



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Evaluation of the Postnatal Community Hubs in Ireland

Final Report

December 2025





Trinity College Dublin

Coláiste na Tríonóide, Baile Átha Cliath

The University of Dublin

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List of Abbreviations

<i>Copenhagen Psychosocial Questionnaire</i>	<i>COPSOQ iii</i>
<i>Cork University Maternity Hospital</i>	<i>CUMH</i>
<i>Department of Health</i>	<i>DOH</i>
<i>Faculty of Health Sciences Trinity College Dublin</i>	<i>FHS-TCD</i>
<i>General Practitioner</i>	<i>GP</i>
<i>Health Information and Quality Authority</i>	<i>HIQA</i>
<i>Healthcare professionals</i>	<i>HCPs</i>
<i>Health Service Executive</i>	<i>HSE</i>
<i>Irish Nurses and Midwives' Organisation</i>	<i>INMO</i>
<i>National Health Service</i>	<i>NHS</i>
<i>National Maternity Experience Survey</i>	<i>NMES</i>
<i>National Maternity Strategy</i>	<i>NMS</i>
<i>National Women and Infants Health Programme</i>	<i>NWIHP</i>
<i>Participant information leaflet</i>	<i>PIL</i>
<i>Portiuncula University Hospital</i>	<i>PUH</i>
<i>Public Health Nurse</i>	<i>PHN</i>
<i>Sligo University Hospital</i>	<i>SUH</i>
<i>Specialist Perinatal Mental Health Services</i>	<i>SPMHS</i>
<i>University Hospital Kerry</i>	<i>UHK</i>
<i>Women's Health Taskforce</i>	<i>WHT</i>
<i>World Health Organization</i>	<i>WHO</i>



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Foreword

This evaluation of the pilot Postnatal Community Hubs represents an important milestone in our collective efforts to transform postnatal care into a service that is equitable, woman-centred, and responsive. Through a robust mixed-methods approach, the evaluation provides compelling evidence that Postnatal Community Hubs are delivering meaningful improvements in postnatal care. Women using these services reported significantly higher satisfaction compared to the NMES baseline, particularly in areas previously identified as deficient—namely, the attention paid to women’s physical and mental health in the postnatal period.

The findings reaffirm the centrality of midwifery expertise, continuity of care, and community-based service delivery in improving women’s experiences and outcomes. Women repeatedly highlighted the value of one-to-one appointments with midwives and access to timely, compassionate, and expert postnatal support. Where available, phone-based services offered an additional layer of reassurance and responsiveness.

As we look to the future, this evaluation offers not only a validation of the Hub model but also a roadmap for its refinement and expansion. It highlights practical areas for development, such as ensuring equitable access irrespective of hospital of birth, improving visibility and awareness of services, and enhancing informational resources. It also underscores the continued need to place women’s voices at the heart of service design and delivery.

We are proud of the progress to date and committed to building on this momentum. The success of the Postnatal Community Hubs to date is a testament to the dedication of the healthcare professionals who have pioneered and supported these services. We extend our sincere thanks to healthcare professionals and the women and families who participated in the evaluation, generously sharing their experiences to inform a better future for maternity care in Ireland.

We would also like to acknowledge and thank Dr Deirdre Daly and Dr Susan Hannon of Trinity College Dublin, our academic partners on this important body of work. Their leadership ensured the evaluation was rigorous, independent, and yielded actionable recommendations to guide the ongoing development of the Hubs.

The recommendations outlined in this report provide a clear direction for scaling and strengthening postnatal care. With sustained investment, collaborative implementation, and a continued focus on woman-centred care, we can ensure that all women in Ireland have access to the high-quality postnatal support they need and deserve.

Angela Dunne, Director of Midwifery, National Women and Infants Health Programme.





1. Introduction

In 2016, Ireland welcomed its first National Maternity Strategy (NMS) (Department of Health, 2016). Its development was prompted by findings from the Health Information and Quality Authority's (HIQA, 2013) report, which recommended that a strategy be developed '*to implement standard, consistent models for the delivery of a national maternity service that reflects best available evidence, to ensure that all pregnant women have appropriate and informed choices, and access to the right level of care and support*' (Department of Health, 2016, p13).

The Strategy also acknowledged that disparities in maternity care provision in Ireland undermined public confidence in maternity services and disillusioned the staff tasked with delivering quality maternity care. In response, the Strategy proposed a framework for restructuring, expanding and enhancing maternity care services. The framework aimed to i) adopt a health and well-being focus for babies, mothers and families, ii) ensure access to safe, consistent and high quality woman-centred care, iii) facilitate women's choices and recognise pregnancy and birth as a normal physiological process and iv) provide a well-resourced maternity service delivered by a skilled workforce '*in partnership with women*' (Department of Health 2016, p. 4).

The National Maternity Experience Survey (NMES), a collaboration of HIQA, the Health Service Executive (HSE) and the Department of Health (DOH) was published in 2020 and aimed to capture women's experiences of the whole maternity pathway from antenatal care, labour and birth to postnatal care. The survey found that that postnatal care and services were the lowest rated area of maternity care provision, particularly in relation to community care following discharge from hospital. Women who contributed to the NMES reported a noticeable reduction in the standard and provision of care in the postnatal period in comparison to antenatal care; they also reported a lack of woman-centred care, and insufficient informational, practical and emotional community-based postnatal support. Overall, women felt that postnatal care and services did not provide them with the level of resources and supports they expected, wished for, and needed to ensure their wellbeing in the transition to motherhood.

In recognition of the findings of the survey, in 2021, the National Women and Infants Health Programme (NWIHP) collaborated with the Department of Health's Women's Health Taskforce (WHT) and Irish maternity networks to commence the development of Ireland's first Postnatal Community Hubs. The Postnatal Community Hubs were envisaged as a comprehensive and multi-disciplinary suite of resources, which would build on and advance the capacity of midwifery-led services. The aim of the Postnatal Community Hubs was to extend the range of services available to women in the postnatal period in accordance with individual women's needs and to promote equitable access to healthcare services and professionals through a community-based service delivery.

In 2022, NWIHP identified and approved funding allocation to five maternity hospitals where the first pilot Postnatal Community Hubs were established. Throughout the service development process, NWIHP endeavoured to form a collaborative partnership between the Directors of Midwifery and healthcare staff at each pilot hospital to support co-operative learning, early detection of complications and facilitate solution finding.



This is a novel approach to service implementation in Ireland, which motivated NWIHP to commission the development of a ‘good practice guide’ as a complementary project to the evaluation of the Postnatal Community Hubs. The guide, titled ‘Establishing Postnatal Community Hubs in Ireland: A good practice guide based on lessons learned’, was informed by the experiences of, and lessons learned by, the healthcare professional stakeholders involved in the establishment of the services. The guide is a practical resource comprising advice and direction for other healthcare professionals who intend to establish Postnatal Community Hub services in other localities in Ireland.

Commencing in April 2024, the NWIHP commissioned an evaluation of the Postnatal Community Hubs, with the aim of conducting a multi-strand mixed-methods evaluation of services using qualitative and quantitative data collection with women who used the services, and with the healthcare professionals (HCPs) who provide the Postnatal Community Hubs services.

This report presents the findings from the evaluation and aims to support NWIHP and other stakeholders to i) reflect on the learning and positive impact and outcomes of the Postnatal Community Hubs, which may be leveraged in the implementation of future Postnatal Community Hubs, and ii) identify potential areas to strengthen existing Postnatal Community Hubs. This report outlines evidence-based recommendations emerging from this evaluation to address gaps and bring uniform standards to current services, and support scaling-up/expansion of Postnatal Community Hubs to other national maternity hospitals.





2. Background and Context

2.1 Women's postnatal health: Evidence of prevalence and impact

There are no national data collection strategies or repositories from which to build a contextually Irish-based understanding of the prevalence or progression of women's physical and mental health needs from pregnancy through motherhood and beyond, or to provide insights as to the social, demographic or economic factors that may influence women's health and wellbeing (Department of Health, 2016). An absence of data collection and monitoring therefore obfuscates the extent of any health problems experienced by women in pregnancy and motherhood, and, importantly, a definitive understanding of women's postpartum service needs.

Although there are no national repositories of perinatal and maternal health data in Ireland, and indeed in many countries thorough the world, both national and international research conducted in the last two decades demonstrates that women experience considerable physical and mental health problems. Additionally, growing evidence illustrates that, contrary to traditional assumptions, rather than recovering within in 6 weeks postpartum, for some women pregnancy related physical and mental health problems emerge beyond 6 weeks postpartum and persist even at 12 months after birth, and beyond (Carroll et al., 2016; Giallo et al., 2017; Hannon, Gartland, et al., 2022).

Physical health issues such as exhaustion, disrupted sleep, sexual health issues, pain or infections from breastfeeding, hemorrhoids, constipation, and muscular-skeletal pain are frequent complaints for mothers in the first year postpartum (Cheng & Li, 2008; McDonald et al., 2016; O'Malley et al., 2018; Schytt et al., 2005).

Common postpartum health issues also include urinary (Gartland et al., 2012) and faecal incontinence (Gartland et al., 2016), both of which vary in severity, duration and impact (Gartland et al., 2016; Thom & Rortveit, 2010). Irish data has found that urinary incontinence is reported by 31.5% of first-time mothers at three months postpartum and 20.9% at six months postpartum (Daly, 2014). While international research reports that, for some women, urinary and fecal incontinence remain unresolved four years after giving birth to their first child (Gartland et al., 2016).

Sexual health issues are common (McDonald et al., 2015; McDonald et al., 2016), first-time mothers giving birth in Ireland report issues with vaginal lubrication (43%) and dyspareunia (painfully sexual intercourse) (37.5%) (O'Malley et al., 2018), six months after birth.

Pain is also a concern. Lower back pain and pelvic girdle pain are most prevalent during pregnancy (Vleeming et al., 2008), though most women recover in the early postpartum, pelvic girdle pain has been found to persist for some women for months (Bjelland et al., 2013; Wuytack et al., 2018) and even years after childbirth (Bergström et al., 2017).

Additionally, mental health problems (Hannon, Gartland, et al., 2022; Woolhouse et al., 2015), such as depression and anxiety are the most commonly experienced health issues associated with pregnancy and birth (Falah-Hassani et al., 2017). Maternal suicide is the leading cause of direct deaths in the first six weeks postpartum in the United Kingdom and in Ireland (Knight et al., 2022; O'Hare et al., 2018). International longitudinal research shows that the prevalence of clinical (postpartum depression and major depression) and sub-clinical symptom levels is maintained or emerge at 15 months postpartum (Vliegen et al., 2014), and three years postpartum (Putnick et al., 2020). While Irish-based data indicates that, five-years after the birth of their



first child, women report moderate to severe symptoms of depression, anxiety and stress at 11.2%, 12.6%, and 14.2%, respectively (Hannon, 2024).

Individually, experiences of physical or mental health issues present an obstacle to enjoying motherhood in good health. However, physical and mental health problems often co-occur, and influence outcomes in multiple areas of life. For example, physical health issues are noted to negatively impact women's intimate relationships (Badreddine et al., 2022), their ability to engage in the maternal role (Wuytack et al., 2015), their personal quality of life (Van der Woude et al., 2015) and mental health (Fritel et al., 2016). Likewise, maternal mental health problems are associated with negative effects on women's relationships (Lilja et al., 2012), their own physical health and ability to engage in health promoting activities (Biesmans et al., 2013; Rodriguez et al., 2000; Westerneng et al., 2017), and on child health and developmental outcomes (Slomian et al., 2019).

Taken together, the frequency, severity and impact of physical and mental health issues that are experienced by women, and the extended timeframe for which they may be experienced, underscores the need to examine the resources and structures that are required to effectively detect and treat, in a timely fashion, these prevalent and deleterious health concerns.



2.2 Postnatal care: A neglected area of service provision

For women and infants, the postnatal period is a time of risk for mortality and morbidities (Dol et al., 2022), which are generally preventable when access to high-quality and timely care is facilitated (WHO, 2022). Yet, internationally and nationally, postnatal care services have been described as overlooked, neglected, and as the ‘Cinderella’ of maternity services (NICE, 2021). Critiques draw attention to limited duration, inadequate service provisions, and poor quality of care (Bick et al., 2020; Malouf et al., 2019; Sacks & Langlois É, 2016). Inadequate funding compounds issues of service provision (Langlois et al., 2023). While failure to implement policy change at a national level hinders that ability to enable sufficient provision and uptake of postnatal care with the aim of improving health outcomes for women, infants and families (Smith et al., 2024).

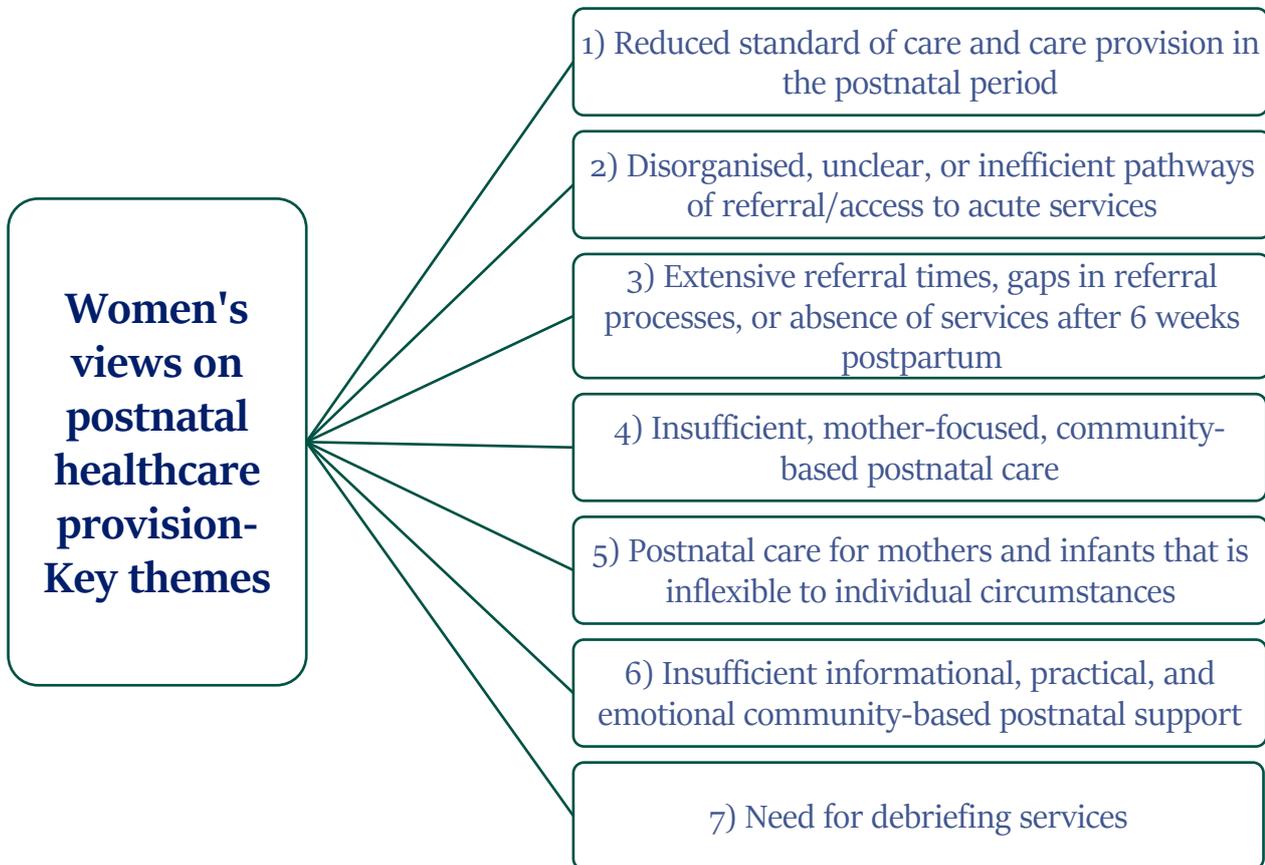
The dearth of services and poor quality of provision is reflected in women’s dissatisfaction with postnatal care (Brown et al., 2005; Henderson & Redshaw, 2017; HIQA, 2020). Some evaluations of postnatal care reveal that women’s dissatisfaction is associated with not receiving timely information (Xiao et al., 2019) or receiving inconsistent information and advice from healthcare professionals (Ong et al., 2014). Women report experiencing a sense of abandonment by the hospital and maternity specialists in the postnatal period (Brodrigg et al., 2013), and feel that postnatal care is primarily focused on child health surveillance and lacks a ‘women-centred’ approach and continuity of carer (Woodward et al., 2016).

In an Irish context, the National Maternity Experience Survey (NMES) published by the Health Information and Quality Authority (HIQA 2020) found that women gave the lowest satisfaction scores to postpartum care and services, and that these lower-scoring questions had a strong relationship with how women rated their overall experience of maternity care.

A review of the NMES’s qualitative comments about postnatal care demonstrates that women participating were keenly aware of the marked reduction in the standard and provision of care in the postnatal period in comparison to the antenatal period. Women commented on noticeable under-staffing in the hospital and the community. A lack of healthcare professional availability at a time when women require reliable informational and emotional support induces anxiety, confusion and frustration. A lack of specialist healthcare professionals, such as women’s health physiotherapists and Specialist Perinatal Mental Health Services, results in unmet needs and considerable personal expense to access care. Problems with referral pathways to acute services for maternal health issues in the early postnatal period and appropriate healthcare professionals in the later postnatal period were recurring themes, which meant that women received delayed or no care for health issues. Women reported that postnatal care in Ireland is often inflexible in response to the circumstances and needs of mothers and their babies (Figure 1: Findings from the NMES’s qualitative data: Women’s views on postnatal healthcare provision- key themes).

Disappointment with the lack of informational, practical, and emotional support from trusted and experienced healthcare professionals in a community setting was repeatedly expressed (NWIHP, 2025). Interestingly, women who received DOMINO care and other community midwifery services identified these schemes as leading examples of positive postnatal care, which provided them with continuity of midwife carer, and a professional and reliable source of support.

Figure 1: Findings from the NMES's qualitative data: Women's views on postnatal healthcare provision- Key themes.



Irish-based research further illuminates deficiencies in postpartum care and barriers to accessing services. Women giving birth in Ireland express that the current model of postnatal care, particularly on leaving the maternity hospital, is ‘inconsistent’ and ‘baby-focused’ with little time or attention dedicated to mothers’ health and concerns (Daly et al., 2021). Access to services and professional health support postpartum is determined by where women live, with women in rural areas relating experiences of minimal access and long travel distances (Daly et al., 2021).

The conclusion of postnatal services at 6-weeks in Ireland means that care is withdrawn before some health issues might be identified as problematic and requiring professional intervention (Hannon, Newnham, et al., 2022). Therefore, if women require access to healthcare beyond this timeframe, they often must bear the financial costs for their care (Hannon, 2024). Costs for care and limited economic resources means that some women are dissuaded from seeking healthcare (Wuytack et al., 2015). Additionally, access to pathways of healthcare provision, beyond the 6-week provision, is typically gained through General Practitioners (GPs) in a private capacity, which again may be costly for women, and some GPs may not be aware of appropriate referral pathways for a variety of postnatal health concerns (Hannon, 2024).



3. Establishing the Pilot Postnatal Community Hubs

3.1 The process and goals of establishing enhanced postnatal care

World Health Organization's (WHO) guideline on positive postpartum care (WHO, 2022) endeavours to advance the quality of essential, routine postnatal care for women and babies. The guideline acknowledges that a "positive postnatal experience" (p1) is a meaningful and worthy goal of maternity care services, which lays the foundation for positive health outcomes for both mother and baby (Vogel et al., 2024). A positive postnatal experience, in the WHO (2022) guideline is defined as one in which women, new-borns, partners, parents, caregivers and families receive information, reassurance and support in a consistent manner from motivated health workers; in the setting of a resourced and flexible health system, which recognises the needs of women and babies and respects their cultural context. The guideline also provides direction on evidence-based policy for effective maternity practices and supports policies, which place women and new-borns at the heart of service provision, and include support for health workforce interventions, such as midwifery-led continuity of care models (Langlois et al., 2023).

In their recommendations, the authors call for policy makers, clinicians, and managers of health services to consider '*which part of the health service is responsible for the prevention and management of childbirth-related conditions, and how can the needs of women in the postpartum period be better met? How can postpartum care be extended or optimised to identify these conditions, and to better link with different disciplines and community-based services*' (p, e327).

The National Women and Infants Health Programme (NWIHP) was established in 2017 by the HSE to lead the management, organisation, and delivery of maternity, gynaecology, and neonatal services in Ireland. The NWIHP is tasked with implementing the goals of the National Maternity Strategy and does so through collaboration with stakeholders such as service users, healthcare providers and researchers.

The NWIHP recognises that the current structure and delivery of routine postnatal care in Ireland, though working well for many women, does not support all women and their babies, and falls short of the ambition that NWHIP shares with the WHO, which is '*to achieve the aim of both thriving and flourishing, as well as surviving*'. (Health Service Executive, 2022)(p2).

In 2020, the NWIHP initiated an ideation process involving a series of exploratory discussions and consultations with national stakeholders with the aim of responding to and addressing the deficits in Irish postnatal maternity care identified by the findings of the National Maternity Experience Survey.

Informed by this ideation process and analysis of international models, the NWIHP prepared a framework outlining the vision for, strategic development of, the Postnatal Community Hubs. The '*Framework for Enhanced Postnatal Care in the Community*' was driven by the aim to design and deliver postnatal care services that support and enable *all* women and their babies to thrive, through extended, specialised, and tailored access to maternity health services.

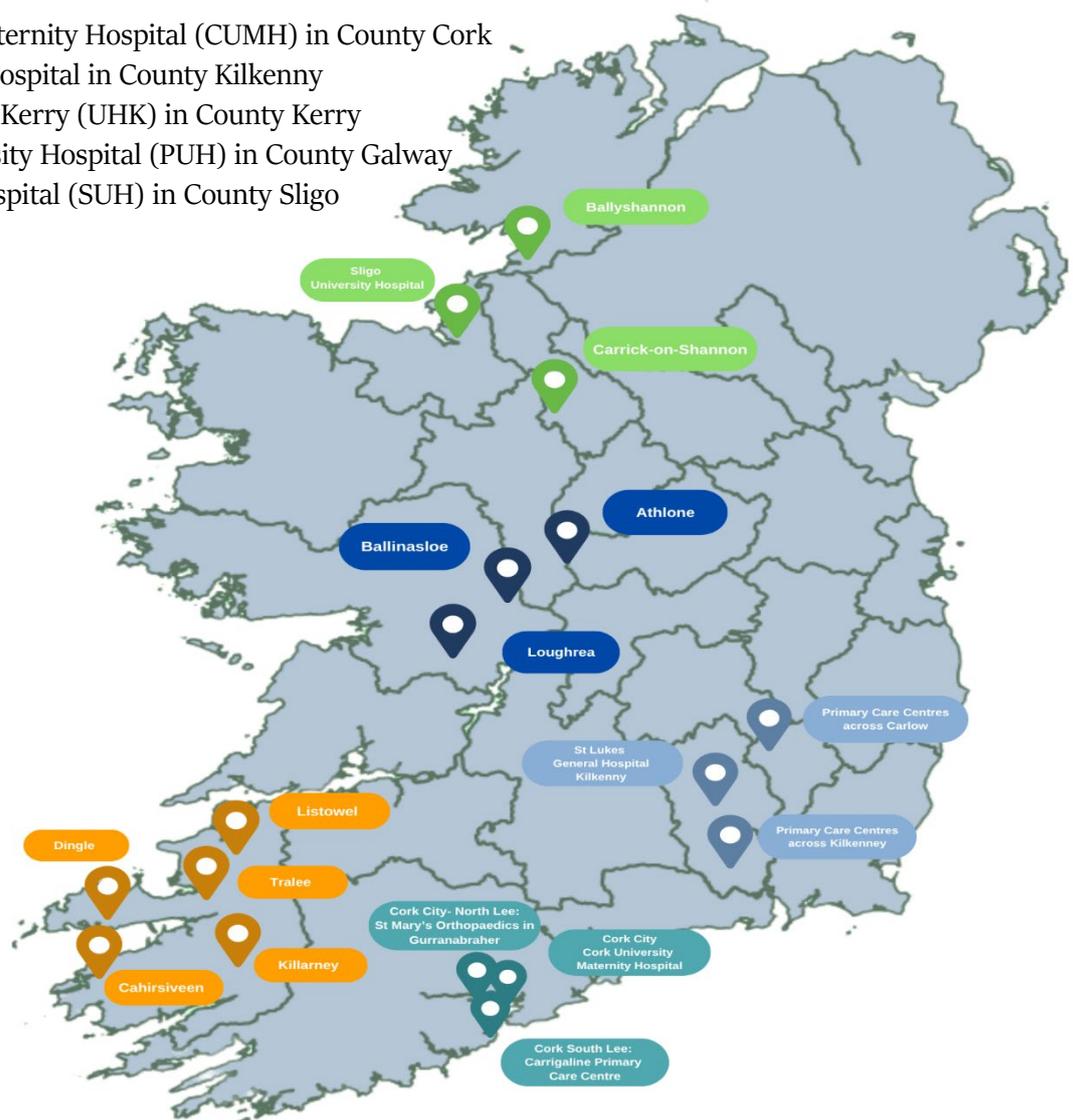


The Postnatal Community Hubs were envisaged as a ‘one stop shop’ for women in the postpartum, regardless of their care pathway, pregnancy risk or health insurance status, where they may access multiple services provided by a multidisciplinary healthcare team from a community-based facility. These services comprised core midwifery care, lactation and infant feeding support, parent education, perinatal mental health support, bereavement support, and birth reflection services. In addition, Postnatal Community Hubs would facilitate direct access to acute maternity services and to appropriate healthcare professionals.

In 2022, in partnership with maternity networks and the Department of Health’s Women’s Health Taskforce, the NWIHP secured funding and issued a formal application call to all Directors of Midwifery to establish five pilot Postnatal Community Hubs in the Republic of Ireland. Proposal applications entailed an outline of the local catchment area, services and target population, predicted scope and plan for local service development, implementation timelines, and a description of the resources, and the funding and staffing allocations required to resource the new services. In total, six applications were received, and five pilot hospital sites were selected.

The five pilot Postnatal Community Hub sites are located in:

- Cork University Maternity Hospital (CUMH) in County Cork
- St Luke’s General Hospital in County Kilkenny
- University Hospital Kerry (UHK) in County Kerry
- Portiuncula University Hospital (PUH) in County Galway
- Sligo University Hospital (SUH) in County Sligo





3.2 The Postnatal Community Hub services

The Postnatal Community Hubs were conceived as a multidisciplinary package of resources providing postnatal care within the community. The organisation and delivery of Postnatal Community Hub services is variable between the pilot hospitals. The services that are offered were developed with consideration for local birth rate, geographical spread, population demographics (service needs) and the feasibility of providing newly developed postnatal services with the funding and staffing available at each site, and the physical amenities available for use (resource availability). For this reason, the number of physical community-based clinics and the range of postnatal services offered, differ site to site.

Currently, the five pilot Postnatal Community Hubs operate between 2-5 community-based clinics in various locations within the catchment of their maternity hospital. Some pilot hubs are able to offer women's health physiotherapy and lactation consultant services, as these roles were included in the pilot site's proposal application for which they subsequently received funding. Whereas other pilot hubs facilitate referrals to these services which are provided by the local maternity hospital.

Additionally, the timing of implementation of new services varied across the pilot hospitals and underwent periods of adaptation and redevelopment in response to local learning and needs. Therefore, women who accessed services during the earliest days of implementation may have had fewer services available to them than women who accessed services after they had become more established.

To date, differences exist between the services provided by each of the pilot hospital sites. However, each of the Postnatal Community Hubs offers:

A one-to-one postnatal appointment with a midwife: All pilot Postnatal Community Hubs offer a one-to-one appointment with a midwife in the postnatal period. This may be i) an optional, scheduled appointment, or ii) an optional, walk-in appointment facilitated at a community-based clinic. Appointments consist of a 45 minute to one-hour consultation with a midwife and involve a full physical check for the mother and her baby, and an informal consultation about her physical, emotional, and mental health, and social supports. Additionally, this appointment provides women with the opportunity to obtain access or be referred to a birth debriefing service, health promotion/ education and feeding assessment, lactation consultant services, perinatal mental health services, women's health physiotherapy, acute services or other services as needed.

In addition, each Postnatal Community Hubs services include one or more of the following:

A midwife facilitated education and peer-support meeting: Some Postnatal Community Hubs offer a midwife facilitated education and peer-support meeting at a community-based clinic, typically a primary care centre. These meetings involve a 15-minute education session delivered by the midwife on a topic relating to perinatal health or infant care, followed by a question and answers session. Attending parents (mothers and partners are welcome) are then encouraged to socialise and build new contacts with each other while the HCPs remain available for one-to-one support. This one-to-one (confidential) support may entail emotional and informational support, provide professional health consultation and advice, and



facilitating referrals to other postnatal healthcare professionals and services (for mother and baby) as needed.

A phone line: A dedicated phone line, with access to a qualified midwife during designated hours is a feature of postnatal care services offered at some pilot Postnatal Community Hubs. Additionally, one site offers a ‘check-in’ phone call at three weeks postnatal.

A ‘What happened’ session or Birth Reflection Service: Some pilot hospitals offer a birth reflection service, sometimes labelled a ‘What happened’ session. This session is an ‘opt-in’ service that women may request with a midwife. A Birth Reflection appointment or ‘What happened’ session is a one-to-one appointment with an experienced midwife to provide women with the opportunity to go through their hospital notes, and to discuss and ask questions about their birth experience with a knowledgeable healthcare professional.

It is important to note here that the ‘What happened’ or ‘Birth Reflection’ services offered by some Postnatal Community Hubs are distinct from ‘birth debriefing’ services offered by maternity hospitals. Within practice and academic literature, several terms are used, often interchangeably, to describe services that offer women opportunities to reflect on their labour and birth. Some authors offer a differentiation between ‘psychological debriefing’ or ‘postnatal debriefing’. ‘Postnatal debriefing’ may be understood as women discussing birth events with the midwife, generally based on their labour and birth records, while ‘psychological debriefing’ may be defined as a procedure in which structured interviews are aimed to prevent psychological morbidity for those women with traumatic births (Bastos et al., 2015).

In the context of this evaluation, we cannot confirm the nature of the birth debriefing services offered by *individual maternity hospitals* (i.e. whether the services are intended to fill an informal or psychological intervention/assessment function). However, we may confirm that the ‘What happened’ session or Birth Reflection Service offered by midwives as part of the Postnatal Community Hub services are *not* intended as a psychological intervention. Notwithstanding this, referral to psychological services is facilitated in cases where the midwife observes that the woman may benefit from, and consents to, a referral. The ‘What happened?’ session is an informal service intended to provide informational support from a relevant healthcare professional, which promotes an understanding of the events that may have occurred around a woman’s labour and birth and facilitates a non-judgment environment to discuss reactions and emotions associated with the events of the birth, and outcomes.

For the purposes of this evaluation, the terms ‘What happened’ session or Birth Reflection Service will be used to delineate the services offered by midwives from the Postnatal Community Hubs, whereas ‘birth debriefing’ or ‘birth debrief’ will be used to describe the pre-established services offered by the maternity hospital.

Each of these structures supports the facilitation of referrals to other appropriate healthcare professionals where they are available, such as lactation consultants, women’s health physiotherapists, mental health services, as well as to acute hospital services.



4. Evaluation methods

4.1 Evaluation design and data sources

The evaluation of the Postnatal Community Hubs adopted a mixed-methods approach involving two strands, one with women/services users and the other with the healthcare professionals providing services at the Postnatal Community Hubs. Each strand includes a qualitative component involving one-to-one online interviews and a quantitative data collection component comprising an anonymous online survey.

Figure 2: Data sources

Women's Strand

- **Qualitative Data Collection/ Interview Data:** One-to-one online interviews with consenting women who availed of the Postnatal Community Hub services. The semi-structured interview included prompts in relation to i) women's views, and satisfaction with how they heard about and accessed services, ii) services they used, iii) interactions with healthcare professionals, iv) facilitation of referrals, v) overall value of the services to their postnatal recovery.
- **Quantitative Data Collection/ Survey Data:** An anonymous online survey collected information in regards to: i) Women's satisfaction with accessing and accessibility of the services, ii) motivations for accessing the services and opinions on quality of care, iv) convenience and appropriateness of physical facilities, v) experiences and satisfaction with interactions with staff.

Healthcare Professionals' Strand

- **Qualitative Data Collection/ Interview Data:** One-to-one online interviews with consenting healthcare professionals who provide care within a Postnatal Community Hub service. The semi-structured interview included prompts in relation to i) their views on, and satisfaction with their role within the services, ii) satisfaction with the operation of services and views on areas for development or training, iii) experiences of and satisfaction with relationships with colleagues and supervisors, and inter-professional relationship building.
- **Quantitative Data Collection/ Survey Data:** An anonymous online survey collected information in regards to: i) motivations for joining the services, ii) satisfaction with service delivery/ operation and suggestions for improvement, iii) the Copenhagen Psychosocial Questionnaire (COPSOQ III Questionnaire)- Core Version with Job satisfaction subscale.



4.2 Ethical approval

Ethical approval for conduct of the evaluation of the Postnatal Community Hubs was sought from four regional ethics committees. The South-Eastern Area Research Ethics Committee (*St Luke’s General Hospital*), Clinical Research Ethics Committee of The Cork Teaching Hospitals (*University Hospital Kerry (UHK) and Cork University Maternity Hospital (CUMH)*), Research Ethics Committee Sligo University Hospital (*Sligo University Hospital (SUH)*) and Galway Clinical Research Ethics Committee (*Portiuncula University Hospital*). Additionally, approval was sought from the Faculty of Health Sciences Trinity College Dublin (FHS-TCD) Ethics Committee.

4.3 Participating Pilot Hospitals and Recruitment

The Director of Midwifery at each participating hospital identified a gatekeeper to distribute the study information to women and healthcare professionals. Nominated gatekeepers were healthcare professionals, who were employed at the respective hospital but did not provide care in the pilot Postnatal Community Hub and therefore, did not have a relationship with potential participants. The study invitation and information were distributed via email. Due to differences in ethics committee meeting dates, recruitment commenced at four sites in November 2024. Recruitment for Portiuncula University Hospital (PUH) commenced in January 2025. Recruitment concluded in all sites in March 2025.

Table 1: Total recruitment

	Women’s Strand		HCPs’ Strand	
	Survey	Interviews	Survey	Interviews
<i>Cork University Maternity Hospital (CUMH)</i>	24	4	5	4
<i>Portiuncula University Hospital (PUH)</i>	34	5	3	1
<i>Sligo University Hospital (SUH)</i>	89	11	4	2
<i>St Luke’s General Hospital</i>	79	11	5	4
<i>University Hospital Kerry (UHK)</i>	66	7	6	6
Total	292	38	23	17



4.4 Consent

Full and informed consent was provided by all participants. Interview participants received an invitation and participant information leaflet (PIL) from each pilot hospital's designated gatekeeper.

The PIL included information on:

- The purpose of the research
- Details and voluntary nature of research participation, and the right to refuse participation
- The implications of participation and reassurance regarding implications of non-participation.
- Data protection rights and lawful processing, confidentiality, secure storage, sharing, and use of, all data provided.

4.5 Evaluation objectives

This mixed-methods evaluation involved qualitative and quantitative data collection with women/ services users who have availed of the Postnatal Community Hub services (Women's Strand), and with healthcare professionals (HCPs) who provided services within the Postnatal Community Hub (Healthcare Professionals' Strand).

The integrated data (survey and interview data from both women and HCPs) facilitates a national level understanding of the barriers and facilitators to access, accessibility, acceptability, and satisfaction with services provided by the Postnatal Community Hub. As well as an understanding of the efficacy, efficiency and value of the Postnatal Community Hub services currently provided, from a healthcare provider and service user perspective. Additionally, the evaluation aims to understand HCPs job satisfaction within their role at the Postnatal Community Hub.

The evaluation of the Postnatal Community Hubs sought to address the following questions:

- Are the Postnatal Community Hub services a useful and positive addition to women's postnatal journey?
- What services are most beneficial, and which should be expanded to other locales or discontinued?
- Are services delivered in a way that is accessible, effective and satisfactory for women and healthcare professionals?
- What aspects of the Postnatal Community Hub services work well, and what areas could be improved?



5. Findings

5.1 Presentation of findings and approach to analysis

For the purposes of the report, the findings from the Postnatal Community Hub evaluation are presented as following the woman's journey through the Postnatal Community Hub's services. The journey begins with learning about and accessing the services and includes facilitation of referrals to relevant healthcare professionals and services, all the way to conclusion of care. Additionally, results from women's and healthcare professionals' qualitative data are integrated (presented together) in some sections to provide an understanding of service provision from both a service user and service provider perspective. The qualitative analytical approach aims to identify the areas and extent to which women felt the services were a useful and positive addition to their postnatal journey (Value to women), service areas that benefited from the implementation of the postnatal hub services (Value to services) and women's and HCPs suggestions for improvement and increased efficiency (Opportunities to add Value).

Presentation of the findings of the Postnatal Community Hub evaluation are arranged in four sections.

The first section provides a description of the demographic characteristics of the participants of the Women's Strand and Healthcare Professionals' Strand.

Section 2 presents the findings from women's quantitative evaluation of postnatal care. Part one of this section focuses on a comparison between the results of Postnatal Community Hub evaluation and comparable questions from the National Maternity Experience Survey (2020). Part 2 focuses on identifying i) socio-demographic characteristics and ii) service use factors that are associated with higher ratings of postnatal care provided by the Postnatal Community Hub.

Section 3 presents findings in relation to accessibility, acceptability and satisfaction with delivery of the services provided by the Postnatal Community Hub. This section contains qualitative (interview) and quantitative (survey) data from both the Women's and Healthcare Professionals' Strands.

Section 4 contains findings from the survey and interview data collected from the Healthcare Professionals' Strand only. This section shares the healthcare professional perspective of providing services at the Postnatal Community Hubs and findings from the Copenhagen Psychosocial Questionnaire iii (COPSOQ) questionnaire and the job satisfaction subscale.



5.2 Section 1: Participant Demographics

Survey Data: Women's Strand

Participation by pilot site

A total of 292 women completed the anonymous online survey. The breakdown of responses from each site is as follows: there were 24 (8%) responses from Cork University Maternity Hospital, 79 (27%) from St Luke's General Hospital, 66 (23%) from University Hospital Kerry, 34 (12%) from Portiuncula University Hospital and 89 (30%) from Sligo University Hospital.

Age

Age data were available for 94% (n = 275) of participants. The mean age was 34.3 years (age range 21-45). The most represented age range in the sample were between 31- 35 years (n= 112; 38%), followed by the 36-40 years category (N= 83; 28%).

Parity

Nulliparous women (first-time mothers) represented 49.7% (n=145) of respondents, while multiparous women represented 50.3%. (n=146). Multiparous women reported having 2 children (n=82; 28.1%), 3 children (n=45; 15.4%), 4 children (n=14; 4.8%), 5 children (n=3, 1%) and 6 children (n=2; 0.7%).

Ethnicity

Of the sample, 91.1% self-identified as 'White-Irish' (n=266) and 5% (n=15) were from any other white backgrounds ('White North American', 'White-European', 'Any other white background'). One participant identified as 'Irish Traveller' (n=1; 0.3%), four as 'Asian' (n=4; 1%), two as 'African' or 'Black-Irish' (n=2; 0.6%), three as 'Latin American' (n=3; 1%) and one as 'Two or more ethnicities' (n=1; 0.3%).

Relationship Status

More than 85% of participants were married, in a civil partnership or co-habiting with a partner (including heterosexual and same-sex relationships) (n=247; 84.9%). Eighteen were in a relationship but not living together (n=18; 6.2%), while twenty-five reported that they were single (n=25; 8.6%) and one participant reported that they were divorced or separated (n=1; 0.3%).

Education

Most participants reported having an under-graduate university degree (n=134; 45.9%) or a post-graduate university degree (n=70; 24%). Twenty-three women had FETAC level 6 Advance certificate or higher certificate (22.3%), while 5.8 % (n=17) of women reported having secondary school education.

Employment

At the time of survey completion, most women reported that they were on paid maternity leave (n= 109; 37.3%), while forty-five (15.4%) were on un-paid maternity leave, and five (1.7%) were on paid parental leave.



Approximately 25% of women were in full-time paid employment (n=74; 25.3%) and twenty-two were in part-time paid employment (7.5%). Women also reported their occupation as homemakers (n=26; 8.9%), or carers (n=4; 1.4%).

Housing Status

Most respondents to the online survey indicated that they were paying a mortgage on a house or apartment (n=175, 60%), while 11% own their home outright. Approximately 20% were paying rent to either a landlord (n= 46, 16%) or local authority (n=13, 4%). At the time of survey completion, 7% of women were living with their parents or in-laws (n=20, 7%) and five (2%) were living in a Caravan or Mobile Home.

Perception of household income

Participants were asked to report if their household income was adequate to meet their own and family's needs. Household income was perceived as 'Less than enough' by 10% of women (n=30), 'Just enough' by 60% (n=175), and 'More than enough' by 30% (n=87).

Area of residence

Most women reported living rurally (n=179; 61%), while 58 reported their area of residence as urban (n=58; 20%), and 55 as semi-Urban (n=55; 19%).

Time postpartum (time of survey completion)

Approximately 63% (n=185) of women were between 0 and 6 months postpartum at the time of completing the online survey. Twenty-four percent (n=70) were between 6 months and one year postpartum, and thirteen percent (n=37) were more than one year postpartum.

See Table 2 for the socio-demographic characteristics of women taking part in the survey research.



Table 2: Maternal socio-demographic characteristics- Survey Research (N=292)

Pilot Hospital	n (%)	Months postpartum (time of survey completion)	n (%)
Cork University Maternity Hospital	24 (8%)	Between 0 and 3 months	91 (31%)
St Luke's General Hospital	79 (27%)	Between 3 and 6 months	94 (32%)
University Hospital Kerry	66 (23%)	Between 6 and 9 months	42 (14%)
Portiuncula University Hospital	34 (12%)	Between 9 and 12 months	28 (10%)
Sligo University Hospital	89 (30%)	More than 12 months	37 (13%)
Maternal Age			
	n (%)	Relationship Status	n (%)
21-25 years	9 (3%)	Married/ civil partnership/ co-habiting	247 (84.6%)
26-30 years	43 (15%)	Single	25 (8.6%)
31- 35 years	112 (38%)	Divorced or separated	1 (0.3%)
36-40 years	83 (28%)	In a relationship but not living together	18 (6.2)
41-45 years	28 (10%)		
Maternal Ethnicity			
	n (%)	Maternal Employment Status	n (%)
White-Irish	266 (91.1%)	Full-time paid work	74 (25.3%)
Irish Traveller	1 (0.3%)	Part-time paid work	22 (7.5%)
White-North American	2 (0.7)	Paid work and in education	2 (0.7%)
Asian	4 (1.4%)	Education	1 (0.3%)
African	1 (0.3%)	Paid maternity leave	109 (37.3%)
Black-Irish	1 (0.3%)	Unpaid maternity leave	45 (15.4%)
White-European	6 (2.1%)	Unable to work due to a chronic illness/ disability	2 (0.7%)
Latin American	3 (1%)	Homemaker	26 (8.9%)
Other white background	7 (2.4%)	Carer	4 (1.4%)
Two or more ethnicities	1 (0.3%)	Parental leave	5 (1.7%)
		Unemployed	2 (0.7%)
Perception of household income			
	n (%)	Area of residence	n (%)
Less than enough	30 (10%)	Rural	179 (61%)
Just enough	175 (60%)	Urban	58 (20%)
More than enough	87 (30%)	Semi-Urban	55 (19%)
Maternal Education			
	n (%)	Parity	n (%)
No formal qualifications	1 (0.3%)	1 Child	145 (49.7%)
Secondary school	17 (5.8%)	2 Children	82 (28.1%)
FETAC level 6 Advance certificate or higher certificate	65 (22.3%)	3 Children	45 (15.4%)
Under-graduate university degree	134 (45.9%)	4 Children	14 (4.8%)
Post-graduate university degree	70 (24%)	5 Children	3 (1%)
Doctoral degree	5 (1.7%)	6 Children	2 (0.7%)



Partners' Education	n (%)	Partners' Employment	n (%)
No formal qualifications	13 (4.7%)	Full-time paid work	266 (95.3%)
Primary	2 (0.7%)	Part-time paid work	3 (1.1%)
Secondary school	36 (13.1%)	Paid work and in education	1 (0.4%)
FETAC level 6 Advance certificate or higher certificate	70 (25.5%)	Education	1 (0.4%)
Under-graduate university degree	106 (38.5%)	Looking after family and home	2 (0.7%)
Post-graduate university degree	46 (16.7%)	Farmer/Self-employed	4 (1.4%)
Doctoral degree	2 (0.7%)	Unemployed	2 (0.7%)
Housing Status			
House/apartment (paying a mortgage)	175 (60%)		
House/apartment (owned outright)	33 (11%)		
House/apartment (paying rent to a landlord)	46 (16%)		
House/apartment (paying rent to a local authority)	13 (4%)		
Caravan / Mobile Home	5 (2%)		
Other (living with parents or in-laws)	20 (7%)		



Survey Data: Healthcare Professionals' Strand

A total of 23 healthcare professionals completed the anonymous online survey. Of the total respondents, there were five (22%) responses from Cork University Maternity Hospital, five (22%) from St Luke's General Hospital, six (26%) from University Hospital Kerry, three (13%) from Portiuncula University Hospital and four (17%) from Sligo University Hospital.

Participants were midwives, advanced midwife practitioners, registered general nurses, International Board-Certified Lactation Consultants, Women's Health Physiotherapists and healthcare assistants. A description of the sample by profession and pilot site cannot be presented to preserve the confidentiality of participants.

On average, the healthcare professionals had 16 years of professional experience (range: 5 years - 37 years) in healthcare and the participants had been employed by their respective Postnatal Community Hubs for an average of 12.46 months (range: 3 months - 25 months). Of the 23 respondents, 70% were employed full time (n=16) and 30% were employed part-time (n=7).

See table 3 for a description of the healthcare professionals taking part in the survey research.

Table 3: Description of participants of the Healthcare Professionals' Strand- Survey research (N =23)

Pilot Postnatal Community Hub	N (%)
Cork University Maternity Hospital	5 (22%)
St Luke's General Hospital	5 (22%)
University Hospital Kerry	6 (26%)
Portiuncula University Hospital	3 (13%)
Sligo University Hospital	4 (17%)
Total years' experience	N (%)
1- 5 years	2 (9.1%)
6- 10 years	3 (13.6%)
11- 15 years	7 (31.8%)
16- 20 years	5(22.7%)
20 + years	5 (22.7%)
Time employed by Postnatal Hub	N (%)
Less than 6 months	3 (15.0%)
6 months- 1 year	8 (40.0%)
1 year - 18 months	5 (25.0%)
18 months +	4 (20.0%)



Interview Data: Women’s Strand

A total of 38 women took part in the Postnatal Community Hub evaluation interviews. Data collection took place between December 2024 and March 2025. Interviews were conducted using MS teams or via telephone depending on participants’ preferences and interviews averaged 32 minutes (range= 19 min to 55 min). To ensure confidentiality, qualitative excerpts are presented as pseudonyms. Table 4 presents the characteristics of women taking part in the interviews.

Table 4: Women’s Strand: Interviewee Demographics (N=38)

Pilot Hospital	n	Ethnicity	n
Cork University Maternity Hospital	4	White-Irish	34
University Hospital Kerry	7	White- Canadian	1
St Luke’s General Hospital	11	White-Ukrainian	1
Portiuncula University Hospital	5	White-British	1
Sligo University Hospital	11	Mixed-Race	1
Employment	n	Education	n
Paid Employment	13	FETAC Level 6	1
Paid Maternity Leave	17	Level 8 Bachelor’s degree	22
Parental Leave	1	Level 9 Diploma	3
Self-employed	1	Master’s Degree	9
Stay at home mother	2	PhD	2
Un-paid Maternity Leave	4	Professional Qualification	1
Age (yrs)	n	No. Children	n
23-30	6	1 Child	21
31-35	10	2 Children	15
36-40	19	3 Children	2
41-45	3		
Location	n		
Rural	24		
Urban	7		
Semi-Urban	7		

Interview Data: Healthcare Professionals’ Strand

A total of 17 healthcare professionals took part in the Postnatal Community Hub evaluation interviews. Data collection took place between November 2024 and March 2025. Interviews were conducted using MS teams or via telephone according to participants’ preferences and interviews averaged 38 minutes (range= 15 min to 1 hr 9 min).

Most HCPs were midwives; some had additional qualifications in public health nursing and lactation consultancy. Participants also included physiotherapists and healthcare assistants. To ensure that participant responses cannot be traced to specific individuals employed within the postnatal hub services, exact qualifications and locations cannot be provided. Qualitative excerpts are presented with anonymised participant ID codes to preserve confidentiality.



5.3 Section 2: Part 1- Comparison to the National Maternity Experience Survey

The Postnatal Community Hubs were developed in response to the findings of the NMES 2020 which showed that women giving birth in Ireland were dissatisfied with postnatal care. Therefore, the Postnatal Community Hub evaluation included the ‘Care at home after birth’ questions from the NMES 2020, which captured women’s evaluation of postnatal care delivered in the community. The findings from the Postnatal Community Hub evaluation for these questions were compared with findings of the NMES 2020 to assess if the Postnatal Community Hub services result in increased or decreased ratings of postnatal care.

Data source: *The Women’s Strand: Survey Data*

‘Care at home after the birth’ questions

The Postnatal Community Hub evaluation survey included ten amendedⁱ questions relating to postnatal care within the community that were contained in the National Maternity Experience Survey.

For eight of the ten comparative questions, the overall hub evaluation rating was higher than the ratings reported by the NMES 2020.ⁱⁱ Two questions were an exception to this overall cohort trend; these questions were in relation to baby’s health and progress, and information about vaccinations. These two questions were the lowest rated among the Hub Evaluation. [‘Did you receive help and advice from health care professionals from the Postnatal Hub about your baby’s health and progress?’ (NMES: 9.1; Hub Evaluation: 8.1) ‘Since the birth of your baby, did you feel that you were adequately informed about vaccinations by healthcare professionals in the Postnatal Hub?’ (NMES 8.8, Hub Evaluation: 8.5)]

The NMES found that, in 2020, the lowest rated questions were in relation to healthcare professionals spending enough time talking to women about their own physical health (NMES rating: 6.1) and mental health (NMES rating: 5.6). The Postnatal Community Hub evaluation overall rating for both questions was substantially higher, with women rating these questions 9.1 out of ten and 8.9 out of ten respectively. Table 5 provides the individual ratings found by the NMES (2020), the individual ratings found by the Postnatal Community Hub evaluation and the change between both.

ⁱ Questions that referenced a public health nurse in the NMES 2020 were amended to reference a ‘healthcare professional from the Postnatal Hub’ in the Postnatal Community Hub evaluation.

ⁱⁱ Scores were calculated using the same scoring methodology as the National Maternity Experience Survey 2020. Responses to individual questions were weighted, for example, ‘No’ was given a score of 0, ‘Yes, sometimes’ was given a score of 5 and ‘Yes, always’ was given a score of 10. Other response options such as; ‘I did not have any questions’ or ‘Don’t know or can’t remember’ were categorised as ‘missing’. These were not scored as they cannot be evaluated in terms of best practice.

Table 5: Comparison and change between the NMES (2020) rating and the Postnatal Community Hub evaluation rating

<i>Care at home after the birth questions</i>	NMES (2020) Rating	Hub Evaluation Rating	Change
When you were at home after the birth of your baby, if you contacted a health care professional from the Postnatal Hub, were you given the help you needed?	8.6	9.3	<i>0.7 increase</i>
Did health care professionals from the Postnatal Hub take your personal circumstances into account when giving you advice?	9	9.4	<i>0.4 increase</i>
Did you feel that your questions were answered by health care professionals from the Postnatal Hub in a way that you could understand?	9.2	9.7	<i>0.5 increase</i>
Did you receive help and advice from health care professionals from the Postnatal Hub about your baby's health and progress?	9.1	8.1	<i>1.0 decrease</i>
Thinking about the care you received at the Postnatal Hub, did the healthcare professionals spend enough time talking to you about your own PHYSICAL health?	6.1	9.1	<i>3.0 increase</i>
Thinking about the care you received at the Postnatal Hub, did the healthcare professionals spend enough time talking to you about your own MENTAL health?	5.6	8.9	<i>3.3 increase</i>
Since the birth of your baby, did you feel that you were adequately informed about vaccinations by healthcare professionals in the Postnatal Hub?	8.8	8.5	<i>0.3 decrease</i>
Thinking about the care you received from the Postnatal Hub; did you have confidence and trust in the health care professionals caring for you?	8.3	9.7	<i>1.4 increase</i>
Thinking about the care you received from the Postnatal Hub; did you feel that you were involved in decisions about your health?	8.8	9.6	<i>0.8 increase</i>
Thinking about the care you received from the Postnatal Hub; did you feel that you were treated with respect and dignity?	9.4	9.8	<i>0.4 increase</i>

Overall experience rating

The NMES also asked women to rate their overall maternity experience on a scale from 0 to 10, with 0 indicating a very negative experience and 10 indicating a very positive experience. Ratings of 0-6 were categorised as 'Poor-Fair', ratings from 7-8 were categorised as 'Good' and 9-10 as 'Very Good'. Findings from the NMES indicate that, nationally, the average overall rating of care by participating women was 8.2, with 15% of women rated their overall experience as 'Poor-Fair', 33% as 'Good' and 52% as 'Very Good'. In comparison, evaluation of postnatal care accessed from the Postnatal Community Hub was rated more highly, receiving an overall ratingⁱⁱⁱ of 8.7. Additionally, more women rated the Postnatal Community Hub services as 'Very Good' (67.6%), than was found by the NMES. (See table 6).

Table 6: The overall rating found by the NMES (2020) and the overall rating found by the Postnatal Community Hub evaluation

	NMES	Hub Evaluation
	Overall Rating	Overall Rating
Poor-Fair	15%	11.30%
Good	33%	21.10%
Very Good	52%	67.60%
Overall Average	8.2	8.7

ⁱⁱⁱ As in the National Maternity Experience Survey 2020, women were asked to rate their overall maternity experience on a scale from 0 to 10. Responses were analysed in two ways; categorically ('Poor-Fair', 'Good', or 'Very Good'), and by calculating the average of the overall scores for this question to produce the 'overall rating'.



5.4 Section 2: Part 2- Women's overall experience rating of the Postnatal Community Hub

Overall experience rating and associations with socio-demographic characteristics

Chi-square analysis was used to investigate if there were socio-demographic characteristic differences between women who rated their overall experience as 'Poor-Fair', 'Good' or 'Very Good'.

Analysis revealed that, a slightly higher number of multiparous women gave an overall rating of 'Very Good'. However, the difference was not statistically significant, indicating that nulliparous and multiparous women were equally likely to rate their experience of the hub services as 'Very Good', 'Good' or 'Poor-Fair'. ($P=0.470$ $P>0.05$).

There was no statistically significant difference between women who lived in rural, semi-urban, or urban locations and the overall Postnatal Community Hub rating ($P=0.68$. $P>0.05$). There were no statistically significant differences found for citizenship, maternal age, relationship status or income and overall ratings of the Postnatal Community Hubs.

Proportionally, more women who reported that they did not have a postgraduate education rated their experience as 'Poor-Fair', or 'Good' than women who did have a postgraduate education. However, this difference did not reach statistical significance ($P=0.083$, $P>0.05$).

Overall, there were no socio-demographic characteristics that were statistically significantly associated with higher overall ratings of the Postnatal Community Hub services (see table 7).



Table 7: Maternal socio-demographic characteristics and categorical evaluations of the Postnatal Community Hub (n = 284)

Socio-demographic characteristics	Overall Postnatal Community Hub Rating					
	Poor-Fair	Good	Very Good	Sample	Chi	p-value
	n (%)	n (%)	n (%)	n (%)		
Parity						
Nulliparous	17 (11.9%)	34 (23.8%)	92 (64.3%)	143 (50.4%)	3.910	0.470
Multiparous	15 (10.6%)	26 (18.4%)	100 (70.9%)	141 (49.6%)		
Residential area						
Rural	23 (13.1%)	34 (19.3%)	119 (67.6%)	176 (62%)	2.282	0.684
Semi-Urban	4 (7.5%)	12 (22.6%)	37 (69.8%)	53 (18.7%)		
Urban	5 (9.1%)	14 (25.5%)	36 (65.5%)	55 (19.4%)		
Citizenship						
Irish Citizenship	28 (10.9%)	55 (21.5%)	173 (68.6%)	256 (90.1%)	1.277	0.973
Non-Irish Citizenship	3 (15.8%)	4 (21.1%)	12 (63.2%)	19 (6.7%)		
Dual Irish Citizenship	1 (12.5%)	1 (12.5%)	6 (75%)	5 (2.8%)		
Dual non-Irish Citizenship	0 (0%)	0 (0%)	1 (100%)	1 (0.4%)		
Maternal Age						
21-25 years	1 (11.1%)	2 (22.2%)	6 (66.7%)	9 (3.2%)	4.665	0.912
26-30 years	3 (7.1%)	11 (26.2%)	28 (66.7%)	42 (14.8%)		
31- 35 years	16 (14.4%)	22 (19.8%)	73 (65.8%)	111 (39.1%)		
36-40 years	7 (8.6%)	17 (21%)	57 (70.4%)	81 (28.5%)		
41-45 years	2 (7.7%)	6 (23.1%)	18 (69.2%)	26 (9.2%)		
Relationship status						
Living with a partner	27 (10.5%)	55 (21.4%)	175 (68.1%)	257 (90.8%)	1.792	0.408
Not living with a partner	5 (19.2%)	5 (19.2%)	16 (61.5%)	26 (9.2%)		
Postgraduate education						
No postgraduate education	14 (17.1%)	13 (15.9%)	55 (67.1%)	82 (28.9%)	4.971	0.083
Postgraduate education	18 (8.9%)	47 (23.3%)	137 (67.8%)	202 (71.1%)		
Sufficient income						
Less than enough	7 (24.1%)	8 (27.6%)	14 (48.3%)	29 (10.2%)	7.693	0.103
Just enough	16 (9.4%)	37 (21.6%)	118 (69%)	171 (60.2%)		
More than enough	9 (10.7%)	15 (17.9%)	60 (71.4%)	84 (29.6%)		
Total	32 (11.3%)	60 (21.1%)	192 (67.6%)	284 (100%)		

^Analysis excludes missing data. Percentages calculated with denominator equal to non-missing values.



Overall experience rating and associations with service use factors

Chi-square analysis was used to investigate if there were service use factor differences between women who rated their overall experience as 'Poor-Fair', 'Good' or 'Very Good'. (See Table 8: Service use factors and categorical evaluations of the Postnatal Community Hub (n = 284).

There were no statistically significant differences in women's care ratings and having attended an appointment with a lactation consultant or physiotherapist.

Almost twice as many women who reported that they *did not* receive an in-person appointment with a midwife rated their overall experience as 'Poor-Fair' (n=15, 22.1%) in comparison to the overall average. This difference was statistically significant ($P=0.002$, $P<0.05$), indicating that not receiving an in-person appointment with a midwife is correlated to lower overall ratings.

Additionally, women who reported that they received one or more phone call appointments proportionally rated their overall experience higher than the average ($P=0.014$, $P<0.05$).

Women who accessed the Postnatal Community Hub services between 0 and 9 months prior to completing the survey rated their experience of the Postnatal Community Hub as 'Very Good' at and/or above the overall average. In comparison, women who assessed services nine or more months prior were less likely to rate their experience as highly, and this was higher again for women who assessed services 12 or more months previously postpartum.

This finding may be understood in terms of service development. The lower ratings among women who accessed services while the services were newly established (between 9-12 months groups), may have experienced services that were in flux and in the process of consolidating service remits and referral pathways. Whereas the higher ratings found among more recent service users, indicates that they may have benefited from the services maturing and becoming embedded in their respective hospital sites ($P=0.014$, $P<0.05$).



Table 8: Service use factors and categorical evaluations of the Postnatal Community Hub (n = 284)

Service use factors	Overall Postnatal Community Hub Rating					
	Poor-Fair	Good	Very Good	Sample	Chi	p-value
	n (%)	n (%)	n (%)	n (%)		
Received an in-person appointment with a midwife						
No	15 (22.1%)	17 (25%)	36 (52.9%)	68 (23.9%)	12.719	0.002*
Yes	17 (7.9%)	43 (19.9%)	156 (72.2%)	216 (76.1%)		
Received an appointment with a lactation consultant						
No	27 (13%)	44 (21.2%)	137 (65.9%)	208 (73.2%)	2.373	0.305
Yes	5 (6.6%)	16 (21.1%)	55 (72.4%)	76 (26.8%)		
Received an appointment with a physiotherapist						
No	28 (12.3%)	48 (21.1%)	151 (66.5%)	227 (79.9%)	1.341	0.512
Yes	4 (7%)	12 (21.1%)	41 (71.9%)	57 (20.1%)		
Number of phone call appointments						
None	27 (14.8%)	42 (23.1%)	113 (62.1%)	182 (64.5%)	12.440	0.014*
At least one	3 (4.3%)	12 (17.1%)	55 (78.6%)	70 (24.8%)		
Two or more	0 (0%)	6 (20%)	24 (80%)	30 (10.6%)		
Time since accessed services						
Between 0 and 3 months	8 (8.8%)	13 (14.3%)	70 (76.9%)	91 (32%)	19.09	0.014*
Between 3 and 6 months	14 (15.4%)	16 (17.6%)	61 (67%)	91 (32%)		
Between 6 and 9 months	1 (2.6%)	10 (25.6%)	28 (71.8%)	39 (13.7%)		
Between 9 and 12 months	3 (10.7%)	7 (25%)	18 (64.3%)	28 (9.9%)		
More than 12 months	6 (17.1%)	14 (40%)	15 (42.9%)	3 (12.3%)		
Total	32 (11.3%)	60 (21.1%)	192 (67.6%)	284 (100%)		

*Statistical significance. ^Analysis excludes missing data. Percentages calculated with denominator equal to non-missing values.



Section 2: Summary of key findings

- ❖ In comparison to the NMES, the Postnatal Community Hub services received a higher evaluation rating for 8 of the 10 comparable questions.
- ❖ Questions asking if healthcare professionals spend enough time talking to women about their physical and mental health saw the largest point increase (between 3.0 and 3.3 point increase).
- ❖ Proportionally more women who availed of the Postnatal Community Hub rated their postpartum care experience as 'Very Good' (67.6%) than was found by the NMES (52%).
- ❖ Participants' socio-demographic characteristics were not statistically significantly associated with their overall rating of Postnatal Community Hub.
- ❖ Service use factors, such as receiving an in-person appointment with a midwife and receiving at least one phone call appointment was statistically significantly associated with a higher rating of the Postnatal Community Hub services.
- ❖ Evaluation rating of the Postnatal Community Hub services was lower among participants who accessed services at the earliest stages of service development, indicating that satisfaction ratings increased as services embedded.



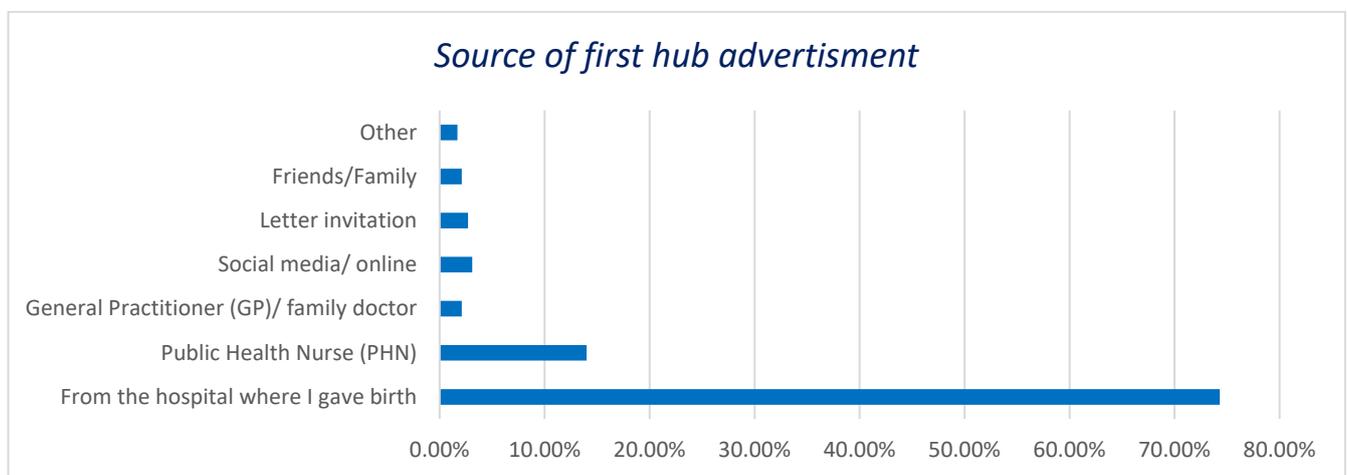
5.5 Section 3: Women’s journey through the Postnatal Community Hub services

Accessing the Postnatal Community Hub: Advertising of services

Data source: *The Women’s Strand: Survey Data*

Advertisement or recruitment from the hospital where women gave birth was the most common way that women completing the online survey learned about the Postnatal Community Hubs and services (n=217; 74.3%), followed by hearing about the services from a Public Health Nurse (n=41; 14%).

Figure 3: Source where women first heard about the Postnatal Community Hub services



Data source: *Women’s and HCPs’ Interview Data*

Women who took part in the interviews heard about the services in antenatal classes, social media, on the postnatal ward through posters or verbally from a midwife, or they were referred to the Postnatal Community Hubs by a healthcare professional such as a public health nurse. Suggestions for improvements to information access about the services were offered, such as the need for promotional materials to provide clarity in communicating the full range of services offered, and eligibility for access.

Paloma: *I felt a little bit lost because I thought the hub was more for like breastfeeding? And then I knew there was like, physiotherapy and I knew there were like, counselling support. I think or like, talk to your- about your birth, if there's trauma. But I didn't fit into any of the categories there, you know?*

Personal invitation and being ‘recruited to’, the postnatal hub services by a midwife in their maternity hospital was described by women as important for establishing continuity in their postnatal care and created a sense of rapport and trust building with the healthcare professionals that they would engage with at the postnatal hub.

Audrey: *I also quite like that I had already had an interaction with the... with [midwife’s name] that did my postnatal hub appointment. I already knew her, so I already knew her through other visits to the hospital or whatever that I'd had. So that was nice to be able to check in again.*



Clodagh: *It was nice that when I walked into the room that I was talking to somebody who I had known from the ward, I was in the hospital late nights after I had (SECOND BABY). So, it was really nice when I walked in and I seen the familiar face. That was great. I didn't feel like we had to go through the whole- It didn't feel so much like a... a formal process, like as if I was sitting with a GP and we were going through the facts. We walked (in) and I was met with a smile. She was a lovely girl, and it felt very welcoming, and I already trusted her, and I had really liked her. So that whole part of it gave me an immediate comfort. That it was her.*

For some pilot hospitals, 'recruitment' at antenatal classes or on the postnatal ward is an intentional feature of service design aiming to create continuity of carer where possible. Healthcare professionals viewed this continuity as beneficial to women and service uptake.

HCP-Wy12: *I think it's the start of the journey of continuity because we may have seen these women. Like I said we do an antenatal and a postnatal clinic kind of in the one location. [...] ^{iv} it's just another stepping stone in the continuity of care when we see them postnatally. So, I think that just adds value because the women are seeing the same face, or they at least know that member of the same small community team.*

HCP-Bp31: *The uptake has been a lot better because we are meeting them and putting a face (to the service) [...] the continuity is there, someone that they've recognized in the hospital. I think the rapport is a little bit easier to kind of establish because they've seen your face.*

^{iv} The use of square brackets [...] indicates that a section of data has been redacted from publication to maintain confidentiality.



Accessing the Postnatal Community Hub: Locations

Data source: *The Women’s Strand: Survey Data*

The respondents to the survey predominantly described the area where they lived as rural (Rural= 61%, Urban= 20%, Semi-urban= 19%), and the majority felt that the Postnatal Community Hub services were provided at locations that were easy to reach by private car or public transport or were within walking distance (n=232; 87.9%). However, for 12.1% of women the services were not easily accessible by private car or public transport (n=32).

There were some differences between women who described their household income as ‘Less than enough’ and women who described their income as ‘just enough’ or ‘more than enough’. Women whose income was less than enough to meet their family’s needs were more likely to indicate that the Postnatal Community Hubs locations were not easy to reach.

Table 9: Assessment of accessibility and self-described sufficiency of household income

	Income and accessibility					Chi	p-value
	<i>Less than enough</i>	<i>Just enough</i>	<i>More than enough</i>	<i>Sample</i>			
	n (%)	n (%)	n (%)	n (%)			
<i>Yes (walking distance, or less than 30 minutes by car or public transport)</i>	20 (76.9%)	137 (86.2%)	75 (94.9%)	232 (87.9%)	7.63	0.029*	
<i>No (more than 30 minutes by car or public transport)</i>	6 (23.1%)	22 (13.8%)	4 (5.1%)	32 (12.1%)			

*Statistical significance

Data source: *Women’s and HCPs’ Interview Data*

Each of the pilot hospitals offer some postnatal services at a site separate to the hospital, usually a primary care centre. The qualitative interviews revealed that, for many participants, the challenge of rural living and the distance to health services was a key concern. Primary care centre locations were acceptable to women as a matter of convenience, as most were located closer than their maternity hospitals, therefore requiring less travel time.

Bethany: *Having it locally was like one of the best things about the pregnancy. It was unbelievable, because it just meant like- because we can walk.*

Olya: *We live very rurally, we live in [...] we don't really have anyone. Don't even have neighbours. So I did feel like that was good (accessing a local primary care centre).*

Participating HCPs recognised the need for the Postnatal Community Hubs to be locally accessible within the community rather than situated within the hospital. Reasons included reducing travel time and travel costs for women:



HCP-Zb4: €16.00 (for a bus ticket) and I thought that's a huge amount of money to take out of someone's pocket so... I thought OK, I need to get these clinics as close as possible to where the women are.

Several women mentioned that attending primary care centre locations added a sense of cohesion to their postnatal care, as public health nurses frequently provided services from the same building

Annabel: It was that integration that was great, which I think is a product by chance, really that they're both co-located, that the PHN floor is literally on the same floor as the room that the (location) hub use. But they seem to have done really good work in (location) anyway, of like integrating with the public health nurse, even though they're different services, but they just seem to have integrated quite well.

Community-based locations (often primary care centres) also have a pragmatic appeal among pilot sites that also have previously established antenatal midwifery services within the community. For example, extending care provided at those locations to include the postnatal services is a parsimonious use of resources that offer an additional level of continuity of care for women, while leveraging positive relationships that have been established with PHNs, whose services may also be co-located.

HCP-Zb4: (In the) primary care centres and that is where our midwives' clinics would have been originally based. So that relationship had been set up already (with PHNs). So, our clinics are based in the primary care centres as well. So even that for women, I mean, to be able to bring them back with ample parking, lovely breastfeeding rooms, changing facilities. You know, we're so lucky in that way. And also trying, I suppose, to keep them away from the hospital insofar as possible.

HCP-Sr5: For the woman as well, knowing that the public health and the midwife know each other is lovely, and that's working out really well at the moment in our newest hub where they can go and they'll say, 'oh, they (the midwife and PHN) work together'.

Some HCPs explained that there are added benefits to providing postnatal service from locations that are shared with other healthcare professionals. Co-located services mean better communication among HCPs and quicker referrals for women to lactation consultants and women's health physiotherapists.

HCP-Rt3: Because I am here in the hub, I can then see that woman at that time, rather than her having to wait to get those answers or whatever, or if it's a mother who has had still a lot of soreness with feeding, or if there's a weight concern with the baby at two and three weeks. Again, the girls can initially refer. They knock on the door actually and kind of say, can you see this woman?

HCP-Oi1: Everything is so near as well that we can talk, you know? The lactation... if there was a patient in the postnatal hub that needed her. She was there today, even to go into her for 5-10 minutes. To view her, you know, which is great.

Additionally, some women noted a benefit to attending postnatal appointments in a non-hospital setting, particularly in cases where birth-trauma may have been experienced.



Brigid: *Having it not in the hospital is great, because it means you don't have to go up to the hospital and have the challenge of trying to you know, go there. [...] I'd say for some people, maybe having it outside the hospital is nice as well because you don't particularly want to be back there, you know?*

This benefit was also observed by healthcare professionals:

HCP-Jng: *It's brilliant that these clinics are not on site and the fact that they are away from the hospital, numerous people may have said that. But (previously) anyone that came in for [specific service], (it was) on the same footprint of where they have had a perceived trauma.*



Accessing the Postnatal Community Hub: Admission to discharge: timeframe and acceptability

Data source: *The Women’s Strand: Survey Data*

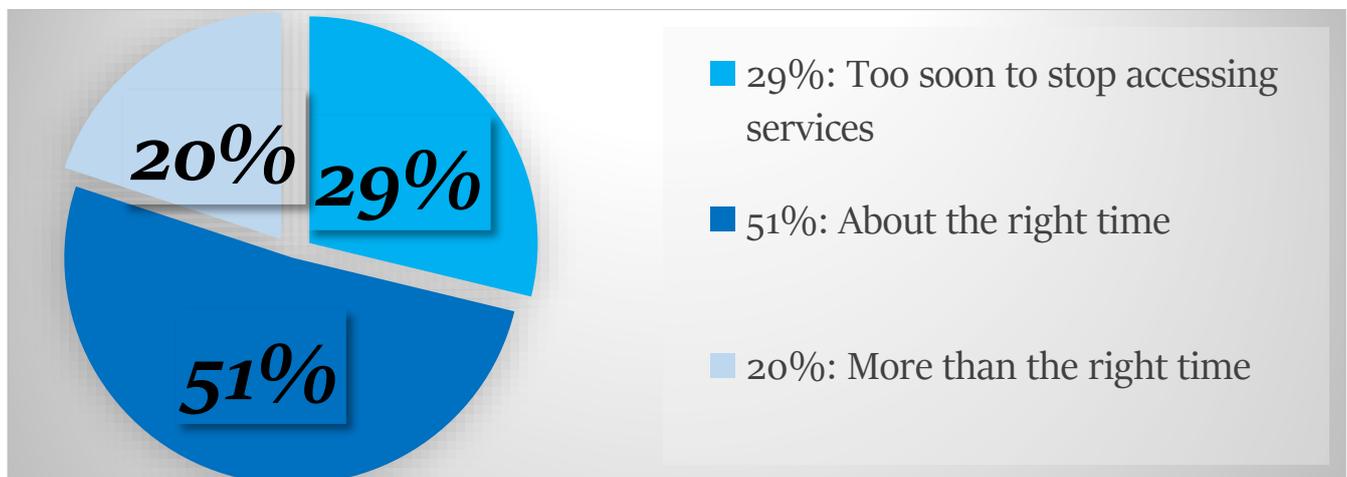
The majority of women (n=104; 36%) first accessed services within the first 14 days postpartum. First entry into the services after 9 weeks (three months postpartum) was uncommon (n=19; 6.5%). At the time of completing the survey, 67 women (22.9%) were unsure of when they finished using the services or confirmed that they were still using the services. Between 5-8 weeks postpartum was the most common timeframe for discharge from services (n=88; 30.1%). (See table 10).

Table 10: Time of first access and conclusion of service access

	How soon after the birth of your baby did you <u>access</u> the Postnatal Community Hub services?	When did you <u>stop</u> accessing/using the Postnatal Community Hub services?
	N (%)	N (%)
Between 0-14 days postpartum	104 (35.6%)	29 (9.9%)
Between 15-30 days postpartum	77 (26.4%)	59 (20.2%)
Between 5-8 weeks postpartum	62 (21.2%)	88 (30.1%)
Between 9-12 weeks postpartum	14 (4.8%)	23 (7.9%)
Between 13-16 weeks postpartum	3 (1%)	10 (3.4%)
17+ weeks postpartum (Five + months)	2 (0.7%)	16 (5.5%)
Unsure	30 (10.3%)	67 (22.9%)
Total	292 (100%)	292 (100%)

When asked if the length of service provision was acceptable, 71.2% (n=190) of women felt that their discharge from services occurred at ‘about the right time’ for them, or ‘more than the right time’ (see Figure 4).

Figure 4: Acceptability of conclusion of services





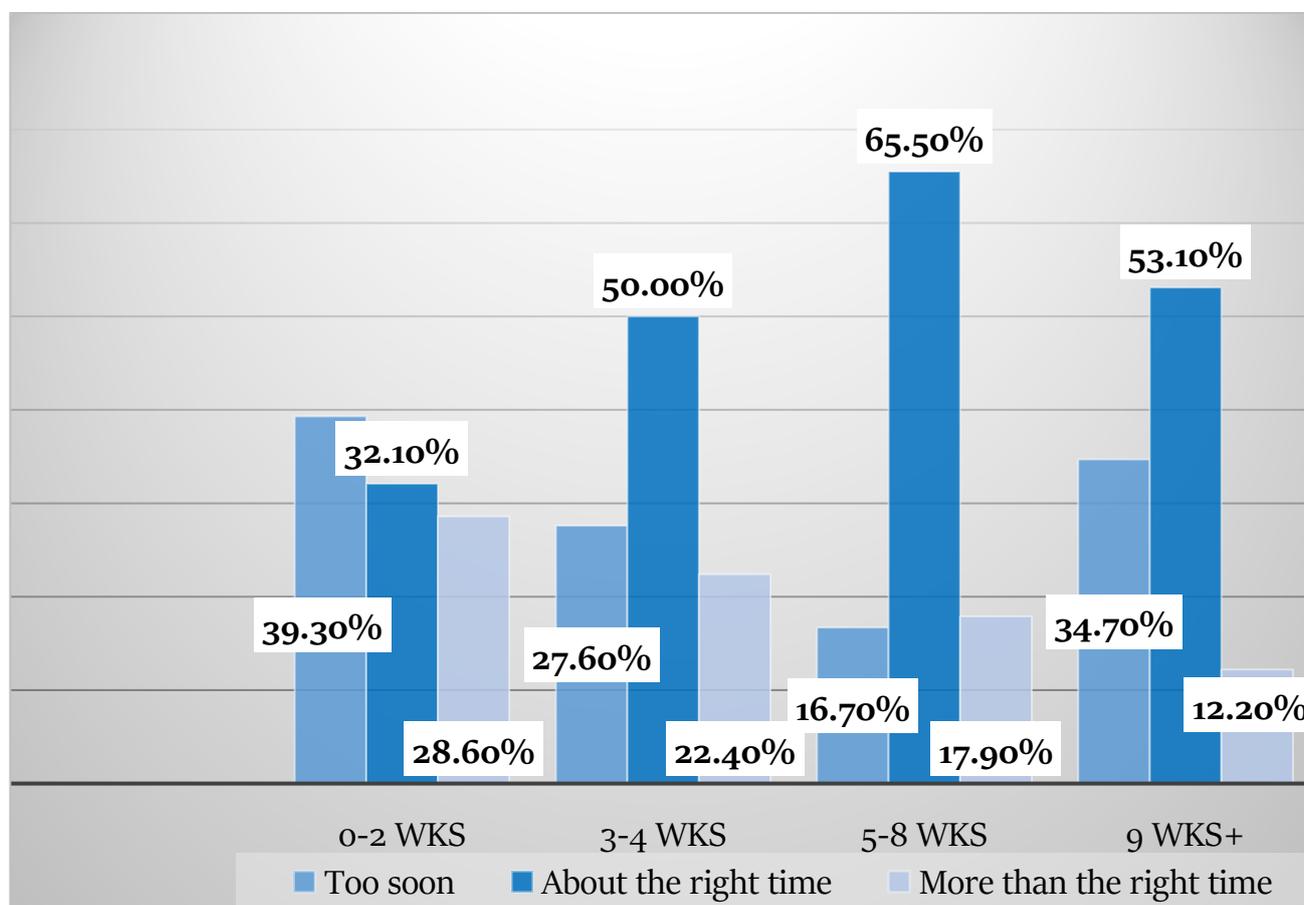
The association between ‘Time of discharge’ from services and women’s ratings of ‘acceptability’ of time of discharge from the Postnatal Community Hub services were examined. Findings demonstrated a general trend of increasing reports that conclusion of care occurred at ‘about the right time’ from three to eight weeks postpartum.

Table 11: Time of discharge from services and acceptability of time of discharge from services

Time of Discharge	Acceptability of time of discharge			Total
	Too soon	About the right time	More than the right time	
between 0-14 days (0-2 weeks)	11 (39.3%)	9 (32.1%)	8 (28.6%)	28 (12.8%)
between 15-30 days (3-4 wks)	16 (27.6%)	29 (50.0%)	13 (22.4%)	58 (26.5%)
between 5-8 wks (second mnth)	14 (16.7%)	55 (65.5%)	15 (17.9%)	84 (38.4%)
9 weeks or longer	17 (34.7%)	26 (53.1%)	6 (12.2%)	49 (22.4%)
Total	58 (26.5%)	119 (54.3%)	42 (19.2%)	219 (100%)

*Comparison and analysis exclude missing data, and ‘unsure’ responses. Percentages calculated with denominator equal to non-missing values. Pearson Chi-Square ($p=0.034$, $P<0.05$).

Figure 5: Time of discharge from services and acceptability of time of discharge from services





Data source: *Women's and HCPs' Interview Data*

Within the qualitative data, flexibility in the provision of services was very much appreciated by women who received it and was suggested as a potential service improvement for those women who did not. In relation to first entry to service, women who had caesarean sections identified that they relied on family and friends for transportation if their appointment was scheduled before 6 weeks postpartum. Similarly, women who experienced significant perineal trauma or wound complications were unable to travel even with assistance and recovery did not always occur within this six-week window. Lack of flexibility may have led to an unintentional exclusion of some women from the postnatal services.

Danielle: *She wanted me to go to her in [location]. Now [location] is about, a 30-40-minute drive from us and I like I got- I got ready. My husband got the baby ready, but I just- I just kind of couldn't leave the house. I was very, very sore and it had kind of taken its toll at that point.*

Catherine: *I think the support that you get from the hub is only for the first six weeks and I had a C-section so I couldn't attend, and I live a 40-minute drive away. So, I could- if they had allowed access for longer than six weeks, or if I lived nearer, then I would have done it.*

Therefore, taking women's personal circumstances into account and providing flexibility in terms of service provision; for example, offering an additional appointment at a time when women feel they can engage in their healthcare:

Charlotte: *The timing... the reassurance of a follow up appointment which was great. [...] For the first one (in-person appointment) I still wasn't really fully (mentally) there. I was so exhausted. So I was a bit all over the place. So, then they just offered for me to return, which was cool, yeah. I really benefitted from the two visits.*

or substituting an in-person appointment for phone call appointments was of great benefit to women who were unable to travel and ensured that women still received professional care and advice tailored to their specific needs.

Georgia: *I was kind of thinking, oh, it's a great service. I mean, presuming that everybody gets this service, but I think that the severity of my physical stage was probably what was prompting them to ring me and they were giving me practical tips on how to cope with like (physical recovery) [...] practical tips and just checking in and telling me that they'd ring me again tomorrow and see how I'm doing tomorrow. So yeah, very much well-being, but physical health too.*

Women's views on and satisfaction with the timing of discharge from the Postnatal Community Hub services varied. For some, the conclusion of their care was satisfactory as they felt that they were in good health and growing in confidence in motherhood.

Paloma: *It just kind of fizzled out naturally as [baby's name] got bigger, stronger. I got more confident in my journey.*



Bethany: *I didn't need their support for myself. So yeah, I think it kind of... I think I got from them what I needed. Yeah, timing wise, I think it was good.*

However, commentary on discharge from services was again linked to the flexibility of service provision. Several women mentioned that flexibility with the timing or timeline of conclusion of services would be a useful to women. Women specifically suggested that the Postnatal Community Hub services might consider an open-door approach, in which women could self-refer back to the services if they found that they were experiencing physical or mental health issues for an extended period postpartum.

Niamh: *I found there's quite a lot of changes around the three month point and maybe even a call with an offer of an appointment at about a three-month point [would be helpful].*

Eden: *That's something maybe that they should consider, is the timing, because I do think a lot of things happen to us as new moms past six weeks [...] I understand they don't want to be inundated by people, probably, you know too much. But I think maybe it's something to consider, for them to think about, just not getting rid of saying six weeks, but even considering up to six months [...] some women might take longer to come to some of those realisations. So, you know, it would be good to have, even if it's slightly more limited support, something like a number even, that you can call if just you need to chat with someone you know just in terms of like mental health... Because there are a lot of women who struggle.*

This was also a learning point for some staff involved in the development of the Postnatal Community Hub services

HCP-Xa1: *We're very flexible and I think maybe in the beginning it was changing that way of thinking and saying, look, if the lady can't make it into us on week 2, if week four is going to be better for her, that's going to be a much better situation, you know, so, based on individual needs, really we work around that.*

HCP-Xa1: *I definitely think that it should continue to be women-led. And that if a woman comes to us in six months and says, now I'm having issues, that we can still support her.*

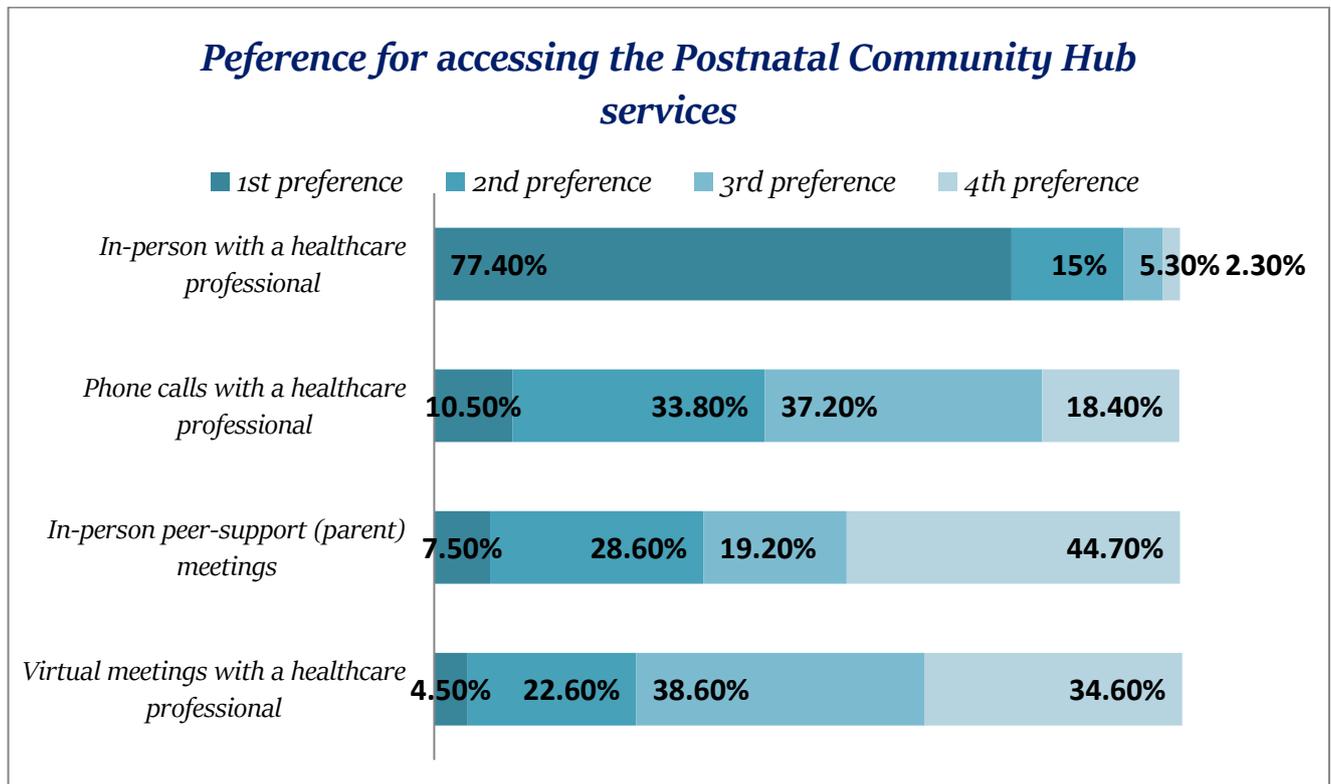


The Postnatal Community Hub Services: Women’s service delivery preferences

Data source: *The Women’s Strand: Survey Data*

As there are differences in the services offered, and how HCPs may be accessed, at each pilot hospital, women were asked to rate their preferred way to access or avail of postnatal support and healthcare. ‘*In-person with a healthcare professional*’ was most women’s first preference for availing of support and healthcare (first preference: 77.4%), followed by ‘*phone calls with a healthcare professional*’ (second preference: 33.8%), ‘*Virtual meetings with a healthcare professional*’ (third preference: 38.6%) and ‘*In-person peer-support (parent) meetings*’ (fourth preference: 44.7%). (See Figure 6: Women’s preference for accessing the Postnatal Community Hub services).

Figure 6: Women’s preference for accessing the Postnatal Community Hub services





The Postnatal Community Hub Services: One-to-one postnatal appointment with a midwife

Data source: *The Women’s Strand: Survey Data*

Each of the postnatal hubs offers a one-to-one postnatal appointment with a midwife. At some sites, this appointment is scheduled and offered to all women giving birth at the respective hospital. However, at other sites, it was not feasible to offer scheduled appointments due to high birth rates; therefore optional, walk-in appointments were made available to women who attended the midwife-facilitated educational and peer-support meetings. Just over half of respondents to the online survey received at least one in-person postnatal appointment visit with a midwife (n=170, 58.4%). Approximately 26% of women received 2 or more appointments (n=75; 25.8%), while 15.8% (n=46) did not receive any in-person appointment. (See table 12).

Women were asked if the number of appointments that they received were enough for their needs, 252 women responded to this question. Approximately 75% (n=19) felt that they received just enough in-person appointments, 23% (n=58) felt that they received too few, while 1.6% (n=4) felt that they received too many.

In response to the question ‘Were the appointments or meeting times convenient for you?’ 77% of respondents (n=196; 76.6%) felt that meeting times were ‘Very convenient’. Women who felt that appointment scheduling were ‘Somewhat convenient’ or ‘Not at all convenient’ were asked to indicate why they felt this way. A total of 22 women left comments, women’s main concerns were that the appointments were scheduled early in the postnatal period and travel was difficult during recovery from childbirth and/or surgery. Additionally, some appointments were scheduled early in the morning, which affected women’s ability to bring their other children to school or childcare facilities. Women suggested more options and flexibility around appointment times and rescheduling to align with women’s lives and family responsibilities.

Table 12: Number of in-person appointments, acceptability of number of appointments and convenience of appointment times

Have you attended any in-person appointments?		Acceptability of number of appointments		Convenience of appointment times	
Response	N (%)	Response	N (%)	Response	N (%)
No	46 (15.8%)	Too few	58 (23%)	Not at all convenient	3 (1.2%)
Yes, at least 1	170 (58.8%)	Just enough	19 (75.4%)	Somewhat convenient	57 (22.3%)
Yes, two – four	62 (21.2%)	Too many	4 (1.6%)	Very convenient	196 (76.6%)
Yes, four or more	13 (4.5%)				



Of the 245 women who received one or more in-person appointments with a midwife, 218 women responded to questions asking them if the healthcare professional that they saw asked them about range of specific health issues commonly experienced in the postnatal period. A high proportion of women indicated that the midwife who provided the in-person appointment directly addressed common postnatal health concerns. More than 77% (n=168) of women confirmed that they were asked about experiencing low mood and depression. A high percentage of women reported that the midwife enquired about issues such as tiredness or exhaustion (65.3%, n=141), perineal pain (60.9%, n=131), urinary incontinence (59.7%, n=129) and haemorrhoids (50.9%, n=109). However, fewer women reported that they received questions in relation to sexual health (23.3%, n=50), relationship problems (32.9%, n=71) or bowel health issues (44.4%, n=96). See Table 13 for women's reports of being asked about common postnatal health issues at the one-to-one appointment.

Table 13: Reports of being asked about common postnatal health issues at the one-to-one appointment.

Did a healthcare professional from the postnatal hub ask you directly about the following health issues (n=218)			
	Yes N (%)	No N (%)	I don't know N (%)
<i>Tiredness or exhaustion</i>	141 (65.3%)	59 (27.3%)	16 (7.4%)
<i>Leakage or involuntary loss of urine</i>	129 (59.7%)	70 (32.4%)	17 (7.9%)
<i>Leakage or involuntary loss of bowel motions</i>	96 (44.4%)	101 (46.8%)	19 (8.8%)
<i>Perineal pain</i>	131 (60.9%)	70 (32.6%)	14 (6.5%)
<i>Sexual problems</i>	50 (23.3%)	151 (70.2%)	14 (6.5%)
<i>Haemorrhoids</i>	109 (50.9%)	90 (42.1%)	15 (7%)
<i>Feeling depressed or low</i>	168 (77.8%)	38 (17.6%)	10 (4.6%)
<i>Relationship problems</i>	71 (32.9%)	131 (60.6%)	14 (6.5%)



Women were also asked about their interactions with the healthcare professional providing their appointment, and their comfort in speaking about issues concerning their own health and wellbeing, using a list of nine statements. These statements were included within the MAMMI study surveys, used with permission from the investigators of the Australian Maternal Health Study (Brown et al., 2006). Participants could endorse each statement as ‘True’, ‘Not true’ or ‘I don’t know’. The responses demonstrate that women had very positive perceptions of the midwives providing their care, 92.6% (n=201) confirmed that the midwife made it easy for them to talk about their concerns, and 93.5% (n=201) felt that the midwife was supportive. Interestingly, 13.3% (n=28) of respondents endorsed the statement ‘I went to see them about my baby not myself’, suggesting that most women experienced appointments that were oriented around their health, or both theirs and their baby’s health, (see Table 14).

Table 14: Perceptions of being ‘able to talk about things that are troubling you concerning your health and wellbeing’ from women who attended a one-to-one appointment with a midwife (n=218)

	True	Not true	I don’t know
Yes, they made it easy for me to talk about anything that was concerning me.	201 (92.6%)	7 (3.2%)	9 (4.1%)
Yes, I could talk to them, and they were very supportive	201 (93.5%)	3 (1.4%)	11 (5.1%)
Yes, they made it easy, but they were often busy and didn’t seem to have time to listen	29 (13.4%)	179 (82.9%)	8 (3.7%)
I could talk about some issues, but there were other things I did not feel comfortable talking about	30 (13.9%)	169 (78.2%)	17 (7.9%)
There was no point in talking to them about my health because they cannot fix any of my problems	8 (3.7%)	197 (91.6%)	10 (4.7%)
I went to see them about my baby not myself	28 (13.1%)	178 (83.2%)	8 (3.7%)
I didn’t talk to them because I was worried that they would think I was not coping	14 (6.5%)	194 (90.2%)	7 (3.3%)
I didn’t talk to them because I was concerned, they might want me to do something that will make the situation worse	8 (3.7%)	203 (94.4%)	4 (1.9%)
There were some issues that I didn’t talk about because I was concerned that they might tell someone	7 (3.3%)	203 (94.4%)	5 (2.3%)

Excludes missing data. Percentages calculated with denominator equal to non-missing values.



Data source: *Women's and HCPs' Interview Data*

In the qualitative interviews, receiving a one-to-one appointment with a midwife was frequently highlighted by women as exceptionally beneficial to their postnatal recovery. These appointments offered women a unique opportunity to receive personalised, woman-centred care from an attentive and reassuring healthcare professional. Additionally, women valued that the healthcare professional in question was a midwife, a profession they recognised as having expertise in women's perinatal health.

Aishling: *I think the way they checked in on me was very valuable. And I loved that she was specifically a midwife. So, she was very much in the zone of new-born babies and (perinatal health) because, you know, even the [health concern] like, some people wouldn't pick up on that, you know? [...] they knew straight away it was [diagnosis] that I had, because they were in the zone, if you understand? Where the GP was, kind of like, oh, I don't know why you've [symptoms]. So, I just think when they're in the zone, they kind of know things are more common and happen to women.*

Audrey: *I thought it was a great service. I really felt that it was of a great benefit to me, particularly as a first-time mummy to have that.... I suppose safety net maybe as opposed to- for lack of a better, better phrase. Because obviously I knew that I had my six-week check up with my doctor. But to know that that appointment was there specifically with the midwife, if I any questions had come up, I knew that I had that service there.*

Women described the appointments as comprehensive and pragmatic, covering physical and mental health concerns while providing practical advice for maternal recovery as well as baby care. Women were impressed that ample time was dedicated to their care, and that they received a thorough, and proactive, postnatal health check delivered in a sensitive and professional, yet informal manner.

Samantha: *Seeing a midwife as opposed to maybe a doctor. It was a little bit more holistic. You know that it was it was nicer. You know, you could kind of address a load of issues [...] you know, talk about going back to sexual intercourse and, you know, other things like that... or exercise, it wasn't just... You know, looking at the clinical things that happened. I did like that aspect of it as well, and it was- they were approachable, very approachable, kind of. It was very, even though it was a formal appointment. It was almost like an informal conversation. It was very relaxed. [...] They gave me about I'd say half an hour, 40 minutes, which you never get really anywhere else.*

Annabel: *I remember thinking I was like, whoa, that was, like, so thorough. But again, in a really nice way. It felt like she covered absolutely everything, but in a very kind of... not in a really ultra-formal way that I felt like, you know, it was a very kind of routine scheduled appointment. It was still lovely and informal.*

The opportunity to posit questions to, and importantly receive answers from, a healthcare professional is invaluable during a time of perceived vulnerability when women might not feel like they know where to go, or who to ask about personal postnatal health related queries



Ava: *I just had other little questions. You know, just about healing and say for example, like varicose veins of the labia. Lovely topic, but I would have been far- I would be mortified to try and bring that up to my doctor or anybody, but she was able to have a look and [provide health advice]. It was just so lovely to have a comfortable conversation with a professional on all of those things that you just wouldn't talk about to anybody else.*

Catherine: *It was quite two way, I could ask about anything that I wanted and some questions kind of came up during the chat as well, so it definitely felt like it was an easy space to have a conversation.*

For some women, the one-to-one appointment with a midwife functioned to address their postnatal needs that were not being met with standard postnatal care. For example, women mentioned that they experienced absent care, insufficient focus on their health and wellbeing, split attention or lack time from other healthcare professionals in the postnatal period.

Michaela: *Your six-week GP check is supposed to be for the two of you. Mine... it (was) really all about the baby. She didn't even ask about my scar or anything, so I was really glad that I'd seen the girls in the hub the week before. They'd physically checked it for me because otherwise it would have been another appointment I would have had to make, and to go 'No, I need you to look at me, rather than just the baby.'*

Aishling: *My GP is fabulous. She's lovely, but I feel like we were totally focused on the baby, to be honest. And I don't think there was a focus on me, whereas I felt in the postnatal hub, there was more of a focus on me. Yeah. And like... I don't think she asked me like- she may have asked me a small few questions, but I don't think there was enough focus on me at all. Whereas in the postnatal hub there was.*

Overall, a one-to-one appointment with a midwife was extremely valued by women. An area that women identified as an opportunity to improve services came from women attending Postnatal Community Hub services at sites where the appointment was offered as a walk-in service rather than a scheduled appointment. Several of these women mentioned that they had not been aware that they could avail of an appointment and that they would have availed of it if they had known about. Additionally, some mentioned paying privately to receive postpartum physical health check as they had not realised that it was offered by their local Postnatal Community Hub.

Lydia: *I did go then privately for like, my mummy MOT as they call it, a postnatal check at six weeks, which obviously that would be amazing if it was covered on the public system that you could go in to [PILOT HOSPITAL] and get it done. I don't see that happening anytime soon, but that's something I would have done after this pregnancy. I did it after my second pregnancy as well. Possibly did it after my first... can't remember but... Like you know, it's 100 quid that you know? I'm in the lucky position that I can do that, but a lot of people wouldn't. You know, it could be a financial burden for them.*

Ciara: *If there was some opportunity to kind of talk to somebody just about your physical, like general physical health in the terms of maternity, after having a baby that would be the ideal thing because you*



know... [...] without having to kinda- you know, pay through the nose or go see a- I don't know if you can go to see somebody?

HCPs shared the view that the one-to-one appointment was a fundamental service provision that centred the mother's health and wellbeing in the postnatal period, addressed gaps in care and enabled early detection and treatment of health issues. Additionally, some were of the view that the appointment encapsulated the ethos of the Postnatal Community Hub service provision.

HCP-Xa1: *Looking back now over the year, there's been a number of clinical issues that we have actually picked up from the hubs. So, for us, it kind of substantiates that, yes, the face-to-face works with us mostly for the most part. And the physical check of the mum and baby. [...] But just that discussion and communication, that open disclosure with women has been really... I suppose for me the most eye-opening part of the appointments.*

HCP-Zb4: *This appointment is for the woman, and it's for her well-being, and her care. And I think when women have babies, they're nearly pushed aside, and it's all about the baby and how the baby is doing and everything. And they forget about asking the woman how they're doing. So, I think the ethos is very much about that transition into motherhood and keeping her fit and well, so that she then... in a way, nearly forgets about our services and goes off and just gets on with motherhood and adapts really, really well.*



The Postnatal Community Hub Services: Efficient and timely referral pathways

Data source: *Women's and HCPs' Interview Data*

The ability of the Postnatal Community Hub staff to facilitate timely and efficient referrals to other healthcare professionals and services was deeply appreciated by women, especially as several had encountered difficulties in navigating referral processes to other services.

Ella: *I didn't know who to go to, other than maybe my GP. And how would they refer me back to the hospital and so on. [...] but she was the point of contact between me and them and again, how would I have gotten that? That's hard to get through your GP. [...] That's the one thing I found was- she was a connection. And I felt that if there had been 100 things wrong with me, she would have had 100 connections of where I was to go with that issue.*

Ava: *I probably would have just searched around in the dark because I wouldn't have known where to go to be perfectly honest, I wouldn't really have known what the next step was, who to contact or anything*

Danielle: *He (GP) was like, 'No, the hospital have to refer you'. And I was saying 'No, the hospital told me that you have to refer me'. And it was just like... I'm telling him what to do and he almost didn't believe me, you know? So, it was extremely frustrating.*

Strong referral pathways were perceived as exemplifying a high level of integration between services:

Annabel: *I just know from working in integrated care myself that there's like kind of dynamic like between acute versus community and there's just- everything is very kind of separated and it's hard to kind of bridge that gap sometimes. But they've managed to do that really well in [place name], which is great.*

For some women, the Postnatal Community Hub acted as a central point or bridge between multiple healthcare professionals, and the ability of the postnatal hub staff to take direct and immediate action in a referral process was critical to their postnatal healthcare needs. This is illustrated by the example of one woman's experience of seeking help for mental health support:

Eden: *(The midwife) said, 'listen, I contacted your GP's office. I called the public health nurse, and I put you on the list to speak to the mental health midwife. Is there anything else you need from us?' And I was like, 'No, I'm OK right now. I appreciate that'. So then like that day, the Wednesday, the next day my GP called to make an appointment. The public health nurse called to check in, and I got a letter a couple days later saying that I had an appointment with (a mental health midwife) and like giving me the date of the appointment. [...] So, all of that had happened and I had to just make one phone call. So, I think for me out of all the things- the sort of engagement that I had with the postnatal hub, that one was probably the most important. Because like I said, I was really struggling and (midwife's name) was immediately able to like... the doctor's office, called me with an appointment. [...] Like it just... it took so much off of my plate at a time when I felt like I couldn't manage anything.*



The HCP perspective offers a ‘behind the scenes’ understanding of the level of planning, development and inter-professional networking that lays the foundations for efficient and timely referral pathways.

HCP-Zb4: *A lot of conversations, which... many of them were uncomfortable because you had... I suppose in some respects, like the Community teams of the public health nurses, the GPs and were like, ‘why are you setting up this? This is our area’. So, there was a bit of territorial work to do as well, and you need to have those lines opened, you know, the communication has to be opened and it's when they see it working, they really love it. I suppose that worked well for us because I put a huge amount of work into (establishing relationships).*

HCP-Op2: *We've build-up pathways. So, there's a lactation consultant, and it's very, very easy to refer her over there. And she knows us as well, and she knows that we will only really refer appropriately. I've definitely learnt about how to escalate care quicker. We've set up links so that we can bleep the paediatric registrar on call, or we can bleep the obstetric Reg on call, and they know that when we call that they will see the women. I've definitely... yeah and streamlined it in that way.*

Some staff identified; however, that the efficiency of referrals was sometimes limited by poorly resourced services that were functioning independently of the Postnatal Community Hub; a key concern was mental health referrals. Several Postnatal Community Hub staff noted concern around lack of, or low, staffing within the Specialist Perinatal Mental Health Services (SPMHS).

HCP-Op2: *She's just one midwife working on her own. She's sometimes on annual leave. She has a very heavy caseload; mental health is a huge issue. So, it's quite limited what she can do. I definitely think that that link can improve.*

HCP-Jng9: *Is there a pathway or a support structure there? No. So, I think to have one of the midwives specialised in mental health would be great on the team, I think, or plus or minus having a psychologist as part of the team or access to a psychology service, I think would be huge. We signpost them to the online services that are available. And- or there is one specialised midwife in in mental health in [...] but again, her referral criteria are quite bespoke as well, so it's hard to get to her. So, I think in addition to the service, would be mental health support services, which are not there.*

HCP-Mc4: *We just tell the mental health liaison midwife and if we can't contact her, we contact the GP. If they're already known to the mental health services, we contact them. So.... That is the referral pathway we have. Just... our own mental health liaison midwife is (on leave) at the moment, so it's not always... just in the last few weeks. It's just not always possible to contact her. So, then we contact the GP. Or I'd contact the mental health team as well, just to let them know if the mother has been already under their care.*

HCP-Wy12: *But her (perinatal mental health midwife) workload is overwhelming, so it's very, you know, few hours we get of the perinatal mental health support in our hubs.*



The Postnatal Community Hub Services: Benefits of integrated care with relevant perinatal healthcare professionals

Data source: *The Women’s Strand: Survey Data*

Access to specialist healthcare professionals varies among the pilot sites. Two sites received funding for a women’s health physiotherapist whose services are integrated within the Postnatal Community Hub’s provisions. All other sites refer women to a physiotherapy department connected to the maternity hospital. Similarly, all sites are equipped to refer women to a lactation consultant/ infant feeding specialist and a Mental Health Midwife employed by their associated hospital.

Table 15: Reports of contact with lactation consultants and physiotherapists

Please indicate the healthcare professionals that you had contact with (including in-person appointments, video appointments or phone calls) from the postnatal hub:			
	Yes N (%)	No N (%)	I don’t know N (%)
Lactation Consultant	77 (33.8%)	139 (47.6%)	12 (5.3%)
Physiotherapist	59 (26.1%)	157 (69.5%)	10 (4.4%)

Data source: *Women’s and HCPs’ Interview Data*

Having access to specialist healthcare professionals who may be difficult to access or prove costly to access privately; for example, women’s health physiotherapists and lactation consultants, relieved the financial burden of having to pay for private care.

Louise: *With the lactation consultant, I might have gone private. I didn't think it would be so quick. I would have gone to a GP, but I think it was a lot better to get someone specialized in the subject.*

Georgia: *I think I would have been forced into paying for private physio, [...] I think I'd have been forced into paying for private care from much earlier on.*

Women viewed the care that they received from women’s health physiotherapists and lactation consultants as having a significant and tangible impact on their health and recovery, quality of life and, in some cases, their ability to continue breastfeeding their child. Additionally, several expressed satisfaction with the level and duration of care that they received from the specialist services.

Georgia: *The physical exam. Very valuable. OK? By a physiotherapist. We're all examined by a public health nurse when we come out of hospital, they visit, I think twice, usually to people... [Description of personal circumstances] but anyway, but the physical exam by a physio that was invaluable. And physio support for at least six months was brilliant. And it- there was no charge.*



Bethany: *It was at the point where it was so sore that I didn't know if I could continue breastfeeding, which was obviously very upsetting, but she- Like we were seen. I'd rang her (lactation consultant) and I think we were seen the same day or the next day like it was straight away. So, like unbelievable, like so, so efficient.*

Lydia: *I was so engorged, and she (lactation consultant) just helped me. She showed me how to hand express. You know, she just did so much more than just the laser. She spent an hour and a half. (We) were there till 8:30, like on a... whatever evening.... It was like a Monday evening. It was unbelievable. The service! I just couldn't get over it. It was amazing.*

Being made aware of and having access to numerous healthcare professionals and referrals from one central, integrated point was hugely advantageous to women's recovery and peace of mind and indicated that the Postnatal Community Hubs were functioning as the one-stop-shop that they were intended to be, offering genuine wrap around support for women in the postnatal period.

Michaela: *(It was) so valuable for me as a second time mum just to feel heard and seen and cared for as a person, and like the fact that they could link me in with anything that I needed. And they listed at all different bits and pieces and offered me everything that, you know whether I wanted to- a physio referral, or anything like that for my C-section healing or anything like that. Or breastfeed to help, and you know- postnatal mental health help and everything.*

Annabel: *I had other supports as well, which was great. Like, you know? I had a lactation consultant support, but it was all the things together. And if I didn't have those supports, like if I wasn't able gain access to a lactation and if I didn't have the [...] hub, there's no way I would have continued (breastfeeding).*

Although most women were happy with the extent and quality of care provision that they received once they had accessed specialist care, several women noted issues with staffing that delayed their access to care or resulted in postponed appointments. Participating women, therefore, suggested having more than one healthcare professional available in certain roles would ensure sufficient cover for high demand services, or in instances of sick leave, maternity leave, or absences due to training.

Joyce: *But the physio once or twice obviously was sick or was injured and couldn't attend a meeting or two. And then your- my meeting kind of or my appointment got pushed back four or five weeks because there was nobody to step in for her. [...] I think bringing the mental health nurse in under that umbrella and definitely having a second physio, I think would be really good.*

Georgia: *I just think there's definitely a need for more physiotherapy within the hub. Like one physiotherapist... if they're out sick, there's nobody like, that's really poor. [...] I suppose from the mental health point of view; it's only one nurse (midwife) doing that role, that I'm aware of anyway.*

Lydia: *I wanted to obviously try breastfeeding, and I inquired could I meet the lactation consultant? And they just mentioned that- all the things... she might have been on annual leave that day.*



Staffing issues was also a point of concern mentioned by the HCPs. A physiotherapist is not available to every Postnatal Community Hub. Additionally, perinatal mental health services vary by location and are occasionally staffed by a sole perinatal mental health midwife.

HCP-Wy12: *The thing that I do feel is lacking locally is the attendance of the perinatal mental health, or the attendance of a physio. We don't have an allocated physiotherapist in our hubs yet.*

HCP-Zb4: *We've got funding for a postnatal hub physio, but they- they're having maternity leave complications- not complications- challenges, in their department as well.*

HCP-Jn9: *If funding wasn't an issue, I would definitely say there's room for at least one other physiotherapist. [...] I think there's definitely room for two more physios, easily and to have cover for sick leave.*

Both women and HCPs provided suggestions for specialist healthcare professionals who may be beneficial for women to have access to in the postnatal period, such as nutritionists or sleep consultants

Catherine: *I was very happy with it. I think perhaps if there was access to a greater range of services, things like nutrition, which I think would have been helpful. Nutrition and exercise because I definitely found exercise... particularly having had a C section was quite confusing [...] I think even if there was, I don't know classes... An online session, something to kind of help resources on diet, diet and exercise that would be useful and kind of maybe a link point.*

Paloma: *Real support for babes that don't sleep. Like, where do you go? That's why you like sleep consultants are making an absolute fortune out there, because you're desperate, absolutely desperate for sleep. You'd do anything, you'd pay anyone!*

HCP-Mc4: *Having access to referring them to a nutritionist or something like that, but I know it probably wouldn't be possible like because you know, just because there's a lot of women who would have raises BMIs and things like that. That is- And plus, they're going to be raising a family, so it would be good for them to have good education on that.*

Stronger signposting to community supports, such as mother and baby groups or organisations that provide support to parents was also noted as a potential area for the Postnatal Community Hub's to direct women and parents to additional sources of support.

Samantha: *If there was more signposting to like, oh there's baby and toddler groups in this area or mental health groups, you know, just things that would be kind of maybe getting mums out and socializing peer-to-peer support. And I know that kind of varies from different times of the year and different areas that you're in. But if there was maybe a closer correlation with public health nurses in that sense because they kind of seem to know what's going on in the communities, that if that was fed more to the postnatal hubs.*



Charlotte: *They mentioned that midwives used it (parenting support programme) and stuff, so in the beginning I nearly felt like it might have been a social worker or something coming to check on me. I wasn't really sure, but then when she said that, like midwife, you know, midwives also avail of it. I was like, OK great so. Yeah, they just had a lot of reassurance about everything. So LifeStart were amazing with also like. Keep keeping me up to date with any groups or meet ups that were happening.*



The Postnatal Community Hub Services: A midwife facilitated postnatal peer-support meeting

Data source: *The Women’s Strand: Survey Data*

Some hubs offer a weekly midwife-facilitated educational and peer-support meeting at a primary care centre. The online survey asked women to indicate how many support meetings they had attended, 288 women responded. Most indicated that they had not attended a meeting, or that this service was not available in their area (n=242; 82%). While 16% of respondents had attended one or more meetings (n=46; 16%).

Table 16: Availability of educational and peer-support meeting and frequency of attendance

	No/ Not available	Yes, at least 1	Yes, two – four	Yes, four or more	Total
n	242	15	16	15	288
%	(84.0%)	(5.2%)	(5.6%)	(5.2%)	(100.0%)

Women were asked to comment on attending the peer-support meetings, 57 comments were made. There were 14 comments which indicated that these services were not known or available to women and that they would have been appreciated or valued.

‘Didn’t know these were a thing. Would have loved this support particularly in the early weeks’.

Seven comments from women indicated that they did not attend as they were attending other peer supports, or due to the timing of the meetings.

‘I didn’t because I didn’t feel ready before 6 weeks but now at 9 weeks, I’d be ready to go and I can’t because I’m over the 6 weeks and would be afraid of being turned away.’

There were 35 comments expressing that the meetings were a helpful, reassuring or a positive experience.

‘They were useful to review how breastfeeding was going and also to get out of the house and chat to a few people! I remember being thankful for the session after a particularly bad week of feeding. The nurses were practical and helpful’

‘I found these great...even with my 3rd child I was finding out new information. Staff were very knowledgeable and friendly. It was great to connect to other mums in the locality.’

Data source: *Women’s and HCPs’ Interview Data*

Interviews with women who attended a Postnatal Community Hub where peer-support meetings are not a feature of services welcomed this addition.

Samantha: *I don’t know how feasible, but maybe if you had like a... 3-4 months open morning check-in or something that people could come to, I think that might be a good idea going forward. Something very informal, like it could be a group session or something. (If) people wanted to come as they pleased. But I do*



think mothers would benefit, but I think I would benefit as I can't speak for everyone, but at that kind of point, having a touch base.

Grace: *(A) social gathering or that in the hub, I don't think anything like that exists. But I think that will be a really good resource to have. Because there's definitely that place, like I'm from (rural area) [...]. So that is something that I would have really valued in the depth of winter last year, of just a connection with other mums.*

Women who did have access to peer support meetings described them as a beneficial opportunity to connect with other mothers during a time that may be challenging and isolating

Eden: *Just being able to get out of the house once a week and see other human adults and even talk- even if you weren't talking about the baby, just like to talk to a person was just... it was so good for my mental health. It just made me feel connected to people again and like, if I was feeling particularly low on a day, to go in and be like I'm finding this really hard and people be like, yeah, it is hard.*

For some women, the most important aspect of the peer support meetings was having a regular opportunity to engage with a healthcare professional in an informal setting.

Annabel: *What was so nice about it was the fact that it was informal. But yet you knew the professional support was there. But I suppose... Like you felt comfortable to bring up issues in an informal way, or maybe someone else would say something and then you could chime in to that conversation and it was just very natural, and you were able to just build a very natural rapport. But yet, they were very skilled. I think, the midwives were very skilled at checking in, like they might pick up on something you'd say.*

Georgia: *By going to the coffee morning, you're linking in with the nurses as well by going to the coffee morning. The perinatal mental health midwife, she was there one of those days, so I got talking to her at the coffee morning and then just talking to other mothers (was beneficial).*

HCPs interviews revealed that, while women experience their interactions with HCPs during the peer-support meetings in a comfortable and informal way, HCPs who facilitate the peer-support groups require a significant degree of interpersonal skills and an ability to be attuned to women's needs and cues.

HCP-Lk7: *You (might) think it's a lovely morning heading off as a midwife to a coffee morning and it's so easy and you do nothing. (But) It is mentally draining. Like it is- It is full on, it's hard those two hours, because you're trying to watch everyone, to see how they're interacting or not interacting, or you're trying to make sure no one is left out. You're trying to get round to everyone so that they do have an opportunity to pull you aside or ask you a question if needs be. But yeah, no it is. It's like they are definitely hugely important.*



HCPs also viewed the peer support meetings as a beneficial resource to women. HCPs employed by Postnatal Community Hubs where a peer-support group was not available, hoped to see its inclusion in their area to address some psycho-social needs for women going forward.

***HCP-Zb4:** It's a postnatal cafe, which sounds really, really... in a service that is really stuck for midwives and everything... It sounds very, very expensive and very stupid to do, but I think having a postnatal café, where ... let the women come and actually sit down, have a chat with each other would be a huge thing to do.*

***HCP-Bp31:** Loneliness and just the pressures of motherhood and I think just like for women to be able to kind of see that through our hubs that they could come back. They already know us. And one of us could facilitate the group.*

***HCP-Gc6:** I think the peer support is a big thing. Because if women are breastfeeding, they get that peer support from breastfeeding groups. But if they're formula feeding, they don't have that. ... You know, it's very difficult on them.*



The Postnatal Community Hub Services: A phone line

Data source: *The Women’s Strand: Survey Data*

A dedicated phone line with access to a qualified midwife is a feature of postnatal care services offered at some pilot hospitals. Additionally, some Postnatal Community Hubs offer flexibility of service access and enable women to avail of telephone appointments/ consultations. A total of 102 (35.29%) women reported that they had received one or more telephone appointments/ consultations with a healthcare professional from the Postnatal Community Hub. Evaluations of the acceptability of the number of calls and the timing convenience of the phone line services were distinctly positive. More than 90% (n=102) responded that they have received enough phone call services and 79% (n=96) answered that the phone-line availability hours were ‘Very convenient’.

Table 17: Number of telephone appointments/ consultations, acceptability of frequency and convenience of phone line hours

Have you had any telephone appointments/ consultations		Acceptability of call contact frequency		Convenience of phone line hours	
Response	N (%)	Response	N (%)	Response	N (%)
No/ Not available	187 (64.7%)	Too few	9 (8%)	Not at all convenient	5 (4.1%)
Yes, at least 1	72 (24.9%)	Just enough	102 (90.3%)	Somewhat convenient	20 (16.5%)
Yes, two – four	29 (10%)	Too many	2 (1.8%)	Very convenient	96 (79.3%)
Yes, four or more	1 (0.3%)				

* Excludes missing data. Percentages calculated with denominator equal to non-missing values.

There were six comments in response to an open-ended question asking for suggestions for improving a phone line service. Three outlined women’s positive experiences, while two respondents suggested increasing the opening hours of phone lines available: ‘I would like to be able to call at any time if unsure if something was wrong.’ And one indicated that a phone line service would have been the preferred service had it been available to them: ‘There was no telephone conversation. I personally feel this would have been better than an in-person appointment as its sometimes inconvenient trying to go somewhere when you’ve just had a baby.’

Data source: *Women’s and HCPs’ Interview Data*

Data from the qualitative interviews found that women with access to the dedicated phone service described the phone line as a tangible link to medical, informational and emotional support. Women were pleased with the responsiveness of midwives providing care via the phone line. For some women, even knowing that the phone line was available to them was a source of reassurance.



Paloma: *I always got a call back. So they were very like proactive and listened to whatever I needed, you know, like when they said they would call, they did call and all that.*

Eden: *Even just to have that reassurance and to know OK, I have the phone number now for the [...] hub. Like, again, there's always someone on. They were like, you can ring us with anything, you know, you can text us any worries you have, we'll schedule a call.*

Georgia: *I suppose that was invaluable as well to know that there's a seven day a week phone line like that for the medical questions and the baby care questions.*

From the HCP view, having a phone line and scheduled calls to women functions well in establishing a professional, and accessible, connection to women

HCP-Lk7: *With the phone calls... At the start, I could not understand the rationale for a phone call. You know, I thought... you're kind of invading their time and you know, when's a good time to ring? Will they answer the phone? You know, so many people want to text now. But the calls have been invaluable. And I think people are more likely to disclose things over the phone as opposed to face to face because they're in the comfort of their own home and they- and the feedback time and time again is about the phone call as well I find. Yeah, and I really didn't see the value in them until they got established and we got the feedback.*

HCP-Jn9: *It was described as, which I think is brilliant, as having a professional friend, and I think that is a great way to describe it, (and) that the person at the end of the telephone was ringing into the hub should feel like they are phoning a professional friend and I think that definitely filters through the hub.*

A phone line, and/or text messaging services, was suggested as a useful addition to services at pilot hospitals where it is not yet available.

Alison: *Maybe initially... a phone call or something, because it's just, you know, it's hard to get out of the house initially with the baby for the first couple weeks, you're still getting the hang of everything. So maybe initially that would have been good, but I do- I would much rather in person. I think it's just easier to talk and obviously she had a look at me physically, so that that helps as well.*

Naomi: *I think like a phone call maybe to say, look you know, your appointment is coming up. This is what we're going- I know it's an extra thing, but this is what we're going to chat through, you know. [...] it's showing that the dedication there is to you and to understanding how you feel, and how you want to manage over the next while. I think especially as a new mum, I struggled a lot at the start being a new mom with my first child. So, I think, just knowing that space is there.*

Bethany: *Even like a texting line? Or like a, yeah, I don't- because I feel like nearly making a phone call... You're like, I don't time for that. Yeah, yeah, (laughs). It's more, Yeah, yeah. Just like the timing thing? Like you'd be like 'cause you could text while you're- I suppose you could talk on the phone while you're breastfeeding and stuff. But like yeah, which is a little- I think a bit more approachable than a phone call.*



The Postnatal Community Hub Services: ‘What happened’ session/ Birth Reflection Service

Data source: *Women’s and HCPs’ Interview Data*

Some pilot hospitals offer a birth reflection service, sometimes labelled a ‘What happened’ session. This session is an ‘opt-in’ service that women may request with a midwife. A Birth Reflection appointment or ‘What happened’ session is a one-to-one appointment with an experienced midwife which provides women with the opportunity to go through their hospital notes, discuss and ask questions about their birth experience with a knowledgeable healthcare professional.

Some women identified that the session was instrumental in achieving closure and resolution to complex feelings concerning their birth experience.

Brigid: *I think it's a really good thing to go back through your notes and just kind of- it nearly for me- it was nearly... Kind of (a) book-ending experience.*

Hannah: *I think it (the appointment) was like a turning point in how I was feeling. The midwife was very empathetic. I felt very at ease with the midwife. I wasn't feeling that I couldn't ask questions. She was very kind and understanding. She was very experienced; I could tell she had obviously been in delivering babies. I was able to talk through the notes and what happened. It gave me a lot more understanding of why I was feeling like I was. [...] it kind of validated a lot of my feelings. She was very, very kind. It was one-on-one. There was no interruptions. There was no rushing. [...] the birth review, it just put myself at peace because... it validated what I was feeling.*

Some women stated that a birth reflection service would have been beneficial to them following the birth of their first child.

Hazel: *(first birth) I had very traumatic labour, I'd postpartum haemorrhage and like... I didn't really know what happened. I didn't even know until last year that I had a postpartum haemorrhage because the words were never said to me. So, you know, like even to go through my labour notes back then, it would have been great, you know. Yeah. So, it would have been very beneficial I think, back then to have the postnatal hub. I loved how like we could go back in the labour notes and, you know, ask questions and all that. I found that very good. I would have liked that the first time around.*

Postnatal Community Hub Birth Reflection services are not available at every pilot hospital, and women who were unable to avail of the service expressed interest in it:

Claire: *No, it wasn't, that actually would have been lovely. I didn't know that was a thing.*



Where Birth Reflection services are available, they are open to any woman without exclusion criteria; however, some women's comments reveal that this may be better communicated to women, as some did not utilise the service, as they believed it was a service only for women who experienced trauma.

Bethany: *One thing I would have liked to have done was like a birth debrief? And I know that's a service that's offered, but... I had quite a pretty straightforward birth. Like you know, it was like quite positive and like very straightforward overall. So, I just felt like I couldn't...I felt like the service that's offered is more for like kind of like any, like traumatic birth or like anything that like you need to unpack and like that kind of a thing. So, I was like, I don't- I didn't feel like I could like ask for that.*

HCPs data echoed women's feedback around the value of the Birth Reflection services, particularly in regard to offering closure or an opportunity to attend to unaddressed questions from previous births.

HCP-Gc6: *I think it gives them a lot of peace of mind. And I suppose- I think- That probably kind of closes the door on it for them.*

HCP-Op2: *A lot of women might come to their second pregnancy with trauma from a previous pregnancy that's not been dealt with and women we see often say that they've been traumatised by what's happened.*

HCPs spoke of the high demand for these services

HCP-Sr5: *She has a huge number of referrals and not all, not all negative actually, by any means. There's some that just want to understand what happened [...], obviously that's really fuzzy after having a baby and a bedside review afterwards is not a debrief, is not going to cut it really. When you just had a baby six hours ago. So, I think it's really important for women to have that and that's why the (birth reflection) service is completely blown up. [...] the amount of hub birth reflections she does is huge.*

However, HCPs were also wary of expanding the services without first acquiring formal training so that they might be able to deliver Birth Reflection services confidently and competently, and, importantly, to identify women who require specialist mental health support.

HCP-Op2: *I think (Birth Reflection) training would just help me identify... maybe identify who needs to go where? [...] I think the feedback's been generally good though, but I think a little bit more of a formalised approach would help. And I think I'd be more confident in the way I approach women.*

HCP-Xa1: *I think it's an area that needs to be promoted. I haven't received any formal (Birth Reflection) training. There's nothing actually accredited in Ireland at the moment in regards to birth trauma training. So I think that it's definitely something, going forward, that I think that will definitely help all staff, not just staff working in the hub, but all staff working in maternity services.*

HCP-Gc6: *There are some women (who) are not suitable for birth reflections because they need perinatal mental health support. (Without formal education and training) I feel I would be putting the women at- it sounds very dramatic, but a bit more risk, I think. So that education is really important.*



The Postnatal Community Hub Services: Women's concluding thoughts

Data source: *The Women's Strand: Interview Data*

Overall, women described the Postnatal Community Hubs in positive terms and viewed the services as beneficial and essential to their postnatal journey and recovery.

Catherine: *I definitely felt grateful that I had access to that support, and I knew that if I needed to go back to them, I could and I would have done if I needed to.*

Joyce: *I really do think it helped in my recovery both mentally and physically and I have nothing but praise for it really.*

Ava: *Even if things hadn't gone the way I wanted, the fact that I had someone to go to and it was free, you know, I didn't have to pay for it. It was great. I really was very grateful of the service.*

Joyce: *I just think it's really empowering that women are being looked after, now. They're not just disregarded. Just like, it's such an empowering service and it's just wonderful to see it. And I feel really fortunate that I got in on time.*

For some, the Postnatal Community Hub bridged a critical gap in postnatal care that was absent or lacking in the standard postnatal care, while others experienced the services as an essential component of complementary professional care and community support

Paloma: *The support I got from the hub, and combined I think it was a combination, you know, the public health nurses, with the hub and the La Leche League, and the hospital, all was a package that end up giving me a lot of reassurance and support and care, and it was outstanding. I know that there is always room for improvement, you know. But that being said, it was really, really good and I am forever grateful for it.*

Women identified that having access to the Postnatal Community Hub service meant that they could avoid having to access acute services or other healthcare professionals for health concerns.

Sadhbh: *I didn't have that hub and if I didn't avail of it, I could have been just taking those antibiotics. And you know, something worse could have happened. So I was glad of them to be able to do a swab on a random Wednesday. Do you know what I mean? As opposed to trying to go through A&E or whatever.*

Annabel: *It definitely saved two PHN appointments. It probably saved... definitely saved (a) GP appointment or two because [describes health condition]. But again, they were able to give me advice in the hub. But that's something, you know, you'd end up in front of a GP with if you didn't know, as a new mother, with a week or two-week-old baby. So, it definitely you know, (it) helped in that way.*



Jayne: *I rang and was talking to a midwife. Like it was there, and it was really helpful. You know, you don't have to go off ringing the doctor. Like, I tried there first.*

Some women felt strongly about their experience with their Postnatal Community Hub and were motivated to take part in the research to support other mothers gaining access to the services

Michaela: *I know that there are other mothers that probably need that (the services) maybe even more than I did. And to make sure that a service like that is something that is continued and replicated in other counties across the country will be one of the reasons I would have said I'll take part in (the research, and) maybe have my say.*

Louise: *I don't normally take part in any sort of surveys or anything, but I just, I felt that it was just such a great service that I just wanted to, I suppose, give feedback on that. I just think it'll be brilliant if it was offered in every, every hospital. Because yeah, it just it definitely helped me a huge amount.*

Brigid: *I think the postnatal hub is like it's a brilliant idea and anybody who I've spoken to who didn't have it, a lot of people feel like, oh God, I would have loved that, you know? So, like, I think it's. I think it's a really good facility. So when I thought there was the study being done that I was like... I would hate if it was on like a trial basis or something, they didn't continue them like, just because people didn't get feedback, you know?*

Eden: *Every single community in this entire country should have something like this because I think- For moms to have it, it's just invaluable for so many people. [...] And my husband- literally every politician that came to the door, my husband's like, let me talk to you about the postnatal hub. So, he's invested, and he wants this to keep happening, this is important.*

Sophie: *I just found it so valuable and so amazing and having that- you know, not having it at my first, I really appreciated that it was there and that I could access those services really easily and at no cost. And you know, and have you know that really high level of care provided. So that was my goal. I just. I'm so grateful to it. I just felt, you know, when I got the forms, I go, I need to. I need to fill that up now for that and take part in the research.*



Section 3: Summary of key findings

- ❖ Most women learned about the Postnatal Community Hub services from the maternity hospital they gave birth in. Women and HCPs recognise this method as advantageous to establishing a rapport and enabling continuity of care.
- ❖ Most women described the Postnatal Community Hub as easy to reach; however, women with fewer resources (and women reliant on public transport) were more likely to find the locations difficult to reach.
- ❖ For women and HCPs, community-based (off site to the hospital) locations were valued for their convenience in reducing travel time and travel costs, as well as providing a neutral space for women who may have experienced birth trauma. Additionally, HCPs perceived that a shared location with other healthcare professionals facilitated positive inter-professional relationships, communication and referrals.
- ❖ Most women accessed the Postnatal Community Hub services within 30 days postpartum, 65.5% of women reported that discharge at 5-8 weeks was about the appropriate time to conclude services. Women's interview and survey data reveal that considering individual circumstances and providing flexibility in terms of access and discharge, timing of appointments and service provision is important to women in meeting the postnatal care needs.
- ❖ A one-to-one appointment with a midwife is deeply valued by women. Most women (84.55%) receive one or more in-person appointments. Women shared that the appointment offers a unique opportunity to receive personalised, woman-centred care from an attentive and reassuring healthcare professional with specialist knowledge of perinatal health. Women who were unable to avail of a one-to-one appointment identified this as a potential area for improvement, through ensuring access to a one-to-one appointment for all women who wish to receive one. Additionally, the provision of a one-to-one appointment addressed gaps and unmet needs of standard care for some women. HCPs viewed the appointments as essential to women's postnatal care and enabled the early detection and treatment of health issues.
- ❖ Being made aware of and having access to numerous healthcare professionals and referrals from one central, integrated point is beneficial women's postnatal recovery and peace of mind and indicates that the Postnatal Community Hubs are functioning as the 'one-stop-shop' that they were intended to be, offering genuine 'wrap around' support for women in the postnatal period.
- ❖ Most women who respond to the online survey did not attend a peer-support meeting, or peer-support was not available in their area (n=242; 82%). However, women's qualitative data indicated that they were interested in peer-support services. Furthermore, women benefited from the social support and networking opportunities gained through the meetings, in addition to the informal access to HCPs that these groups provided.



- ❖ Approximately one third of women received a telephone appointment or contact. Women who had access to this service described it as providing a tangible link to medical, informational and emotional support. Women were pleased with the responsiveness of midwives providing care via the phone line, and the accessibility and convenience of the service.
- ❖ Women spoke of Birth Reflections services as being an invaluable component to achieving closure and resolution to complex feelings concerning their birth experience. HCPs reiterated the value of this service to women but also highlighted the need for formal professional training in this area.



5.6 Section 4: The healthcare professionals providing care

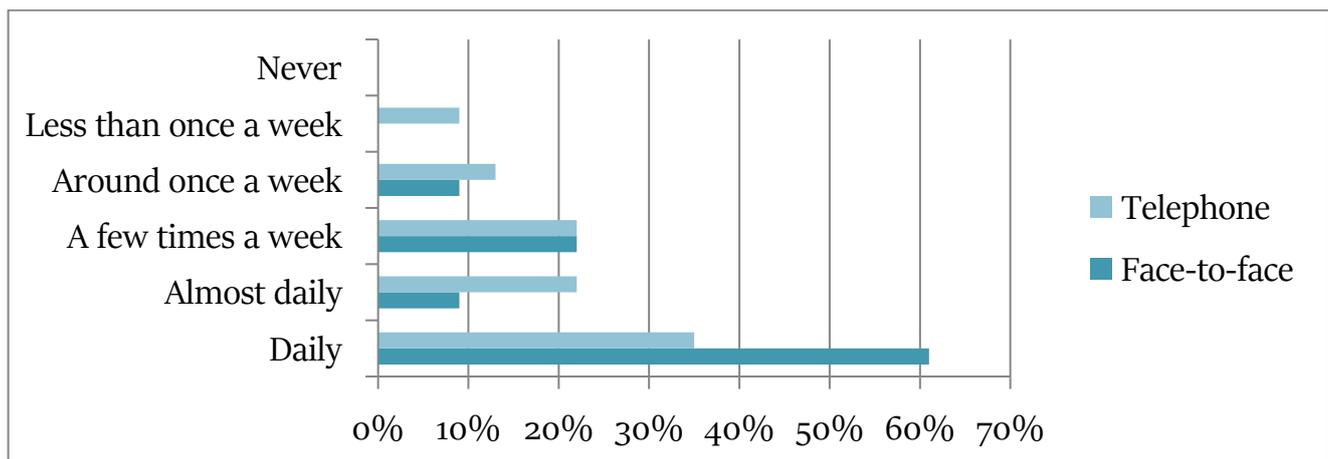
Data source: HCPs' Strand: Survey Data

Postnatal Community Hub Service Delivery: HCPs' experience and assessment of acceptability

Among the 23 HCP respondents, 61% (n=14) indicated that they had 'Daily' face-to-face contact with women as services users of the Postnatal Community Hubs. Two (9%) indicated that their contact with women was 'Almost daily', five (22%) indicated 'A few times a week' and two (9%) indicated 'Around once a week'.

For telephone contact, eight (35%) stated that they provided Postnatal Community Hub services to women via telephone 'Daily'. Five each (22%) stated 'Almost daily' and 'A few times a week', three (13%) 'Around once a week' and two (9%) 'Less than once a week' (See Figure 7).

Figure 7: HCP reported frequency of face-to-face and telephone contact with service users



Healthcare professionals were asked to indicate their agreement with statements that they could provide 'high quality, personalised care to women/service users' through face-to-face contact or telephone contact. Face-to-face contact was most strongly endorsed as all respondents indicated that they could provide 'high quality, personalised care' in a face-to-face setting (see table 18).



Table 18: HCP assessment of their ability to provide ‘high quality, personalised care’ in face-to-face and telephone contact

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Does not apply to me
Face-to-face contact					23 (100%)	
Telephone contact	2 (13%)	6 (26.1%)	5 (21.7%)	3 (13%)	2 (8.7%)	5 (17.4%)

Healthcare professionals were also asked to share advantages and disadvantages that they had identified or experienced in the delivery of services in a face-to-face setting or via telephone.

Again, HCPs’ preferences were strongly in favour of a face-to-face interaction over phone contact. HCPs noted strong clinical benefits such as enabling a holistic assessment and picking up non-verbal cues, building rapport and creating a sense of safety for disclosure:

‘The face to face apt allows for relationship building and allows us to complete a holistic assessment of the woman and her baby and this involves a physical postnatal check. We can also observe her interaction with her baby.’

‘Better assessment. Building relationship. Able to see mobility, movement. Reading non-verbal cues. Physical contact and ability to assess mum in how she is handling and interacting with baby.’

‘This builds up a trusting relationship between mother and midwife, where the mother feels safe asking questions and telling midwife any concerns she may have, as a result of this face-to-face connection.’

The few disadvantages identified were not in relation to clinical care, but were marked as potential drawbacks for women as service users:

‘Disadvantage is: needs appointment, transport and even babysitter for other children to assess.’

‘The only disadvantage regards to mothers post caesarean section, who may not be able to drive to the appointment and therefore, have difficulty attending.’

‘A disadvantage is the planning needed to attend these HUBS for the women especially if childcare of other children is an issue, location needs to be easily accessible for them.’

‘Disadvantages are some women not being able to drive post c-section; therefore, not being able to access a Hub in the first six weeks.’

HCPs did note some advantages to telephone contact, as phone calls enable convenience, timely advice and flexibility, depending on a woman’s circumstances.



'Phone calls or text messages make the service very accessible to women of all ages and nationalities. If English isn't someone's first language, texting can allow them to easily translate the text messages and communicate effectively. Phone calls also minimize the need to drive to the hospital to see a midwife, which allows access for women who can't drive, live far away from the hospital, or maybe just don't like the idea of an in-person appointment.'

'Advantages are that I can speak to a mother as soon as a concern develops as we run a phone line between 9-4 every day of the week / 365 days of the year. As one mother recently said to me that she loves the idea of the phonenumber, and this has helped with her anxiety and describes the phone line as "responsive".'

'Phone calls have become a huge part of our role. The advantages include - it's portable, easy to cover daily, even if sick leave. Can leave a voicemail or send a text if time not convenient. Very accessible for everyone. For someone from a non-English speaking background - text allows them option to translate. Women seem to be so appreciative of a phone call to just 'check-in'. Great for the women to know they can talk to someone every day as opposed to ringing a busy ward/labour ward.'

However, there were concerns around confidentiality and the inability to conduct an accurate assessment.

'Advantage is that it is a quick, easy contact, appointments not required, great to use as a routine check in with women. Disadvantage is you do not know if the woman is alone (confidentiality) and reduces communication'

'The advantages include the ability to make contact with and give advice to the woman. However, the disadvantage of this is that you are relying on the mother's assessment of the situation, which may not be accurate. This can skew my professional judgement of a situation. There is also a question off confidentiality in the case of human error. Also, text messages may not necessarily be written by the mother.'

'The disadvantage of the phone line are that it is difficult to see what is going on with a mother and baby, and when it comes to breastfeeding, a one to one is ideal.'

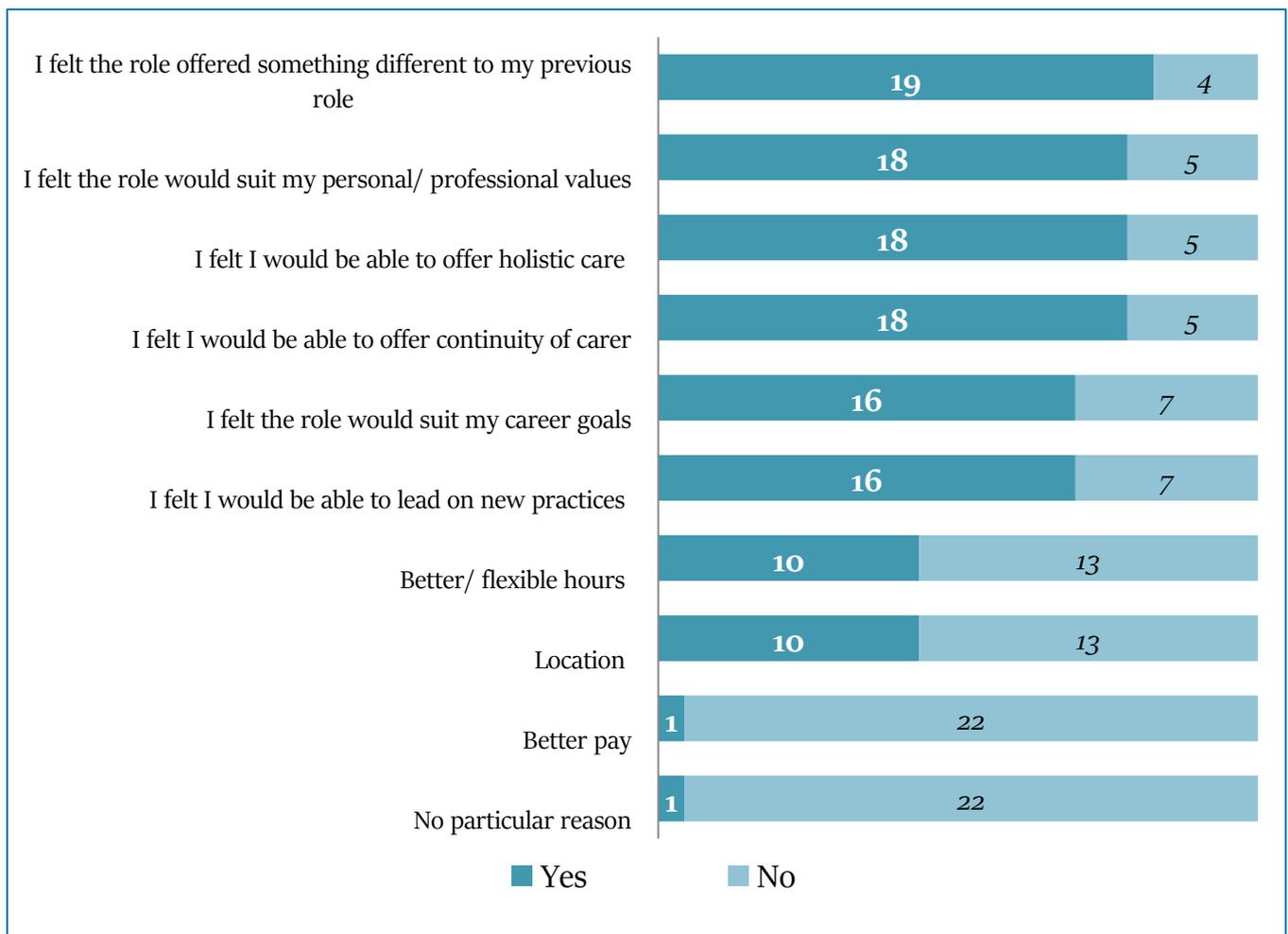


Postnatal Community Hub role: Motivations to apply

Data source: HCPs’ Strand: Survey and Interview Data

Respondents were asked to confirm or reject a series of ten questions concerning personal motivations behind applying to a position of employment within a Postnatal Community Hub. The highest endorsed statements were in relation to professional ethics and career development. Pragmatic concerns such as location and flexible hours were endorsed by ten (43.48%) participants, while only one participant (4.35%) each endorsed a motivation of better pay, or having no particular motivation. Figure 8 illustrates the responses.

Figure 8: HCPs’ endorsement of personal motivations behind seeking employment in a Postnatal Community Hub.





The HCPs were invited to leave comments concerning their personal motivations. The emergent theme from the comments demonstrates that respondents were enthusiastic about the challenge of contributing to the development of services that would provide enhanced care in a vital area.

- *'I have an immense interest in postnatal care. I felt that the development of the hubs and my role in it would lead to the enhanced level of postnatal care required by women.'*
- *'It's such an important interface, the early postnatal period. And I feel I had the experience, enthusiasm and skill set to be an asset to the service.'*
- *'Developing the hubs was a positive challenge.'*
- *'I believe that the postnatal hub offers mothers a more person-centred approach to care. It provides mothers with a high-quality standard of care in an environment that allows adequate time at each contact.'*

Similarly, the HCPs' interview data reflected the survey findings and provided some nuance to the professional ethics motivation behind HCPs applying for employment within a Postnatal Community Hub. In particular, midwives conveyed that they felt drawn to the Postnatal Community Hub role as it encapsulated the true role of the midwife; enabling autonomous practice, providing high quality and needed care for the whole of the pregnancy and postpartum journey.

HCP-Xa1: *I've been very passionate about postnatal care for a long time, and I'm really delighted to see that it's finally being recognised as part of the maternity journey. I'm delighted that there is the need for the hubs, not only for the ladies, but for us because it allows, as I said, for that fulfilment of our role.*

HCP-Op2: *I really enjoyed the Community role that I had in the UK. There's quite limited scope, particularly in the West of Ireland for Community Midwifery Care, so I saw it as an opportunity to kind of do some of that again. Provide a more of a community role. I enjoyed the autonomy I had when I was working in the Community. The kind of ownership I could take over my role. And the time I could spend with the women... it was, it was quite a quite rewarding and I saw it as an opportunity to do that.*

HCP-Mc4: *(A) job that you'd be one to one with a woman and you could give her all of your attention, that way. Rather than, when you're on the ward, it could be one to one, but someone else calls you away and that's what... That was what I liked about it (the Postnatal Community Hub).*



Postnatal Community Hub role: Role Motivation

Data source: HCPs' Strand: Survey and Interview Data

The HCPs' survey included the 'Motivation' sub-score used by the National Health Service (NHS) UK Staff Survey, which is comprised of three questions. The participating HCPs were asked to answer these questions twice, once in relation to their current role within the Postnatal Community Hub and once in relation to their previous healthcare provider role. A paired samples t-test was conducted to compare mean scores between the HCPs previous and current role. The mean score of HCPs motivation with their previous role was 10.73 (SD = 2.766), whereas the mean score of HCPs motivation with their role in the Postnatal Community Hub was 14.26 (SD = 0.915). A significant difference was found for motivation scores between previous and current roles ($t=5.55$, $df=22$, $P<0.01$), with a mean difference between previous and current role scores of 3.5. See table 19 for differences between HCPs motivation in their previous healthcare provider role and Postnatal Community Hub role.

Table 19: HCP reported difference between motivation in previous healthcare provider role and Postnatal Community Hub role

Staff engagement- Motivation sub-score*	Previous role	Postnatal Community Hub role
<i>I look forward to going to work</i>	Never (17.4%) Sometimes (47.8%) Often (34.8%)	Often (43.5%) Always (56.5%)
Average Score	3	4.5
<i>I am enthusiastic about my job</i>	Never (8.7%) Sometimes (34.8%) Often (26.1%) Always (30.4%)	Often (8.7%) Always (91.3%)
Average Score	3.7	4.9
<i>Time passes quickly when I am working</i>	Rarely (4.3%) Sometimes (26.1%) Often (30.4%) Always (39.1%)	Often (21.7%) Always (78.3%)
Average Score	4	4.7
<i>Overall Average</i>	10.73	14.26
<i>SD</i>	2.766	0.915
<i>Range</i>	9.54 - 11.94	13.87 - 14.66

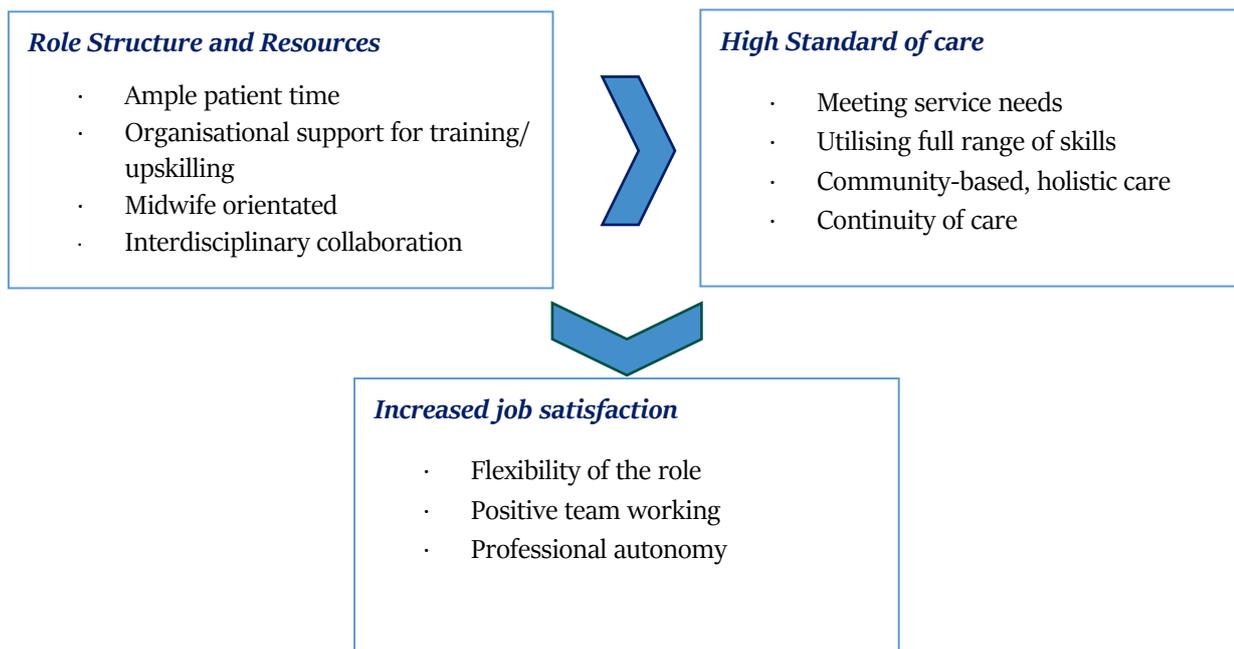
* Adapted from NHS Staff Survey 2024



Two open-ended questions asked the healthcare professionals to identify the top three *positive* differences and top three *negative* differences in their current role (Postnatal Community Hub) in comparison to how they worked in their previous healthcare provider role/post.

A content analysis revealed an interconnection between three themes (Figure 9). The most frequently identified positive was that the Postnatal Community Hub role enabled HCPs to provide a high standard of community-based, holistic care that is centred on meeting women's needs. Additionally, a high standard of care included the ability for healthcare professionals to employ the use of their full range of skills. Providing a high standard of care was underpinned by the role structure and organisational resources dedicated to the role, for example having ample time to fully engage with women and identify and fully address their health needs, learning and training opportunities to expand on professional skills, and opportunities to develop inter-disciplinary collaboration which further enhances service provision. In sum, *being supported* to provide high quality care and subsequently *delivering* high quality care leads to greater job satisfaction.

Figure 9: Interconnected themes



Ten participants stated that there were no negatives to their Postnatal Community Hub role. Staffing was the most mentioned concern; not having replacements for annual or sick leave was noted as a risk for burn out (particularly for physiotherapists and lactation consultant participants), and occasions of being 'deployed' to the hospital's maternity ward at times of short staffing meant that midwives' roles within the Postnatal Community Hub was challenged.



Interviews with the HCPs echoed these drawbacks. Staffing issues and its impact was a recurring concern, as hospital services may be given priority which impacts Postnatal Community Hub service provision, and with HCPs' ability to engage in further training, or maintain a healthy work-life balance.

HCP-Rt3: *I may be redeployed back into the hospital and clinics cancelled because of the hospital need basically. So, the hospital tends to be prioritized at times. So that doesn't open job satisfaction then either. [...] also, I am the only person in the role. So, if I take a week's annual leave. There's nobody there. Basically, that's one thing, and then the other thing for... the negative for the service user is if I'm on holidays, it means there is no postnatal hub and feeding clinic that week basically.*

HCP-Zb4: *From an accessibility point of view, the challenges are, I suppose life, work-life balance for a lot of them. And it's covering that maternity leave. So, like... one of the girls had been booked in to do [training course] starting in January. But because we're so challenged with staff at the moment and covering clinics, we've delayed it for a little while. So up skilling can be really difficult because then you don't actually don't have the time, you're sort of weighing up your up skilling with your clinical availability as well.*

HCP-Jn9: *I have so many ideas and stuff I'd love to develop, but I'm caught because I'm pulled back to the (hospital department) as well because they're understaffed. So, if that could be ring fenced as well, I think that would be great.*

HCP-Mc4: *They were offering to facilitate [training course]. But just because of staff shortages and some of the other midwives went off on maternity leave and stuff, it wasn't possible this year. So that was one thing..., and what I was hoping I'd like to do myself is more wound care... is more, to be up to date with it as much as possible.*

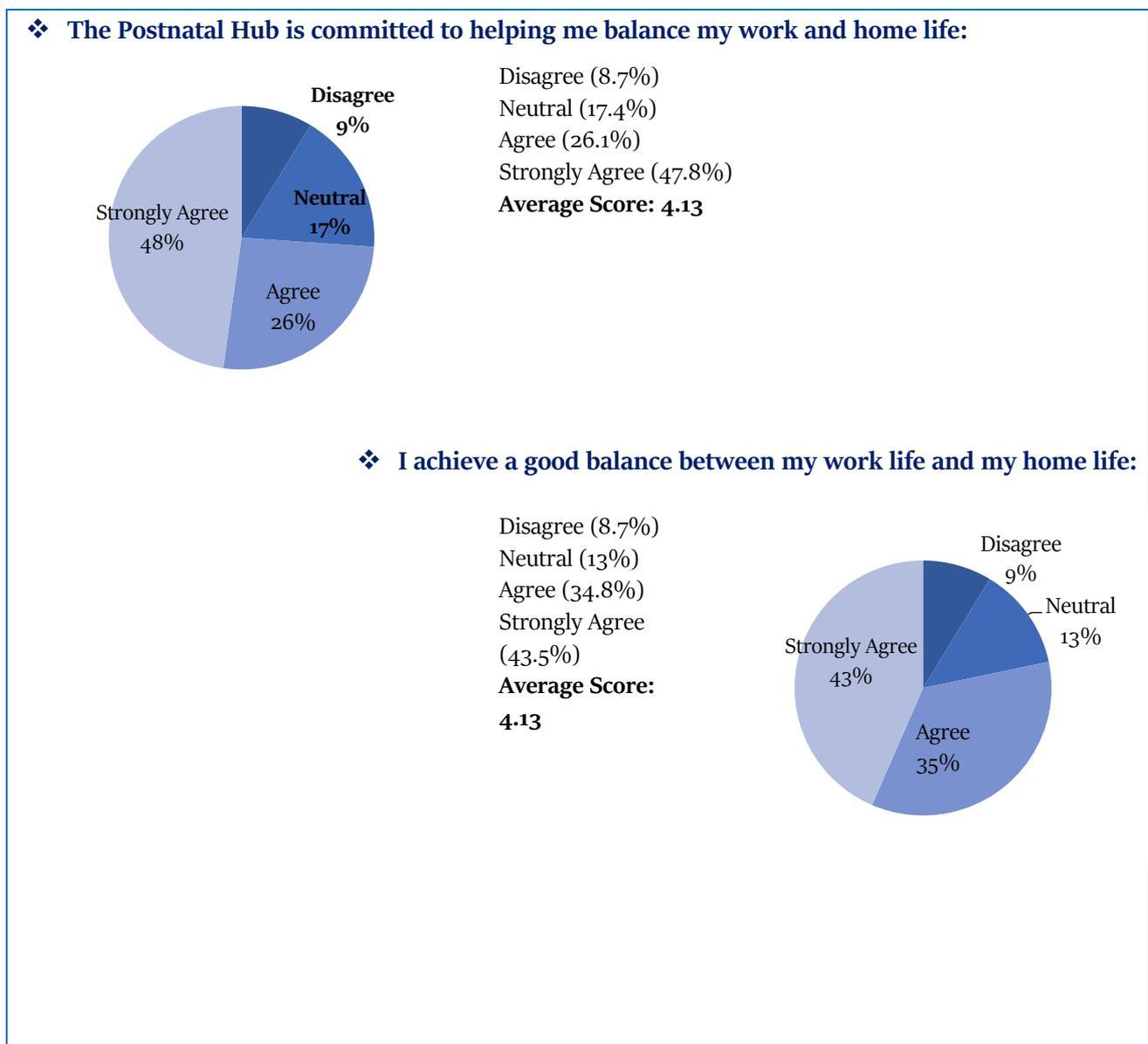
HCP-o12: *I suppose just like with any service there are waiting lists and there are shortages of staffing and things, so that can't be helped. But I think they are important and the lactation consultants like they're all you know... Singular people that, you know, are trying to get through their waiting list and the referrals, but I don't know. I'd say it's just more staffing. That's the only way I can see it improving. But they are. They are getting through the referrals, but I suppose it just more staff is going to be the only answer.*



Postnatal Community Hub role: Support for work-life balance

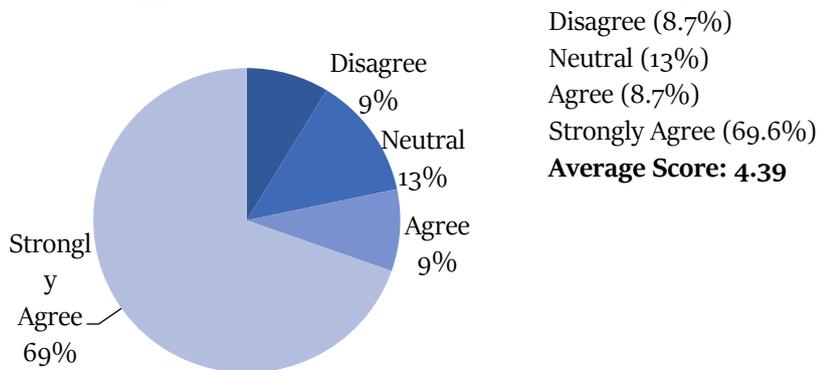
The HCP survey also contained the ‘Support for work-life balance sub-score’ from the NHS Staff Survey 2024 (Figure 10). Overall, agreement that the Postnatal Community Hub role supports work-life balance was high 73.9% of respondents positively endorsed (Strongly agree or agree) that the Postnatal Community Hub is committed to helping them to balance their work and home life. While 78.3% of staff said they achieve a good balance between their work life and their home life, and 78.3% also said they can approach their immediate manager to talk openly about flexible working.

Figure 10: Results of the ‘Support for work-life balance’ sub-score





❖ I can approach my immediate manager to talk openly about flexible working:



* Adapted from NHS Staff Survey 2024



Postnatal Community Hub role: A Compassionate Culture

The HCP survey included questions that comprise the NHS’s Staff Survey 2024 ‘Compassionate culture sub-score’ (Table 20). The sub-score contains three components ‘Care of patients and service users’, ‘Recommend as a place to work’ and ‘Standard of care’. Scores for the Compassionate culture sub-score were exceptionally high, with all staff giving a positive (strongly agree or agree) rating for each of the questions.

Table 20: Results of the ‘Compassionate Culture’ sub-score

Care of patients and service users	
I feel that my role in the Postnatal Hub makes a difference to women / service users	Agree (30.4%) Strongly Agree (69.6%)
Care of women / service users is the Postnatal Hub’s top priority.	Agree (4.3%) Strongly Agree (95.7%)
The Postnatal Hub acts on concerns raised by women/ service users	Agree (8.7%) Strongly Agree (91.3%)
Recommend as a place to work	
I would recommend the Postnatal Hub as a place to work	Agree (13%) Strongly Agree (87%)
Standard of care	
If a friend or relative needed treatment, I would be happy with the standard of care provided by the Postnatal Hub.	Strongly Agree (100%)

For HCPs taking part in the interviews, the ethos of the Postnatal Community Hubs reflected a compassionate culture of impactful service provision for women, which in turn strengthened morale:

HCP-Zb4: *I love the feeling of the impact it has on women. You know that it’s very supportive. It’s very positive. You really feel like you’re giving proper- really good quality midwifery care in it, that which obviously is only a good thing to be able to feel. So, you feel like you’re really being a proper midwife,*

HCP-Kt6: *I think job satisfaction from- with the women, we’re very lucky and I think we’ve had really positive feedback from them. [...] like we got a lovely compliment the other day. We got a card; we got a lovely card from (redacted), She’s like, thank you so much for the cup of coffee and a listening ear. And you’re like, OK. Well, we actually are making a difference.*

HCP-012: *That improvement before your eyes in a short space of time. That’s what makes it worthwhile.*

HCP-001: *There’s a great energy about the hubs and I think there is- There’s a lot of interest and I mean, you know, we have midwives on our panel waiting to get in, and I know if we’re short any day and I put a message up in the WhatsApp group. I know I’ll get it covered (laughs) because people are (interested).*



Postnatal Community Hub role: Raising concerns

HCPs were asked two questions from the ‘Raising concerns sub-score’ (NHS’s Staff Survey 2024). Of the respondents, 95.5% indicated that they felt safe to speak up about concerns, while 91.3% gave a positive (strongly agree or agree) endorsement that they felt that concerns raised would be acted upon.

Table 21: Results of the ‘Raising concerns’ sub-score

I feel safe to speak up about anything that concerns me in the Postnatal Hub.	Neutral (4.5%) Strongly Agree (95.5%)
If I spoke up about something that concerned me, I am confident the Postnatal Hub would address my concern.	Disagree (4.3%) Neutral (4.3%) Agree (13%) Strongly Agree (78.3%)

Feedback from the HCPs’ interviews also indicated a high level of comfort with raising concerns, and feelings that management welcomed suggestions, ideas and initiative from the Postnatal Community Hub staff. Two points of concern, however, were limited funds or resources to bring ideas into fruition, and challenges with communication which may hinder progress with some goals:

HCP-Fs1: *I find my manager is good at listening to my ideas, and I would I feel I would bring a lot to the table with developing ideas and the frustration is that the ideas... It takes a long time to get them going and little things like equipment, we’re still waiting on that and that can be frustrating,*

HCP-Gc6: *The challenges and the frustration is... we are trying and it's just sometimes you feel like you're not getting support. You're not getting support or things aren't moving to... like the advertising or the marketing. That point of it... Communication is lack- Like, those things that are frustrating and then... that could be perceived then as you being negative about the hub. It's absolutely not, because I'm telling you. It's lovely. Being with the women and having an impact on them or even not, them just being reassured and them going away. That's absolutely great. The frustration comes from the lack of support, you know the lack of... perceived, probably, because I know they're (leadership) trying.*

HCP-Gc6: *You cannot run and jump without having resources. You can't.*



The COPSOQ iii questionnaire- core version with job satisfaction subscale

The Copenhagen Psychosocial Questionnaire iii (COPSOQ) is an instrument for the assessment of psychosocial conditions and health promotion in workplaces. It was developed for application with any profession and to capture a broad range of work-related domains.

The long version of the scale captures 46 psychosocial domains, however the core version, used in this analysis, is comprised of 21 domains, such as qualitative and emotion demands, work pace, influence at work, possibilities for development, work meaning and predictability, role recognition, clarity and conflicts, leadership quality, and more.

The HCPs Postnatal Community Hub evaluation survey contained the core questions from the COPSOQ III with the addition of the full job satisfaction subscale of the questionnaire, for a total of 36 question items. Responses are collected using a five-point Likert scale. Response options are scored with 0, 25, 50, 75 and 100 points. Some items are scored in reverse; therefore, for some items a low score is positive. For the purposes of brevity, the following will present the findings of 7 domains; Qualitative Demands, Emotional Demands, Possibilities for development, Meaning of work, Quality of leadership, Vertical Trust, and Job satisfaction. For the results of all domains and items used please see Appendix E.

Figure 11: Results of the ‘Qualitative demands’ domain



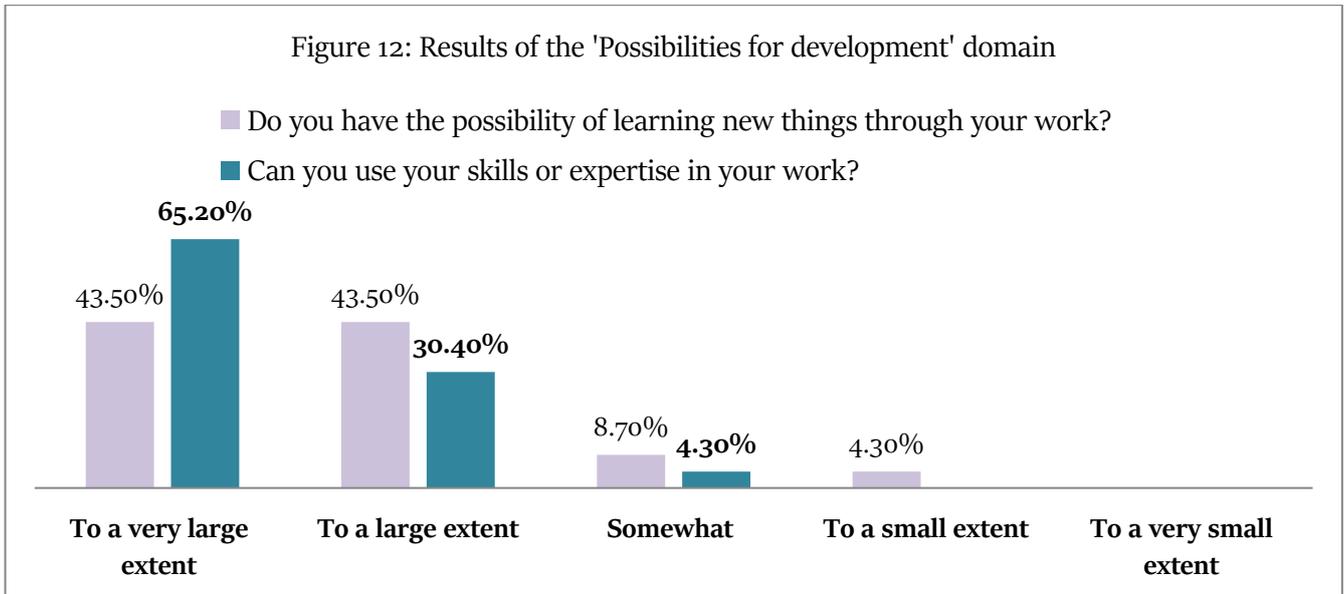
Qualitative Demands: The qualitative demands domain consists of two questions; ‘How often do you not have time to complete all your work tasks?’ (M=46.74; SD=32.24), and ‘Do you get behind with your work?’ (M=36.96; SD=23.68) (Figure 11).

High qualitative demands are not unusual for healthcare provision roles, 65.2% responded that they ‘Sometimes’ to ‘Always’ did not have time to complete work tasks, while 43.5% indicated that they ‘Sometimes’ to ‘Always’ were behind with their work.



Possibilities for development: HCPs endorsement of statements indicating that the Postnatal Community Hub supports professional development was high, 87% felt that they could learn new things through their role to a large or very large extent. While 95.6% felt that there were able to use their own skills and expertise to a large or very large extent (see Figure 12).

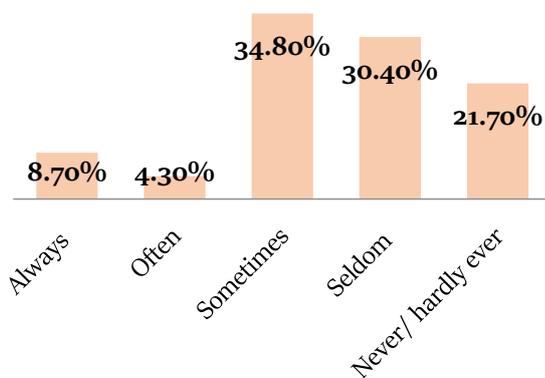
Figure 12: Results of the 'Possibilities for development' domain



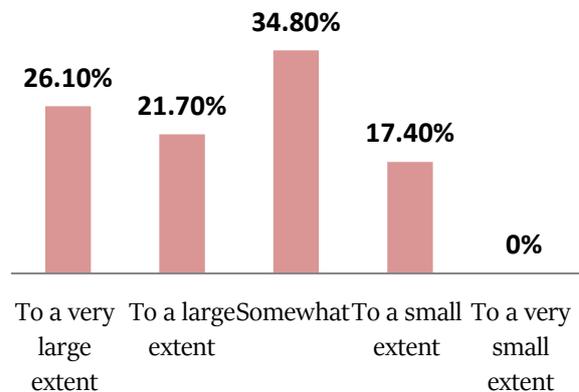
Emotional demands: 13% of HCPs reported that they 'sometimes' and 'often' dealt with other people's personal problems as part of their work, while 47.8% said that their work was emotionally demanding to a 'very' or 'large extent' (see Figure 13).

Figure 13: Results of the 'Emotional demands' domain

Do you have to deal with other people's personal problems as part of your work?



Is your work emotionally demanding?





Meaning of work

When asked if they found their work meaningful all HCPs answered in the affirmative (Figure 14), reporting that their work was meaningful either 'To a large extent' (17%) or 'to a very large extent' (83%) (M= 95.65; SD=9.68).

Is your work meaningful?

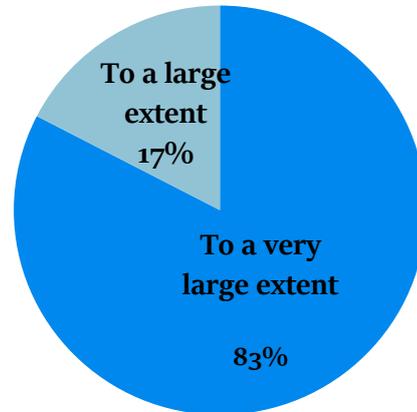
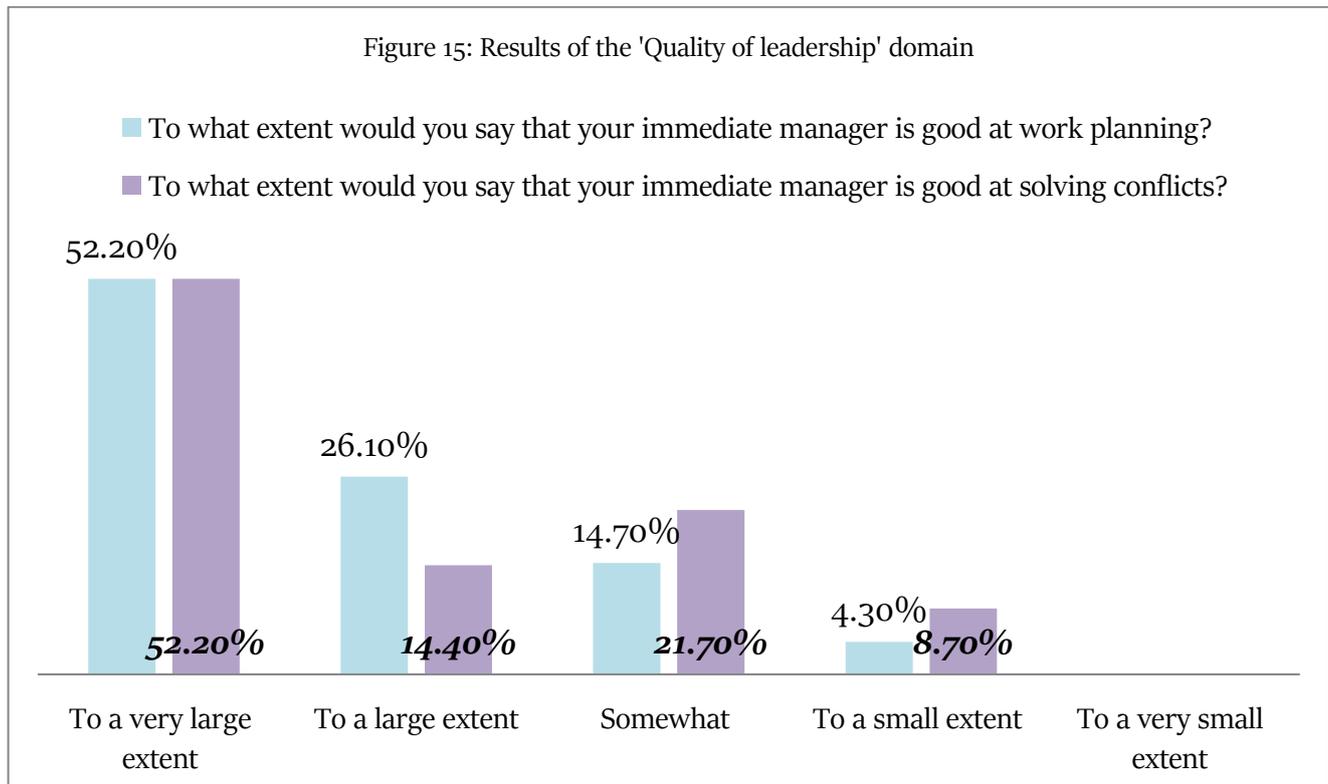


Figure 14: Results of the 'Meaningful work' domain

Quality of Leadership: Overall HCPs provided a positive assessment of the quality of leadership in the Postnatal Community Hub, more than half indicated that their immediate manager is good at work planning (78.3%) and solving conflicts (66.6%) (Figure 15).

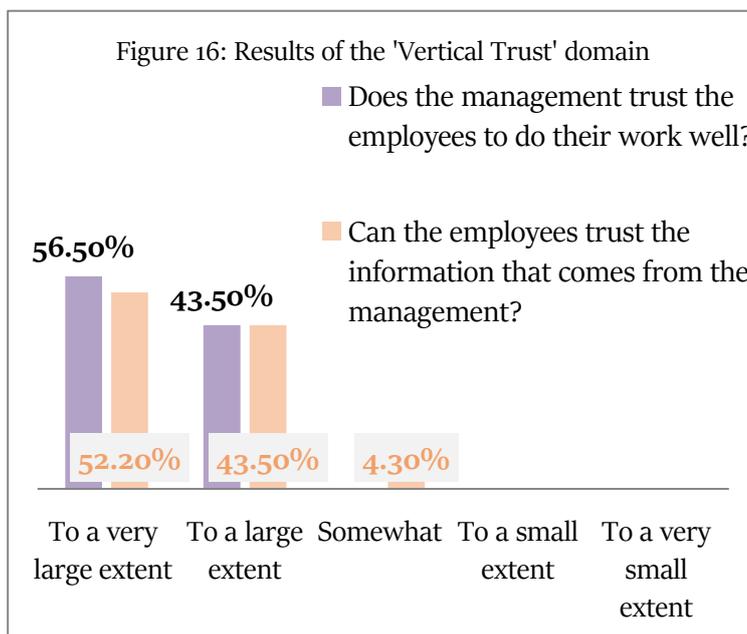
Figure 15: Results of the 'Quality of leadership' domain





Vertical trust: HCPs also indicated strong vertical trust between management and employees. There were scores for both questions contained in this domain (Figure 16).

All HCPs answered ‘to a very large extent’ or ‘to a large extent; for ‘Does the management trust the employees to do their work well?’ (M=89.13; SD=12.67), and ‘Can the employees trust the information that comes from the management?’ (M=86.96; SD=14.82).



Job satisfaction

The HCPs working in the Postnatal Community Hubs report high levels of job satisfaction. All HCPs reported that they were ‘very satisfied’ or ‘satisfied’ with the way their abilities are used, and with their job as a whole. Overall, the average for four of the five questions was above 75%, while satisfaction with salary was the lowest scoring item at 59.78%. (See table 22).

Table 22: Results of the ‘Job satisfaction’ domain

Job satisfaction	Very Satisfied	Satisfied	Neither/ Nor	Unsatisfied	Very Unsatisfied	Mean	Standard Deviation
How pleased are you with your work prospects?	10 (43.5%)	12 (52.2%)		1 (4.3%)		83.70	17.85
How pleased are you with the physical working conditions?	8 (39.1%)	11 (47.8%)	1 (4.3%)	2 (8.7%)		79.35	22.17
How pleased are you with the way your abilities are used?	11 (47.8%)	11 (47.8%)				87.50	12.79
How pleased are you with your job as a whole, everything taken into consideration?	13 (56.5%)	10 (43.5%)				89.13	12.67
How pleased are you with your salary?	4 (17.4%)	7 (30.4%)	6 (26.1%)	6 (26.1%)		59.78	26.9

* Excludes missing data. Percentages calculated with denominator equal to non-missing values.



The total score for the job satisfaction domain was 79.89 (SD= 12.85). Total Job satisfaction did not statistically differ between pilot Postnatal Community Hubs ($P= 0.21$), the number of years qualified that the healthcare professionals were ($P= 0.73$), or by the amount of time that healthcare professionals were employed within the Postnatal Community Hub ($P= 0.78$). Indicating that total job satisfaction is similar across sites, professional experience and time in employment.

The HCPs interview data adds insight as to these highly positive results for job satisfaction. The HCPs working in the Postnatal Community Hub often described their role as morale boosting, and conveyed a sense that the services embody their personal ideal of the role and values of the midwife profession:

HCP-Xa1: *There has been really excellent job satisfaction in working at the hub. It's a very collaborative way of working. It's a very professional way of working. It's- there's a real autonomy to the role as well. And it's a real fulfilment of the role of the midwife as well. I mean where you're looking at women holistically, you're using your own clinical judgment. You're using your own professional skill set.*

HCP-Zb4: *it's a real midwifery... It's such a midwifery intense service and it's ours and that's actually what I love about it. And even recently, I'd say a few weeks ago, before she went off, our community midwife manager was sitting there. She was putting some bits into the computer with the audit, and she just looked at me and she goes; 'I love the postnatal hubs', she says, 'they're so wonderful. They're so beneficial for the women and the women love them'. And I thought; that's it, like, that just sums it up perfectly.*

HCP-Op2: *I really enjoy this role. I feel like I'm gaining a bit more of my autonomy back. I feel like I'm learning again. I feel like I'm challenging myself and I'm... yeah, just making more of an impact. It's really nice to have the full hour with women and not feel rushed, like on the ward environment you're ticking lists. I make a list every morning and I'm tick, tick, tick everything off, and you get to the end of the day, and you think, did I actually even have a conversation with women? Do you know what I mean? And it's.... Yeah, I have- I really enjoy my role, and I feel like it's only going to improve as I develop and learn new skills.*

Some described the Postnatal Community Hub role as providing the most job satisfaction of their career.

HCP-Mc4: *It's the best I've ever had it (job satisfaction), I think, in my life. Now, I suppose when I was working in the labour ward, I would have- You know, I love the being at the deliveries and that, at that time, but at this stage of my life, this is- I really like this- Yes, working the postnatal hubs is lovely.*

HCP-Oi1: *I suppose since I came here, I love getting up to work in the morning. I have never done it before. Never! But I love getting up for work in the morning.*



Section 4: Summary of key findings

- ❖ Healthcare professionals share a clear professional preference for face-to-face appointments when providing care. Face-to-face contact enables high quality, personalised care for women, holistic assessment of the mother, infant, and the mother-infant dyad, relationship and rapport building, and establishes an environment that supports open disclosure.
- ❖ Healthcare professionals recognise that face-to-face appointments may not always be the most efficient method of contact for women. In this regard, healthcare professionals accept the need for flexibility and acknowledge the advantages that phone call contact offer in individual circumstances and in delivering timely advice.
- ❖ Healthcare professionals most commonly endorse professional ethics and career development motivations as key factors in their decision to apply for the Postnatal Community Hub role. Midwives specifically conveyed that they felt drawn to the role as it encapsulated to true role of the midwife; enabling antonymous practice, providing high quality and needed care for the whole of the pregnancy and postpartum journey.
- ❖ Comparative questions demonstrate that HCPs report significantly high role motivation in their Postnatal Community Hub role than in their previous healthcare role. This high role motivation is qualitatively linked to the high standard of quality care that that HCPs are enabled to provide to women who use the services. A high standard of care is enabled by the role structure and the hub resources; namely having ample time to fully engage with women as services users to identify and fully address health needs, learning and training opportunities to expand on professional skills, and opportunities to develop inter-disciplinary collaboration. In short, being resourced to provide high quality care and empowered to autonomously deliver high quality care, leads to greater job satisfaction.
- ❖ Improvements that HCPs would suggest to the role highlighted their concerns around staffing. Not having replacements for annual or sick leave was noted as a risk for burn out and occasions of being 'deployed' to the hospital's maternity ward at times of short staffing meant that midwives roles within the Postnatal Community Hub was challenged. Additionally, short-staffing limited HCPS to in further training.
- ❖ Overall, HCPs highly endorsed the Postnatal Community Hub role as supportive for work-life balance.
- ❖ Endorsement of the Postnatal Community Hub as having Compassionate culture was exceptionally high, with all staff giving a positive (strongly agree or agree) rating for each of the question item. Similar to the role motivation findings, HCPs shared that the ethos of the Postnatal Community Hubs reflects a compassionate culture of impactful service provision for women, which in turn strengthens morale.



- ❖ HCPs reported high agreement that they were comfortable to raise concerns, and confident they would be addressed.
- ❖ In terms of managerial support for supporting collaborative development within the Postnatal Community Hub services HCPs shared two points of concern. Limited funds or resources to bring ideas into fruition, and changes in managerial positions or communication may hinder goal progress.
- ❖ Findings from the COPSOQ iii questionnaire demonstrate the HCPs report high job satisfaction in the Postnatal Community Hub role (M= 79.89), though the role is emotionally demanding (M= 64.13), HCPs also highly report that the role offers possibilities for development (M= 85.83), and that they feel they are engaged in meaningful work (M= 95.65).



6. Discussion and Recommendations

6.1 Overview

The evaluation of Postnatal Community Hubs has identified key findings that may inform the continued development of the existing hubs and support expedited development in future locations. The following provides an integrated presentation of overarching conclusions, and recommendations that are supported by findings from the mixed-methods evaluation.

❖ Access to Postnatal Community Hub services results in high, positive evaluations of postnatal care

The NWIHP initiated the development of Postnatal Community Hubs as a plan of action in response to the findings of the NMES (2020). Overall, the qualitative and quantitative findings demonstrate that the Postnatal Community Hubs have been an effective solution to the shortcomings of postnatal care that were identified in the NMES (2020) and have achieved the goal of improving women's satisfaction with postnatal care through provision of community-based, woman-centred, multidisciplinary healthcare resources.

Women who completed the Postnatal Community Hub evaluation gave a higher overall rating to postnatal services (8.7) in comparison to the overall rating found by the NMES (8.2). More women rated the postnatal care that they received from the Postnatal Community Hub as 'Very Good' (67.6%), than was found by the NMES (52%).

In comparison to the NMES's (2020) questions on care at home after birth (2020) the Postnatal Community Hub services received a higher evaluation rating for 8 of 10 of the comparable questions. Of note, were the questions asking if women felt that a healthcare professional spent enough time talking to them about their own physical and mental health in the postnatal period. The NMES (2020) results found that these statements had received the lowest endorsement (physical health: 6.1, mental health: 5.6). Additionally, women's qualitative data from the NMES (2020) showed that women were disappointed and dissatisfied with the lack of care and focus from healthcare professionals on issues around women's own health and recovery in the days and weeks following childbirth.

The Postnatal Community Hub evaluation overall rating for both of these questions was substantially higher, demonstrating a 3.0 and 3.3 point increase respectively (physical health: 9.1, mental health: 8.9). In the Postnatal Community Hub interviews, women shared that they felt that the one-to-one appointment with a midwife provided them with sufficient time to have their physical recovery and mental health assessed, and that the midwives providing care were comprehensive, yet sensitive, in their enquiries about women's health and wellbeing.

Additionally, comparison between the results of the 'Care at home after birth' questions reveal increased endorsement for statements that indicate the women have confidence and trust in the healthcare professionals providing their care, that they felt involved in decisions, and that they were treated with dignity and respect.



Qualitatively, women's comments on their experiences with the Postnatal Community Hubs were overwhelmingly positive.

While the overall Postnatal Community Hub rating and 'Care at home after birth' questions were rated more highly in the evaluation, there were two questions that differed from this pattern, both of which were related to whether HCPs shared information on infant health issues. The Postnatal Community Hubs were envisaged as a resource to provide care for mother and baby in the postnatal period. This includes midwife provided care and lactation consultant services or referrals facilitated by the Postnatal Hub, which benefit both mother and infant. A limitation of the quantitative research however, in that the survey did not collect data on women's evaluation of the Postnatal Community Hubs *provision* of infant care beyond the NMES questions concerning *information sharing*.

A lower rated response to these two questions does not indicate an absence of, or dissatisfaction with, infant care provision. The interview data, however, did address women's evaluation of infant care provisions and contained several examples, shared by women, of receiving satisfactory and robust responses to concerns around infant health, advice, and swift referrals to specialists or acute service for their child from the Postnatal Community Hubs. Women explained that receiving practical and information support on issues of infant care was a source of reassurance that bolstered their own emotional well-being. Overall, women acknowledged the focus of the Postnatal Community Hub on providing for mothers' health, and in fact expressed satisfaction with this focus. Additionally, they did not perceive it as occurring at an expense to infant healthcare, which they felt was adequately served by the PHN and/or GP services (for supporting data please see Appendix F, Section 1).

The lower rating for these questions may be understood more fully with consideration for women's perceptions of the *purpose* of the Postnatal Community Hubs and their own reasons for attending. Only 13.1% of women stated that they attended the services for their baby and not themselves (see Table 14).

Recommendations:

- To provide equitable access to beneficial and positively received postnatal care, it is recommended that the services offered by the Postnatal Community Hubs are available to all women giving birth in Ireland, irrespective of their hospital of birth.
- Postnatal Community Hubs should be continued in existing locations, and appropriate funding provided to address specific local needs.
- Maintain the Postnatal Community Hubs' focus on woman-centred care. A strength of the services, which are positively received by women, is the emphasis they place on recognising, and providing for women's postpartum health needs, which women have previously identified as being under-recognised and underserved by maternity services. Both the survey and interview data support the conclusion that women appreciate and benefit from the woman/mother-health focus provided by the Postnatal Community Hubs.
- Existing and future Postnatal Community Hubs may be supported to develop informational resources on infant health and development, and vaccinations. While women were satisfied with the woman/mother-health focus of care provision and described positive practical and information



support for infant health issues, women also suggested areas where the Postnatal Community Hubs might offer additional support or guidance. For example, access to nutritionists or an infant sleep consultant. Stronger signposting to community supports, such as mother and baby groups or organisations that provide support to parents, were also identified as a potential area for development.

- Recent Irish data have shown that midwives and maternity services are effective pathways for promoting vaccination uptake, resulting in reduced illness burden at an individual and health systems level (Health Service Executive, 2024). The Postnatal Community Hubs, as midwifery-led services, may be leveraged to enhance public knowledge on vaccine safety and efficacy, thereby providing additional public health benefit.
- A standardised evaluation schedule may be useful for existing and future Postnatal Community Hubs to ensure that high positive ratings are maintained and enable providers to respond to local needs.

❖ Access to the expertise of a midwife is associated with high, positive evaluations of postnatal care

Access to the expertise of a midwife through one-to-one appointments and telephone services are highly valued by women and associated with their increased overall rating of the Postnatal Community Hub. The interview data demonstrates that women strongly endorse the benefits of receiving a one-to-one appointment with a midwife. Women describe the appointment as beneficial to their postnatal recovery, a welcome and complementary addition to standard care, and, at times, an invaluable substitute for absent care. Appointments offer personalised, woman-centred care from an attentive and reassuring healthcare professional, specifically, midwives; a profession that women value for having expertise in women's perinatal health.

While all Postnatal Community Hubs offer a one-to-one appointment with a midwife, the structure of accessing this appointment differs from site to site and is capacity dependant. Some offer a scheduled appointment to all women giving birth at the associated maternity hospital, whereas others offer the appointment as a walk-in service provided at community-based clinics. This means that some women are unaware that their local Postnatal Community Hub offer an appointment and miss out on this valuable service.

A phone line, with access to a qualified midwife during designated hours is offered at some pilot Postnatal Community Hubs. Access to a phone line is a service provision factor that is associated with higher ratings of the Postnatal Community Hub services. Women describe the phone line access as providing a tangible, and responsive, link to medical, informational and emotional support. Women suggested the inclusion of this service in areas where it is not available.

Recommendations:

Facilitating uniform access to a one-to-one appointment with a midwife may not be feasible in all locations particularly in consideration of local geographical spread, population level and resource availability. Similarly, phone line services may be modifiable to local resource constraints, in particular staffing levels and hours of availability.



However, some recommendations may be made to increase access and to ensure better service awareness and uptake.

- Improved advertising of services may enhance women's awareness of, and therefore access to, the one-to-one appointments with midwives. The development of physical and digital Postnatal Community Hub informational material detailing the scope, purpose, access pathways, and services available, which may be distributed to, and by, antenatal services, PHNs, GPs and community contacts was previously identified as an area for improvement by the *'Establishing Postnatal Community Hubs in Ireland: A good practice guide based on lessons learned'* report. This recommendation remains true for the current evaluation and is reinforced by the experiences of women who missed out on services (the one-to-one appointment with a midwife and Birth Reflections services) which they expressed interest in, if they had been aware of their availability.

Existing Postnatal Community Hubs may be supported through modest supplementary funding and access to marketing advice to develop informational and promotional materials for their services. This will increase the visibility of the Postnatal Community Hub services, facilitate increased uptake, and benefit women and infants.

- A phone line may be offered during specific days and times that align with (and scaled up or down to) staffing availability.
- A 'text and call back' feature may be useful for women's non-emergency queries. A phone line for women to text their query or request a call back during staff working hours may provide a responsive resource, which is achievable for larger population numbers and limited staffing.

❖ Flexible and extended postnatal care benefits women

The need for provision of flexible postnatal services considerate to women's personal circumstances is relevant to the timing of appointment offers and conclusion of services.

In-person appointments that are scheduled within 6 weeks postpartum may be inaccessible to women recovering from birth, and some women describe having difficulty with being mentally engaged or present in the appointments in the early perinatal period.

Timing of discharge from the Postnatal Community Hub services is associated with acceptability of service provision. Notably, the 5-8 weeks postnatal time of discharge received the highest endorsement as occurring 'about the right time' (65.5%), indicating that this may be the optimal and most acceptable timeframe for offering the Postnatal Community Hub services. However, consideration needs to be given to the proportional increase among women who were discharged at 9 or more weeks who reported their discharge as 'too soon' in comparison to women who were discharged at 5-8 weeks ('5-8 weeks': 16.7%; '9 or more weeks': 34.7%).

This increase may be considered in terms of service need; the survey only collected information on women's evaluation of the services, and did not collect sensitive data concerning women's health issues/problems. However, women who used the services for 9 weeks or longer may have been experiencing health issues and



therefore required the extended support. Approximately 22% of women who responded to the survey used the Postnatal Community Hub services for 9 weeks or longer. This may provide a tentative indication of the proportion of women whose postnatal care needs will be met within the 8-week timeframe, and the proportion of women who may require postnatal support for an extended period.

Recommendations:

It is recommended that:

- Postnatal Community Hubs consider enabling women to avail of the in-person appointment at a time that suits their recovery, including appointments scheduled for later in the postnatal period, a second appointment for women who need or request it, and later discharge from services. A flexible tailored approach enables women to engage in their care and avoids the unintentional exclusion of some women from the postnatal services.
- Postnatal Community Hub services may implement an open-door approach, in which women who have been discharged from the services are still enabled to self-refer to the services if they find that they are experiencing physical or mental health issues beyond the discharge period. It is important to note that this is not a suggestion for midwives to provide care beyond their profession knowledge or skill set. Rather, the Postnatal Community Hub may function as a *reassuring point of contact* where women may gain access or referral to appropriate healthcare professionals, services, and supports for up to one year postpartum.

In this way, the Postnatal Community Hubs might function as structured pathway of care consisting of the midwifery-led suite of resources available at individual location *and* as an accessible connection point to relevant healthcare pathways dependant on specific needs.

❖ **Integrated, multidisciplinary healthcare resources benefit women and services**

The Postnatal Community Hubs were established with the aim that they would provide access to multidisciplinary healthcare resources, from a community-based facility for the duration of the postnatal period.

The survey found that 33.8% of women received an appointment with a lactation consultant and 26.1% received an appointment with a Women's Health Physiotherapist facilitated through the Postnatal Community Hub.

Women's interview data provides strong examples of the positive impact that access to women's health physiotherapists and lactation consultants has for women's recovery and their ability to commence or continue breastfeeding. Additionally, women's accounts demonstrate that access to these services through the Postnatal Community Hub provides a much-needed alleviation from the financial burden that is associated with accessing these services privately. Similarly, some women were able to avoid lengthy public waiting lists for these services by availing of the Postnatal Community Hub facilitated access.



However, low staffing was identified by both women and healthcare professionals as a barrier to accessing these essential services.

Midwives who took part in the interviews strongly advocated for the need to provide additional resources to women's health physiotherapist services in the Postnatal Community Hub. They shared that pelvic health concerns were a common issue that women disclosed during one-to-one appointments. Both midwives and physiotherapists noted that physiotherapy services were in high demand, occasionally operated longer than ideal waiting lists, and were, at times, impacted by insufficient cover for instances of sick leave, maternity leave, or absences due to professional development.

Reducing demands on acute services was identified as a goal of providing the Postnatal Community Hub services. Some evidence of reduction of demand for GP and PHN services and diversion to the Postnatal Community Hub is found in both the women's and HCPs interview data.

HCPs interview data demonstrate further insight on the degree 'behind the scenes' relationship building entailed in developing inter-professional collaboration to establish a truly integrated and efficient multidisciplinary healthcare service for women. While women's data demonstrate the tangible and positive impact that these well-functioning relationships have on women's experiences of integrated care and support the conclusion that the Postnatal Community Hubs function as the 'one-stop-shop' that they were intended to be.

Recommendations:

- Continued investment is required to support the services that lactation consultants and women's health physiotherapists provide to women in the postnatal period. This may include supporting midwives and nurses to engage in training to acquire qualifications in lactation consultancy, and funding to support the inclusion of additional women's health physiotherapy staff.
- Future Postnatal Community Hubs may benefit from engaging with staff involved in the establishment of the pilot Postnatal Community Hubs who may provide guidance on successful inter-professional relationship building in the context of the postnatal service.

❖ Women want access to and benefit from 'What happened'/ Birth Reflection Services

Women spoke of 'What happened' session or Birth Reflection services ⁵ as being an invaluable resource that enabled them to process complex feelings concerning their birth experience, understand events that occurred during their labour and birth, and to reach a sense of closure. Women who received the services spoke highly of its benefits, and women, for whom it was not available, suggested its inclusion in their locality.

HCPs reiterated the value of the 'What happened'/Birth Reflection service to women and noted its high demand among service users. While HCPs were open to the development of a 'What happened'/Birth Reflection service

⁵ As defined on page 20



in their area, they also identified that the availability of appropriate training required to provide this service is currently lacking within Ireland.

Delivering a Birth Reflection service requires professional knowledge to differentiate between women who are suitable to receive the service and women who require the support of the Specialist Perinatal Mental Health Services. Therefore, formal training should be accompanied by the development of strong inter-professional collaboration, and established referral pathways, between midwives providing the 'What happened'/Birth Reflection service and mental health professionals who provide psychological services.

Recommendations:

It is recommended that:

- Appropriate training sources are identified and provided. The NWIHP may be best placed to identify experts in midwifery-delivered Birth Reflection services and coordinate the provision of education and training for staff in the Postnatal Community Hubs.
- Uptake of education or training must be voluntary for current and future staff. Delivering Birth Reflection services is an emotionally and time demanding role for the HCP providing the service (See Appendix F, Section 2). Therefore, this role should be filled by HCPs who self-nominate to commit to training and service development and delivery.
- Set up of Birth Reflection services should involve a formal planning and development stage. HCPs seeking to establish the service in their location will benefit from the advice and lessons learned by staff who established Birth Reflections services in other hubs.
- The planning process should involve establishing a strong inter-professional relationship with SPMHS professionals providing care in each locality, to develop inter-professional confidence and referral pathways between the two services.
- Women's care during labour and birth, and postnatally in the hospital may be enhanced through the development of a feedback mechanism from the Birth Reflection services to hospital staff. Instances in which women experience less than optimal care, which are shared during Birth Reflection appointments, might be communicated (with women's consent) back to hospital staff.

A pathway of communication, which centres a non-blame culture of constructive feedback has the potential to course correct care standards, and support women to feel seen and heard (see Appendix F, Section 3).

Some Postnatal Community Hubs with Birth Reflection services have established an informal feedback loop from women (with consent) to hospital staff. However, a formalised and evaluated procedure may be beneficial to ensure that the process i) has a defined purpose, ii) the purpose is maintained, and iii) is effective in supporting positive change.



❖ HCPs providing healthcare in the Postnatal Community Hubs have high job satisfaction

Midwifery is a physically and emotional demanding role (Rayment, 2015), involving management of organisational and clinical demands, in environments that are, at times, challenging and stressful (Carvajal et al., 2024). Midwives provide essential care for sexual, reproductive, maternal, newborn and adolescent health services, therefore addressing issues around the recruitment and retention of midwives is of critical importance. Poor job satisfaction is linked to higher rates of burnout (Uchmanowicz et al., 2019), and intentions to exit the midwifery profession (Jarosova et al., 2016). Whereas high job satisfaction is associated with increased likelihood that midwives will remain in their role (Bloxsome et al., 2019).

The Irish Nurses and Midwives Organisation (INMO) survey of 2023 found that 72% of respondents reported that they had considered leaving midwifery in the previous twelve months, with workplace stress and feeling undervalued provided as key reasons for this consideration. The survey also found that HCPs reported that they were unable to provide adequate time and attention to people in their care (80%).

The HCPs who took part in the Postnatal Community Hub evaluation reported high job satisfaction ($M=79.89$; $SD=12.85$), and they strongly endorsed statements that they were engaging in meaningful work ($M=95.65$; $SD=9.68$), that their work was appreciated and recognised ($M=75.00$; $SD=30.15$), and that the Postnatal Community Hub makes a difference to women (Agree: 30.4%; Strongly Agree: 69.6%).

HCPs shared that the structure of the role (being able to provide ample time for women, engage in up-skilling, inter-disciplinary collaboration, woman-centred care), supports the delivery of high quality care, which also enables HCPs to utilise their full range of skills; being supported to provide high-quality care and subsequently being able to deliver high-quality care underpinned their job satisfaction in the Postnatal Community Hub role.

HCPs endorsements that the Postnatal Community Hubs have a Compassionate Culture were also exceptionally high. For HCPs taking part in the interviews, the ethos of the Postnatal Community Hubs is suffused in a compassionate culture of woman-centred care, which is strongly aligned with their own personal ideals and standards for service provision. Strong alignment between care culture and personal values in turn strengthens professional morale.

Taken together, these integrated findings appear to mirror previous research which suggests that safe and respectful working conditions for midwives are linked to the provision of safe and respectful care for women (Carvajal et al., 2024).

Recommendations:

- Continued support for the midwifery role by addressing existing short staffing issues, for midwives and for physiotherapists providing services in the Postnatal Community Hub who face similar challenges.
- Provision of education and up-skilling opportunities to support midwives to expand and develop the skills that benefit women and infants.
- The Postnatal Community Hubs may consider implementing a rotation system between the maternity hospital and the postnatal hubs, so that a greater number of midwives may gain experience in postnatal care provision and experience the morale lifting benefits.



- The Postnatal Community Hubs may consider including student placements for midwifery and nursing students so that healthcare professionals in training are exposed to this woman-centred care provision culture, with the aim that they may internalise these values as the norm and inspire and motivate future professionals.

❖ Opportunities to improve equitable access

The participants who completed the survey and interview data collection were predominantly white-Irish, married or co-habiting, educated to university level, employed or on paid maternity leave, and paying a mortgage on their own home. Overall, these socio-demographic characteristics indicate that the women who opted to complete the research were socio-economically advantaged. While analysis found no statistically significant difference between participants' socio-demographic characteristics and their overall ratings of the Postnatal Community Hub services (indicating that the care provided by the Postnatal Community Hubs is regarded equally well across socioeconomic strata), the experiences of ethnically diverse women and women with differing socio-economic backgrounds may not be captured by the current evaluation's findings.

A comparison between the socio-demographic characteristics of the women who participated in the research and the socio-demographic characteristics of women accessing all Postnatal Community Hubs was not quantitatively possible for the scope of the current evaluation. However, qualitative and quantitative findings demonstrate that the Postnatal Community Hubs are a positive access solution to barriers to care that may be imposed by geography, financial costs, and healthcare professional availability.

Geographically isolated populations are typically considered populations that are hard to reach, and living in a rural area is a noted barrier to engaging in maternity care due to distance, lack of transport, poor public transport, and travel costs (Miteniece et al., 2017). Though these issues were identified as challenges (and remain a barrier to accessing care), approximately 60% of the participants in both the survey and interview data collection strands lived rurally, which strongly indicates that the Postnatal Community Hubs are reaching populations beyond urban and semi-urban locations. Additionally, the use of community-based facilities was valued by women who appreciated the convenience of closer locations, less travel time and noted that this feature of service provision brought care to them.

Incomes levels were described as 'Less than enough' by 10% of women (n=30), 'Just enough' by 60% (n=175), and 'More than enough' by 30% (n=87). Accessing the services of lactation consultants and physiotherapists privately in Ireland incurs costs that are may be reasonably considered as well beyond the means of women whose income is 'just enough' or 'less than enough' to meet their own and their family's needs.

Several women described surprise and delight that they were able to access lactation consultant and physiotherapy care in a timely manner and free of charge. Additionally, some women stated that they would have had to shoulder considerable financial burden or gone without care without the services of the Postnatal Community Hub.



Recommendations:

- Low staffing and no cover for annual or sick leave remains a barrier to accessing lactation consultant and physiotherapy services. Funding to add to, or support, these roles will ensure continuous cover and be effective in reducing current wait lists.
- Ambulatory services were suggested to improve rural access to services. A ‘travelling’ or ‘mobile’ Postnatal Community Hub may have the added benefit of bring care to other hard to reach populations, such as women seeking international protection and women experiencing homelessness.



7. Conclusion

7.1 What is a Postnatal Community Hub? Services defined by an ethos of woman-centred, compassionate care

While there are differences in the number and type of services provided by each of the pilot Postnatal Community Hubs, what each of them share is a common ethos that underpins service provision.

The HCP survey data revealed that every item of the ‘Compassionate culture sub-score’, adapted from the NHS’s Staff Survey (2024) received an exceptionally high rating. Every item was scored positively with HCPs agreeing and strongly agreeing with statements that reflect a compassionate work and care culture.

The interview data from the HCPs demonstrates that they conceive of the Postnatal Community Hubs as driven by a woman-centred ethos, and by recognition that supporting women as mothers supports families. The focus of each Postnatal Community Hub has been to place women at the centre of care, to provide them with *reassurance*, *support*, and *access* to the care and resources that they need to *enjoy* motherhood and *thrive* in it. This ethos was spoken of as aligning with each professional’s personal and professional values.

Importantly, this motivation is evident to women; they perceive it in the tone and quality of the care that they receive. Women recognise the efforts invested by the HCPs involved and they feel that they are centred, nurtured and supported by them. Women *feel valued* by services that *value them*.

Differences in services are the reality of differing geographical catchments, population demographics, service demands, and resource (physical locations and staffing) availability. Though there are, and may continue to be, differences between the pilot Postnatal Community Hub services, they were also conceived to involve an iterative process of learning, adjusting, evaluating and learning again. This method of service development has also been underpinned by the woman-centred ethos; continuous improvement is grounded in meeting women’s needs, with an eye to the resources available to do so.

Therefore, the Postnatal Community Hub may be defined not only by the particular suite of services that are offered, but by the focal ethos that the Postnatal Community Hubs exist to serve women, to provide them with the best professional support possible in motherhood, and to be an international exemplar of what positive postpartum care can be.



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Appendices

Appendix A: Semi- structured interview guide- Women’s views and experiences of the Postnatal Community Hub services.

<p>This is a general guide of the interview topics and questions. You do not have to answer any question you do not feel comfortable answering. Interviews are recorded; you may request a copy of the transcript for your interview. You may stop the interview at any time without providing a reason and your decision will be respected by the researcher. You may withdraw from the study at any point before the data has been anonymised (coded so that no individual personal can be recognised).</p> <p>If you disclose information about yourself, your child, or the care you have received that gives cause for concern, the interview will be suspended if required, and you will be directed to the appropriate contacts, patient advocacy and support services, or hospital support services. If you disclose information that indicates that a child is being harmed, it is the researcher’s professional duty to report such disclosures to the appropriate authorities.</p>	
<p>Introduction and purpose of interview</p>	<ul style="list-style-type: none"> · Do you have any concerns or questions about the interview? · Is there anything you want the researcher to know before you start the interview? · Are there any topics or questions you don’t want the researcher to ask you about?
<p>A little about you</p>	<p>We would like to know a little about you and your life, so we can better understand the context in which women are using the services.</p> <p><i>These Equality, Diversity and Inclusion questions will help us to see if the hub is serving women of all different backgrounds. You do not have to answer any question you don’t want to.</i></p> <ul style="list-style-type: none"> · What is your relationship status? · What is your ethnicity? · Do you have a medical card/ GP card? · Do you have a disability or a chronic health issue? (Yes/No) · If applicable, what is your partners employment/ education? · How would you describe the area where you live? (rural, urban semi-urban) · What is your highest level of education? · How many children do you have? · How old is your youngest child, and oldest child? · Were you in paid employment before and/or during your last pregnancy? · Are you currently in paid employment? Or on maternity leave?
<p>Accessing the Postnatal Hub</p>	<ul style="list-style-type: none"> · When did you first hear about the Postnatal Hub? (<i>During pregnancy, in hospital after labour, in the postpartum when you returned home</i>) · How did you receive information about the Postnatal Hub? (<i>Word of mouth, a pamphlet/booklet, online, social media, other?</i>) · If someone shared information about the Postnatal Hub with you, who was it? (<i>A nurse, midwife or GP, a friend or family member?</i>) · <i>Would you have preferred to have heard about the Postnatal Hub sooner, or in a different way?</i> · <i>How do you think the Postnatal Hub could improve how they reach women/ advertise their services?</i> · Why did you decide to attend/ access the Postnatal Hub? · How did you first access the Postnatal Hub? (<i>Made a phone call, sent a text or email, attended a meeting/clinic, a healthcare professional (HCP) contacted me</i>) · <i>Would you have preferred a different way, or more ways of accessing the Postnatal Hub?</i> · <i>If you contacted the Postnatal Hub, did you receive a timely response?</i>



	<ul style="list-style-type: none"> · What has accessing the Postnatal Hub been like for you? (<i>In-person appointments, peer support groups, phone call, video calls etc.</i>) · How often did/do you contact/ attend the Postnatal Hub? · How often did/does a healthcare professional from the Postnatal Hub contact you? · <i>Are the times for appointments/ calls/ meet ups convenient for you? (Days and hours that services are offered/ that a HCP is available)</i> · <i>Are the ways the Postnatal Hub offers contact (calls, emails, peer support, in-person appointments) suitable for you?</i> · <i>Are you satisfied with the frequency of contact you have had with HCPs and services offered by the Postnatal Hub?</i>
<p>Services at the Postnatal Hub</p>	<ul style="list-style-type: none"> · Do you know what services are offered by the Postnatal Hub? · What services have you used? (<i>You do not have to say why you used a service</i>) · What service have you used most frequently (<i>i.e. consultation with midwife, peer support groups etc.</i>) · Does the Postnatal Hub offer any services/ support for partners? (<i>Did/ do the HCPs encourage partners to be involved/ ask questions?</i>) · <i>What services have been most valuable/ helpful to you? Are there any services you feel are unhelpful, and should be removed or updated?</i> · <i>Are there services/ support you would like to see added to the Postnatal Hub? (For mothers, and/or for partners?)</i> · If applicable, are the physical locations of the Postnatal Hub easy to reach? (<i>close to where you live or accessible by public transport</i>) · If applicable, how have you travelled to the physical Postnatal Hub? (<i>Drive myself, someone drives me, bus, train, taxi etc.</i>) · If applicable, are the facilities at the physical locations appropriate? (<i>Wheelchair accessible, breastfeed area, inviting décor or furnishings</i>) · <i>What improvements would you like to see in regard to physical locations? (accessibility, location and facilities)</i>
<p>Staff at the Postnatal Hub</p>	<ul style="list-style-type: none"> · When you have had appointments or conversations with HCPs from the Postnatal Hub, did you feel that: <ul style="list-style-type: none"> ○ The HCP had time for you and was interested in finding out about your health, or helping you find a solution or answers to your questions? ○ The HCP spent enough time with you, and spent enough time answering your questions? ○ The HCP explained things to you in a way that was easy to understand? ○ The HCP took into account your personal circumstances when offering advice? ○ You had to explain your health concerns or personal circumstances over and over? ○ You were seeing/ speaking to different people (HCPs) every time you contacted the Postnatal Hub services? · Have you been satisfied with the interactions you have had with HCPs from the Postnatal Hub (time spent with you, respectful care, sensitivity, knowledge and professional behaviour from the HCP etc.) · What aspects of your interactions with HCPs from the Postnatal Hub are you satisfied or dissatisfied with? (<i>your replies are confidential</i>)



	<ul style="list-style-type: none"> · Do you know which HCPs (HCPs with different areas of expertise/ training) are offering services in the Postnatal Hub (<i>nurse, midwife, physiotherapist, lactation consultant etc.?</i>) · Have you felt that the different HCP in the Postnatal Hub were accessible to you? Have you been referred to a HCP <i>within</i> the Hub? · Are there any professionals (HCPs with different areas of expertise/ training) who you feel should be represented/ staffed by the Postnatal Hub (<i>for example, a mental health midwife, women’s health physiotherapist</i>) · Have you received a referral to other HCPs as a result of attending the Postnatal Hub? For example, has a HCP in the Postnatal Hub connected you with any HCPs outside of the Hub? (<i>Such as a mental health midwife, a lactation consultant, a women’s health physiotherapist, or other?</i>) · If yes, how did the referral process work? (<i>The Postnatal Hub HCP sorted everything, and I received contact from the relevant professional; the Postnatal Hub HCP gave me a number or address and I had to contact the relevant professional; I had to look for the details myself</i>) · Was the referral process easy to understand? How might the referral process be improved? · Did you learn about non-HCP service from the Postnatal Hub? (such as family resource centres, breastfeeding support groups, online educational resources etc.)
<p>Reflecting on your postnatal experience</p>	<ul style="list-style-type: none"> · Do you feel that the Postnatal Hub provided the right healthcare to address your postnatal health needs? · If the care you received was not enough or not right for your situation, did you need to seek healthcare from other HCPs? · Do you feel that the Postnatal Hub provided you with enough, and accurate, information about what is normal or common for women’s postnatal health? <ul style="list-style-type: none"> ➤ If no: <ul style="list-style-type: none"> · Did you seek information elsewhere? Where or from whom? · What information were/ are you seeking that needs to be improved on? ➤ If yes: <ul style="list-style-type: none"> · If you didn’t have access to the Postnatal Hub, do you think that you would know where/how to source reliable information? · Has the information shared with you improved your knowledge about your own health and wellbeing and /or your child’s health and wellbeing? (<i>please give examples if you feel comfortable</i>) · If you hadn’t attended the Postnatal Hub, where would you have turned to for <u>immediate concerns</u> about your own or your baby’s health? (<i>GP, Emergency Room, Public Health Nurse, friends/ family, peer support groups, social media forums etc.</i>) · If you hadn’t attended the Postnatal Hub, where would you have turned to for <u>information</u> about your own or your baby’s health? (<i>GP, Emergency Room, Public Health Nurse, friends/ family, peer support groups, social media forums etc.</i>) · What elements of your experience with the Postnatal Hub worked well/ could be improved on? · Would you recommend the Postnatal Hub to other women who are planning a pregnancy, pregnant, or postpartum? <i>Why or why not?</i> · If there were no limitations on services, what would you have liked to have received from the postnatal hub in terms of service provision?



Appendix B: Semi- structured interview guide- Healthcare professionals’ views and experiences of the Postnatal Community Hub services.

<p>This is a general guide of the interview topics and questions. You do not have to answer any question you do not feel comfortable answering. Interviews are recorded; you may request a copy of the transcript for your interview. You may stop the interview at any time without providing a reason and your decision will be respected by the researcher. You may withdraw from the study at any point before the data has been anonymised (coded so that no individual personal can be recognised).</p> <p>If you disclose information about yourself, or the care you have provided that gives cause for concern, or if you disclose information that indicates that a child was/is being harmed. It is the researcher’s professional duty to report such disclosures to the appropriate authorities.</p>	
Introduction and purpose of interview	<ul style="list-style-type: none"> · Do you have any concerns or questions about the interview? · Is there anything you want the researcher to know before you start the interview?
Starting at the Postnatal Hub	<ul style="list-style-type: none"> · What is your role in the Postnatal Hub? Why did you apply for the role in the Postnatal Hub? <ul style="list-style-type: none"> ○ <i>Career progression, better work/life balance, convenience, dissatisfied with previous job? etc.</i> · How long have you been in the role? What are your hours? · What is your workload like? (<i>Task volume and distribution, clinic vs. community-based work, digital vs. in person</i>) · Has the role required you to learn new skills or improve upon skills?
Views of the Postnatal Hub	<ul style="list-style-type: none"> · In your view, does the Postnatal Hub have a clear aim, purpose or goal? (<i>Can you say, in your own words, what the aim, purpose or goal is?</i>) · If so, do you feel the aim, purpose or goal is being achieved? (<i>Even as a work in progress</i>) · If so, do you feel that the aim, purpose or goal best serves i) women and their needs, ii) staff, iii) both? · Do you feel personally invested in helping the Postnatal Hub to achieve the aim, purpose or goal? (<i>Can you talk about why you do or do not feel this way?</i>) · If you feel that the Postnatal Hub does not have a clear aim, purpose or goal, can you speak about why you think this is? · Do you think there are steps that management could be taking to better align services provided with the aim, purpose or goal? · Do you think there are steps that management could be taking to better align services provided with women’s needs? · How do you feel about the services provided by the Postnatal Hub? (<i>Too much overlap with other services? Not enough being offered to women? Etc.</i>)
Relationship with Colleagues	<ul style="list-style-type: none"> · Do you feel that your supervisor or Postnatal Hub management respects you and other staff in the Hub? · Do you feel that your supervisor or Postnatal Hub management give you autonomy in your professional role? · Do you feel that your supervisor or Postnatal Hub management gives space to, or welcomes, suggestions for improving services? · Do you feel that your supervisor or Postnatal Hub management gives space to, and take seriously, concerns that staff may have about care or services? · Have you developed relationships with healthcare professionals whom you wouldn’t normally have contact with through your role in the postnatal Hub?



	<ul style="list-style-type: none"> · Have you learned more about other healthcare professional roles or remits since starting your role in the Postnatal Hub? · Do you feel that there is a clear pathway of referral between professionals? (<i>Within and outside the Hub, suggestions for improvement etc.</i>) · Do you feel that the different healthcare professionals are working well together within the Hub (<i>Why or why not</i>) · Do you feel there could be better integration between healthcare professionals? (<i>In what way?</i>) <ul style="list-style-type: none"> ○ <i>If you feel that integration between healthcare professionals is better or worse than your experience in previous positions/role, can you explain in what way, and why you think this is?</i> · Do you feel that a certain group of professionals are given preference/ more autonomy within the Hub? (<i>Please explain</i>) · Do you feel valued by your colleagues within the Hub? Do you feel that your professional opinion and experience is respected and taken seriously by colleagues?
<p>Job satisfaction</p>	<ul style="list-style-type: none"> · Do you feel that the services you provide in the postnatal Hub are: <ul style="list-style-type: none"> ○ <i>Meaningful to women and their wellbeing? (Why?)</i> ○ <i>Personally, and professionally meaningful to you? (Why?)</i> · Have you found your role in the Postnatal Hub stressful? · Have you found your role in the Postnatal Hub personally challenging? (<i>Work/life balance, poor relationship with other staff?</i>) · Have you found your role in the Postnatal Hub professionally challenging? (<i>Don't feel qualified, expected to address health concerns outside of your expertise, don't have the resources to provide standard of care expected etc.</i>) · Do you feel that you have personally provided meaningful contribution to the development of the Postnatal Hub? (<i>Explain in what way</i>) <p>Thinking back to your previous position or role, how would you compare your experience? (<i>Below are some example areas for discussion, feel free to speak about any and all that you have some thoughts on</i>)</p> <ul style="list-style-type: none"> · <i>Overall job satisfaction</i> · <i>Flexibility and autonomy, ability to use your skills</i> · <i>Ability to learn new skills</i> · <i>Stress levels</i> · <i>Workload levels</i> · <i>Variety in day-to-day tasks</i> · <i>Colleague relationships</i> · <i>Women/service users</i> <ul style="list-style-type: none"> · Do you feel the Postnatal Hub is a good place to work? (<i>Why/ why not</i>) · If there was a position opening in the Postnatal Hub, would you encourage a friend to apply?
<p>Closing thoughts</p>	<ul style="list-style-type: none"> · Is there anything you wish to say about your experience of working in the Postnatal Hub that you have not had an opportunity to address?



Appendix C: Women and service user's evaluations of the Postnatal Community Hub- Anonymous online survey

SECTION 1: THE POSTNATAL COMMUNITY HUB

Please indicate which Postnatal Community Hub you accessed services from:

Muma Postnatal Hub- St Luke's General Hospital	<input type="checkbox"/>
Kerry Postnatal Hub- University Hospital Kerry	<input type="checkbox"/>
CUMH Women's & Infants Health HUB- Cork University Maternity Hospital	<input type="checkbox"/>
Sligo Postnatal Hub- Sligo University Hospital	<input type="checkbox"/>
Portiuncula Postnatal Hub- Galway University Hospital	<input type="checkbox"/>

How long has it been since the birth of your last baby?

Between 0 and 3 months	<input type="checkbox"/>
Between 3 and 6 months	<input type="checkbox"/>
Between 6 and 9 months	<input type="checkbox"/>
Between 9 and 12 months	<input type="checkbox"/>
More than 12 months	<input type="checkbox"/>

SECTION 2: PART A: SOME QUESTIONS ABOUT YOU

We would like to know a little about the diversity of women accessing the Postnatal Community Hubs. These questions will help us to see if the hub is serving women of all different backgrounds. There are 14 questions in this section. You can skip any question you do not want to answer.

What age are you?

What is your ethnic or cultural background?

Irish Traveller	<input type="checkbox"/>	Other black background	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian Irish	<input type="checkbox"/>
Other white background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Roma	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Black-Irish	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>
African	<input type="checkbox"/>	Two or more ethnicities	<input type="checkbox"/>

If you would prefer to self-describe your ethnic or cultural background, please do so here

Enter text:

What language do you mainly speak in your home?

Irish English Another language



What is your country of citizenship?

Irish Citizenship

Dual Irish Citizenship (*Both Irish and non-Irish*)

Non-Irish citizenship

Dual Non-Irish Citizenship (*Citizenship in two countries, neither of which are Ireland*)

Other

If you checked 'Other' for country of citizenship, please describe your citizenship here

Enter text:

What is your current relationship status?

Single

Married (I have a husband)

Married (I have a wife)

Civil partnership

In a relationship but not living together

Divorced or separated

Widowed

Other

If you checked 'Other' for relationship status, please describe your relationship status here

Enter text:

How would you describe your current employment status?

Full-time paid work

Part-time paid work

I am on paid maternity leave

I am on unpaid maternity leave

I look after my family and our home

I am in paid work and in education (studying)

I am in education (studying) only

I am unable to work due to a chronic illness/ disability

Other

If you checked 'Other' for employment status, please describe your employment status here

Enter text:



What is the highest qualification level you have completed?

No formal qualifications

Primary school

Secondary school

FETAC level 6 Advance certificate or higher certificate

Under-graduate university degree (i.e. Bachelor's degree)

Post-graduate university degree (i.e. Master's degree)

Doctoral degree

If you have a partner, what is their current employment status?

Full-time paid work

Part-time paid work

Paid paternity/parental leave

Un-paid paternity/parental leave

Looking after family and home

<input type="checkbox"/>

In paid work and in education (studying)

In education (studying) only

Unable to work due to a chronic illness/ disability

Other

Not applicable

If you checked 'Other' for partner's employment status, please describe here

Enter text:

If you have a partner, what is their highest qualification level completed?

No formal qualifications

Primary school

Secondary school

FETAC level 6 Advance certificate or higher certificate

Under-graduate university degree (i.e. Bachelor's degree)

Post-graduate university degree (i.e. Master's degree)

Doctoral degree

Not applicable



Is your household income enough to meet you and your family’s needs?

Less than enough

Just enough

More than enough

How would you describe the area where you live?

Rural

Urban

Semi-urban

How would you describe your current living accommodation?

House/apartment (paying a mortgage)

House/apartment (owned outright)

House/apartment (paying rent to a landlord)

House/apartment (paying rent to a local authority)

Caravan / Mobile Home

Emergency accommodation (long term- more than three months)

Emergency accommodation (short term- less than three months)

Other

If you checked 'Other' for current living accommodation, please describe here

Enter text:

SECTION 2: PART B: YOUR PREGNANCY HISTORY

These next two questions may be sensitive for some women who have experienced miscarriage, stillbirth or infant death.

We are asking these questions as we want to compare postnatal experiences between women who have had one child, and women who have had two or more. There are support resources provided at the end of the survey. You may skip these questions if you prefer.

How many pregnancies have you had? (Please include pregnancies than may have ended in a termination or miscarriage)

Enter text:

How many children do you currently have? (Please give the number of living children that you have)

Enter text:



SECTION 3: THE POSTNATAL HUB: ACCESS AND ACCESSIBILITY

The next 24 questions will ask you about your experiences accessing the Postnatal Community Hub services.

How did you hear about the Postnatal Community Hub and its services?

From the hospital where I gave birth

From my General Practitioner (GP)/ family doctor

From a Public Health Nurse (PHN)

From social media

From friends/ family who were/are attending the Postnatal Hub

Other

If you checked 'Other', please describe how you heard about the Postnatal Community Hub

Enter text:

How did you first make contact with the Postnatal Community Hub and its services?

I texted or called the Postnatal Hub

I was referred by a healthcare professional (such as a GP or a Public Health Nurse) and the Postnatal Hub staff contacted me

I attended an in-person clinic

I don't remember

Other

If you checked 'Other', please describe how you made contact with the Postnatal Hub

Enter text:

How soon after the birth of your baby did you access the postnatal hub services?

Please say how many days OR weeks after the birth of your baby that you accessed the postnatal hub services. For example, if you began using the hub's services three days after birth, please write '3 days'.

Enter text:

When did you stop accessing/using the postnatal hub services?

Please say how many days OR weeks after the birth of your baby that you stopped accessing/using the postnatal hub services. For example, if you began using the hub's services four weeks after birth, please write '4 weeks'.

Enter text:



Thinking about when you STOPPED accessing the postnatal hub services; Did you feel that this was:

Too soon to stop accessing/ using the services

About the right time stop accessing/ using the services

More than the right time, I feel didn't need to access/ use the services for that long

Is there anything you wish to say about how long you used or had access to the postnatal hub services? (Do you have any comments about how long the services were available to you after birth?)

Enter text:

SECTION 4: IN-PERSON APPOINTMENTS/SERVICES

The next seven questions are about your experiences and satisfaction with in-person appointments/ services

Have you attended any in-person appointments with healthcare professionals at the Postnatal Hub?

No

Yes, at least 1

Yes, two - four

Yes, four or more

Did you feel that the in-person appointments with healthcare professionals were:

Too few

Just enough

Too many

Doesn't apply to me, I didn't attend any in-person appointments with a healthcare professional

Have you attended any in-person parent mornings/ evenings (i.e. coffee mornings for mothers and partners) at the Postnatal Hub?

No

Yes, at least 1

Yes, two - four

Yes, four or more

If you attended any of the in-person parent mornings/ evenings at the Postnatal Hub, would you like to share your experience?(For example, were they helpful/ useful to you? Comments on the location or timing of meetings? Any and all feedback is welcome)

Enter text:



If you have attended the Postnatal Hub in-person, is the Postnatal Hub easy to reach?

Yes, it is in walking distance

Yes, it is easily reached by public transport (less than 30 minutes)

Yes, I can drive there in 30 minutes or less

It is not easy to reach, it is more than 30 minutes by public transport

It is not easy to reach, it is more than 30 minutes by private car

If you have attended the Postnatal Hub in-person, were the appointment or meeting times convenient for you?

Not at all convenient

Somewhat convenient

Very convenient

If you answered, ‘not at all convenient’, or ‘somewhat convenient’, can you tell us what improvements you would suggest?

Enter text:

SECTION 5: TELEPHONE APPOINTMENTS/ CONSULTATIONS

The next four questions are about your experiences and satisfaction with Telephone appointments/ consultations

Have you had any telephone appointments/ consultations with healthcare professionals at the Postnatal Hub?

No

Yes, at least 1

Yes, two - four

Yes, four or more

Did you feel that the telephone appointments/ consultations with healthcare professionals were:

Too few

Just enough

Too many

Doesn't apply to me, I didn't have any telephone calls with a healthcare professional

If you have had telephone appointments/ consultations with healthcare professionals at the Postnatal Hub, how convenient were the phone line hours?

Not at all convenient

Somewhat convenient

Very convenient



If you answered, ‘not at all convenient’, or ‘somewhat convenient’, can you tell us what improvements you would suggest?

Enter text:

SECTION 6: VIDEO/ VIRTUAL APPOINTMENTS

The next four questions are about your experiences and satisfaction with Video/ virtual appointments

Have you had any video/ virtual appointments with healthcare professionals at the Postnatal Hub?

- No
- Yes, at least 1
- Yes, two - four
- Yes, four or more

Did you feel that the video/ virtual appointments with healthcare professionals were:

- Too few
- Just enough
- Too many
- Doesn't apply to me, I didn't have any telephone calls with a healthcare professional

If you have had video/ virtual appointments with healthcare professionals at the Postnatal Hub, how convenient were video/virtual appointment times?

- Not at all convenient Somewhat convenient Very convenient

If you answered, ‘not at all convenient’, or ‘somewhat convenient’, can you tell us what improvements you would suggest?

Enter text:

What is your preference for accessing the Postnatal Hub services?

Please order by preference

- In-person with a healthcare professional
- Virtual meetings with a healthcare professional
- Phone calls with a healthcare professional
- In-person parent meetings



Please indicate the healthcare professionals that you had contact with (including in-person appointments, video appointments or phone calls) from the postnatal hub:

	Yes	No	Not Sure
Midwife			
Nurse			
Lactation Consultant			
Physiotherapist			

Is there anything you wish to say about how you accessed postnatal hub services?

Enter text:

In your opinion, are there any changes or improvements that could be made with regards to improving the service provided in the Postnatal Hub?

Enter text:

SECTION 7: YOUR EXPERIENCE WITH THE POSTNATAL COMMUNITY HUB SERVICES AND STAFF

These next questions will ask you about the care and support you received from the Postnatal Community Hub services.

When you were at home after the birth of your baby, if you contacted a health care professional from the Postnatal Hub were you given the help you needed?

Yes, always	<input type="checkbox"/>
Yes, sometimes	<input type="checkbox"/>
No	<input type="checkbox"/>
I did not need any help	<input type="checkbox"/>
Don't know or can't remember	<input type="checkbox"/>

Did health care professionals from the Postnatal Hub take your personal circumstances into account when giving you advice?

Yes, always	<input type="checkbox"/>
Yes, sometimes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know or can't remember	<input type="checkbox"/>



Did you feel that your questions were answered by health care professionals from the Postnatal Hub in a way that you could understand?

Yes, always	<input type="checkbox"/>
Yes, sometimes	<input type="checkbox"/>
No	<input type="checkbox"/>
I did not have any questions	<input type="checkbox"/>
Don't know or can't remember	<input type="checkbox"/>

Did you receive help and advice from health care professionals from the Postnatal Hub about your baby's health and progress?

Yes, definitely	<input type="checkbox"/>
Yes, to some extent	<input type="checkbox"/>
No	<input type="checkbox"/>
I did not need any help	<input type="checkbox"/>
Don't know or can't remember	<input type="checkbox"/>

Thinking about the care you received at the Postnatal Hub, did the healthcare professionals spend enough time talking to you about your own PHYSICAL health?

Yes, definitely	<input type="checkbox"/>
Yes, to some extent	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know or can't remember	<input type="checkbox"/>

Thinking about the care you received at the Postnatal Hub, did the healthcare professionals spend enough time talking to you about your own MENTAL health?

Yes, definitely	<input type="checkbox"/>
Yes, to some extent	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know or can't remember	<input type="checkbox"/>

Since the birth of your baby, did you feel that you were adequately informed about vaccinations by healthcare professionals in the Postnatal Hub?

Yes, definitely	<input type="checkbox"/>
Yes, to some extent	<input type="checkbox"/>
No	<input type="checkbox"/>



No, but I did not need this information

Don't know or can't remember

Thinking about the care you received from the Postnatal Hub; did you have confidence and trust in the health care professionals caring for you?

Yes, always

Yes, sometimes

No

Don't know or can't remember

Thinking about the care you received from the Postnatal Hub; did you feel that you were involved in decisions about your health?

Yes, always

Yes, sometimes

No

Don't know or can't remember

Thinking about the care you received from the Postnatal Hub; did you feel that you were treated with respect and dignity?

Yes, always

Yes, sometimes

No

Don't know or can't remember

Thinking about the care you received from the Postnatal Hub; if you wanted to give feedback or make a complaint, did you know how and where to do so?

Yes

No

I did not wish to give feedback or make a complaint

Overall, how would you rate your experience of the care you and your baby received from the Postnatal Hub?

VERY POOR

VERY GOOD

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----



This next set of questions may seem a little repetitive, but we are asking these questions so that we can compare to some national data

After the birth of your last baby, did a healthcare professional at the postnatal HUB ASK YOU DIRECTLY whether or not you were experiencing any of the following:

	YES	NO	I DON'T KNOW
Tiredness or exhaustion			
Leakage or involuntary loss of urine			
Leakage or involuntary loss of bowel motions			
Perineal pain			
Sexual problems			
Haemorrhoids			
Feeling depressed or low			
Relationship problems			

Thinking about your experiences with staff in the postnatal hub, we want to know if the healthcare professionals made it easy for you to talk about things that were troubling you concerning your own health and well-being.

Please indicate if you feel the below statements are true or not to your experiences, thoughts and opinions:

	YES	NO	I DON'T KNOW
Yes, they made it easy for me to talk about anything that was concerning me.			
Yes, I could talk to them, and they were very supportive			
Yes, they made it easy, but they were often busy and didn't seem to have time to listen			
I could talk about some issues, but there were other things I did not feel comfortable talking about			
There was no point in talking to them about my health because they cannot fix any of my problems			
I went to see them about my baby not myself			
I didn't talk to them because I was worried that they would think I was not coping			
I didn't talk to them because I was concerned, they might want me to do something that will make the situation worse			
There were some issues that I didn't talk about because I was concerned that they might tell someone			



Do you have any final comments to make about your experiences with the services and care you received from the Postnatal Community Hub?

Enter text:

You have now reached the end of the anonymous online survey.

Thank you for your time. Once you submit this form, the researchers will not be able to withdraw your data as all responses will be received anonymously. Support resources and the researchers' contact details can be for in the participant information leaflet

- Submit my response

Support sources for history of pregnancy and birth questions

Feileacain (*Stillbirth and Neonatal Death Association of Ireland*).

Website: www.feileacain.ie Tel: 085 249 6464 Email: info@feileacain.ie

Little Lifetime Foundation (*Formerly Irish Stillbirth and Neonatal Death Society*)

Website: www.alittlelifetime.ie Tel: 01 882 9030

Support Organisation For Trisomy (SOFT) (*Support for Trisomy 18, 13 and other related chromosomal disorders*) Website: www.softireland.com/ Tel: 1800 213 218 Email: soft.contactme@gmail.com

Ectopic Pregnancy Ireland

Website: www.ectopicireland.ie

Tel: 089 436 5742 Email: info@ectopicireland.ie

Miscarriage Association of Ireland

Website: www.miscarriage.ie Tel: 01 873 5702 Email: info@miscarriage.ie

FirstLight (*formerly The Irish Sudden Infant Death association*).

Website: www.firstlight.ie Tel: 1850 391 391 Email: support@firstlight.ie

NISIG (*National Infertility support and Information Group*) Website: www.nisig.com Tel: 087 797 5058 Email: nisigireland@gmail.com

Emotional and Mental Health Support Services

Service	Contact/ Link
The HSE provides a list of local mental health services across Ireland.	Online: www.hse.ie/eng/services/list/4/mental-health-services
Aware (Depression) Helpline	Tel: 1890 303 302 Online: www.aware.ie
Anew	Tel: (01) 635 1492 Online: hello@anew.ie
HSE Mental Health information	Online: www.yourmentalhealth.ie



GROW Mental Health

Online: www.grow.ie/

National Counselling Service

Online:

<https://www.hse.ie/eng/services/list/4/mental-health-services/national-counselling-service/>

Women's Aid - Working to end violence against women

Online: www.womensaid.ie

Address: Everton House

Email: info@womensaid.ie

47 Old Cabra Road

National Freephone Helpline: 1800 341 900

Dublin 7.

Dublin Tel: +353 1 868 4721

Fax: +353 1 868 4722



Appendix D: Healthcare professionals; evaluations of the Postnatal Community Hub- Anonymous online survey

SECTION 1: YOUR ROLE IN THE POSTNATAL COMMUNITY HUB

Data collected from healthcare providers from all five Postnatal Hub sites will be collated so that no one in your organisation or the HSE will be able to identify individual responses. Your answers will be kept in the strictest confidence.

Please indicate which Postnatal Community Hub you are employed by:

Muma Postnatal Hub- St Luke’s General Hospital

Kerry Postnatal Hub- University Hospital Kerry

CUMH Women’s & Infants Health HUB- Cork University Maternity Hospital

Sligo Postnatal Hub- Sligo University Hospital

Portiuncula Postnatal Hub- Galway University Hospital

Please indicate your occupational group:

Midwife

Nurse

Women’s Health Physiotherapist

Other (please describe below)

If you checked 'Other' please describe here

Enter text:

How long have you been a qualified professional in your current occupational group? Please indicate in years and/or months

Enter text:

How long have you been in your role in the Postnatal Hub? Please indicate in months

Enter text:

In the Postnatal Hub, are you employed:

Full-time

Part-time



Why did you decide to apply for the role in the Postnatal Hub? (Please tick all that apply)

Better/ flexible hours	<input type="checkbox"/>	I felt the role would suit my personal/ professional values	<input type="checkbox"/>
Better pay	<input type="checkbox"/>	I felt the role offered something different to my previous role	<input type="checkbox"/>
Location	<input type="checkbox"/>	No particular reason	<input type="checkbox"/>
I felt the role would suit my career goals	<input type="checkbox"/>	Other (please describe below)	<input type="checkbox"/>

If you checked 'Other' please describe here

Enter text:

How often do you have face-to-face contact with women/service users as part of your job?

Daily	<input type="checkbox"/>	Around once a week	<input type="checkbox"/>
Almost daily	<input type="checkbox"/>	Less than once a week	<input type="checkbox"/>
A few times a week	<input type="checkbox"/>	Never	<input type="checkbox"/>

How often do you have video contact with women/service users as part of your job?

Daily	<input type="checkbox"/>	Around once a week	<input type="checkbox"/>
Almost daily	<input type="checkbox"/>	Less than once a week	<input type="checkbox"/>
A few times a week	<input type="checkbox"/>	Never	<input type="checkbox"/>

How often do you have telephone contact with women/service users as part of your job?

Daily	<input type="checkbox"/>	Around once a week	<input type="checkbox"/>
Almost daily	<input type="checkbox"/>	Less than once a week	<input type="checkbox"/>
A few times a week	<input type="checkbox"/>	Never	<input type="checkbox"/>

Please indicate the extent to which you agree with each of the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I can provide high quality, personalised care to women/service users in a FACE-TO-FACE setting in my role.	<input type="checkbox"/>				
I can provide high quality, personalised care to women/service users using VIDEO CONTACT in my role	<input type="checkbox"/>				
I can provide high quality, personalised care to women/service users using TELEPHONE CONTACT in my role	<input type="checkbox"/>				



In your professional experience, with regards to your role WITHIN the Postnatal Community Hub, what are the advantages or disadvantages of face-to-face, video and phone contact with women/services users?

	Advantages	Disadvantages
Face-to-face contact		
Video contact		
Telephone contact		

In your professional experience, with regards to your role WITHIN the Postnatal Community Hub, what are the advantages or disadvantages of video/conference calling appointments with women/services users?

Enter text:

In your professional experience, with regards to your role WITHIN the Postnatal Community Hub, what are the advantages or disadvantages of phone contact (calls and or text messages) with women/services users?

Enter text:

In your professional experience, with regards to your role WITHIN the Postnatal Community Hub, what are the advantages or disadvantages of face-to-face contact with women/services users?

Enter text:

In your opinion, are there any changes or improvements that could be made with regards to how women contact and are contacted by the Postnatal Community Hub?

Enter text:

For each of the statements below, how often do you feel this way about your role in the Postnatal Hub?

	Never	Rarely	Sometimes	Often	Always
I look forward to going to work					
I am enthusiastic about my job					
Time passes quickly when I am working					

For each of the statements below, how often did you feel this way about your previous healthcare professional role? (The role you occupied before joining the Postnatal Community Hub)

	Never	Rarely	Sometimes	Often	Always
I looked forward to going to work					
I was enthusiastic about my job					
Time passed quickly when I was working					



Do the following statements apply to you and your role in the Postnatal Community Hub?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel that my role in the Postnatal Hub makes a difference to women / service users					
The Postnatal Hub is committed to helping me balance my work and home life					
I achieve a good balance between my work life and my home life					
I can approach my immediate manager to talk openly about flexible working					

To what extent do these statements reflect your view of the Postnatal Hub as a whole?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Care of women / service users is the Postnatal Hub's top priority					
The Postnatal Hub acts on concerns raised by women/ service users					
I would recommend the Postnatal Hub as a place to work					
If a friend or relative needed treatment I would be happy with the standard of care provided by the Postnatal Hub					
I feel safe to speak up about anything that concerns me in the Postnatal Hub					
If I spoke up about something that concerned me I am confident the Postnatal Hub would address my concern					



SECTION 2: THE COPSOQ III QUESTIONNAIRE- CORE VERSION WITH JOB SATISFACTION SUBSCALE.

The following 36 statements are part of the Job satisfaction subscale from the COPSOQ Questionnaire.

Please indicate your answers in relation to your CURRENT ROLE within the Postnatal Community Hub.

How often do you not have time to complete all your work tasks?	Always	Often	Sometimes	Seldom	Never/ hardly ever
Do you get behind with your work?	Always	Often	Sometimes	Seldom	Never/ hardly ever
Do you have to work very fast?	Always	Often	Sometimes	Seldom	Never/ hardly ever
Do you work at a high pace throughout the day?	To a very large extent	To a large extent	Somewhat	To a small extent	To a very small extent
Do you have to deal with other people's personal problems as part of your work?	Always	Often	Sometimes	Seldom	Never/ hardly ever
Is your work emotionally demanding?	To a very large extent	To a large extent	Somewhat	To a small extent	To a very small extent
Do you have a large degree of influence on the decisions concerning your work?	Always	Often	Sometimes	Seldom	Never/ hardly ever
Do you have the possibility of learning new things through your work?	To a very large extent	To a large extent	Somewhat	To a small extent	To a very small extent
Can you use your skills or expertise in your work?	To a very large extent	To a large extent	Somewhat	To a small extent	To a very small extent
Is your work meaningful?	To a very large extent	To a large extent	Somewhat	To a small extent	To a very small extent
At your place of work, are you informed well in advance concerning for example important decisions, changes or plans for the future?	To a very large extent	To a large extent	Somewhat	To a small extent	To a very small extent
Do you receive all the information you need in order to do your work well?	To a very large extent	To a large extent	Somewhat	To a small extent	To a very small extent
Is your work recognized and appreciated by the management?	To a very large extent	To a large extent	Somewhat	To a small extent	To a very small extent
Does your work have clear objectives?	To a very large extent	To a large extent	Somewhat	To a small extent	To a very small extent
Are contradictory demands placed on you at work?	To a very large extent	To a large extent	Somewhat	To a small extent	To a very small extent
Do you sometimes have to do things which ought to have been done in a different way?	To a very large extent	To a large extent	Somewhat	To a small extent	To a very small extent



To what extent would you say that your immediate superior is good at work planning?	To a very large extent	To a large extent	Somewhat	To a small extent	To a very small extent
To what extent would you say that your immediate superior is good at solving conflicts?	To a very large extent	To a large extent	Somewhat	To a small extent	To a very small extent
How often do you get help and support from your immediate superior, if needed?	Always	Often	Sometimes	Seldom	Never/hardly ever
How often do you get help and support from your colleagues, if needed?	Always	Often	Sometimes	Seldom	Never/hardly ever
Is there a good atmosphere between you and your colleagues?	Always	Often	Sometimes	Seldom	Never/hardly ever
Are you worried about becoming unemployed?	To a very large extent	To a large extent	Somewhat	To a small extent	To a very small extent
Are you worried about it being difficult for you to find another job if you became unemployed?	To a very large extent	To a large extent	Somewhat	To a small extent	To a very small extent
Are you worried about being transferred to another job against your will?	To a very large extent	To a large extent	Somewhat	To a small extent	To a very small extent
Regarding your work in general, how pleased are you with your work prospects?	Very satisfied	Satisfied	Neither/Nor	Unsatisfied	Very Unsatisfied
Regarding your work in general, how pleased are you with the physical working conditions?	Very satisfied	Satisfied	Neither/Nor	Unsatisfied	Very Unsatisfied
Regarding your work in general, how pleased are you with the way your abilities are used?	Very satisfied	Satisfied	Neither/Nor	Unsatisfied	Very Unsatisfied
Regarding your work in general, how pleased are you with your job as a whole, everything taken into consideration?	Very satisfied	Satisfied	Neither/Nor	Unsatisfied	Very Unsatisfied
Regarding your work in general, how pleased are you with your salary?	Very satisfied	Satisfied	Neither/Nor	Unsatisfied	Very Unsatisfied
Do you feel that your work drains so much of your energy that it has a negative effect on your private life?	To a very large extent	To a large extent	Somewhat	To a small extent	To a very small extent
Do you feel that your work takes so much of your time that it has a negative effect on your private life?	To a very large extent	To a large extent	Somewhat	To a small extent	To a very small extent
Does the management trust the employees to do their work well?	To a very large extent	To a large extent	Somewhat	To a small extent	To a very small extent
Can the employees trust the information that comes from the management?	To a very large extent	To a large extent	Somewhat	To a small extent	To a very small extent



Are conflicts resolved in a fair way?	To a very large extent	To a large extent	Somewhat	To a small extent	To a very small extent
Is the work distributed fairly?	To a very large extent	To a large extent	Somewhat	To a small extent	To a very small extent
In general, would you say your health is:	Excellent	Very good	Good	Fair	Poor

Do you have any final comments you wish to make about your role in and experiences of providing in the Postnatal Community Hub?

Enter text:

You have now reached the end of the anonymous online survey.

Thank you for your time. Once you submit this form, the researchers will not be able to withdraw your data as all responses will be received anonymously. [Support resources and the researchers' contact details can be for in the participant information leaflet](#)

- Submit my response



Appendix E: Full results of the Copenhagen Psychosocial Questionnaire iii

Domain	Code	Question	Response option	Low / High =Positive	Mean	SD
Qualitative Demands	QD2.Core	How often do you not have time to complete all your work tasks?	1	L	46.74	32.24
	QD3.Core	Do you get behind with your work?			36.96	23.68
Work Pace	WP1.Core	Do you have to work very fast?	1	L	48.91	21.94
	WP2.Core	Do you work at a high pace throughout the day?	2		69.32	17.13
Emotional Demands	EDX2.Core	Do you have to deal with other people's personal problems as part of your work?	1	L	36.96	29.06
	ED3.Core	Is your work emotionally demanding?	2		64.13	26.99
Influence at work	INX1.Core	Do you have a large degree of influence on the decisions concerning your work?	1	H	71.74	28.50
Possibilities for development	PD2.Core	Do you have the possibility of learning new things through your work?	2	H	81.52	20.25
	PD3.Core	Can you use your skills or expertise in your work?			90.22	14.57
Meaning of work	MW1.Core	Is your work meaningful?	2	H	95.65	9.68
Predictability	PrD1.Core	At your place of work, are you informed well in advance concerning for example important decisions, changes or plans for the future?	2	H	70.65	30.75
	PrD2.Core	Do you receive all the information you need in order to do your work well?			81.52	24.09
Recognition	RE1.Core	Is your work recognised and appreciated by the management?	2	H	75.00	30.15
Role Clarity	CL1.Core	Does your work have clear objectives?	2	H	78.41	24.75
Role Conflicts	CO1.Core	Are contradictory demands placed on you at work?	2	L	39.13	32.70
	CO2.Core	Do you sometimes have to do things which ought to have been done in a different way?			21.74	25.34
Quality of leadership	QL3.Core	To what extent would you say that your immediate manager is good at work planning?	2	H	81.52	22.88
	QL4.Core	To what extent would you say that your immediate manager is good at solving conflicts?			78.26	26.44
Social support from Supervisor	SSX.2.Core	How often do you get help and support from your immediate manager, if needed?	1	H	80.43	22.55
Social support from Colleagues	SCX1.Core	How often do you get help and support from your colleagues, if needed?	1	H	88.04	21.14



Domain	Code	Question	Response option	Low / High = Positive	Mean	SD
Sense of community at work	SW1.Core	Is there a good atmosphere between you and your colleagues?	1	H	94.57	12.96
Job insecurity	J11.Core	Are you worried about becoming unemployed?	2	L	6.52	13.52
	J13.Core	Are you worried about it being difficult for you to find another job if you became unemployed?			6.52	17.21
Insecurity over working conditions	IW1.Core	Are you worried about being transferred to another job against your will?	2	L	33.70	31.63
Job satisfaction	JS1.Middle	How pleased are you with your work prospects?	3	H	83.70	17.85
	JS2.Long	How pleased are you with the physical working conditions?			79.35	22.17
	JS3.Long	How pleased are you with the way your abilities are used?			87.50	12.79
	JS4.Core	How pleased are you with your job as a whole, everything taken into consideration?			89.13	12.67
	JS5.Middle	How pleased are you with your salary?			59.78	26.90
Work-Life Conflict	WF.2.Core	Do you feel that your work drains so much of your energy that it has a negative effect on your private life?	2	L	23.91	28.68
	WF.3.Core	Do you feel that your work takes so much of your time that it has a negative effect on your private life?			26.09	28.62
Vertical Trust	TM1.Core	Does the management trust the employees to do their work well?	2	H	89.13	12.67
	TMX2.Core	Can the employees trust the information that comes from the management?			86.96	14.82
Organisational justice	JU1.Core	Are conflicts resolved in a fair way?	2	H	84.09	26.21
	JU4.Core	Is the work distributed fairly?			86.36	16.77
Self-rated Health	GH.1.Core	In general, would you say your health is:	4	H	78.26	21.72

* Response options explanation and values for the scale (each scale is scored in the direction indicated by the question)

1: Always (100); Often (75); Sometimes (50); Seldom (25); Never/hardly ever (0). | **2:** To a very large extent (100); To a large extent (75); Somewhat (50); To a small extent (25); To a very small extent (0). | **3:** Very Satisfied (100); Satisfied (75); Neither/Nor (50); Unsatisfied (25); Very Unsatisfied (0). | **4:** Excellent (100), Very good (75), Good (50), Fair (25), Poor (0).



Appendix F: Supporting Data- Women's and HCPs' Interview Data

Section 1: Women's experiences of receiving advice and care for infant health concerns & satisfaction with the Postnatal Community Hub's woman-centred focus.

Alison: *I didn't feel rushed or anything and felt like she gave me a lot of time and I had (Baby's name) with me. She asked lots of questions about (Baby's name). She actually examined my wound as well, and she asked me a lot of questions about my health.*

Eden: *A couple times I went in and was like 'she's got this weird rash on her arm. Is it something I should get looked at?' You know, (I) was able to go in and ask the midwife a question or get her weighed or like, have them look at something. And they were so helpful.*

Jayne: *(Baby's name) had a rash, and I think I rang and was talking to a midwife. Like it was there and it was really helpful. You know, you're kind of, you know, you don't have to go off ringing the doctor. Like, I tried there first and they were like, yeah. Yeah. No, it's fine.*

Brigid: *I think the hub is a bit more personal because they had kind of like my file and they had my own notes and things like that there, the public health nurse was very much probably just really about the baby. The postnatal hub, I really did feel was definitely more kind of focused on me.*

Michaela: *The best thing I found about was they very much focused on me first rather than the baby, they checked up on me, how I was doing. [...] So to- to get very personally focused on me, how I was feeling, how my mental health was, how my physical health was, how my scar was healing up, how feeding was going, how I was finding the sleeplessness. They literally went through- I wouldn't say it in a bad way, but through me for a short cut (laughs). But they asked everything about me and how I was and everything that could be asked and how I was- how supported I was feeling and everything like that so. That it was actually really, really good to just feel very seen as a person rather than just a mummy, and how my recovery was going. And then we chatted about how he (baby) was and all that.*

Charlotte: *I felt like the hub (emphasis) was more on me and my partner, which I actually really appreciated. Sorry that might sound, a bit selfish, but I think it was important to me anyway.*

Naomi: *Because you bring the baby (to the hub appointment) and you just you don't expect it to be about you, because generally it's always about the babies. So to have that I think is huge.*

Louise: *I rang the hub and I just said about the tongue tie and they said why don't you come in and meet with the lactation consultant? And they said, I'll ring you back. And they rang me back within like, an hour and said, would you be free to come in tomorrow at say three pm? And then they gave me the lactation consultant's phone number and they said as soon as you're here, give her a call and she'll come meet you and then bring you to wherever. You know, whatever room in the hospital they have available. So they organised it for me. Really quick. Yeah, really quick. They were so proactive with everything, with all their appointments.*



Section 2: Emotional and time demands on HCPs providing Birth reflection sessions

HCP-Kt6: *They (Birth reflection sessions) are quite hard to do sometimes as a healthcare professional, if you think- if you look at it and you're like... sometimes what happened might actually align with your own values as healthcare professional or you can see... like you have to be really impartial to what's in the notes and to be really open with them and say, like what- Sometimes what's in the note is not very black and white. There's a whole picture or a whole story. The notes are only one side of it. [...] They (Birth reflection sessions) can be hard to listen to because something's are very upsetting and emotional for people. And you can have to contain that yourself.*

HCP-Lk7: *I'll be honest, I'm not overly keen to do them (Birth reflection sessions) you know, I think. Like what you say can be so detrimental to a person, and especially in relation to their birth experience. So I feel [...] I'm just so afraid of saying the wrong thing. We did (an informal learning workshop) in our session there last week on birth trauma and we are trying to link in a bit more and get- try and up skill ourselves.*

HCP-Sr5: *The birth reflections, which is a huge part of (the) hub as well, (we have had) a huge number of referrals (for Birth reflection sessions), and not all negative actually by any means. There's some (women) that just want to understand what happened and can't really remember what happened, and they've had a very positive (birth) experience, it's just... you know, obviously it's really fuzzy after having a baby and a bedside review afterwards is not a debrief, it's not going to cut it really when you just had a baby six hours ago. So, I think it's (the Birth reflection session) really important for women to have that and that's why the service is completely blown up.*

Section 3: Value of establishing a pathway of constructive feedback from the Birth reflections to hospital staff- Women's and HCPs Interview data

Eden: *She was very validating of like... it's fine that you feel OK about it. But I'm gonna, you know, if you want me to, I'll report back to the to the ward and say like... feed that back, so that it doesn't happen to someone else. And, you know, kind of... she sort of validated that it was OK for me to have a feeling about it.*

HCP-Kt6: *I think it's (reflecting on feedback from women) a really good opportunity for other healthcare professionals to actually go back and say, 'OK. Yeah, this is actually something that we did really well on'. [...] And then when it's not (when feedback indicates improvement is needed) I suppose it's not about blaming anybody or saying we're (the Postnatal Community Hub staff) great or anything like that. It's just about giving the whole picture. Everybody comes to work to do a good job. Nobody wants to cause harm and it is lovely when we get really positive things and then when we do get other (negative/constructive) feedback, obviously, something- it's good that we can actually say. 'Right, let's work on this and improve things'.*

*To ensure confidentiality, qualitative excerpts from women's data are presented as pseudonyms and qualitative excerpts from HCPs' data are presented using key codes.



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