

Tower Hamlets, Waltham Forest, Newham Maternity and Neonatal Voices Partnership Quarter 3 Report (October - December 2025)

Executive Summary

The Maternity and Neonatal Voices Partnership (MNVP) brings together the voices of women, birthing people, and families to shape and improve maternity and neonatal services across Tower Hamlets, Waltham Forest, and Newham. We listen to experiences across the full maternity journey, from the first midwife appointment through pregnancy and birth, to postnatal care, including neonatal support from health visitors, GPs, and infant feeding services.

Our work takes many forms, including surveys, community engagement sessions, *Walk the Patch* and *15 Steps for Maternity and Neonatal* visits, which enable us to identify what is working well and where improvements are needed. We also engage service users through online platforms such as Peanut and local Facebook groups to ensure a wide and inclusive range of voices is represented. MNVP Leads attend regular meetings with Barts Health NHS Trust and the Local Maternity and Neonatal System (LMNS), ensuring that service user feedback directly informs discussion and decision-making.

Although MNVP operates independently from the NHS, we work closely with partners through co-production with Barts Health NHS Trust to amplify community voices and support maternity and neonatal services to become more inclusive, responsive, and equitable.

Despite the initial challenges of adapting to new roles, both the Waltham Forest MNVP Lead and the Neonatal Lead were actively engaged throughout the quarter. They began direct engagement with pregnant women and new mothers across maternity wards, neonatal units, and community settings, while also holding introductory meetings with Barts Health NHS Trust and local Family Hubs to ensure continuity of work from previous leads. As a collective MNVP team, we are optimistic that the impact of this engagement will become increasingly visible in the following quarter, as service users' voices continue to be represented across all three boroughs.

Our Collaborations and Impact this Quarter

Walk the Patch

During this quarter, the Maternity and Neonatal Leads engaged with women, birthing people, dads and family members through the Walk the Patch initiative at postnatal and neonatal wards across Barts Health hospitals: Royal London Hospital (November & December), Newham University Hospital (October, November, and December), and Whipps Cross University Hospital (November & December). In the neonatal unit the ethos is to involve the family, (Family Integrated Care – FIC) where everything is designed to include parents/family in the care of the newborn, when possible.

Walk the Patch provides an opportunity for direct conversations with service users about their maternity journey, from antenatal appointments and scans, through labour and birth, to neonatal and postnatal care, including mental health and breastfeeding support.

Our Leads worked closely with matrons, midwives and hospital staff, ensuring that the voices of women and families were heard and acted upon. The feedback collected was reviewed by Patient Experience Midwives and the Associate Director of Midwifery (ADoM), helping to inform decision-making at hospital level.

Through questionnaires and discussions, our MNVP Leads identified key themes, highlighting both areas of improvement and those requiring further attention. A summary of findings from Walk the Patch and Coffee Mornings/Outreach sessions can be found in the appendix section of this report. Our findings have been shared and advocated during Safety Champions Meetings and other Trust-level meetings attended by the Leads.

Co-Production Initiatives

1. Organised World prematurity day in partnership with the three hospitals to raise funding, celebrate parents in the units, raise MNVP awareness and highlight the launch of Neonatal Walk The Patch and outreach across TWN hospitals. It was an important moment in creating relationship between the new Neonatal Lead and the NHS teams.

2. Session on raising Neonatal awareness amongst midwives during the cross site developmental day organised by Whipps cross Patient experience midwife. The Neonatal lead and the PEM are working on actions to improve attendance.

3. Festive Peer support session (outreach) at St John's children centre in partnership with Royal London outreach team. During the session, mothers expressed that they value the baby group and find it highly supportive; however, they indicated a preference for it to be held at least fortnightly rather than once per month. The Neonatal Lead is currently working with the outreach team to increase the frequency of sessions in Tower

Hamlets and with other partners to map the support available in the community across the three boroughs. We hope there will be neonatal baby support groups in Newham and Waltham Forest soon.

4. Cross site Quarterly focus survey on Infection Control. (Co-created with Royal London) The survey suggested that parents are aware of infection control rules; however, they indicated that reminders from staff are helpful. Some parents also reported that there are no adjustments in place for individuals with skin conditions, and that frequent handwashing is causing skin breakage. The Occupational Health team is currently exploring possible solutions to address this.

5. Neonatal Lead reviewed documents such as **Barts Health Training needs analysis document, Newham Information Leaflet**, as well as supporting with the production of the **video for the Royal London Neonatal Unit**.

6. Discussions with MS from Support Me CIC - [Home - Support Me Maternal Project](#) to learn about a pathway they've created for Polish mums and parents who have had stillborn, to explore replicating in Tower Hamlets and other hospitals.

7. Involved in the Including Fathers project run by Prince, consultant midwife and Nicole ADOM. We will track progress to measure impact of our involvement in the Fathers' Project.

8. In Newham, the Muslim Mama Memo card has been implemented and is well received. This card enables mothers to express their wishes from a faith-based lens to ensure their faith practices are respected and adhered to. As a result, the faith card has been adapted for Jewish and Sikh/Hindu mothers. Members of the faith communities have been invited to give feedback before these are rolled out. We are in discussion with Funmi, (PEM Newham) about how the team can use the card at the hospital more actively.

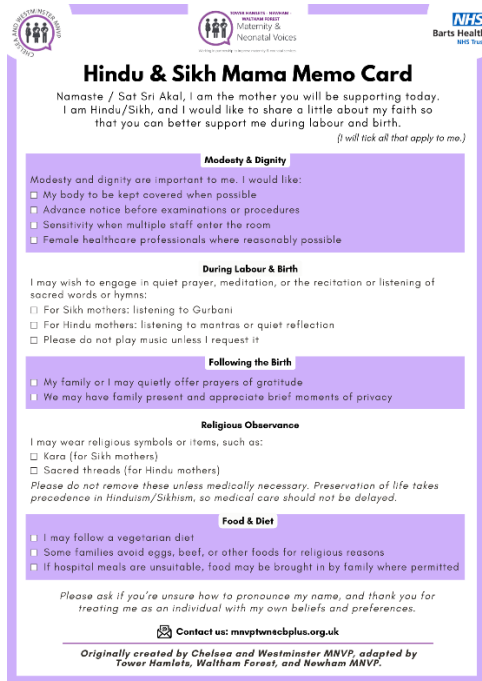
Community Outreach through Our Coffee Mornings and Digital Engagement

These are some of the community locations we visited this quarter through our Coffee Mornings and Outreach sessions, where we engaged in person with service users about their experiences and needs throughout their maternity journey:

Tower Hamlets: - **St John's Children centre for Neonatal baby group - Little Miracles**
Newham: Digital engagement through local WhatsApp group.

Waltham Forest: - **World Prematurity Day celebration with discharged families (Whipps Cross Hospital)**

We also sought comments and opinions on our Muslim Mama Memo Card from service users through digital engagement. We also received suggestions from the PEM as they had noticed that Muslim women felt more comfortable with female sonographers. A summary of findings from Walk the Patch and Coffee Mornings/Outreach sessions can be found in the appendix section of this report.



Hindu & Sikh Mama Memo Card

Namaste / Sat Sri Akal, I am the mother you will be supporting today. I am Hindu/Sikh, and I would like to share a little about my faith so that you can better support me during labour and birth.

(I will tick all that apply to me.)

Modesty & Dignity

Modesty and dignity are important to me. I would like:

- My body to be kept covered when possible
- Advance notice before examinations or procedures
- Sensitivity when multiple staff enter the room
- Female healthcare professionals where reasonably possible

During Labour & Birth

I may wish to engage in quiet prayer, meditation, or the recitation or listening of sacred words or hymns:

- For Sikh mothers: listening to Gurbani
- For Hindu mothers: listening to mantras or quiet reflection
- Please do not play music unless I request it

Following the Birth

- My family or I may quietly offer prayers of gratitude
- We may have family present and appreciate brief moments of privacy

Religious Observance

I may wear religious symbols or items, such as:

- Kara (for Sikh mothers)
- Sacred threads (for Hindu mothers)

Please do not remove these unless medically necessary. Preservation of life takes precedence in Hinduism/Sikhism, so medical care should not be delayed.

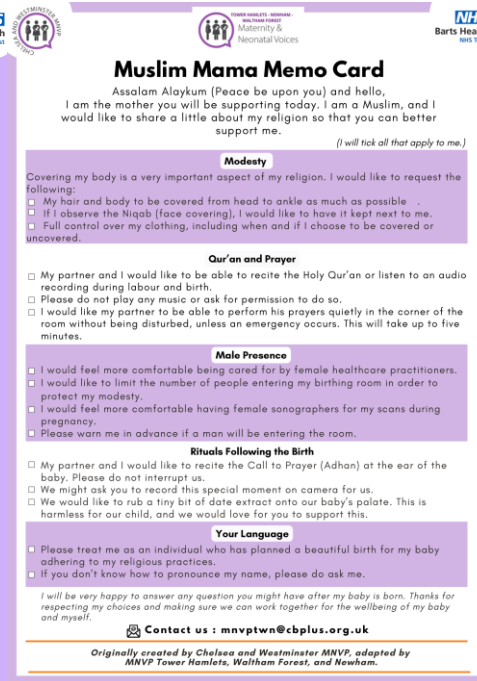
Food & Diet

- I may follow a vegetarian diet
- Some families avoid eggs, beef, or other foods for religious reasons
- If hospital meals are unsuitable, food may be brought in by family where permitted

Please ask if you're unsure how to pronounce my name, and thank you for treating me as an individual with my own beliefs and preferences.

Contact us: mnvptwncbplus.org.uk

Originally created by Chelsea and Westminster MNVP, adapted by Tower Hamlets, Waltham Forest, and Newham MNVP.



Muslim Mama Memo Card

Assalam Alaykum (Peace be upon you) and hello, I am the mother you will be supporting today. I am a Muslim, and I would like to share a little about my religion so that you can better support me.

(I will tick all that apply to me.)

Modesty

Covering my body is a very important aspect of my religion. I would like to request the following:

- My hair and body to be covered from head to ankle as much as possible
- If I observe the Niqab (face covering), I would like to have it kept next to me.
- Full control over my clothing, including when and if I choose to be covered or uncovered.

Our'an and Prayer

- My partner and I would like to be able to recite the Holy Our'an or listen to an audio recording during labour and birth.
- Please do not play any music or ask for permission to do so.
- I would like my partner to be able to perform his prayers quietly in the corner of the room without being disturbed, unless an emergency occurs. This will take up to five minutes.

Male Presence

- I would feel more comfortable being cared for by female healthcare practitioners.
- I would like to limit the number of people entering my birthing room in order to protect my modesty.
- I would feel more comfortable having female sonographers for my scans during pregnancy.
- Please warn me in advance if a man will be entering the room.

Rituals Following the Birth

- My partner and I would like to recite the Call to Prayer (Adhan) at the ear of the baby. Please do not interrupt us.
- We might ask you to record this special moment on camera for us.
- We would like to rub a tiny bit of date extract onto our baby's palate. This is harmless for our child, and we would love for you to support this.

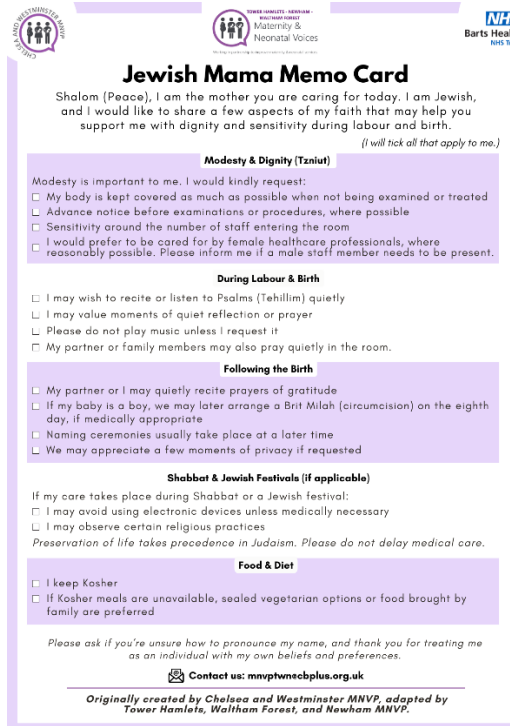
Your Language

- Please treat me as an individual who has planned a beautiful birth for my baby adhering to my religious practices.
- If you don't know how to pronounce my name, please do ask me.

I will be very happy to answer any question you might have after my baby is born. Thanks for respecting my choices and making sure we can work together for the wellbeing of my baby and myself.

Contact us: mnvptwncbplus.org.uk

Originally created by Chelsea and Westminster MNVP, adapted by MNVP Tower Hamlets, Waltham Forest, and Newham.



Jewish Mama Memo Card

Shalom (Peace), I am the mother you are caring for today. I am Jewish, and I would like to share a few aspects of my faith that may help you support me with dignity and sensitivity during labour and birth.

(I will tick all that apply to me.)

Modesty & Dignity (Tzniut)

Modesty is important to me. I would kindly request:

- My body is kept covered as much as possible when not being examined or treated
- Advance notice before examinations or procedures, where possible
- Sensitivity around the number of staff entering the room
- I would prefer to be cared for by female healthcare professionals, where reasonably possible. Please inform me if a male staff member needs to be present.

During Labour & Birth

- I may wish to recite or listen to Psalms (Tehillim) quietly
- I may value moments of quiet reflection or prayer
- Please do not play music unless I request it
- My partner or family members may also pray quietly in the room.

Following the Birth

- My partner or I may quietly recite prayers of gratitude
- If my baby is a boy, we may later arrange a Brit Milah (circumcision) on the eighth day, if medically appropriate
- Naming ceremonies usually take place at a later time
- We may appreciate a few moments of privacy if requested

Shabbat & Jewish Festivals (if applicable)

If my care takes place during Shabbat or a Jewish festival:

- I may avoid using electronic devices unless medically necessary
- I may observe certain religious practices

Preservation of life takes precedence in Judaism. Please do not delay medical care.

Food & Diet

- I keep Kosher
- If Kosher meals are unavailable, sealed vegetarian options or food brought by family are preferred

Please ask if you're unsure how to pronounce my name, and thank you for treating me as an individual with my own beliefs and preferences.

Contact us: mnvptwncbplus.org.uk

Originally created by Chelsea and Westminster MNVP, adapted by Tower Hamlets, Waltham Forest, and Newham MNVP.

Quarterly Listening Event with Service Users

On 27 November 2025, MNVP hosted a BSL-friendly Listening Event for Deaf and Hard of Hearing parents, alongside families from Newham, Tower Hamlets, and Waltham Forest. The session provided a fully accessible and supportive space, with BSL interpreters, childcare, information stalls on infant feeding, perinatal mental health, and family support, as well as refreshments, lunch, and grocery vouchers for participants. Eleven service users attended, alongside MNVP Leads, CB Plus staff, and nine information stall holders.

The event included five facilitated focus groups (borough-based, neonatal cross-site, and a dedicated Deaf community group) and a Q&A panel with MNVP Leads and Barts Health NHS Trust representatives. Key themes emerging across discussions were:

- Early identification of communication needs
- Consistency and compassionate care
- Co-designing practical solutions with Deaf families

Participants reported feeling listened to and valued, while

professionals reflected on learning about communication barriers, mental health support, and neonatal care experiences. **As one clinician reflected, “Often we never get to hear what families truly thought about their care, so coming to an event like this is really valuable.”**

We had one neonatal service user from Royal London Hospital attend. Positive feedback received include responsiveness, safety, communication and rapport with staff. Things to work on were infection control concerns, communication with Healthcare Visitors, direct access to the neonatal unit, not having hot meals provided, and lack of awareness of neonatal parents’ experience in postnatal wards.

The event generated actionable insights to inform service improvements and strengthen co-production across maternity and neonatal care.

** feed this back into the Maternity and Early years catch up – Edvige’s experience and thoughts for moving forward



Advocating the Voice of Service Users at Barts Health NHS Trust

Meetings attended to advocate the voices of service users include:

- NEL Maternity and Neonatal Collaborative Board meeting
- Maternity and Neonatal Committee – cross site
- PMRT per hospital
- Perinatal Workstream Meeting
- Neonatal and Women’s Health Commissioning Group
- Bi-monthly maternity safety champions meeting
- EL Maternity and Neonatal Collaborative Board meeting
- Family integrated care at Newham and Royal London.

At these meetings the leads share case studies to get the women’s voices heard and advocate on behalf of families with the hospitals, partners and Family Hubs to map out support available to maternity and neonatal parents in the community. This is ongoing work.

Collecting useful information and support available for a deaf family in Royal London and shared across hospitals.

Upskilling Our MNVP Leads

PMRT Training for new staff as well as Trauma informed care training. – Access this training via NHS Elect and ELFT – QI training & other; Skills & Development portal SDN events

Other training that will benefit the team over time include

- Patient Engagement Training
- Patient Experience Training - BARTs
- Patient safety training -governance lead
- Interviewing skills
- Quality Improvement (QI) project training
- Project management training
- Equality, Diversity and inclusion
- Managing workload & structure
- Leadership skills training
- Influencing and advocacy training
- Perinatal mental health awareness
- Complaints and PALS processes
- Co-production training

Expanding Our Relationships with Local Partners and the Community

We created new relationships with local and national partners including Ickle Pickles, Bliss, and Isla's journey. We also expanded our collaborations with local children centres and Family hubs, Deaf Plus, Serene Beginnings, Sister Circle, community and faith groups, and Support Me CiC.

Our Priorities for the Next Quarter (January to March 2026)

Priorities include to:

- Create support group in the community for discharged neonatal Families and their babies.
- Further investigate what neonatal families need while in the unit and post discharge.
- Raise neonatal awareness for midwife and antenatally for mums at risk of prematurity.
- Support the improvement of Neonatal staff communication with service users.
- Increase outreach to groups within faith and community-based settings
- Promote app for Black mothers – like Peanut

Appendix

Maternity Service User Feedback Summary: Newham

No.	Area to Discuss	Comments from Service Users
1	Waiting times	<p>Most service users said their induction or planned C-section appointments were on time, with rooms ready upon arrival. Several women described the admission process as smooth and well organised.</p> <p>However, some women experienced delays. One service user reported a delay of around 1.5 hours before being moved to a labour room, while another mentioned missed or delayed antenatal appointments, which caused uncertainty.</p> <p>Feedback from a detailed case study highlighted long waiting times in MAU/triage, with waits sometimes exceeding one hour. The service user felt that understaffing contributed to delays, and that clearer prioritisation in triage would have improved safety and reassurance, particularly when attending with reduced foetal movements</p>

2	Information Access and Antenatal Experience	<p>Antenatal care was generally described as good and well managed. Women reported receiving clear explanations about appointments and care plans, and translation support was offered where needed, which was appreciated.</p> <p>One woman said the hospital app was unclear about appointment types, leading to some confusion.</p> <p>The case study reinforced that while midwives were described as kind and approachable, communication could at times lack clarity and reassurance. In particular, the service user described anxiety caused by inconsistent information around growth scans, escalation pathways, and follow-up. Clearer explanations about what results meant and what to expect next would have reduced distress. Travel distance to antenatal appointments was also raised, with the service user only discovering postnatally that a closer clinic should have been used</p>
3	Staff Behaviour and Attitude	<p>Feedback about staff was mostly positive, with women describing midwives as kind, supportive, and professional. Specific midwives (Jada and Shannon) were mentioned positively for providing reassuring and attentive care. Most women felt comfortable and supported throughout their maternity journey.</p> <p>However, one service user felt her pain during labour was not taken seriously and would have preferred more empathy and responsiveness.</p> <p>This was strongly echoed in the case study, where the service user described feeling ignored and not believed during the early stages of labour on the antenatal ward, despite severe pain and frequent contractions. In contrast, staff in the delivery ward were described as exceptionally kind, calm, and responsive, highlighting variation in staff experience and responsiveness between areas. Postnatal staff were described as less proactive and less emotionally supportive at a time of high vulnerability</p>
4	Labour and Post Natal Experience	<p>Labour experiences were generally positive, with women reporting good support from midwives and</p>

		<p>student midwives. Postnatal care was described as good, with staff responding to call bells and providing medication on time.</p> <p>One woman said her first day on the postnatal ward was stressful, as she felt her concerns were not addressed promptly.</p> <p>The case study provided further detail on challenges during labour and postnatal care. The service user reported delays in pain relief on the antenatal ward, inadequate monitoring, and a lack of escalation despite severe pain. Postnatally, she described feeling overwhelmed, hungry, in pain, and unsupported, including delays in pain relief, limited emotional support, and difficulties accessing timely infant-feeding help. Environmental issues such as missing meals and ward busyness further affected recovery</p>
5	Breastfeeding Support	<p>All service users confirmed that they received breastfeeding support, and no concerns were reported in the survey data.</p> <p>However, the case study highlighted that while infant feeding specialists were excellent when accessed, support was not proactive. The service user reported repeated requests for help overnight that were not acted upon, resulting in delayed feeding support and significant distress. Earlier intervention and broader breastfeeding skills among postnatal midwives would have improved the experience and reduced anxiety</p>
6	Recommendation	<p>Most service users said they would recommend the hospital, citing supportive staff and good quality care.</p> <p>One woman said she would not recommend the hospital for the birth experience, as she felt her pain during labour was not adequately acknowledged, although she reported more positive experiences in triage and postnatal care.</p> <p>The case study service user said she would not recommend the maternity services overall, despite excellent individual staff members, due to poor clarity of processes, a distressing labour experience, and a</p>

		difficult postnatal stay. This reflects concerns around consistency of care rather than the quality of individual clinicians.
7	Suggestions for Improvement	<ul style="list-style-type: none"> • Listen more carefully to women and provide more personalised and compassionate care, particularly during labour. • Improve responsiveness and empathy when women raise concerns about pain, contractions, or fetal movements. • Improve coordination and communication around antenatal appointments, scans, and escalation pathways. • Strengthen triage systems in MAU, including prioritisation and staffing levels. • Ensure clearer communication and early, proactive check-ins on the postnatal ward, especially around pain relief, feeding, and emotional wellbeing. • Improve access to early breastfeeding support, with more proactive involvement from trained staff. • Address practical postnatal needs, including access to food and basic comfort after birth.

Maternity Service User Feedback Summary: Tower Hamlets

1	Waiting Times	Experiences of waiting times varied across services. Several women reported long waits in triage , including delays in assessment, admission, allocation of a room, and access to pain relief (e.g. epidural). Some women felt their concerns were initially dismissed or not taken seriously, resulting in delayed admission despite being in active labour. Once admitted to the labour ward or theatre, care was generally described as more efficient and responsive . Antenatal appointment waiting times were mostly reported as acceptable.
2	Information Access and	Most service users described positive antenatal experiences, particularly where Continuity of Carer (CoC) was in place. Women valued seeing the same

	Antenatal Experience	midwife, feeling listened to, and having scans and care plans clearly explained. Interpreters were widely reported as being available and helpful. Some women highlighted good experiences with high-risk care, including extra monitoring and reassurance. However, a small number reported inconsistent midwifery cover at later appointments, which affected their ability to feel fully involved in birth-planning discussions.
3	Staff Behaviour and Attitude	Feedback about staff was mixed but largely positive . Many women described midwives and doctors as kind, calm, professional, and supportive, particularly during labour and caesarean births. Individual staff members were frequently praised for being reassuring and attentive. However, several women reported negative interactions, particularly postnatally and in triage , where staff were perceived as rushed, dismissive, abrupt, or lacking compassion. A small number of women reported rude or unprofessional comments, feeling judged, or being made to feel like a burden when asking for help.
4	Labour and Post Natal Experience	Labour ward experiences were generally described as positive, with women feeling supported, informed, and reassured, even during emergency situations such as unplanned caesarean sections . Women valued calm environments and clear explanations that enabled informed choice. Some concerns were raised about delays during active labour, including waiting for rooms, pain relief, or interventions . Postnatal experiences were more variable: while some women felt well supported , others reported feeling unsupported on shared wards, experiencing delays in assistance, unclear explanations for extended stays, and inconsistent staff attitudes.
5	Labour and Birth Experience	Breastfeeding support experiences were inconsistent . Some women reported receiving helpful and timely support both in hospital and in the community. Others felt breastfeeding support was delayed, overly directive, or judgemental , particularly on postnatal wards. A few women felt pressured, blamed, or not adequately supported to learn breastfeeding skills, while others appreciated encouragement around colostrum harvesting and community follow-up support.

6	Why Would You Recommend / Not Recommend This Hospital?	<p>Most service users said they would recommend the hospital, citing supportive labour care, skilled clinical teams, and good antenatal experiences.</p> <p>Some women expressed hesitation or would not recommend the service due to negative triage experiences, inconsistent postnatal care, perceived lack of compassion, and feeling dismissed or judged, particularly around breastfeeding and pain management.</p>
7	Suggestions for Improvement	<ul style="list-style-type: none"> • Improve responsiveness and consistency in triage assessment and admission. • Ensure staff clearly explain procedures, pain expectations, and reasons for delays or extended postnatal stays. • More compassion at postnatal care, especially on shared wards. • Improve consistency and communication tone of breastfeeding support, make sure women feel supported rather than judged. • Continue good practice around interpreter provision and inclusive communication.

Maternity Service User Feedback Summary: Waltham Forest

1	Waiting Times	<p>Most service users gave birth at the Whipps Cross Hospital and described their arrival and admission processes as generally smooth. However, one woman reported a negative experience in the triage area, saying she had to wait a long time and felt less supported than expected. Those who had scheduled procedures such as inductions or C-sections were usually seen promptly, with beds available as planned.</p>
2	Information Access and Antenatal Experience	<p>Antenatal care was described positively overall. Several women said information was clear and support consistent, especially during routine check-ups. They appreciated that staff were willing to explain their care plans and answer questions in detail. No concerns were raised about access to antenatal information, and most felt confident about the advice given throughout pregnancy.</p>
	Staff Behaviour and Attitude	<p>Feedback about staff was largely positive. Many mothers described midwives and doctors as “nice,” “helpful,” and “going out of their way” to make them feel</p>

		<p>cared for. Specific names such as Monica, Bridget, and Clara were mentioned with praise for being reassuring and professional.</p> <p>However, one mother felt that staff during her labour were not as attentive and that her concerns were not properly acknowledged. Others said staff were generally good, but that communication and handovers could sometimes be inconsistent.</p>
4	Labour and Post Natal Experience	<p>Experiences in the labour ward were mostly positive. Women described their midwives and doctors as calm, supportive, and professional, particularly in labour and recovery areas. The postnatal ward was viewed favourably by most participants, who felt that staff were caring and responsive. However, one woman said she had a poor experience during birth and felt that staff in triage were less supportive, leading to distress before being moved to the labour ward.</p>
5	Labour and Birth Experience	<p>All respondents confirmed that they received breastfeeding support, either in hospital or before discharge. Several described the assistance as helpful and practical. No negative comments were recorded in this area, suggesting that breastfeeding support is a continuing strength at the Whipps Cross Hospital.</p>
6	Recommendation	<p>Four out of five women said they would recommend the hospital based on their overall experience. They highlighted the professionalism and kindness of the midwives as reasons for their satisfaction. One mother said she would not recommend the hospital, due to feeling dismissed and unsupported during her birth, though she still acknowledged positive experiences in other areas.</p>
7	Suggestions for Improvement	<p>Improve triage experience: One mother described a negative triage experience, feeling unsupported compared to her care in the labour ward.</p> <p>Improve ‘bedside’ manner of staff: A participant who would not recommend the hospital said she felt dismissed during labour, suggesting staff should be more attentive and responsive to women’s concerns.</p> <p>Better staff communication to improve consistency of care: Another respondent said communication and handovers between staff could be improved for more consistent care.</p>

Neonatal Service User Feedback Summary: Tower Hamlets; Waltham Forest and Newham.

As a result of Q3 activities, the Neonatal Lead is liaising with NHS staff to:

- Explore options for providing parents with direct access to the neonatal unit. Some potential solutions have been identified, but further work is required to ensure safety and secure appropriate funding.
- Explore ways to provide hot meals: The hospital currently lacks funding to provide hot meals for parents. Initial discussions have focused on collaboration with the postnatal ward and identifying potential support through charitable funding.
- Raise awareness of neonatal parents' experience in postnatal wards. Training has been already delivered to midwives across sites and we will work more on increase attendance of neonatal experienced parents but also developing out a wider co-production project with maternity.
- Understand what we are missing around infection control. A survey to hear from- parents has been already completed and as per above some actions are ongoing.
- Raise neonatal awareness among Health visitors. First exploratory meeting has been held to pilot an action in Newham, but we will keep exploring ideas across boroughs.

Neonatal Community Outreach (Tower Hamlets and Waltham Forest) highlighted the following areas for improvement:

- **Royal London:** Parents requested better parking options and more accessible parking information as parking costs can be extremely high and unsustainable. The Neonatal Lead has collected the parking information per each hospital and is working on create a list of support available for neonatal family including practical information such as parking.
- **Whipps Cross:** Parents identified the need for greater consistency in care, particularly with respect to Family Integrated Care. They observed that roughly half of the nursing staff are confident in applying this philosophy, whereas the other half appear less confident in involving parents in the care of their infants. Neonatal lead shared this information with the Practice Development Nurse and hopes to work on this in Q4 (Jan- March 2026).

Celebrating Pre-maturity Day in November



Current Trends

Number of Service Users Engaged Across Three Boroughs (Total: 54 for Q3)

Borough	Q1 (Apr–Jun 2025)	Q2 (Jul–Sep 2025)	Q3 (Oct–Dec 2025)
Newham	39	41	40
Tower Hamlets	32	33	15
Waltham Forest	20	4	5
Total	91	78	60

Demographic of Service Users Engaged in Newham (Q3 - October to December 2025)

1. Age Demographic – By Borough

Newham

Age Group	No. of Service Users
18–24	7
25–34	21
35–44	12

Tower Hamlet

Age Group	No. of Service Users
18–24	2
25–34	6
35–44	2

Waltham Forest

Age Group	No. of Service Users
25–34	3
35–44	2

2. Ethnicity Demographic – By Borough

Newham

Ethnicity	No. of Service Users
Asian or Asian British	27
Other ethnic group	6
English / Welsh / Scottish / Northern Irish / British	4
Black, Black British, Caribbean or African	2
Mixed ethnic group	1

Tower Hamlets

Ethnicity	No. of Service Users
Asian or Asian British	6
Black, Black British, Caribbean or African	2
Other ethnic group	1

Waltham Forest

Ethnicity	No. of Service Users
Asian or Asian British	3
English / Welsh / Scottish / Northern Irish / British	1
Black, Black British, Caribbean or African	1

3. Languages Spoken Other Than English – By Borough

Newham

Language	No. of Service Users
Bengali / Sylheti	9
Urdu	6
Romanian	4
Gujarati	3

Hindi	3
Punjabi	2

Tower Hamlets

Language	No. of Service Users
Bengali / Sylheti	4
Somali	2
Arabic	1

Waltham Forest

Language	No. of Service Users
Hindi	2
Polish	1
Spanish	1

4. Service Users Living with Additional Needs or Specific Conditions – By Borough

Newham

Condition	No. of Service Users
Gestational Diabetes	4
Mental Health Issues	1
PCOS	1
Epilepsy / Seizures	1

Tower Hamlets

Condition	No. of Service Users
Gestational Diabetes	3

High Blood Pressure	1
Prior Emergency C-Section	1

Waltham Forest

Condition	No. of Service Users
Mental Health History (not specified)	1

Neonatal Service Users

Total number of neonatal service users approached: 43 (all boroughs)

Number of Neonatal Service Users Approached per Borough:

Borough	No. of Neonatal Service Users
Tower Hamlets	19
Waltham Forest	14
Newham	10
Total	43

1. Age Demographic – Neonatal Service Users (by Borough)

Tower Hamlet

Age Group	No. of Service Users
18–24	2
25–34	12
35–44	4
45 and above	1

Waltham Forest

Age Group	No. of Service Users
25–34	5
35–44	6
45 and above	3

Newham

Age Group	No. of Service Users
18–24	1
25–34	7
35–44	2

2. Ethnicity Demographic – Neonatal Service Users (by Borough)

Tower Hamlets

Ethnicity	No. of Service Users
Asian or Asian British	10
Black, Black British, Caribbean or African	7
Other ethnic group	2

Waltham Forest

Ethnicity	No. of Service Users
Asian or Asian British	6
Black, Black British, Caribbean or African	5
Other ethnic group	3

Newham

Ethnicity	No. of Service Users
Asian or Asian British	7
Other ethnic group	2
Black, Black British, Caribbean or African	1

3. Languages Spoken Other Than English – Neonatal Service Users (by Borough)

Tower Hamlets

Language	No. of Service Users
Bengali (Sylheti dialect included)	6
Somali	2
Urdu	1

Waltham Forest

Language	No. of Service Users
Polish	2
Hindi	2
Romanian	1
Spanish	1

Newham

Language	No. of Service Users
Urdu	3
Gujarati	1
Bengali (Sylheti dialect included)	1

4. Service Users Living with Additional Needs or Specific Conditions – Neonatal (by Borough)

Tower Hamlets

Condition	No. of Service Users
Gestational Diabetes	3
High Blood Pressure	1
Anxiety / Mental Health	1

Waltham Forest

Condition	No. of Service Users
Mental Health History (not specified)	1
Diabetes	1

Newham

Condition	No. of Service Users
Gestational Diabetes	1
Mental Health Issues	1

Social Media Audience Metrics

Source: Meta Business Suite for Facebook and Instagram

Reporting period: 1 October – 31 December 2025

Comparison period: 1 July – 30 September 2025

1. Post Content

Content during this period focused on:

- Reintroducing team leads to highlight staff expertise and strengthen organisational visibility
- Promoting upcoming events and encouraging attendance

- Event recap posts to showcase impact and community participation
- Awareness day content to align with key dates and sector campaigns

Top performing post:

- Listening Event recap – 1,321 views across Facebook and Instagram, demonstrating strong audience interest in community-focused storytelling and post-event highlights.

2. Metrics

Instagram Metrics

Metric	Result	Change vs previous period
Views	10,300	↑ 947.9%
Reach	1,900	↑ 933.9%
Content interactions	183	↑ 1,300%
Profile Visits	122	↑ 100%
Follows	28	↑ 115.4%

Facebook Metrics

Metric	Result	Change vs previous period
Views	293	↑ 3.5%
Visits	42	↑ 27.3%
Content interactions	6	↑ 100%

3. Audience Insights

Instagram

Instagram saw significant growth across all metrics this quarter, with particularly strong increases in reach and engagement. The sharp rise suggests content is being surfaced more widely through the algorithm, likely driven by higher engagement posts and event-related content.

Profile visits and follower growth also increased, indicating improved audience interest and conversion from viewers to followers.

4. Analysis and Takeaways

What Worked

- Event-led and recap content performed strongly
- Instagram visibility increased substantially
- Higher engagement rates show content is resonating with audiences
- Increased profile visits and follower growth indicate stronger brand interest
- The Listening Event recap post drove the highest views, suggesting audiences value community-focused storytelling

Challenges

- Facebook growth remains modest compared to Instagram
- Overall interaction numbers on Facebook are still low (6 interactions)
- Engagement is concentrated on a small number of posts rather than consistent across all content

Improvements

- Prioritise Instagram as the primary growth platform
- Continue to post more consistently on Facebook and test different content types (images, short videos, cross-posting Reels)
- Add clearer calls-to-action to encourage comments and shares
- Monitor which posts drive follows and replicate those styles