the pause in service at St Mary's Birth Centre.

**Table 13e: Q3. To what extent do you feel you and/or your family have been impacted by the pause in service at St Mary's Birth Centre? (Select one). RESULTS BY SEXUAL ORIENTATION & RELIGION/BELIEF** (base sizes in brackets).

	Total	Sexual Orientation:	Religion/Belief:		
		Heterosexual (180)	Christian (60)	Non Christian (8)	No religion (124)
<i>Base: All Patients/families/carers answering</i>	(202)				
Significantly impacted	<b>72%</b>	71%	70%	63%	73%
Somewhat impacted	<b>22%</b>	23%	23%	25%	22%
Not impacted at all	<b>2%</b>	2%	3%	13%	1%
Not sure	<b>3%</b>	3%	3%	0%	4%

Results are shown only for groups with sufficient numbers of respondents. Data for sexual-orientation subgroups with very small sample sizes have been suppressed to protect confidentiality.

By religion, proportions range from 63% to 73%. However, several subgroups have very small bases, meaning these differences cannot be interpreted reliably and no statistically significant differences can be inferred.

## 2.3 Impact of the Pause in Service at St Mary's Birth Centre - Detail

### Headline findings

Respondents to the survey were asked to describe how the pause in services at St Mary's Birth Centre has impacted them and/or their family. The overall results for this question for **patients/families/carers** are summarised in Table 14 below.

**Table 14: Q4. Please describe how the pause in services has impacted you and/or your family. What did you value most about St Mary's and what, if anything, do you feel is missing or harder to find at other birthing sites or hospitals?**

**RESULTS** (all patient/family/carer respondents answering: n=196).

Theme of comment (NB: themes mentioned by 4+ respondents shown)	No. responses	% responses
Now feel nervous/apprehensive about birthing in a hospital environment (e.g. expecting a worse/less comfortable experience, poorer quality of care, expecting less postnatal support)	116	59%
Have had a previous positive experience of St Mary's (which won't now be possible again)	116	59%
Have had to change original plans for birthing location/experience	60	31%
Will have to travel further for maternity services (e.g. rely on partner/others for travel support)	58	30%
Want to be able to choose where I have maternity support	42	21%
Concerned about impact on mental health/has caused or will cause anxiety	29	15%
Have heard about other peoples' positive experiences of St Mary's and wanted to use St Mary's	23	12%
Will have no impact on me but concerned about impact on others	11	6%
Concerned about continuity of care	9	5%
Has put me off wanting to have any more children	8	5%
Will put additional strain on other NHS resources in the area (which could affect patients)	4	2%

Amongst patients/families/carers, the most commonly mentioned impacts are around the effects the pause in services will have on patients and their families in relation to the perceived quality of care received at St Mary's compared to other hospital settings. Three-fifths (59% - 116 respondents) of patients/families/carers make comments relating to the theme that they *'Now feel nervous/apprehensive about birthing in a hospital environment (e.g. expecting a worse/less comfortable experience, poorer quality of care, expecting less postnatal support)'*, while a similar proportion (59% - 116 respondents) are concerned that *'Patients have had a previous positive experience of St Mary's (which won't now be possible again)'*.

At a lower level, the pause in services has meant additional inconvenience due to having to change their intended plans. Approaching a third (31% - 60 respondents) say they *'Have had to change their original plans for their birthing location/experience'*, while 30% (58 respondents)

are concerned that they *'Will have to travel further for maternity services (e.g. rely on partner/others for travel support)'* and for 15% (29 respondents) the pause in services has made them *'Concerned about the impact on mental health or that it has caused or will cause anxiety'*.

Meanwhile, the issue of 'choice' of maternity location is of concern to a significant proportion of patients/families/carers – 21% (42 respondents) cite one of the impacts of the pause in services being a feeling that they would ideally *'Want to be able to choose where I have maternity support'*, while 12% (23 respondents) say that they *'Have heard about other peoples' positive experiences of St Mary's and wanted to use St Mary's'*.

At a much lower level, other patients/families/carers also mention impacts on other people than themselves of the pause in services (6% - 11 respondents – saying that it *'Will have no impact on me but I'm concerned about the impact on others'*) and that the pause in services will affect *'continuity of care'* (5% - 9 respondents mentioning this). Meanwhile, 5% (8 respondents) feel that an impact for them is that it *'Has put me off wanting to have any more children'*.

In total, 196 patient/families/carers provided a comment of some kind for Q4 ('Thinking about your experience at St Mary's Birth Centre, what stands out to you most about the care you received there? For example, you might want to tell us about the way care was provided, the setting or atmosphere, or how you felt during your care').

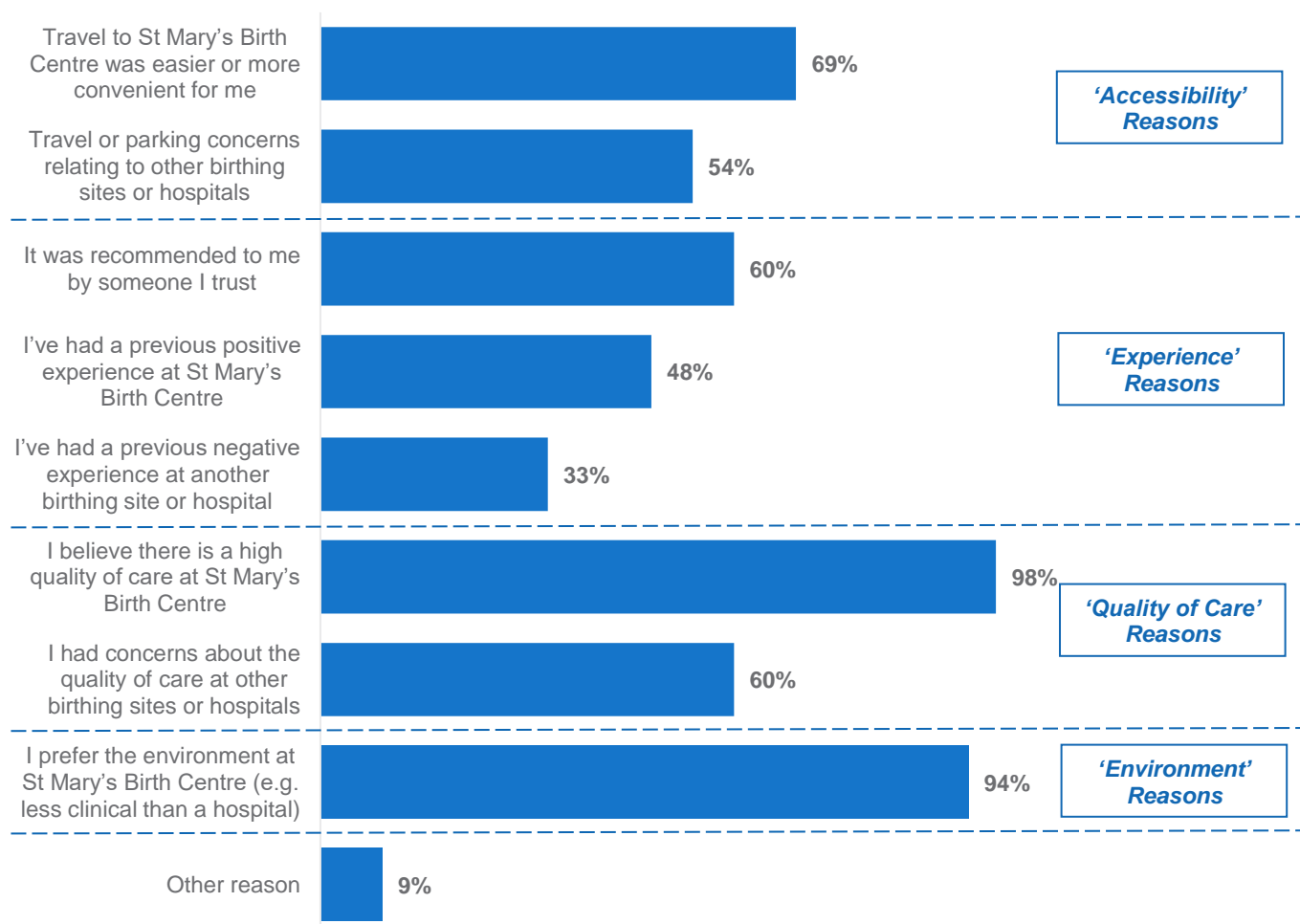
## 2.4 Why Considered Choosing St Mary’s Birth Centre Instead of Other Birthing Sites

### Headline findings

Patient/carer respondents to the survey were presented with a list of options relating to reasons why they and/or their family chose or considered choosing St Mary’s Birth Centre instead of other birthing sites and were asked to indicate which ones applied to them. The overall results for this question for **patients/families/carers** are summarised in Figure 2 below.

**Figure 2: Q5. Why did you and/or your family choose or consider choosing St Mary’s Birth Centre instead of other birthing sites? (Select all that apply)**

**OVERALL RESULTS** (all patient/carer respondents answering: n=199).



When grouping up the various reasons why patients and/or their families chose or considered choosing St Mary’s Birth Centre instead of other birthing sites, a combination of different reasons feed into patients/families’ decision making, although issues around quality of care appear to be the key driver. Almost all patients/family/carer respondents (98% - 196 respondents) mention that at least one ‘quality of care’ reason played a role in their decision making process – this was largely because of the feeling that, ‘I believe there is a high quality of care at St Mary’s Birth Centre’ (98% - 195 respondents – citing this), although 60% (119 respondents) also bore in mind that ‘I had concerns about the quality of care at other birthing sites or hospitals’.

The only aspect relating to 'Environment' – namely, 'I prefer the environment at St Mary's Birth Centre (e.g. less clinical than a hospital) is cited as a contributory factor in the decision to choose or consider St Mary's Birth Centre by 94% (188 respondents).

At an overall level, 93% (185 respondents) mention at least one reason relating to 'Experience' – most commonly that 'It was recommended to me by somebody I trust' (60% - 119 respondents – stating this), while just under half (48% - 96 respondents) say that, 'I have had a positive experience at St Mary's Birth Centre' was a contributing factor for them.

Although 79% (158 respondents) mention at least one reason relating to 'Accessibility' as an important driver in their decision to choose or consider choosing St Mary's Birth Centre, this appears to be more of a secondary consideration than a primary one, with 69% (138 respondents) stating that, 'Travel to St Mary's Birth Centre was easier or more convenient for me'.

The individual aspect that respondents were least likely to cite was having had a previous negative experience at another birthing site or hospital (33%, 66 respondents). Although this was not the most common factor, the proportion is still notable and may be relevant for consideration when designing maternity services.

Seven respondents who selected "other" left comments relating specifically to the high-quality postnatal and breastfeeding support at St Mary's. Other themes included the supportive and welcoming environment, the centre's positive reputation, and a preference for midwife-led care.

## **Results by respondent type**

Table 15a, 15b and 15c (overleaf) show how responses to this question vary by LLR area the respondent lives in, capacity in which respondents are answering the questionnaire, geographical area the respondent lives in, gender, age and ethnicity, while Table 15d shows responses by general health status, carer status and armed forces involvement and Table 15e shows responses by sexual orientation and religion/belief.

**Table 15a: Q5. Why did you and/or your family choose or consider choosing St Mary's Birth Centre instead of other birthing sites? (Select all that apply). RESULTS BY LLR AREA & CAPACITY ANSWERING IN (base sizes in brackets).**

Base: All Patients/families/carers answering	Total (199)	LLR Area Live In:				Capacity Answering In:		
		Leicester City (9)	Leicester -shire (160)	Rutland (17)	Out of LLR Area (11)	Decided to give birth at SMBC before notified about the pause in service (34)	Considered giving birth at SMBC between July 2025-Sept 2026 (107)	Used SMBC between Jan 2021-July 2025 (58)
<u>'Accessibility' Reasons:</u>								
Travel to St Mary's Birth Centre was easier or more convenient for me	<b>69%</b>	0%	70%	94%	82%	59%	79%	59%
Travel or parking concerns relating to other birthing sites or hospitals	<b>54%</b>	0%	57%	59%	45%	50%	56%	52%
<b>Any 'Accessibility' reason (net)</b>	<b>79%</b>	<b>0%</b>	<b>82%</b>	<b>94%</b>	<b>82%</b>	<b>74%</b>	<b>85%</b>	<b>72%</b>
<u>'Experience' Reasons:</u>								
It was recommended to me by someone I trust	<b>60%</b>	67%	61%	47%	73%	53%	61%	60%
I've had a previous positive experience at St Mary's Birth Centre	<b>48%</b>	33%	51%	29%	36%	68%	41%	50%
I've had a previous negative experience at another birthing site or hospital	<b>33%</b>	11%	34%	41%	27%	44%	30%	33%
<b>Any 'Experience' reason (net)</b>	<b>93%</b>	<b>89%</b>	<b>95%</b>	<b>88%</b>	<b>77%</b>	<b>97%</b>	<b>93%</b>	<b>91%</b>

**Table 15a (continued): Q5. Why did you and/or your family choose or consider choosing St Mary’s Birth Centre instead of other birthing sites? (Select all that apply). RESULTS BY LLR AREA & CAPACITY ANSWERING IN** (base sizes in brackets).

Base: All Patients/families/carers answering	Total (199)	LLR Area Live In:				Capacity Answering In:		
		Leicester City (9)	Leicester-shire (160)	Rutland (17)	Out of LLR Area (11)	Decided to give birth at SMBC before notified about the pause in service (34)	Considered giving birth at SMBC between July 2025-Sept 2026 (107)	Used SMBC between Jan 2021-July 2025 (58)
<u>'Quality of Care' Reasons:</u>								
I believe there is a high quality of care at St Mary’s Birth Centre	<b>98%</b>	89%	99%	94%	91%	97%	97%	98%
I had concerns about the quality of care at other birthing sites or hospitals	<b>60%</b>	22%	60%	59%	91%	62%	62%	55%
<b>Any 'Quality of Care' reason (net)</b>	<b>98%</b>	<b>89%</b>	<b>100%</b>	<b>94%</b>	<b>91%</b>	<b>100%</b>	<b>98%</b>	<b>98%</b>
<u>'Environment' Reasons:</u>								
I prefer the environment at St Mary’s Birth Centre (e.g. less clinical than a hospital)	<b>94%</b>	56%	96%	94%	100%	97%	96%	90%
<b>Any 'Environment' reason (net)</b>	<b>94%</b>	<b>56%</b>	<b>96%</b>	<b>94%</b>	<b>100%</b>	<b>97%</b>	<b>96%</b>	<b>90%</b>
Other reason	<b>9%</b>	11%	9%	0%	18%	9%	7%	10%

Although base sizes are too low to show any significant differences in impact between respondents living in different LLR areas, there may be some evidence to suggest that patients/families/carers living in Rutland may be slightly more likely than average to have selected 'Accessibility' reasons as a reason why they and/or their family chose or considered choosing St Mary’s Birth Centre instead of other birthing sites (94% - 16 respondents – in Rutland stating this, compared to the 79% average). Meanwhile, patients/families/carers living outside the LLR area (i.e. in Nottinghamshire and Lincolnshire) may be slightly less likely than average to have made their decision based on 'Experience' reasons (73% - 8 respondents, compared to the 93% average), while only 56% (5 respondents) of those in Leicester City say their decision was based on the feeling that 'I prefer the environment at St Mary’s Birth Centre (e.g. less clinical than a hospital)', compared to the 94% average.

There is some evidence to suggest that patients/families/carers who considered giving birth at SMBC between July 2025-Sept 2026 may be slightly more likely than others to have selected 'Accessibility' reasons as a reason why they and/or their family chose or considered choosing St Mary's Birth Centre instead of other birthing sites, in particular that 'Travel to St Mary's Birth Centre was easier or more convenient for me', with 79% (84 respondents) of this group mentioning this compared to the 69% average across all patients/families/carers. Meanwhile, patients/families/carers who decided to give birth at SMBC before they were notified about the pause in service may be slightly more likely than average to have selected 'I've had a previous positive experience at St Mary's Birth Centre' as a reason for considering choosing St Mary's instead of other birthing sites (68% - 23 respondents, compared to the 48% average).

**Table 15b: Q5. Why did you and/or your family choose or consider choosing St Mary's Birth Centre instead of other birthing sites? (Select all that apply). RESULTS BY GEOGRAPHICAL AREA** (base sizes in brackets).

Base: All Patients/families/carers answering	Total (199)	Geographical Area Live In (Grouped):					
		Leicester City (9)	Charnwood (43)	Melton (91)	Other LLR Districts (26)	Rutland (17)	Out of LLR Area (11)
<u>'Accessibility' Reasons:</u>							
Travel to St Mary's Birth Centre was easier or more convenient for me	69%	0%	44%	96%	23%	94%	82%
Travel or parking concerns relating to other birthing sites or hospitals	54%	0%	65%	57%	42%	59%	45%
<b>Any 'Accessibility' reason (net)</b>	<b>79%</b>	<b>0%</b>	<b>72%</b>	<b>96%</b>	<b>50%</b>	<b>94%</b>	<b>82%</b>
<u>'Experience' Reasons:</u>							
It was recommended to me by someone I trust	60%	67%	53%	60%	73%	47%	73%
I've had a previous positive experience at St Mary's Birth Centre	48%	33%	60%	55%	23%	29%	36%
I've had a previous negative experience at another birthing site or hospital	33%	11%	37%	38%	15%	41%	27%
<b>Any 'Experience' reason (net)</b>	<b>93%</b>	<b>89%</b>	<b>93%</b>	<b>99%</b>	<b>85%</b>	<b>88%</b>	<b>73%</b>

**Table 15b (continued): Q5. Why did you and/or your family choose or consider choosing St Mary's Birth Centre instead of other birthing sites? (Select all that apply). RESULTS BY GEOGRAPHICAL AREA** (base sizes in brackets).

<i>Base: All Patients/families/carers answering</i>	<b>Total</b> (199)	<b>Geographical Area Live In (Grouped):</b>					
		<b>Leicester City</b> (9)	<b>Charnwood</b> (43)	<b>Melton</b> (91)	<b>Other LLR Districts</b> (26)	<b>Rutland</b> (17)	<b>Out of LLR Area</b> (11)
<u>'Quality of Care' Reasons:</u>							
I believe there is a high quality of care at St Mary's Birth Centre	<b>98%</b>	89%	100%	99%	100%	94%	91%
I had concerns about the quality of care at other birthing sites or hospitals	<b>60%</b>	22%	63%	59%	58%	59%	91%
<b>Any 'Quality of Care' reason (net)</b>	<b>98%</b>	<b>89%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>94%</b>	<b>91%</b>
<u>'Environment' Reasons:</u>							
I prefer the environment at St Mary's Birth Centre (e.g. less clinical than a hospital)	<b>94%</b>	56%	100%	96%	92%	94%	100%
<b>Any 'Environment' reason (net)</b>	<b>94%</b>	<b>56%</b>	<b>100%</b>	<b>96%</b>	<b>92%</b>	<b>94%</b>	<b>100%</b>
Other reason	<b>9%</b>	11%	19%	4%	8%	0%	18%

Although base sizes are too low to show any significant differences in impact between respondents living in different geographical areas, there may be some evidence to suggest that patients/families/carers living in Melton may be slightly more likely than average to have selected 'Accessibility' and 'Experience' reasons to explain why they and/or their family chose or considered choosing St Mary's Birth Centre instead of other birthing sites, with 96% (87 respondents) in Melton selecting an 'Accessibility' reason (most notably *'Travel to St Mary's Birth Centre was easier or more convenient for me'*) and 99% (90 respondents) selecting an 'Experience' reason (most notably *'I've had a previous positive experience at St Mary's Birth Centre'*).

**Table 15c: Q5. Why did you and/or your family choose or consider choosing St Mary’s Birth Centre instead of other birthing sites? (Select all that apply). RESULTS BY GENDER, AGE & ETHNICITY** (base sizes in brackets).

	Total	Gender:		Age:			Ethnicity	
		Male	Female	20-34	35-49	50+	White	Non-White Ethnicity
<i>Base: All Patients/families/carers answering</i>	(199)	(9)	(187)	(126)	(61)	(7)	(180)	(14)
<u>'Accessibility' Reasons:</u>								
Travel to St Mary’s Birth Centre was easier or more convenient for me	<b>69%</b>	78%	68%	76%	54%	57%	71%	43%
Travel or parking concerns relating to other birthing sites or hospitals	<b>54%</b>	78%	53%	54%	54%	57%	55%	36%
<b>Any 'Accessibility' reason (net)</b>	<b>79%</b>	<b>89%</b>	<b>79%</b>	<b>83%</b>	<b>70%</b>	<b>86%</b>	<b>81%</b>	<b>50%</b>
<u>'Experience' Reasons:</u>								
It was recommended to me by someone I trust	<b>60%</b>	67%	60%	59%	61%	71%	61%	50%
I've had a previous positive experience at St Mary’s Birth Centre	<b>48%</b>	33%	49%	45%	51%	57%	48%	43%
I've had a previous negative experience at another birthing site or hospital	<b>33%</b>	44%	33%	33%	34%	14%	34%	29%
<b>Any 'Experience' reason (net)</b>	<b>93%</b>	<b>89%</b>	<b>93%</b>	<b>90%</b>	<b>98%</b>	<b>100%</b>	<b>94%</b>	<b>79%</b>

**Table 15c (continued): Q5. Why did you and/or your family choose or consider choosing St Mary’s Birth Centre instead of other birthing sites? (Select all that apply). RESULTS BY GENDER, AGE & ETHNICITY (base sizes in brackets).**

		Gender:		Age:			Ethnicity	
<i>Base: All Patients/families/carers answering</i>	Total (199)	Male (9)	Female (187)	20-34 (126)	35-49 (61)	50+ (7)	White (180)	Non-White Ethnicity (14)
<u>'Quality of Care' Reasons:</u>								
I believe there is a high quality of care at St Mary’s Birth Centre	<b>98%</b>	100%	98%	97%	100%	100%	98%	93%
I had concerns about the quality of care at other birthing sites or hospitals	<b>60%</b>	56%	61%	60%	64%	43%	62%	43%
<b>Any 'Quality of Care' reason (net)</b>	<b>98%</b>	<b>100%</b>	<b>98%</b>	<b>98%</b>	<b>100%</b>	<b>100%</b>	<b>99%</b>	<b>93%</b>
<u>'Environment' Reasons:</u>								
I prefer the environment at St Mary’s Birth Centre (e.g. less clinical than a hospital)	<b>94%</b>	89%	95%	94%	93%	100%	95%	86%
<b>Any 'Environment' reason (net)</b>	<b>94%</b>	<b>89%</b>	<b>95%</b>	<b>94%</b>	<b>93%</b>	<b>100%</b>	<b>95%</b>	<b>86%</b>
Other reason	<b>9%</b>	0%	9%	6%	11%	14%	8%	7%

There are no significant differences in impact between patients/families/carers by gender in terms of the reasons why they and/or their family chose or considered choosing St Mary’s Birth Centre instead of other birthing sites.

Looking at differences in response by age, there may be some evidence to suggest that patients/families/carers aged between 35-49 may be slightly less likely than average to have selected 'Accessibility' reasons to explain why they and/or their family chose or considered choosing St Mary’s Birth Centre instead of other birthing sites, with 70% (43 respondents) of 35-49s selecting an 'Accessibility' reason compared with the 79% average across all patients/families/carers.

Base sizes are too low to identify any significant differences by ethnicity, although it is interesting to note that only 50% (7 respondents) of those of non-White ethnicity choose an 'Accessibility' reason to explain why they and/or their family chose or considered choosing St Mary’s Birth Centre instead of other birthing sites, compared to the 79% average. A similar finding is also seen for 'Experience' reasons, with 79% (11 respondents) of those of non-White ethnicity selecting one of these reasons compared to the 93% average – this is driven in

particular by only 50% (7 respondents) of those of non-White ethnicity saying that *'It was recommended to me by someone I trust'* was a reason for their consideration or choice of St Mary's, compared to the 60% average.

**Table 15d: Q5. Why did you and/or your family choose or consider choosing St Mary's Birth Centre instead of other birthing sites? (Select all that apply). RESULTS BY 'HEALTH STATUS', 'CARER STATUS' AND 'ARMED FORCES INVOLVEMENT'** (base sizes in brackets).

	Total	Disability or Poor Health?		Carer Responsibility?		Armed Forces Involvement?:	
		Yes (21)	No (169)	Yes (10)	No (179)	Yes (9)	No (178)
<i>Base: All Patients/families/carers answering</i>	<b>(199)</b>						
<u>'Accessibility' Reasons:</u>							
Travel to St Mary's Birth Centre was easier or more convenient for me	<b>69%</b>	57%	71%	60%	70%	89%	67%
Travel or parking concerns relating to other birthing sites or hospitals	<b>54%</b>	48%	54%	60%	54%	56%	52%
<b>Any 'Accessibility' reason (net)</b>	<b>79%</b>	<b>67%</b>	<b>81%</b>	<b>80%</b>	<b>80%</b>	<b>89%</b>	<b>78%</b>
<u>'Experience' Reasons:</u>							
It was recommended to me by someone I trust	<b>60%</b>	67%	59%	50%	60%	56%	61%
I've had a previous positive experience at St Mary's Birth Centre	<b>48%</b>	43%	49%	70%	47%	78%	47%
I've had a previous negative experience at another birthing site or hospital	<b>33%</b>	38%	33%	40%	34%	56%	32%
<b>Any 'Experience' reason (net)</b>	<b>93%</b>	<b>90%</b>	<b>93%</b>	<b>100%</b>	<b>93%</b>	<b>89%</b>	<b>94%</b>

**Table 15d (continued): Q5. Why did you and/or your family choose or consider choosing St Mary’s Birth Centre instead of other birthing sites? (Select all that apply). RESULTS BY ‘HEALTH STATUS’, ‘CARER STATUS’ AND ‘ARMED FORCES INVOLVEMENT’** (base sizes in brackets).

	Total	Disability or Poor Health?		Carer Responsibility?		Armed Forces Involvement?:	
		Yes	No	Yes	No	Yes	No
<i>Base: All Patients/families/carers answering</i>	(199)	(21)	(169)	(10)	(179)	(9)	(178)
<u>‘Quality of Care’ Reasons:</u>							
I believe there is a high quality of care at St Mary’s Birth Centre	<b>98%</b>	95%	98%	100%	98%	100%	98%
I had concerns about the quality of care at other birthing sites or hospitals	<b>60%</b>	67%	60%	80%	60%	78%	59%
<b>Any ‘Quality of Care’ reason (net)</b>	<b>98%</b>	<b>95%</b>	<b>99%</b>	<b>100%</b>	<b>99%</b>	<b>100%</b>	<b>98%</b>
<u>‘Environment’ Reasons:</u>							
I prefer the environment at St Mary’s Birth Centre (e.g. less clinical than a hospital)	<b>94%</b>	81%	96%	100%	94%	89%	94%
<b>Any ‘Environment’ reason (net)</b>	<b>94%</b>	<b>81%</b>	<b>96%</b>	<b>100%</b>	<b>94%</b>	<b>89%</b>	<b>94%</b>
Other reason	<b>9%</b>	19%	7%	10%	8%	11%	8%

Although base sizes are too low to identify any significant differences by health status, it is interesting to note that only 67% (14 respondents) of those with a disability or poor health choose an ‘Accessibility’ reason to explain why they and/or their family chose or considered choosing St Mary’s Birth Centre instead of other birthing sites, compared to the 79% average across all patients/families/carers. This is largely accounted for by the smaller proportion of those with a disability or poor health citing ‘*Travel to St Mary’s Birth Centre was easier or more convenient for me*’ as a reason for their consideration or choice of St Mary’s (57% - 12 respondents - selecting this, compared with the 69% average). A similar finding is also seen for ‘Environment’ reasons, with 81% (17 respondents) of those with a disability or poor health selecting ‘*I prefer the environment at St Mary’s Birth Centre (e.g. less clinical than a hospital)*’ as a reason, compared to the 94% average.

There are no significant differences in impact between patients/families/carers by carer status in terms of the reasons why they and/or their family chose or considered choosing St Mary’s Birth Centre instead of other birthing sites.

Similarly, there are no significant differences by Armed Forces involvement in terms of the reasons why patients/families/carers and/or their families chose or considered choosing St Mary’s Birth Centre instead of other birthing sites.

**Table 15e: Q5. Why did you and/or your family choose or consider choosing St Mary's Birth Centre instead of other birthing sites? (Select all that apply). RESULTS BY SEXUAL ORIENTATION & RELIGION/BELIEF (base sizes in brackets).**

Base: All Patients/families/carers answering	Total (199)	Sexual Orientation:		Religion/Belief:		
		Heterosexual (176)	Gay/Lesbian / Bisexual (6)	Christian (58)	Non Christian (7)	No religion (124)
<u>'Accessibility' Reasons:</u>						
Travel to St Mary's Birth Centre was easier or more convenient for me	<b>69%</b>	68%	83%	69%	43%	70%
Travel or parking concerns relating to other birthing sites or hospitals	<b>54%</b>	54%	17%	55%	29%	54%
<b>Any 'Accessibility' reason (net)</b>	<b>79%</b>	<b>78%</b>	<b>100%</b>	<b>83%</b>	<b>43%</b>	<b>79%</b>
<u>'Experience' Reasons:</u>						
It was recommended to me by someone I trust	<b>60%</b>	61%	83%	67%	57%	57%
I've had a previous positive experience at St Mary's Birth Centre	<b>48%</b>	49%	17%	57%	29%	46%
I've had a previous negative experience at another birthing site or hospital	<b>33%</b>	34%	17%	34%	43%	34%
<b>Any 'Experience' reason (net)</b>	<b>93%</b>	<b>93%</b>	<b>100%</b>	<b>98%</b>	<b>71%</b>	<b>93%</b>

**Table 15e (continued): Q5. Why did you and/or your family choose or consider choosing St Mary’s Birth Centre instead of other birthing sites? (Select all that apply). RESULTS BY SEXUAL ORIENTATION & RELIGION/BELIEF** (base sizes in brackets).

Base: All Patients/families/carers answering	Total (199)	Sexual Orientation:		Religion/Belief:		
		Heterosexual (176)	Gay/Lesbian / Bisexual (6)	Christian (58)	Non Christian (7)	No religion (124)
<u>‘Quality of Care’ Reasons:</u>						
I believe there is a high quality of care at St Mary’s Birth Centre	<b>98%</b>	98%	100%	98%	100%	98%
I had concerns about the quality of care at other birthing sites or hospitals	<b>60%</b>	61%	50%	60%	57%	62%
<b>Any ‘Quality of Care’ reason (net)</b>	<b>98%</b>	<b>98%</b>	<b>100%</b>	<b>98%</b>	<b>100%</b>	<b>99%</b>
<u>‘Environment’ Reasons:</u>						
I prefer the environment at St Mary’s Birth Centre (e.g. less clinical than a hospital)	<b>94%</b>	94%	100%	98%	86%	94%
<b>Any ‘Environment’ reason (net)</b>	<b>94%</b>	<b>94%</b>	<b>100%</b>	<b>98%</b>	<b>86%</b>	<b>94%</b>
Other reason	<b>9%</b>	8%	17%	7%	0%	9%

Due to very low base sizes, there are no significant differences by sexual orientation in terms of the reasons why patients/families/carers and/or their families chose or considered choosing St Mary’s Birth Centre instead of other birthing sites.

Although base sizes are too low to identify any significant differences by religion/belief, it is interesting to note that only 43% of the 7 non-Christian respondents choose an ‘Accessibility’ reason to explain why they and/or their family chose or considered choosing St Mary’s Birth Centre instead of other birthing sites (compared to the 79% average across all patients/families/carers) and only 71% of this group choose an ‘Experience’ reason. As only one of these seven respondents lived in Melton, differences in proximity to the Birth Centre may partly explain this pattern.

## 2.5 Suggestions for Improving Birth and Inpatient Maternity Services at Leicester General Hospital, Leicester Royal Infirmary, or for Home Births

### Headline findings

Respondents to the survey were asked whether they had any suggestions for improving birth and inpatient maternity services at Leicester General Hospital, Leicester Royal Infirmary, or for home births. The overall results for this question for **patients/families/carers** are summarised in Table 16 below.

**Table 16: Q6. We plan to relocate births and inpatient care from St Mary's to the existing maternity unit at Leicester General Hospital. Considering this relocation, do you have any suggestions to improve birth and inpatient maternity services at Leicester General Hospital, Leicester Royal Infirmary, or for home births?**

**RESULTS** (all patient/family/carer respondents answering: n=173).

Theme of comment (NB: themes mentioned by 5+ respondents shown)	No. responses	% responses
Ensure hospital birth care environments are improved (e.g. settings are clean, calmer/less clinical environment, birthing pools, more beds)	43	25%
Hospital care needs to be more individual/holistic (as per St Mary's)	39	23%
Need to listen to patients/women (e.g. their needs, women's birth choices, less early intervention)	30	17%
Need to take into account how far expectant mothers need to travel to access hospital maternity services/too far away to access easily	30	17%
Ensure maternity staffing levels are always adequate	28	16%
Provide better breastfeeding support post-birth	20	12%
Ensure hospital birth settings are staffed by polite/attentive/compassionate staff	20	12%
Allow new mothers to remain for longer as an inpatient post-birth (e.g. to receive support)	19	11%
Improve parking facilities at hospital locations (e.g. Leicester General)	17	10%
Make the hospital birth experience better than my previous one/how I expect it will be currently (e.g. hospital standards of care)	13	8%
Ensure better continuity of care (i.e. seeing the same midwife/staff regularly)	9	5%
Build new custom-made site separate from the hospital	8	5%
Partners need to be allowed to stay with mothers/be allowed longer visiting times	6	3%
Hospitals to provide better antenatal information (e.g. birthing plans, waiting times, what to expect during labour)	6	3%
New service must be midwife-led/St Mary's staff-led, not led by existing hospital consultants	5	3%
Better service/care to be given for home births	5	3%
<i>Don't want services to move</i>	20	12%

Amongst patients/families/carers, the most commonly mentioned suggestions to improve birth and inpatient maternity services at Leicester General Hospital, Leicester Royal Infirmary, or for home births centre around the perceived need for hospital settings to replicate the personal service and quality of care that patients have either received from, or have heard about at, St Mary's. A quarter of patients/families/carers answering (25% - 43 respondents) suggest that the relocation of services needs to *'Ensure hospital birth care environments are improved (e.g. settings are clean, calmer/less clinical environment, birthing pools, more beds)'*, while 23% (39 respondents) make comments that *'Hospital care needs to be more individual/holistic (as per St Mary's)'*. As seen with the responses to previous questions in the survey, underpinning these comments is a perception amongst maternity service users that receiving maternity care in a hospital setting can be daunting and off-putting for many due to previous experiences of themselves or other people they know, with 8% (13 respondents) suggesting a key improvement would simply be to *'Make the hospital birth experience better than my previous one/how I expect it will be currently (e.g. hospital standards of care)'*.

In addition, postnatal care and support is an area where maternity patients would like hospital maternity settings to replicate the St Mary's offering and not simply 'rush new mothers out of the door'. In this respect, 12% (20 respondents) mention that hospital maternity settings should *'Provide better breastfeeding support post-birth'* and 11% (19 respondents) feel that the new hospital maternity settings should *'Allow new mothers to remain for longer as an inpatient post-birth (e.g. to receive support)'*.

Improvements around the perceived quality and quantity of maternity staff in hospital settings are also mentioned by some respondents – 16% (28 respondents) feel it is vital to *'Ensure maternity staffing levels are always adequate'*, 12% (20 respondents) state that maternity services should *'Ensure hospital birth settings are staffed by polite/attentive/compassionate staff'* and 5% (9 respondents) feel a focus should be to *'Ensure better continuity of care (i.e. seeing the same midwife/staff regularly)'*.

Another suggestion theme relates to the preference of maternity patients to be given more of a choice over their birthing. More than a sixth (17% - 30 respondents) think that the hospital maternity settings *'Need to listen to patients/women (e.g. their needs, women's birth choices, less early intervention)'*.

Other suggestions relate to the logistics involved for maternity patients to be able to easily attend hospitals, especially at a time of potential stress and worry for them, with 17% (30 respondents) stating that maternity service planners *'Need to take into account how far expectant mothers need to travel to access hospital maternity services as they can be too far away to access easily'* and 10% (17 respondents) believe there is a need to *'Improve parking facilities at hospital locations (e.g. Leicester General)'*.

In total, 173 patient/family/staff respondents provided a comment of some kind for Q6 ('We plan to relocate births and inpatient care from St Mary's to the existing maternity unit at Leicester General Hospital. Considering this relocation, do you have any suggestions to improve birth and inpatient maternity services at Leicester General Hospital, Leicester Royal Infirmary, or for home births?').

## 2.6 Findings from Qualitative Engagement with Patients, Families and Carers

In addition to the survey, LLR ICB spoke with people individually, in group discussions, and received written feedback by email. This section provides a summary of the themes found when talking to *patients/families/carers*, which consisted of:

- Four focus groups (2 face to face and 2 online, totalling 25 participants)
- Three one-to-one depth interviews
- 11 formal emails

The majority of participants had birthed or received postnatal care at St Mary's Birth Centre before the pause in services. Many had also experienced maternity care at Leicester General Hospital or Leicester Royal Infirmary, and some had received care from the home birth team. Participants included those who had used St Mary's since January 2021, those who had planned to use the service before being notified of the pause, and those who would have considered using St Mary's had the service remained open. Most participants were mothers, although some family members also shared their experiences.

Across the focus groups and interviews, similar questions and prompts were used to guide conversations. These encouraged open, in-depth discussions about experiences of maternity care and the impact of the pause at St Mary's. To triangulate the responses and consider them thematically, feedback from all sessions has been combined and analysed collectively to identify the overarching themes.

Across the sessions, the main questions included:

- *What comes to mind when you think about St Mary's?*
- *Why did you choose or consider choosing St Mary's?*
- *How did the pause in services affect you and your family?*
- *How do you think the pause in services affected others locally?*
- *What did you value most about St Mary's Birth Centre?*
- *What would make maternity services feel right for you and your family?*
- *What's the one message you'd want decision-makers to hear when implementing the 2021 decision to relocate services?*

Some focus groups also used Post-it activities or an online interactive tool (Mentimeter) to allow participants to submit shorter responses anonymously. These created additional talking points that were then explored in the wider discussion.

This multi-method approach ensured that all participants could contribute fully and comfortably, producing a rich qualitative dataset that could be triangulated alongside survey free-text feedback and written submissions.

### Overview of themes

Across all qualitative sources (focus groups, 1-to-1 interviews, letters/emails and survey free-text responses), participants consistently described aspects of care that influenced their experiences, choices, sense of safety and emotional wellbeing. The themes align closely with the survey findings and provide deeper insight into the reasons behind respondents' preferences and concerns. Most themes were raised repeatedly across multiple sessions, showing strong saturation and consistency.

The sections that follow present the findings thematically, highlighting areas most important to participants when considering the impact of the pause and the design of future maternity services.

### ***What did people value most about St Mary's?***

Across all the feedback, people described St Mary's as a **calm, safe and personal** place to have care before and after birth. Many said it felt very different to a busy hospital environment.

People repeatedly said they felt **looked after, listened to, and never left on their own.**

The **environment** itself mattered a great deal. People described the birth rooms and postnatal ward as calm, quiet and homely, which helped them stay relaxed during labour and in the early days with their baby.

### ***Why was postnatal care at St Mary's so important to people?***

Postnatal care, especially **breastfeeding support** and help in the first few days, was described as one of the most valued and unique parts of the St Mary's service. Some people mentioned receiving **hour-by-hour help**, which was especially valuable at night, when feeding challenges often felt hardest. Several parents felt that this support directly affected their ability to breastfeed.

### ***How did people describe their experiences at other hospital sites?***

Some described acute hospital settings as **busy, noisy, medicalised and overstretched** compared to St Mary's. Staff at acute hospital sites were frequently described as kind and professional but some participants suggested heavy workloads and time pressures meant they could not offer the same level of personalised care that was provided at St Mary's.

Common concerns included:

- **Feeling pressured toward induction or interventions;**
- **Long waits and a lack of support;**
- **Challenges with postnatal wards**, such as noisy bays, limited privacy, and delays in receiving pain relief or feeding support;
- **Concerns about lack of consent or not following birth plans;** and

A small number of participants also described what they perceived as unexpected or unexplained separation from their baby, and some commented on the importance of early skin-to-skin contact.

### ***How did the pause of the St Mary's service make people feel?***

The pause generated strong emotional responses, including sadness, frustration, and heightened anxiety about giving birth.

Some people said the closure affected decisions about whether, when or where to have future children.

For some, losing the option of St Mary's Birth Centre meant they were now considering a home birth they didn't feel fully comfortable with; others were considering a planned caesarean because they felt anxious about the uncertainty of labouring in a hospital setting, including whether facilities, staff or a suitable birth space would be available.

### ***How did travel, distance and parking shape people's choices?***

For many families, especially in **Melton, Rutland, and surrounding villages**, St Mary's was described as the **closest and most accessible** option. People worried about longer journeys, especially at night, in labour, or with limited childcare. Parking at acute hospital sites was also raised as an issue.

### ***What do people say they need from future maternity services?***

Across the dataset, people said they want:

- **A calm, safe environment**
- **Respect for their choices**  
People want their birth plans read, preferences followed, and consent taken seriously.
- **Strong postnatal support**  
Particularly for feeding, recovery and confidence in the early days.
- **Realistic choice of place of birth**  
This included:
  - birth centres not attached to the main hospital,
  - better promotion of all options,
  - reliable support for home birth where appropriate, and
  - services that work for rural families.
- **Good information, early and clearly**  
Including virtual tours, practical what-to-expect guidance, and clear points of contact.

## **Summary**

People told us that St Mary's offered something distinct and highly valued: a calm environment, personalised midwifery care, and a level of inpatient postnatal and breastfeeding support many say they could not find elsewhere.

The pause left many feeling anxious, disappointed or without a choice they were comfortable with, particularly those who live far from Leicester's hospitals. Their feedback is consistent across focus groups, interviews and emails, and highlights what parents most want to see protected and rebuilt in any future maternity service.

# Section 3: Findings for Staff and Students

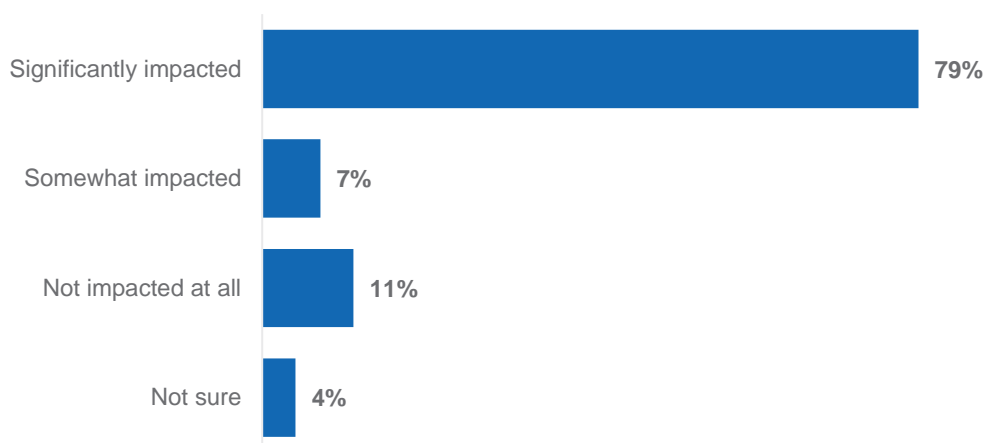
### 3.1 Impact of the Pause in Service at St Mary’s Birth Centre

#### Headline findings

Respondents to the survey were asked to indicate the extent to which themselves and/or their family felt they had been impacted by the pause in service at St Mary’s Birth Centre. The overall results for this question for **staff** are summarised in Figure 3 below.

**Figure 3: Q3. To what extent do you feel you and/or your family have been impacted by the pause in service at St Mary’s Birth Centre? (Select one).**

**OVERALL RESULTS** (all staff/students answering: n=28).



Nearly four-fifths (79% - 22 respondents) of staff/students feel that they and/or their family have been ‘significantly impacted’ by the pause in service at St Mary’s Birth Centre, with a further 7% (2 respondents) indicating they and/or their family have been ‘somewhat impacted’.

#### Results by respondent type

Table 16a (overleaf) shows how responses to this question vary by the capacity in which respondents are answering the questionnaire<sup>2</sup>.

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<sup>2</sup> None of the staff respondents completed the demographic profiling questions at the end of the survey – hence the findings for staff can only be broken down by capacity means. Breakdowns of staff impact by area of residence are not presented because the number of staff respondents in several geographic areas was very small. In line with disclosure-control requirements, these subgroup results have been suppressed to protect confidentiality and avoid any risk of identifying individuals.

**Table 16a: Q3. To what extent do you feel you and/or your family have been impacted by the pause in service at St Mary’s Birth Centre? (Select one). RESULTS BY CAPACITY ANSWERING IN** (base sizes in brackets).

<i>Base: All Staff/students</i>	<b>Total</b> (28)	<b>Capacity Answering In:</b>	
		<b>Worked at SMBC prior to the pause in service</b> (10)	<b>Staff/Student at LLR maternity services</b> (18)
Significantly impacted	<b>79%</b>	90%	72%
Somewhat impacted	<b>7%</b>	0%	11%
Not impacted at all	<b>11%</b>	10%	11%
Not sure	<b>4%</b>	0%	6%

There may be some evidence to suggest that the strength of the impact of the pause in service at St Mary’s Birth Centre may be slightly greater amongst those who worked at St Mary’s prior to the pause in service, with 90% (9 respondents) or this group feeling they or their family have been ‘significantly impacted’ compared to the 79% average. However, the very low base sizes mean that this finding should be treated as indicative rather than statistically significant.

### 3.2 Impact of the Pause in Service at St Mary's Birth Centre - Detail

#### Headline findings

Respondents to the survey were asked to describe how the pause in services at St Mary's Birth Centre has impacted them and/or their family. The overall results for this question for **staff** are summarised in Table 17 below.

**Table 17: Q4. Please describe how the pause in services has impacted you and/or your family. What did you value most about St Mary's and what, if anything, do you feel is missing or harder to find at other birthing sites or hospitals?**

**RESULTS** (all staff/student respondents answering: n=25).

Theme of comment (NB: themes mentioned by 2+ respondents shown)	No. responses	% responses
Patients have had a previous positive experience of St Mary's (which won't now be possible again)	16	64%
Won't have the chance to work at St Mary's/enhance my professional development	7	28%
Patients feel nervous/apprehensive about birthing in a hospital environment (e.g. expecting a worse/less comfortable experience, poorer quality of care, expecting less postnatal support)	5	20%
Patients need a choice of where to have maternity support	5	20%
Will have/has had an effect on staff wages/prospects	5	20%
Concern about staff morale/staff retention (e.g. lower job satisfaction if deployed elsewhere)	5	20%
Concern about job cuts/redeployment/extra travel costs	4	16%
Unhappy about short notice/quality of communications to staff about St Mary's closure	4	16%
Concerned about continuity of care for patients	3	12%
Concerned about impact on mental health/has caused anxiety	2	8%
Unhappy about UHL's treatment of/support for staff	2	8%

Of those respondents who either worked at SMBC prior to the pause in service or who are staff or students at LLR maternity services, the most commonly mentioned impacts are around the effects the pause in services will have on patients and their families. Nearly two-thirds (64% - 16 respondents) of staff make comments relating to the theme that *'Patients have had a previous positive experience of St Mary's (which won't now be possible again)'*, while 20% (5 respondents) feel that *'Patients/I would feel nervous/apprehensive about birthing in a hospital environment (e.g. expecting a worse/less comfortable experience, poorer quality of care, expecting less postnatal support)'* and a similar proportion state that *'Patients need a choice of where to have maternity support'*.

At a lower level, other staff or students also mention impacts on themselves and their own professional development, with 28% (7 respondents) unhappy that they *'Won't have the chance*

*to work at St Mary's/enhance my professional development*'. The other main theme relates to general morale in the maternity profession. Some staff and students feel that the pause in services could have a detrimental financial effect on themselves, with 20% (5 respondents) feeling that it *'Will have an effect on staff wages/prospects'* and 16% (4 respondents) state a *'Concern about job cuts/redeployment/extra travel costs'*, while 20% (5 respondents) cite *'Concern about staff morale/staff retention (e.g. lower job satisfaction if deployed elsewhere)'* as an impact on themselves and colleagues.

The other theme mentioned, albeit at a slightly lower level, is the way that the pause in services has been handled and communicated to staff and students – 16% (4 respondents) comment that they and/or colleagues are *'Unhappy about short notice/quality of communications to staff about St Mary's closure'* and 8% (2 respondents) mention they are *'Unhappy about UHL's treatment of/support for staff'*.

In total, 25 staff/student respondents provided a comment of some kind for Q4 (*'Please describe how the pause in services has impacted you and/or your family. What did you value most about St Mary's and what, if anything, do you feel is missing or harder to find at other birthing sites or hospitals'*).

### 3.3 Suggestions for Improving Birth and Inpatient Maternity Services at Leicester General Hospital, Leicester Royal Infirmary, or for Home Births

#### Headline findings

Respondents to the survey were asked whether they had any suggestions for improving birth and inpatient maternity services at Leicester General Hospital, Leicester Royal Infirmary, or for home births. The overall results for this question for **staff/students** are summarised in Table 18 below.

**Table 18: Q6. We plan to relocate births and inpatient care from St Mary’s to the existing maternity unit at Leicester General Hospital. Considering this relocation, do you have any suggestions to improve birth and inpatient maternity services at Leicester General Hospital, Leicester Royal Infirmary, or for home births?**

**RESULTS** (all staff/student respondents answering: n=25).

Theme of comment (NB: themes mentioned by 2+ respondents shown)	No. responses	% responses
Ensure maternity staffing levels are always adequate	9	36%
Ensure hospital birth care environments are improved (e.g. settings are clean, calmer/less clinical environment, birthing pools, more beds)	7	28%
Allow new mothers to remain for longer as an inpatient post-birth (e.g. to receive support)	7	28%
Need to listen to patients/women (e.g. their needs, women's birth choices, less early intervention)	5	20%
Provide better breastfeeding support post-birth	5	20%
Improve hospital administration/processes generally	4	16%
Hospital care needs to be more individual/holistic (as per St Mary's)	3	12%
Build new custom-made site separate from the hospital	3	12%
Need to take into account how far expectant mothers need to travel to access hospital maternity services/too far away to access easily	2	8%
Ensure the same staff learning/experience is available as per St Mary's	2	8%
Don't want services to move	2	8%

Amongst staff/students, the most commonly mentioned suggestions to improve birth and inpatient maternity services at Leicester General Hospital, Leicester Royal Infirmary, or for home births generally centre around patient needs rather than specific issues around their own needs as staff/students. Similar to the findings seen for patients/families/carers, the perceived need for hospital settings to replicate the personal service and quality of care that patients have either received from, or have heard about at, St Mary’s is important to staff/students - more than a quarter (28% - 7 respondents) suggest that the relocation of services needs to ‘*Ensure hospital birth care environments are improved (e.g. settings are clean, calmer/less clinical environment, birthing pools, more beds)*’, while 20% (5 respondents) state that maternity services ‘*Need to listen to patients/women (e.g. their needs, women's birth choices, less early*

*intervention)*' and 12% (3 respondents) make comments that *'Hospital care needs to be more individual/holistic (as per St Mary's)'*.

Postnatal care and support is an area where staff/students would like hospital maternity settings to replicate the St Mary's offering - 28% (7 respondents) feel that the new hospital maternity settings should *'Allow new mothers to remain for longer as an inpatient post-birth (e.g. to receive support)'* and 20% (5 respondents) mention that hospital maternity settings should *'Provide better breastfeeding support post-birth'*.

However, logistical issues around how maternity services in a hospital setting are delivered are also mentioned by staff/students – 36% (9 respondents) feel it is vital to *'Ensure maternity staffing levels are always adequate'* and 16% (4 respondents) feel that there is a need to *'Improve hospital administration/processes generally'*.

In total, 25 staff/student respondents provided a comment of some kind for Q6 ('We plan to relocate births and inpatient care from St Mary's to the existing maternity unit at Leicester General Hospital. Considering this relocation, do you have any suggestions to improve birth and inpatient maternity services at Leicester General Hospital, Leicester Royal Infirmary, or for home births?').

### 3.4 Findings from Qualitative Engagement with Staff and Students

This section summarises what we heard from those who worked at St Mary's Birth Centre before the pause and student midwives about their experiences of St Mary's Birth Centre and the impact of the pause.

Feedback was gathered through:

- Two staff focus groups (19 participants)
- One student midwife focus group (5 participants)
- One staff interview

Participants reflected a range of roles across the St Mary's team and student midwifery cohort. Their reflections were detailed and often emotional, describing both the strengths of St Mary's and the personal and professional impact of losing the service.

Across all sessions, similar prompts were used to guide discussion, covering experiences of working or training at St Mary's, the perceived impact of the pause, operational challenges, and what participants felt was most important for future maternity services. Staff and students shared their perspectives in depth, often drawing on comparisons between St Mary's, home birth services, and maternity services at the Leicester Royal Infirmary and Leicester General Hospital.

#### Overview of themes

Across all staff and student feedback, several strong and highly consistent themes emerged. These included:

- The value placed on **continuity, autonomy and personalised midwifery-led care** at St Mary's.
- The **emotional and professional impact** of the pause on staff identity, wellbeing and morale.
- Discontent with the **communication and decision-making process**, including how the pause was announced.
- Operational challenges staff faced before the pause, including **building issues, staffing pressures, and lack of promotion**.
- For students, the unique learning opportunities St Mary's provided, especially exposure to **physiological birth** and low-risk care.

The sections that follow present these findings thematically, reflecting what staff and students told us mattered most to their practice, training, confidence and professional identity, and what they felt decision-makers should understand when shaping the future of maternity services.

#### *What did staff value most about working at St Mary's?*

Staff spoke with pride about providing **personalised, woman-centred care**, delivered with time, continuity and autonomy. They described St Mary's as a place where they could practise the type of midwifery we came into the profession for.

Many highlighted the importance of **continuity of care, teamwork**, and being able to support families with the time and attention they needed.

Staff described their roles as a **privilege**, took pride in “gold standard care”, and said the environment allowed them to build confidence in women and families.

Many staff also spoke about the **close, supportive team** at St Mary’s.

### ***What impact did the pause have on staff?***

The pause had both emotional and professional effects on staff, with many describing feeling upset by the change. Staff also reflected on changes within the team, including colleagues moving into other roles or leaving.

A small number of staff mentioned personal financial implications, particularly as pay protection came to an end. Others expressed concern about the loss of autonomy and the reduced opportunities to deliver midwifery-led care following the pause.

### ***How did staff feel about communication and decision-making?***

A significant theme was how staff found out about the pause. Some felt the way they found out was inappropriate, which caused them distress and confusion.

Some also reported feeling disappointed not to be included in decision-making conversations.

### ***What challenges did staff say they faced before the pause?***

Staff talked about several operational issues that affected service delivery:

- **Building and maintenance issues**  
Staff described occasional situations where issues with taps, water supply, Entonox or temperature control had affected how the service was able to operate.
- **Promotion and awareness**  
Staff felt the service was not promoted well by the wider trust.
- **Staffing and on-call pressures**  
Staff described unclear rules, unpaid overtime and difficulties managing on-call responsibilities.

### ***What did staff say about safety and activity levels?***

Some staff strongly challenged the narrative that the service was unsafe, in relation to the announcement of the pause and the suggestion that “The low number of births makes it harder for staff to maintain clinical experience and for the centre to operate safely”. Staff commented that the team was skilled, experienced and safe.

Some also felt the activity reported did not fully represent the number of admissions.

Some reflected that relocating low-risk births into acute hospital settings removed an option for women who would previously have chosen a midwifery-led environment, which they suggested may increase in demand for home births.

### ***What do staff want decision-makers to understand?***

Staff consistently emphasised:

- The importance of choice
- That decisions should not rely on outdated consultation data
- Honesty and transparency
- The value of the care model

## **Student Midwife Perspectives**

### ***What did students value about St Mary's?***

Students who trained at St Mary's described it as an exceptional learning environment, especially for developing confidence in physiological (natural) birth, communication skills and continuity of care.

Students highlighted that St Mary's offered unique exposure to:

- Low-risk intrapartum care
- Physiological births
- Longer, calmer interactions with women
- Postnatal feeding support

Many described the service as providing an essential foundation for their training.

### ***How did the pause affect students?***

Students placed at St Mary's after the pause described an emotional atmosphere, with women frequently asking what was happening and an impact on staff morale.

Some students felt they missed out on essential elements of midwifery training and expressed concern that without St Mary's, it would be more difficult to witness physiological births and postnatal support during their degree.

### ***What did students tell us about birth options in hospitals?***

Students with placements in the hospital-based birth centres (Orchard and Meadows) said they often did not feel like low-risk environments because:

- Staff were frequently pulled to the delivery suite
- Intervention levels were high
- Spaces were used for postnatal overflow
- Women had to walk through obstetric areas to access them

Students felt this limited opportunities to learn midwifery-led care.

## What do students want decision-makers to know?

Students emphasised:

- The importance of choice for women
- The value of standalone midwifery-led units for protecting physiological birth
- The impact of losing a unique learning environment
- The risk of future midwives being trained without exposure to normal birth

## Summary

Staff and students described St Mary's as a **unique and valued service**, defined by continuity, personalised care, autonomy and strong teamwork. Staff shared deep concerns about the way the pause was communicated, its emotional impact, and consequences for women's choice. Students described challenges in experiencing low-risk care within hospital settings.

These insights reflect a consensus about the importance of **choice, midwifery-led care, continuity**, and **honest communication**, alongside a shared sense of loss following the pause of the service.

# Section 4: Overarching Themes

## Overarching Themes Across All Engagement Data

Drawing together the survey results, written submissions, focus groups and interviews with patients, families, carers, staff and students, a set of clear, consistent themes emerged about what people value in maternity care and how the pause at St Mary's Birth Centre has affected them. These themes appeared across all evidence sources and reflect very recent, lived experiences of maternity care in Leicester, Leicestershire and Rutland.

### What People Told Us Matters Most

#### *A calm, reassuring environment that feels fundamentally different to hospital settings*

Across the engagement, people highlighted how important the **atmosphere and environment** of St Mary's had been. Patients described it as calm, relaxing, private and non-clinical, helping them feel safe, confident and able to focus on labour, birth and early bonding. The survey showed **94%** of respondents chose or considered St Mary's because they preferred its environment to hospital settings, and nearly all reported believing the quality of care there to be high.

Patients in focus groups echoed this, often contrasting St Mary's with experiences of noise, busyness or pressure on acute wards. Staff and students similarly described St Mary's as enabling the type of midwifery they entered the profession to deliver, with time, autonomy, and a practice culture that supported physiological birth without unnecessary escalation.

#### *Personalised, unhurried care- especially in the early days after birth*

Families consistently emphasised the value of **individualised attention**, continuity, and feeling truly known by staff. For many, the most distinctive feature of St Mary's was the **postnatal support**, particularly feeding help, night-time reassurance, and the ability to stay long enough to recover and feel confident.

In the qualitative staff and student sessions, midwives described how the postnatal model at St Mary's enabled safe feeding establishment, emotional support, and prevention of complications that might otherwise lead to readmissions. Students described it as an exceptional learning environment for understanding holistic early-days care.

#### *Choice, autonomy, and the emotional impact of losing an option that many trusted*

A powerful theme across patients, staff and students was the sense of **loss of choice**.

The public survey found that **95%** of patients felt impacted by the pause, including **72% significantly**. Many described feeling anxious about giving birth in hospital, with some saying the pause had changed the birth they had planned or hoped for.

Qualitative accounts from focus groups and email submissions described feelings of sadness, worry and frustration at no longer being able to choose a standalone midwifery-led environment. For some, this directly affected their sense of safety and confidence during pregnancy.

Staff and students echoed these concerns, describing the pause as emotionally difficult and professionally challenging. They suggested reduced choice can influence women's experience and how changes in pathways may place pressure on other services.

### ***Access, travel and geography – practical realities that shape people's options***

Engagement highlighted that for many families, particularly those in **Melton, Rutland and surrounding rural areas**, St Mary's was the most practical and accessible site. The survey found that **69%** of respondents said travel to St Mary's was easier or more convenient for them, and over half cited concerns about travel or parking at other sites.

Focus-group participants described challenges such as:

- travelling long distances while in labour,
- needing to rely on partners for transport,
- newborns spending long periods in car seats, and
- difficulty reaching Leicester for scans and appointments.

Staff also reported concerns about the challenges of maintaining consistent home birth coverage if demand for the service increases as a result of St Mary's no longer being an option.

These practical constraints contributed to a wider feeling that realistic choice had narrowed for some communities.

### ***Listening and communication***

Across the survey and qualitative patient data, people emphasised how important it is to feel listened to, especially during triage, early labour, and postnatal recovery.

Survey open-text responses described issues such as:

- difficulties being admitted or reassessed;
- conflicting clinical plans;
- feeling dismissed or not believed; and
- frustration when notes or preferences were not read or followed.

### ***Trust, transparency and how the pause was communicated***

Many participants reflected on the way the pause was announced and communicated.

Survey respondents expressed a desire for clearer information about decisions, the evidence behind them, and what different birth settings can offer.

Staff described the communication around the pause as disappointing, with lasting effects on morale and trust. They also raised concerns about the public framing of "safety", feeling it risked being misunderstood.

Taken together, the engagement data highlights a strong desire for open, timely, and consistent communication, both in day-to-day care and in wider service planning.

## ***Ensuring maternity care is inclusive and responsive to varied needs***

Some participants shared experiences of cultural or personal preferences not being fully understood in acute settings, reinforcing the importance of environments that support dignity, privacy and personalised care.

Participants emphasised the importance of personalised, unhurried care that recognises individual needs, including those relating to equality, privacy and inclusion (for example, LGBTQ+ families, single parents, people in privacy-sensitive professions, or those preferring female-only care).

## **Overall Reflections Across the Evidence**

Across all sources, the engagement findings paint a clear and consistent picture of what people value most in maternity care and how the pause at St Mary's has been experienced. People emphasised the importance of:

- a **calm, supportive, midwifery-led environment**;
- **personalised and unhurried care**, particularly in the early days after birth;
- **reliable and meaningful choice**;
- **practical access** shaped by geography, transport and parking;
- **feeling listened to and understood**;
- **trust and transparent communication**; and
- **inclusive care** that supports diverse families with dignity.

Staff and students added important insight into the professional, cultural and operational factors that support, or challenge, high-quality midwifery-led care, and the impact the pause has had on morale and the workforce.

Survey findings and patient qualitative accounts reinforced each other strongly, creating a coherent set of themes that reflect genuine and shared priorities across the community.

# Section 5: Use of Findings

## **Use of Findings**

The findings from this engagement will help LLR ICB understand the impact of the pause in service at St Mary's Birth Centre and ensure that the views and experiences of those affected are fully considered as part of the next stage of decision-making.

The engagement findings will be brought to a public meeting of the LLR ICB Board, where they will be considered alongside clinical, workforce and financial information in relation to the proposal to permanently relocate intrapartum services from St Mary's Birth Centre to the existing midwifery-led unit at Leicester General Hospital, in line with the 2021 public consultation decision.

End of report