

**Tower Hamlets, Waltham Forest, Newham
Maternity and Neonatal Voices Partnership
Quarter 4 Report (January 2026 – March 2026)**

Executive Summary

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

Our engagement takes many forms, including surveys, community engagement sessions, *Walk the Patch*, and *15 Steps for Maternity and Neonatal* visits. These activities help us understand what is working well, identify areas where improvements are needed, and ensure that the experiences of local families are heard. We also engage with service users through online platforms, including Peanut, local Facebook groups and MNVP social media channels, helping us reach a wide and diverse range of communities.

MNVP Leads regularly attend meetings with Barts Health NHS Trust and the Local Maternity and Neonatal System (LMNS), ensuring that service user feedback is represented in discussions and contributes to decision-making and service improvement. Although MNVP operates independently from the NHS, we work closely with Barts Health NHS Trust to co-produce improvements, amplify community voices, and support maternity and neonatal services to become more inclusive, responsive and equitable.

This quarter also marked a change within our team, as our Tower Hamlets Maternity Lead, Apshana, left the MNVP to begin a new endeavour. We would like to thank Apshana for her hard work, commitment and support over the past three years, and particularly for her dedication to representing the voices of mothers, birthing people and families across Tower Hamlets. We wish her all the very best in her next chapter.

Recruitment for a new Tower Hamlets Maternity Lead will take place in the next quarter, and we look forward to welcoming a new Lead to the MNVP team.

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 *Walk the Patch* visits to postnatal and neonatal wards across Barts Health hospitals. Visits were carried out at The Royal London Hospital, Newham University Hospital and Whipps Cross University Hospital throughout January, February and March.

15 Steps for Maternity and Neonatal visits were also carried out across all three hospitals during the quarter: The Royal London Hospital in January, followed by Whipps Cross University Hospital and Newham University Hospital in March.

Walk the Patch provides an opportunity for our Leads to have direct conversations with service users about their maternity and neonatal journeys, 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 other hospital staff before and during the visits to ensure that the voices and experiences of service users and families were heard and captured for further action. Feedback collected through these visits was reviewed by Patient Experience Midwives and the Associate Director of Midwifery (ADoM), helping to inform discussions and decision-making at hospital level.

Through questionnaires and direct conversations, our MNVP Leads identified key themes, highlighting both areas where services are working well and areas requiring further attention.

During this quarter, feedback across the Trust hospitals was strongly positive overall. Most service users reported positive experiences of staff attitudes, kindness and the quality of care received during birth. However, the feedback also highlighted opportunities to further improve the service user experience, particularly around:

- Waiting times and triage delays
- Continuity of midwife support
- Communication and language access
- Consistency of postnatal and breastfeeding support

A summary of findings from *Walk the Patch*, Coffee Mornings and outreach sessions can be found in the appendix section of this report. Our findings have also been shared and advocated for through Safety Champions Meetings and other Trust-level meetings attended by the MNVP Leads.

Co-Production Initiatives

15 Steps for Maternity and Neonatal

During this quarter, *15 Steps for Maternity and Neonatal* visits were carried out across all three hospitals: The Royal London Hospital in January, followed by Newham University Hospital and Whipps Cross Hospital in March. The visits involved MNVP Maternity and Neonatal Leads, Patient Experience Midwives, service users and volunteers, looking at the hospital environment from the perspective of families using the services.

At The Royal London Hospital, the neonatal unit was found to be generally clean, calm and welcoming, with friendly staff and good family spaces. Areas for improvement included clearer signage to the neonatal unit, handwashing facilities, making expressing rooms feel less clinical, and providing parents with clearer practical information such as parking and what to expect before arriving at the unit.

At Whipps Cross Hospital, the neonatal unit was also found to be calm, clean and well organised, with friendly and informative staff. Areas identified for improvement included information specifically for premature babies, keeping information in the family lounge up to date, making staff roles easier for parents to understand, and improving how information is displayed.

The findings have been shared with relevant hospital teams and will continue to be followed up through MNVP meetings and co-production work.

Improving Communication and Compassionate Care

Communication continued to be an important theme from our Walk the Patch and community engagement. While many service users described staff as kind, caring and supportive, some families reported inconsistent communication, feeling dismissed, or not always receiving clear information about their care.

For example, a Newham case study highlighted good antenatal and labour care but also concerns about dismissive communication, information not being updated correctly in the patient's notes, and delays in accessing breastfeeding support. The Maternity Lead followed this up directly with the relevant team.

In response to wider feedback, Newham Patient Experience Midwife has introduced a weekly **“Beyond the Script”** reminder to encourage compassionate communication. MNVP Maternity and Neonatal Leads have also contributed to simulation scenarios for staff development and training.

Improving Waiting Times and Patient Flow

The MNVP Lead has continued to contribute to improvement work around postnatal flow and discharge processes, including discussions around the discharge lounge and other change ideas. Newham has also introduced a triage telephone line to help assess whether service users need to attend triage immediately. Feedback suggests this has helped, although further work on waiting times is still needed.

Neonatal Family Support and Psychological Wellbeing

The Neonatal Lead contributed to the Whipps Cross business case for psychological support for neonatal families and has continued to advocate for better support for families both during admission and following discharge. A survey on support available to neonatal families, both inpatient and outpatient, has also been part of this quarter's co-production work.

Family Integrated Care and Parental Involvement

Parents told us that being involved in their baby's care helps them feel more confident, particularly when preparing to go home. However, feedback also showed that experiences of Family Integrated Care (FICare) can vary.

The Neonatal Lead continued to attend FICare meetings at The Royal London and Newham, bringing parents' experiences into discussions and supporting work around better continuity between maternity and neonatal services.

BadgerNet and Improving Information for Families

The MNVP has continued to be involved in improving how information is provided to families. The Neonatal Lead contributed to the **BadgerNet communication subgroup**, reviewed The Royal London neonatal video, and contributed to the review of Barts Health maternity website information.

The Newham Maternity Lead also reviewed maternity website content, translated health information, an Urdu Vitamin D and access-to-care video, and a postnatal discharge poster. This work aims to make information easier to understand and more accessible to the diverse communities using maternity and neonatal services.

Faith-Based Mama Memo Cards

The MNVP continued to support the development of the **Faith-Based Mama Memo Cards**. Following the Muslim Mama Memo Card, cards have also been developed for Hindu/Sikh and Jewish mothers.

During this quarter, the cards were shared with service users and community organisations for feedback and review. This work aims to give mothers an easier way to communicate important faith and cultural needs to maternity staff and support more personalised and culturally sensitive care.

The *15 Steps* visit at The Royal London also highlighted that awareness and use of the Muslim Mama Memo Card could be strengthened within community maternity care.

Supporting Women with Language Barriers

Our engagement continues to show the importance of accessible information for families whose first language is not English. Across the wider Q4 maternity dataset, nearly two-thirds of respondents reported that English was not their primary language.

In Newham, the Maternity Lead has been involved in planning ESOL classes for Bengali women in maternity settings, working with education midwives and an ESOL teacher to look at what maternity information should be included and how the sessions could be delivered.

The MNVP also continued to review translated resources and advocate for culturally appropriate and accessible communication.

Including Underrepresented Voices

The Neonatal Lead continued to work on reaching families whose voices may not always be represented in traditional engagement. During this quarter, charities and community organisations were contacted to explore how we can hear more from **dads and fathers**.

The Neonatal Lead also contributed to a **BAPM focus group**, supporting Muslim and Black mothers to contribute their experiences to national work, and worked with the Waltham Forest Maternity Lead to explore engagement with bereaved parents.

The Neonatal Lead is also contributing as a **Barts Health co-researcher in a neonatal NIHR study**, bringing the service user perspective into research.

Community Outreach through Our Coffee Mornings and Digital Engagement

Community outreach continued across the three boroughs alongside our hospital-based Walk the Patch engagement.

In Tower Hamlets, the Neonatal Lead attended the neonatal Coffee Morning at St John's Children's Centre on 4 March, providing another opportunity to hear directly from neonatal families in the community.

In Newham, the Maternity Lead carried out community engagement at East Ham Library and the postnatal clinic at Vicarage Lane Surgery. Feedback collected at Vicarage Lane included experiences of antenatal appointments, waiting times, labour and birth, postnatal care and community midwifery.

We also continued digital engagement with local communities, including gathering feedback on the Faith-Based Mama Memo Cards and sharing information through MNVP communication channels.

Feedback from community engagement, Walk the Patch and 15 Steps is shared with the relevant NHS teams and brought into meetings attended by the MNVP Leads so that service user voices can contribute to ongoing improvement work.

Advocating the Voice of Service Users at Barts Health NHS Trust

Throughout the quarter, the Maternity and Neonatal Leads continued to bring service user experiences into hospital, Trust and wider system meetings. These included:

- Maternity and Neonatal Committee meetings
- Perinatal Improvement Steering Group (PISG)
- Perinatal Safety Champions meetings
- NEL Maternity and Neonatal Collaborative meetings
- Perinatal Workstream meetings
- PMRT meetings
- Maternity Guidelines meetings
- Family Integrated Care meetings at Newham and The Royal London
- Quality Improvement and Postnatal Flow meetings
- ATAIN Quality Improvement work

At these meetings, Leads shared patient stories and feedback collected through Walk the Patch, community engagement and case studies, asked questions on behalf of families, and contributed to discussions about service improvements. For example, Newham patient stories were presented at Maternity and Neonatal Committee meetings during the quarter to ensure that individual experiences were heard alongside wider service data.

This remains an important part of our work: closing the feedback loop between what families tell us and the teams that are able to make changes.

Upskilling Our MNVP Leads

The Leads continued to take part in training and learning opportunities to strengthen their knowledge and ability to represent service users effectively.

During this quarter, this included Pan-London Predict, Prevent and Debrief Prematurity training, MNVP/ODN training, and a Reduced Fetal Movements webinar.

Expanding Our Relationships with Local Partners and the Community

During this quarter, we continued to strengthen relationships with NHS teams, Family Hubs, community organisations, charities and other partners to help us reach a wider range of maternity and neonatal families.

In Newham, the Maternity Lead established links with the Family Health Hubs Manager to explore how MNVP and Family Hubs can work together to connect families with appropriate support.

For neonatal work, the Lead continued to engage charities and community partners to reach dads, bereaved parents and underrepresented communities, alongside working with hospital teams across the three sites.

These relationships help us not only collect feedback, but also map the support already available in our communities, identify gaps, and connect maternity and neonatal families with the right services and organisations.

Quarterly Listening Event with Service Users

At the time of writing this report, we had also held our next Quarterly Listening Event in April 2026, as part of the Q1 reporting period. On 30 April 2026, MNVP hosted a Maternal Mental Health Listening Event, bringing together mothers, families, healthcare professionals and community partners from Newham, Tower Hamlets and Waltham Forest. The event focused on experiences of maternity care, maternal mental health and postnatal support, providing a supportive space for families to share both positive experiences and areas where services could be improved.

The event was attended by 21 service users and 21 professionals, partners and information stall holders from maternity, neonatal and community support services. Organisations represented included Barts Health NHS Trust, ELFT, Tommy's, Bliss, Aching Arms, Miracle Moon, Daphne & Friends, CuddleCot and Parents in Mind, alongside local Family Hub and Infant Feeding teams. Childcare and refreshments were provided to support families to participate in the event.

Focus group discussions were held for each borough alongside a dedicated neonatal discussion. The main themes identified across the event were:

- Clearer and more compassionate communication
- Stronger postnatal support after discharge
- More proactive and accessible maternal mental health support
- Personalised, compassionate and continuous care
- Greater access to peer and community support



The neonatal focus group particularly highlighted the need for better preparation for families before neonatal admission, clearer information and onboarding within neonatal

units, increased neonatal awareness among maternity staff, and stronger peer and community support for families following discharge. Parents also valued specialist breastfeeding support and emphasised the importance of better collaboration between maternity, postnatal and neonatal services.

Feedback from the event was positive, with 89% of respondents rating the event as good or excellent and 89% reporting that they had gained new information. Focus group discussions were identified as the most useful part of the event. Participants particularly valued having a safe space to share their lived experiences and engage directly with professionals.

The findings generated a number of areas for further action, including improving communication and signposting, strengthening postnatal and mental health follow-up, developing neonatal family and peer support, and continuing to involve families in the co-production of maternity and neonatal services across the three boroughs.

Our Priorities for the Next Quarter (April to June 2026)

Priorities include to:

- Strengthen neonatal support for families, both during admission and after discharge.
- Improve communication and parent involvement in maternity and neonatal care.
- Increase community outreach, particularly with faith groups and underrepresented communities.
- Improve engagement and support for fathers and partners, including NICU dads.
- Deliver our next Quarterly Listening Event, focusing on maternal mental health.
- Continue co-production with Barts Health, including patient information, staff training and service improvement work.

APPENDIX – Demographics of Maternity Service Users

Tower Hamlets – Demographics (January–March 2026)

Total respondents	1
With demographic information	1

Age	Respondents	Ethnicity	Respondents
18 to 24	0	White British / UK	1
25 to 34	1		
35 to 44	0		
45 and above	0		

Primary language other than English	Respondents	Medical condition / additional need	Mentions
		Additional needs reported	0
		No additional needs reported	1

Note: Only one Tower Hamlets respondent was recorded in the January–March dataset, so these figures should not be interpreted as representative of the wider borough population.

Newham – Demographics (January–March 2026)

Total respondents	32
With demographic information	31

Age	Respondents	Ethnicity	Respondents
18 to 24	5	Asian / Asian British	24
25 to 34	17	Other ethnic group	3
35 to 44	9	Black / Black British / Caribbean / African	3
45 and above	0	White British / UK	1

Primary language other than English	Respondents	Medical condition / additional need	Mentions
Urdu	5	Gestational diabetes / GDM	5
Bengali (incl. Sylheti)	5	High blood pressure	2
Hindi	3	Asthma / bronchitis	1
Tamil	3	High BMI	1
Romanian	2		
German	1		
Vietnamese	1		
Italian	1		
Indonesian	1		
Portuguese	1	Additional needs reported	8
Malayalam	1	No additional needs reported	23

Note: Language chart shows languages entered where respondents said English was not their primary language. Medical-condition figures are mentions; one person may report more than one condition.

Waltham Forest – Demographics (January–March 2026)

Total respondents	15
With demographic information	15

Age	Respondents	Ethnicity	Respondents
18 to 24	3	White British / UK	5
25 to 34	6	Asian / Asian British	5
35 to 44	6	Other ethnic group	4
45 and above	0	Mixed / multiple ethnic groups	1

Primary language other than English	Respondents	Medical condition / additional need	Mentions
Bengali (incl. Sylheti)	2	Mental health	1
Arabic	1		
Romanian	1		
French	1		
Turkish	1		

Additional needs reported	1
No additional needs reported	14

APPENDIX – Demographics of Neonatal Service Users

Newham – Demographics (January–March 2026)

Total neonatal respondents	14
Respondents reporting additional needs / conditions	0

Age	Respondents	Ethnicity	Respondents
Younger than 18	0	Asian / Asian British	11
18 to 24	1	White British / UK	2
25 to 34	9	Other ethnic group	1
35 to 44	4		
45 and above	0		

Primary language other than English	Respondents	Medical condition / additional need	Respondents
Bengali (incl. Sylheti)	4	No additional needs / conditions reported	14
Urdu	2		
Portuguese	1		

Notes: Language figures show responses entered where English was not the respondent's primary language. All respondents in this January–March neonatal dataset answered 'No' to the question about additional needs or specific conditions, so no medical conditions were recorded for this reporting period.

Tower Hamlets – Demographics (January–March 2026)

Total neonatal respondents	15
Respondents reporting additional needs / conditions	0

Age	Respondents	Ethnicity	Respondents
Younger than 18	1	Asian / Asian British	13
18 to 24	1	Other ethnic group	1
25 to 34	7	White British / UK	1
35 to 44	6		
45 and above	0		

Primary language other than English	Respondents	Medical condition / additional need	Respondents
Bengali (incl. Sylheti)	7	No additional needs / conditions reported	15
Romanian	1		

Notes: Language figures show responses entered where English was not the respondent's primary language. All respondents in this January–March neonatal dataset answered 'No' to the question about additional needs or specific conditions, so no medical conditions were recorded for this reporting period.

Waltham Forest – Demographics (January–March 2026)

Total neonatal respondents	15
Respondents reporting additional needs / conditions	0

Age	Respondents	Ethnicity	Respondents
Younger than 18	0	White British / UK	6
18 to 24	1	Black / Black British / Caribbean / African	4
25 to 34	7	Other ethnic group	4
35 to 44	7	Mixed / multiple ethnic groups	1
45 and above	0		

Primary language other than English	Respondents	Medical condition / additional need	Respondents
Arabic	1	No additional needs / conditions reported	15
Romanian	1		
Polish	1		

Notes: Language figures show responses entered where English was not the respondent's primary language. All respondents in this January–March neonatal dataset answered 'No' to the question about additional needs or specific conditions, so no medical conditions were recorded for this reporting period.

Maternity Service User Feedback Summary: Newham

No.	Area to Discuss	Comments from Service Users
1	Waiting times	Wide variation in waits: experiences ranged from no wait/immediate admission to several hours. • Triage waits were common: people reported 30 minutes to 2 hours, with some waiting a few hours for an induction room after triage. • Induction delays featured most: ○ “More than an hour”, “4–5 hours”, and one report of an appointment at 12:00 delayed until 19:00. ○ One person also reported waiting 2 days for an induction appointment. • C-section waiting times varied: ○ Some had no wait/room ready. ○ Others reported significant delays (e.g., 7am to 11am, or waiting from 8am and updated by 2pm). • Urgent presentations were prioritised: where waters broke, infection risk, or high blood pressure were mentioned, people were seen very fast/right away. • Some positive feedback on speed: several comments noted care was fast or “everything was fine”, including reports of 10 minutes and no wait.
2	Information Access and Antenatal Experience	Antenatal care was generally described positively, with service users valuing supportive staff, management of medical conditions and access to translation where needed. However, some reported long waits for scans and appointments, miscommunication about appointments, limited information about induction or birth processes, and a need for more tailored explanations and continuity.
3	Staff Behaviour and Attitude	Feedback about staff was largely positive, with many service users describing staff as kind, helpful, respectful and supportive. A smaller number raised concerns about not feeling listened to, rushed interactions, or individual staff members appearing unhelpful or uncooperative.
4	Labour and Post Natal Experience	Many service users described positive birth experiences, including supportive midwives, good care during Caesarean sections and emergency situations, and responsive clinical

		teams. Areas for improvement included delays in pain relief, communication during labour and postnatal care, inconsistent call-bell response, noisy or cramped ward environments, discharge delays, and ensuring birth preferences and concerns are listened to.
5	Breastfeeding Support	Most respondents who had given birth reported receiving breastfeeding support, and several described it positively. Some did not require support because of previous experience or feeding choice. A small number indicated that support could be more personalised or proactive.
6	Recommendation	The large majority of respondents said they would recommend Newham University Hospital, mainly because of supportive staff and good clinical care. Where experiences were less positive, concerns related mainly to communication, waiting times and aspects of labour or postnatal care.
7	Suggestions for Improvement	Key suggestions included improving communication and updates during delays, reducing antenatal and triage waiting times, listening more closely to service users' concerns, improving access and facilities such as wheelchairs and room space, maintaining cleanliness, and providing clearer explanations for people who may have language or communication barriers.

Maternity Service User Feedback Summary: Tower Hamlets

1	Waiting Times	Feedback was limited to one service user during this reporting period. They reported a waiting period of around two to three hours.
2	Information Access and Antenatal Experience	The service user described the overall experience positively but noted that antenatal care felt more disjointed than in a previous pregnancy because they saw different professionals rather than the same community midwife.
3	Staff Behaviour and Attitude	The service user described staff interactions positively and highlighted supportive care from the recovery nurse.
4	Labour and Post Natal Experience	The birth experience was described positively, including good communication from the anaesthetist and a supportive recovery environment. Some concern was raised about communication around medication and staff focusing on questions rather than providing clear updates.

5	Breastfeeding Support	The service user confirmed that breastfeeding support was received.
6	Why Would You Recommend / Not Recommend This Hospital?	The service user said they would recommend the hospital.
7	Suggestions for Improvement	The main suggestion related to improving the reception experience and ensuring service users feel welcomed and appropriately supported when arriving.

Maternity Service User Feedback Summary: Waltham Forest

1	Waiting Times	Feedback on waiting times was mixed. Several service users reported positive experiences, describing appointments and care as timely and saying they were seen without significant delays. However, some service users experienced longer waits at different stages of their maternity journey. Where delays occurred, communication and updates while waiting were important to the overall experience. Feedback suggests that providing clearer information about expected waiting times and keeping service users informed when services are busy could help reduce uncertainty and improve their experience.
2	Information Access and Antenatal Experience	Antenatal care was frequently praised, particularly continuity with midwifery teams, personalised support, mental health referrals, clear explanations and rapid escalation where concerns arose. Areas for improvement included appointment communication, difficulty changing appointments, occasional gaps in handover between teams, telephone access, and clearer information during triage.
	Staff Behaviour and Attitude	Feedback about staff was overwhelmingly positive. Service users commonly described staff as kind, caring, friendly, professional and reassuring. A small number described individual interactions as overly clinical or felt that their concerns were not initially taken seriously.
4	Labour and Post Natal Experience	Service users who had given birth often described supportive, safe and compassionate care, with good explanations, one-to-one support and prompt escalation in emergencies. Concerns included delayed pain relief, not always feeling listened to during labour, limited postnatal checks in some cases, and the emotional impact on parents whose babies were in neonatal care.
5	Breastfeeding Support	Those who received breastfeeding support generally described it positively, including support from feeding specialists. Several respondents were still antenatal or did not require support because of previous experience or feeding choice. One neonatal parent reported that support with expressing colostrum was not provided as quickly as they would have liked.

6	Recommendation	Respondents were highly positive about recommending Whipps Cross Hospital, frequently citing caring staff, supportive maternity teams and good clinical care.
7	Suggestions for Improvement	Suggestions included improving communication between teams and about appointments, reducing or better managing long triage waits, listening to and taking concerns seriously, improving telephone access, ensuring timely pain relief and postnatal checks, and strengthening joined-up information across the maternity journey.

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

Overall, feedback from neonatal parents across the three boroughs was positive. Parents often spoke about feeling supported by neonatal staff, particularly around feeding and being involved in caring for their babies. However, parents also shared areas where their experience could be improved, particularly around communication, emotional support, facilities for families and consistency of care.

Tower Hamlets – 15 service users

Parents in Tower Hamlets generally shared positive experiences of neonatal care. Most parents felt supported by staff and were happy with the care their babies received, particularly the feeding support available.

Some areas parents felt could be improved were:

- Better facilities for parents who spend long periods with their babies, including access to beds, bathrooms and spaces for families.
- Better support for parents who have other children at home, as this can make visiting and spending time on the neonatal unit difficult.
- Clearer and more compassionate communication, particularly when parents raise concerns or are worried about their baby.
- More emotional and psychological support for neonatal parents, as some parents said this was not offered to them.
- Better support for mothers staying on the postnatal ward while their baby is in the neonatal unit.
- More opportunities to involve parents and families in their baby's care.

Waltham Forest – 15 service users

Parents in Waltham Forest were very positive about the care their babies received. Parents described staff as supportive and felt involved in caring for their babies. All respondents said they would recommend the neonatal unit/hospital.

However, parents also highlighted some areas to work on:

- More emotional and psychological support for neonatal parents. This was one of the strongest themes, with most parents saying this support had not been offered to them.
- More consistent communication between staff and regular updates about their baby's care.
- Better access to doctors and consultants and clearer information about when ward rounds will take place.
- Better facilities for parents, particularly affordable food, hot meals and accommodation for families who need to stay close to the hospital.
- Improvements to the environment, including cleaning, ventilation and noise.
- Clearer and more consistent access to the neonatal unit, particularly for parents visiting outside normal hours.

Newham – 14 service users

Parents in Newham also shared many positive experiences, particularly around the kindness and support they received from neonatal staff. Most parents felt supported in caring for their babies and received feeding support.

Some areas identified for improvement were:

- More consistent communication between different members of staff, so parents receive the same information about their baby's care.
- Better communication between hospitals and services when babies are transferred or require specialist care.
- More support for parents to be involved in their baby's daily care as part of Family Integrated Care, helping them feel more confident when preparing to go home.
- Staffing and bed availability, particularly where this can affect transfers to the neonatal unit.
- Better emotional support for neonatal parents and clearer information about what support is available.
- Better support and communication for mothers on postnatal wards whose babies are receiving neonatal care.
- Clearer signs and information to help families find and access the neonatal unit.

Across the three boroughs, parents were generally positive about the care, kindness and feeding support they received from neonatal teams. The main areas we will continue to raise with the Trust are communication, emotional and psychological support, parent involvement, facilities for families, and better joined-up working between maternity, postnatal and neonatal services.

Social Media Audience Metrics

Source: Meta Business Suite for Facebook and Instagram

Reporting period: 1 January – 31 March 2026

Comparison period: 1 October – 31 December 2025

1. Post Content

Content during this period focused on:

- Promoting engagement opportunities such as the *15 Steps* session
- Encouraging service user participation and feedback
- Sharing updates and reflections following engagement activity
- Continued awareness and community-focused messaging

Top performing posts:

- *Join Us for 15 Steps* – 943 views, 689 reach, 8 interactions, 2 follows (**Instagram**)
- *15 Steps Thank You post* – highest performing **Facebook** post in terms of interactions

2. Metrics

Instagram Metrics

Metric	Result	Change vs previous period
Views	6,100	↓ 41%
Reach	1,700	↓ 13%
Content interactions	202	↑ 12.8%
Profile Visits	166	↑ 37.2%
Follows	35	↑ 29.6%

Facebook Metrics

Metric	Result	Change vs previous period
Views	1,000	↑ 272%
Visits	98	↑ 157.9%
Content interactions	36	↑ 450%
Follows	3	↑ 100%

3. Audience Insights

Instagram

While overall visibility decreased this quarter, engagement quality improved. Content interactions, profile visits, and follows all increased, indicating that although fewer people saw the content, those who did were more likely to engage and take action.

This suggests a shift towards **more targeted and meaningful engagement**, particularly driven by posts inviting direct participation, such as the *15 Steps* session.

Facebook

Facebook performance improved significantly across all metrics, with substantial increases in views, visits, and interactions.

This indicates renewed audience activity on the platform, particularly in response to posts that highlight community involvement and feedback outcomes. While overall numbers remain lower than Instagram, the rate of growth suggests Facebook is becoming a more effective engagement channel.

4. Analysis and Takeaways

What Worked

- Participation-focused posts (e.g. *15 Steps*) drove meaningful engagement
- Clear calls-to-action encouraged users to get involved and respond
- Instagram saw stronger conversion behaviours (profile visits and follows increased)
- Facebook performance improved significantly across all metrics
- Posts highlighting impact and thanking participants resonated well with audiences

Challenges

- Instagram visibility declined compared to the previous quarter
- Reach and views were lower, indicating reduced content distribution or posting frequency
- Top-performing posts generated engagement but did not reach as widely as in the previous quarter
- Facebook engagement is improving but still relies on a small number of posts

Improvements

- Balance **reach and engagement** by combining high-visibility content (e.g. event recaps, storytelling) with action-driven posts
- Continue using **clear calls-to-action** to maintain strong engagement rates
- Increase posting consistency to support reach on Instagram
- Build on Facebook's growth by continuing to share community impact and participation posts
- Replicate successful formats like *15 Steps* promotion and follow-up post

