Northern Health and Social Care Trust

Best Maternity Care Best Practice

A Strategy for the Maternity Service 2009-2014

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NORTHERN HEALTH AND SOCIAL CARE TRUST

A STRATEGY FOR THE MATERNITY SERVICE

2009-2014

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FOREWORD

Upwards of 4400 babies are born each year in the Northern Health and Social Care Trust (NHSCT). Pregnancy and childbirth are natural events and have great social and emotional significance especially for first time parents.

The prospect of parenthood is often a very exciting time but it can also bring anxiety about the birth process and the responsibilities of becoming a parent. It is important to emphasise that maternity care is not just about the safe delivery of healthy babies, it also has significant impact on long term health outcomes.

Maternity services in the NHSCT make sure that as far as possible the experience of pregnancy and childbirth is a satisfying one, while supporting parents' with adapting to the joys and challenges of parenthood. The strategy for maternity services in the NHSCT sets out a philosophy for care. It is based on the findings of recent reviews and best practice from Department of Health, Social Services & Public Safety, and other reports and publications. It reflects the views of service users by establishing a vision for the way maternity services should evolve in the future.

The core values of this strategy reflect the Trust mission statement:

> "To provide for all, the quality of service we expect for our families and ourselves"

This strategy is locally-sensitive, aspirational, challenging, reflects nationally recognised best practice and is moving towards a more integrated approach to service delivery. I commend this strategy to our service users and to all staff associated with the provision of maternity services in the Northern Trust.

Colm Donaghy
Chief Executive

INTRODUCTION

Our vision is to provide you and your family with safe, quality maternity care that will meet your particular needs.

Birth is a life-changing event and the care given to women has the potential to affect them physically and emotionally both in the short and longer term. For most women pregnancy and child birth is a totally natural and uncomplicated experience but the service must be able to respond appropriately to those who may require highly specialised care for pre existing medical conditions, social circumstances and any complications that may develop during pregnancy, labour or after the birth. Women should, as far as possible, experience pregnancy and motherhood as normal life events.

Maternity care provides a service from pre-conception throughout pregnancy and beyond delivery. It will be flexible enough to deal with the clinical and social needs of women and their families whatever the outcome for mother and baby.

An external review of maternity services carried out in the NHSCT in 2008 found that maternity services at both Antrim and Causeway hospitals are safe being in the top 25% of UK hospitals when viewed against almost all of the recognised major performance indicators. A key recommendation arising from this review was the development of a NHSCT maternity services strategy.

The purpose of this maternity strategy is to create the vision for the development of a modernised maternity service, which is woman centred and is underpinned by a sound evidence base and benchmarked against best practice standards. Our standards are drawn from:

- Standards for Maternity Care (2008) Royal Colleges of Obstetrics & Gynaecology, Midwives, Anaesthetics and Paediatrics & Child Health;

- Recommendations arising from the Independent Review of Maternity Services in the NHSCT (2008);
- Towards Better Births (July 2008) A Review of Maternity Services in England Healthcare Commission;
- Making Normal Births a Reality (2007) Royal College of Midwives, Royal College of Obstetricians and Gynaecologists and National Childbirth Trust;
- Safer Childbirth (October 2007) Minimum Standards for the Organisation and Delivery of Care in Labour
- DHSSPS (2006) Value for Money Audit
- Midwives Rules and Standards (NMC 2004)
- European Working Time Directive (EWTD)
- Saving Mothers' Lives (2007) The Seventh Report on Confidential Enquiries into Maternal and Child Health (CEMACH) in the United Kingdom
- The National Service Framework (NSF) for Children, Young People & Maternity Services (2005) for England and Wales, as far as the principles apply locally

This strategy should be read in conjunction with the NHSCT Strategic Vision for Nursing and Midwifery 2008-2012; the Personal and Public Involvement Strategy in NHSCT (consultation paper, November 2008) and regional guidance on the development of Local Maternity Services Liaison Committees (MSLCs).

It is important to note that there is currently no regional policy for maternity services in Northern Ireland.

PROFILE OF MATERNITY SERVICES IN NORTHERN HEALTH AND SOCIAL CARE TRUST (NHSCT)

The Northern Health and Social Care Trust was established on 1 April 2007, bringing together three legacy Trusts, including two which had responsibility for the provision of maternity services to the population of the Northern Board, namely Causeway Trust and United Hospitals Trust. The two legacy Trusts operated Maternity Services at Causeway, Antrim and Mid-Ulster Hospitals and provided a community midwifery service to their respective catchment populations. In November 2006 maternity services were withdrawn from the Mid-Ulster Hospital, which meant that when the Northern Health and Social Care Trust came into operation on 1 April 2007, there were two maternity units, namely one at Antrim and the other at Causeway Hospital. The strategic plan for maternity services is to continue to provide maternity services on both sites.

Statistical reports for births in the Northern Board area demonstrate that Antrim maternity unit has the highest number of births in the Trust with upwards of 3,300 births per annum and approximately an additional 3,000 ward attenders. It is also one of the four largest regional maternity units in Northern Ireland. The Causeway maternity unit has, by comparison, 1350 births approximately per annum and upwards of 2655 ward attenders. Activity at both hospitals has increased significantly between 2004/05 and 2007/08, partly as a result of a steady increase in the background birth rate across Northern Ireland but also as a result of the closure of the Mid Ulster Maternity Service in November 2006.

Different models of care are currently provided in each maternity site. Some higher risk mothers are 'booked' for confinement in Antrim where neonatal services are available all day every day. The integrated model of care in Causeway, which can be categorised as lower risk, provides an excellent opportunity to consider different models of midwifery care for the future, in particular the development of midwife led care to include a water birth service. In 2007/08 67% of births within the Causeway unit were normal deliveries.

TABLE 1: SUMMARY OF BIRTH TRENDS BY SELECTED HOSPITALS

Summary of Birth Trends			
	2003/04	2007/08	% increase
Mid-Ulster Hospital	634	0	_
Antrim Hospital	2273	3101	36.4%
MUH & Antrim combined	2907	3101	6.7%
Causeway Hospital	1135	1389	22.4%
NHSCT Total	4042	4490	11.1%
Craigavon Hospital	2850	3798	33.3%
Northern Ireland	22492	25564	13.7%

Source: DHSSPS Hospital Statistics (Total Births live & still births)

In addition to the two in-patient services described above the Trust provides a number of maternity out-patient clinics at other centres such as Whiteabbey Hospital, Moyle Hospital (Larne), Braid Valley Hospital (Ballymena) and Mid Ulster in Magherafelt. There is also a significant community midwifery service, which provides both antenatal care and support to new mothers following discharge from hospital.

- During 2007/08 there was an 11.9% increase in births to NHSCT residents. In addition to the background demographic trend of an increase in births, the closure of the maternity unit in the Mid-Ulster Hospital in November 2006 resulted in a displacement of births to other hospitals, mainly to Antrim and Causeway Hospitals. Since 2003/04 Antrim Hospital has had a 36.4% increase in births and Causeway Hospital an increase of 22.4% (Table 1).

- Of the 6143 births to NHSCT residents in 2007/08, 4330 took place in maternity units in the NHSCT area and 1813 in maternity units outside

the NHSCT area, mainly in the Belfast Trust. Home (domiciliary) births account for less than 1% of births to Northern Board residents. While the numbers of home births may have increased along with the number of births overall, percentage rates show no discernable trend towards an increase in home births. However, in the context of Northern Ireland, the Trust has one of the highest home birth rates (birthchoiceuk.com).

OVERVIEW OF COMMUNITY MIDWIFERY SERVICE

The majority of women cared for by the Trust community midwifery team give birth in Causeway or Antrim maternity units. Some women choose to give birth in Altnagelvin or Royal Jubilee whilst a small number of higher risk women are referred to these hospitals for specialist obstetric or neonatal care.

Community based midwifery services are provided from various locations across the Trust, mainly in Health Centres. However, a high percentage of care is delivered to women and babies in their own homes. The location of community midwifery services is currently under review following the Regional Strategic Review of Services. The proposed development of 10 Health and Care Centres at Antrim, Braid Valley, Larne, Carrickfergus, Newtownabbey, Magherafelt, Cookstown, Coleraine, Ballycastle and Ballymoney will impact on the range of community midwifery and primary care services in these areas.

Across the Trust community midwives operate within the 'named-midwife' model. Named midwives are aligned to General Practice, based at local health centres and work within geographical boundaries. Community midwives offer care based on informed choice at a variety of locations including the home and health centres. The range of services focuses on meeting the needs of antenatal, intrapartum and postnatal women and their babies. The model of care currently adopted is the 'shared care model' with the named midwife, GP, obstetrician and hospital midwives providing care in partnership. Some women choose to have private care with an obstetrician and some choose the midwife-led home birth or Domicilary-In-and-Out (DOMINO) option.

The lead midwife for community midwifery service also has responsibility for public health issues. This will ensure linkages are made with the wide range of services and agencies who have a remit to improve health and wellbeing, in particular, the Trust Health Improvement and Community Development service.

TABLE 2: POPULATION PROJECTIONS FOR NHSCT (2007–2017)

Projected Population - NHSCT							
	2007	2009	2011	2013	2015	2017	2007-2017
0-4	27389 (6.2%)	27264 (6.1%)	27334 (6.1%)	27504 (6.1%)	27678 (6.1%)	27850 (6.1%)	461 (2.5%)
5-19	92351 (21.0%)	90894 (20.5%)	89536 (20.0%)	88530 (19.6%)	87814 (19.3%)	87073 (19.0%)	-5278 (-28.4%)
20-64	257,065 (58.4%)	259,030 (58.3%)	260,928 (58.2%)	261,793 (57.9%)	262,739 (57.7%)	263659 (57.4%)	6594 (35.4%)
65-74	35000 (7.9%)	37245 (8.4%)	39080 (8.7%)	41089 (9.1%)	42545 (9.3%)	43859 (9.6%)	8859 (47.6%)
75-84	21,566 (4.9%)	22178 (5.0%)	22954 (5.1%)	24076 (5.3%)	25303 (5.6%)	26553 (5.8%)	4987 (26.8%)
85+	7122 (1.6%)	7693 (1.7%)	8277 (1.8%)	8833 (2.0%)	9427 (2.1%)	10109 (2.2%)	2987 (16.1%)
All Ages	440493	444304	448109	451825	455506	459103	18610

Table 2 illustrates population projections for the NHSCT. These projections are based on the 2002 mid-year population estimate and indicate that the NHSCT population is expected to increase by 4.2% by 2017 (an increase of 18,610 people).

Source: NISRA (These figures have been rounded to the nearest 100 and so totals may not add to the sum of the columns).

STANDARDS

The importance of setting standards for maternity services has been recognised by the inclusion of 'maternity' in the National Service Framework and additional recommendations and guidance from many sources such as Centre for Maternal and Child Enquiries (CMACE), National Institute for Health and Clinical Excellence (NICE) and professional bodies such as Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Midwives (RCM). Following the publication of Safer Childbirth (Minimum Standards for the Organisation and Delivery of Care in Labour (October 2007) Standards for Maternity Care 2008 were published collaboratively by the Royal Colleges of Obstetrics & Gynaecology, Midwives, Anaesthetics and Paediatrics & Child Health.

In Northern Ireland a Regional Audit of Acute Maternity Services was commissioned in 2006 by the DHSSPS and conducted by Price Waterhouse Coopers. The audit was to examine the economy, efficiency and effectiveness of Acute Maternity Care Services and it provided the first service profile and comparative benchmarking data across Northern Ireland. Key recommendations were determined for collective action by Trusts, Boards and DHSSPS in the following key areas, costs, activity/staffing and expenses and views of staff (especially midwives and users) (see appendix 1).

In developing this strategy it is important to note that maternity services cannot be considered in isolation. It has important links with other specialties and is closely aligned with, and has a professional interdependence to gynaecology, anaesthetics, radiology (ultrasonography), paediatric services particularly neonatal services, specialist community public health nurses, family and childcare teams and mental health. Any redesign of maternity services in Northern Trust will be viewed in light of the impact upon these other key related service areas. Effective clinical governance requires a person centred approach with Trusts developing clear systems for using information and feedback from former and current service users to assess and improve the quality of services.

Since 2007/8 the Local Supervising Authority (the NHSSB) arranged for the Local Supervising Authority Midwife Officer (LSAMO) to carry out an annual audit of the practice and supervision of midwives within the NHSCT area to ensure the requirements of the Nursing and Midwifery Council (NMC) are being met. The NHSSB exceeds the standard set by the NMC for the ratio of Supervisors of Midwives to midwives which is positive and allows for the further development of midwifery supervision within the area.

Supervision of Midwives is a means of promoting excellence in midwifery care, by supporting midwives to practise with confidence, therefore preventing poor practice (see appendix 2).

GUIDING PRINCIPLES FOR THE DEVELOPMENT OF NHSCT MATERNITY SERVICES

The following key principles have been proposed by the multi-Professional Team delivering maternity services across the Northern Trust area:

1. Maternity Services are delivered in a way that promotes pregnancy and childbirth as a normal life event;

2. Maternity Services provide safe, high quality services that strive continuously to improve within a learning culture;

3. All women and their families have access to a comprehensive range of maternity services which are equitably and appropriately resourced;

4 Maternity Services are aimed at reducing inequalities and improving health outcomes for mothers and babies;

5. Maternity Service providers work together, in partnership with women, to ensure a seamless service and a pathway for childbirth;

6. Maternity Services ensure a woman-centred* evidence based approach.

*** Woman centred also includes baby**

PRINCIPLE 1

Maternity services are delivered in a way that promotes pregnancy and childbirth as a normal life event.

This principle recognises that pregnancy and childbirth are normal life events for most women. It acknowledges childbearing as a life event in which the importance of informed consent and decision making for parents is supported and respected. It recognises the importance of providing women with the encouragement and support to give birth naturally. It also recognises the importance of mothers with pre-existing medical conditions and associated risk factors, who require medical or obstetric interventions, having a positive birth experience.

The Trust adopts the 2007 consensus statement of the Royal College of Midwives, Royal College of Obstetricians & Gynaecologists and the National Childbirth Trust as stated in Making Normal Birth a Reality. The consensus statement advocates a precise definition for 'normal birth' as:

> "without induction, without the use of instruments, not by caesarean section and without general, spinal or epidural anaesthetic before or during delivery"

Maternity care professionals must work to promote the view of pregnancy and childbirth as being normal life events, but they must also have the skills to recognise when either the mother or baby is having problems. There is no such thing as 'zero risk' for women who are pregnant or giving birth; an element of risk applies to all pregnancies and can only be fully ascertained once the pregnancy is over. Whilst complications may occur, severe illness is present only in around 4 women per 1000. On average, there are 2-3 deaths related to pregnancy each year in Northern Ireland. The Trust will provide a first class service for those with complications and any loss related to pregnancy will be acknowledged sensitively.

PRINCIPLE 2

Maternity Services provide safe, high quality services that strive continuously to improve within a learning culture.

This principle recognises that the quality and safety of maternity services is important in NHSCT and is central to maintaining public confidence in Maternity Services. It recognises the need to implement evidence-based national standards for maternity care.

Professionals at all levels will have appropriate training and will have access to regular continuing professional development (CPD) opportunities to equip them with the competencies and skills they need to provide high quality, safe care for women antenatal, in childbirth (intrapartum care) postnatal and during neonatal care. A multi-disciplinary training and development plan will be integral to this strategy to include breastfeeding and other lifestyle related issues.

The principle also recognises that good information systems are necessary for the effective monitoring and evaluation of maternity services. Information management and communication will be developed to aid the planning, provision and monitoring of intrapartum care. Maternity care professionals will adopt risk-assessment and nationally recognised management skills as core responsibilities.

PRINCIPLE 3

All women and their families have access to a comprehensive range of maternity services which are equitably and appropriately resourced.

This principle recognises that all women should have timely access to a skilled maternity workforce. This principle also recognises that there are a number of barriers to access for different groups of women including women who live in rural communities, those who have physical or learning disabilities, mental or physical health problems, experience domestic violence, misuse drugs or alcohol and women from black and minority ethnic communities.

The Trust is mindful that there are increasing numbers of people of Eastern European origin living in the Northern Trust area. Whilst it is not possible to assess the full extent of Black and Minority Ethnic (BME) and migrant workers resident within the Trust's jurisdiction the numbers are significant. The Trust is committed to ensuring that its services are accessible to everyone. The Trust spends significant resources in ensuring its services are accessible by the whole community and is one of the biggest users of the Regional Interpreting Service for Health and Social Care. The Trust has established an Interpreting and Translation service to ensure that those whose first language is not English and people with a disability receive all information in an accessible format. For more information about this service please contact the Equality Unit at 028 2766 1377 or equality.unit@northerntrust.hscni.net.

To achieve this principle the Trust will have systems in place to ensure that women have appropriate access to safe, effective and inclusive maternity services. The Trust will make sure that it has a workforce which has the necessary skills, training and competence to deliver safe and effective maternity services. The Trust will make sure that recruitment will keep pace with turnover and that all newly appointed staff are afforded the necessary support to enable them to become effective members of the workforce. The Trust will continue to be an employer of choice and will make sure that it takes

necessary actions to retain skilled personnel across a range of grades in medical, midwifery and support staff.

It is important to fund cost-effective maternity services using funding mechanisms based on sound financial principles. These include the use of suitable data to demonstrate cost-effectiveness of maternity services. The principle also recognises that funding mechanisms can have an effect on how well maternity services are experienced and provided and that this should be taken into consideration in the planning and provision of maternity services.

However, there are a number of significant pressures on the system including the need to develop an appropriately staffed fetal/maternal assessment unit at Antrim Hospital and the need to ensure there is an appropriate skill mix which provides the required support to midwives so that they can concentrate on tasks that are relevant to their role.

Local planning and commissioning of maternity services in NHSCT, in particular childbirth (intrapartum) services, should take place within a regional context. This will help to ensure local services reflect regional and national priorities.

PRINCIPLE 4

Maternity services are aimed at reducing inequalities and improving health outcomes for mothers and babies.

This principle recognises that a population approach to planning and providing maternity services is necessary to identify high risk groups. It is important that maternity resources are targeted to ensure the availability of responsive and appropriate services to reduce inequalities and improve outcomes for women and children. Maternity services need to be constantly responsive and able to adapt to changing needs and issues that emerge in the community.

Health status in adulthood is often affected by pregnancy and early life. Levels of smoking in pregnancy and drug and alcohol misuse remain a concern. The lead midwife for community and public health will lead the development and integration of health promotion programmes and associated interventions across maternity services.

The Trust will make sure that it works closely with commissioners to target resources where they are most needed. The Trust will make sure that it has appropriate systems in place to identify risk and to take steps to help reduce risk to women during pregnancy and in the post natal stages. There are a number of high risk groups which require specific consideration including teenage mothers, women experiencing domestic violence, women from ethnic minorities, women with medical conditions such as diabetes and women with mental health problems or a history of mental illness including post natal depression and women with drug and alcohol misuse issues. All staff are committed to supporting the healthiest outcome for mother and baby.

PRINCIPLE 5

Maternity service providers work together, in partnership with women, to ensure a seamless service and a pathway for childbirth.

This principle recognises that the relationship between the woman and the maternity practitioner will shape the mother's experience of childbirth. The relationship will be based on the principle of partnership where informed choice and consent is central to the process, along with shared responsibility and empowerment of women.

The development of a range of pathways to include midwifery led care, shared care and consultant led care ensures that all women have choice and will have a midwife to attend them in their labour. The provision of maternity services requires effective integration of maternity providers across community, hospital and regional services. It requires midwives, medical and other health professionals to communicate and collaborate in a team approach to ensure that women receive safe, quality care throughout pregnancy and where there is pregnancy loss it will be acknowledged sensitively.

The Trust recognises and accepts that many women will have an uncomplicated pregnancy and birth. In such circumstances it is appropriate that the lead professional should be a midwife and that the mother's care pathway should be managed by a midwife. For those mothers however where there is a degree of risk and, in particular, where there is a history of complication in previous pregnancy it will be more appropriate to offer a shared care or a consultant led model of care and support.

After 'booking' all women should be offered an agreed and appropriate level of care, the pattern of which is based on collaborative principles and risk assessment. Women who are pregnant must be informed about risk with unbiased, evidence-based information to help them decide where to give birth. The principle also requires maternity providers and services to have

effective partnership working arrangements with primary care, social care, public health nursing, paediatric services and mental health.

Service users will be empowered in a variety of ways to contribute to the planning of services. The Trust has recently appointed a lead midwife for Inpatient services. This lead midwife will also have responsibility for involving service users.

Recent guidance (May 2009), published by the Department of Health, Social Services and Public Safety (DHSSPS) for Maternity Services Liaison Committees (MSLCs) highlight the valuable role that these commissioner led MSLCs will have in shaping the future of maternity services locally. The Trust will participate in these groups.

PRINCIPLE 6

Maternity Services ensure a woman-centred, evidence based approach.

The principle recognises that maternity services are centred on the woman and designed to meet her specific needs. All women should have continuity of care throughout the pregnancy, labour and birth and during the postnatal period, supported by a lead maternity carer, which in most cases will be a midwife. Women and their partners should have good quality information enabling them to make informed decisions at different stages of their pregnancy and childbirth experience. They should feel supported and assisted towards the best possible outcome, including entering parenthood with confidence.

Women must receive high quality care during childbirth. The care should be based on the available evidence about effective practice and should be woman and baby-centred and offered as close to the woman's home as possible. Continuous care will be provided for all women during labour. This will include 'one to one' care from the onset of established labour. A strong multi-professional team approach is vital for the delivery of a clinically effective and seamless service.

Women and their partners will be well-informed about arrangements for their care and support throughout the pregnancy and beyond. Over the last fifty years there has been a dramatic cultural change where the majority of fathers/partners attend the birth and about half attend antenatal or parenting classes. There is considerable evidence that involving supportive partners in labour reduces mothers' distress and that the presence of partners at the birth of a child results in them being more involved in the life and development of the child. Younger partners are less likely to attend parenting courses and may lack support from family and friends. Also, smoking cessation evidence shows that while some women give up smoking during pregnancy their partners are less likely to do so. Clearly any strategy for maternity services should support fully the involvement of partners.

Maternity Service providers will work together in partnership with women to ensure a seamless process throughout the continuum of maternity care. We will continue to build on integrated working relationships to achieve best outcomes for children and parents and further cooperate with other services to safeguard children.

IMPROVING HEALTH AND WELLBEING

Improving population health in Northern Ireland continues to be a priority for Government.

In 2002, the first regional public health strategy for Northern Ireland 'Investing for Health (IfH)' was produced and an Investing for Health 'Partnership' established in each Board area. The Trust is a key partner within the Northern Investing for Health Partnership and, as cited in the Trust Corporate Plan 2009-2012, will continue to work on key priority areas linked to planned outcomes. These include:

- increasing life expectancy for men and women
- tobacco control
- addressing the rise in obesity levels
- reduction in adults/young persons drinking
- reduction in numbers of young people who take illegal drugs
- reduction in the number of children at risk from parental alcohol or drug dependency
- reduction in the rates of suicide
- reduction in the rate of births to mothers under 17
- contribute to regional Hidden Harm Action Plan

In particular, emerging issues in maternity services include a growth in the number of women who have additional support needs, be that mental ill health, physical disability, learning disability, domestic violence, drug or alcohol misuse, women whose first language is not english or the very young. Multidisciplinary and multi agency working is essential in these cases and additional time is often required to ensure the best possible outcome for mother and baby. Associated care pathways, across the Trust, will be developed.

- Breastfeeding contributes to overwhelming health benefits for mother and baby and has also a major role to play in promoting personal health and reducing inequalities. NHSCT is committed to the achievement of UNICEF 'Baby Friendly' accreditation;

- Pregnant women who smoke are more likely to have a premature baby or a baby with a very low birthweight. Such babies are also at a higher risk of asthma and bronchitis. Second hand smoke is also harmful to the foetus and newborn;

- The Confidential Enquiries into Maternal and Child Health in the UK estimates that over one third of domestic violence incidents start during pregnancy. Physical and emotional indicators such as stress, anxiety disorders, including panic attacks or depression, feelings of isolation and inability to cope, suicide attempts or gestures of deliberate self harm may be present.

We know from evidence that generally healthy women have healthy babies and this strategy aims to ensure that women are encouraged and supported to improve their health before during and after pregnancy. Planning and preparation for pregnancy must be promoted by the NHSCT and partner agencies so that women are encouraged and supported to be as healthy as possible.

CURRENT ISSUES FOR SERVICE IMPROVEMENT/ DEVELOPMENT ACROSS NHSCT MATERNITY SERVICES

The key challenges for the Northern Trust in the planning and resourcing of safe and effective care were identified in the Independent Review of Maternity Services.

- **Clinical and Corporate Governance**
- **Workforce**
- **Relationships and Multidisciplinary co-operation**
- **Maternity information systems/data collection**
- **Leadership**
- **Modernisation and Reform**
- **Improving Health and Wellbeing and Tackling Inequalities**

Clinical and Corporate Governance

Patient safety can be defined at its simplest as the avoidance, prevention and amelioration of adverse outcomes or injuries stemming from the process of health care. Safety is achieved partly though the dedication and vigilance of individual clinicians, women and families, and partly by robust processes and systems of care. Even though pregnancy and child birth are normal physiological processes, there may still be some degree of risk for both mother and baby. Maternity care is, therefore, based on managing risk within normal physiological processes, not eliminating risk. Safety is the top priority in clinical care. A comprehensive clinical governance framework is essential to monitor the quality of care provided to women and their families, to encourage clinical excellence, enable continuous improvement and provide clear accountability. This will include:

- Clinical guidelines
- Clinical audit
- Education and training

- Continuing professional development
- Clinical risk management
- Complaints
- Revalidation
- Service accreditation.

Safety is the responsibility of each and every team member working in and supporting maternity services – not only midwives and medical staff but also support staff, senior managers and Trust Boards. However, frontline teams are key to improving the safety of maternity services. Three action plans are being implemented across maternity services to take account of the recommendations of the independent inquiry and the independent review of maternity services.

An experienced midwife has been appointed on a full time basis to assume the lead role in respect of 'governance' and 'risk'. This will involve a number of important tasks including taking the lead in the review of all policies and procedures in respect of maternity services and developing a risk management strategy.

The Trust has also recruited a midwife to lead on practice development for the midwifery service and thus contribute to the enhancement of the midwifery skills required for the delivery of midwifery led care.

Although the actions contained focus on a 5 year strategy, Trust visioning for maternity services will reflect the DHSSPS publication 'A Healthier Future: Twenty Year Vision for Health and Wellbeing in Northern Ireland 2005-2025'.

Workforce

The Trust values the commitment and commends the dedication and expertise of all the staff involved in the provision of its quality maternity service. The NHSCT strives to be an 'employer of choice' and is committed to the principles of Investors in People (IIP).

Currently there is a national shortage of midwives. There are multiple reasons for the workforce shortages including, an ageing workforce, insufficient numbers of students being trained and difficulties in recruitment and retention. Workforce shortages lead to higher workloads and work related stress making all models of care vulnerable. A sustainable workforce is required to ensure that all women have access to a midwife and specialist assistance when required.

The Trust is committed to workforce planning that will lead to the recommended numbers of staff across all lead professions. DHSSPS is currently completing a regional review of nursing and midwifery staffing and the Trust has completed a 'Birthrate Plus' analysis of midwifery staffing levels to inform future workforce planning. The future workforce plan will be informed by the regional workforce review and recommendations of Birthrate Plus to include the introduction of a maternity support worker (MSW) role thus ensuring a higher ratio of skill mix.

Changes brought about by the European Working Times Directive (EWTD) will have particular impact on the junior doctors training arrangements and in maintaining a safe and effective level of medical staffing especially in the smaller of the two maternity units.

The Trust will facilitate a higher level of consultant presence in the delivery suite at Antrim hospital. The Trust will strive to implement a 'consultant of the week' or an equivalent model at Antrim which will require a realignment of work including the high number of out patient clinics which are served by consultant.

Relationships and multidisciplinary co-operation

A good working relationship between the multidisciplinary team and the women in their care is crucial to ensure optimal birth outcomes. This is best achieved within a team approach, based on mutual respect, a shared philosophy of care and clear organisational structures with explicit and transparent lines of communication.

Clear, accurate and timely communication between all team members and each discipline is essential as well as with women and their families. This strategy will ensure that there is effective communication facilitated through multidisciplinary team meetings, safer patient initiatives and clinical risk reviews.

Maternity information systems, data collection and records management

Efficient and effective information systems are needed to provide good data to monitor the performance of the maternity sector and to assist in providing direction for quality improvement activities. There is evidence that the current data collection is neither complete nor accurate enough to support monitoring requirements on the quality or safety of services being delivered.

A modern integrated information system is required to capture intelligent data to inform service planning and priorities. The regional approach, following the 2006 value for money study (appendix 1), supports the continued use of an updated Northern Ireland Maternity System (NIMATS) but emphasises the importance of having expert system managers to support its use. Within the NHSCT 2 members of staff have been identified to maximize the effective use of NIMATS. Regional maternity hand held records will be implemented across NHSCT in 2009/10. This initiative was adopted from work pioneered in the Causeway Maternity Unit and recognised by the DHSSPS as an exemplar of best practice.

Leadership

The Department of Health, Social Services and Public Safety (DHSSPS) has a leadership role in creating policy, regulation and legislation that promotes and supports maternity service provision to its population. A regional policy on maternity services is planned and this will be pivotal in shaping the future of Maternity Services across Northern Ireland.

The new Health & Social Care Board and the Public Health Agency will be responsible for the health of the population and the provision of good quality maternity services. The external review highlighted the requirement for further leadership development across all professional groups, at all levels, associated with maternity services. Leadership development will be a key action arising from this strategy.

Key developments include the designation of a named consultant for delivery suite and the appointment of a midwife consultant in collaboration with the Queens University of Belfast (QUB). As part of the restructuring of maternity services in the Northern Trust we have established a new leadership structure. The structure includes a Clinical Director with responsibility for Obstetrics & Gynaecology, an Assistant Director with a lead role for Obstetrics & Gynaecology and a Head of Midwifery & Gynaecology for the Northern Trust.

The Clinical Director for Obstetrics & Gynaecology leads a team of 11 Consultants with supporting medical staff. The Head of Midwifery & Gynaecology is supported by a governance midwife, practice development midwife and four lead midwives each with a specific remit for certain aspects of the service:

- Lead Midwife for Inpatient Maternity Services
- Lead Midwife for Delivery Suite Services and Governance
- Lead Midwife for Community and Public Health
- Lead Midwife for Outpatients and Gynaecology

Modernisation and Reform

The Trust remains fully committed to a programme of reform and modernisation of maternity services taking account of the recommendations and best practice from across the United Kingdom.

Modernisation is about continually reviewing service provision and embarking on innovative change where required. Key areas for modernisation and reform will include the introduction of midwifery led care, skill mix, review and rationalisation of off site clinics, review of intrapartum care in light of Regulation and Quality Authority (RQIA) assessment and the response to the Independent Reviews of the service.

Action will be taken on a number of fronts. Excellence in maternity care requires constant enhancement of clinical service provision. The Trust is committed to the development of the following services during the next 5 years:

- Provision of midwifery led care with phase 1 development in Causeway Hospital;

- Early Pregnancy Service: across Trust sites which meets recognised standards for those who are symptomatic in early pregnancy;

- Ultrasonography: providing across the Trust, appropriate equipment, staffing and recording of ultrasonic examinations by either obstetrical, radiological or midwifery staff;

- Fetal and Maternal Assessment Unit: establishment of a fetal and maternal assessment unit in Antrim;

- Neonatal service: to work collaboratively with the paediatric team to enhance the provision of neonatal cots and thus reduce the need for intrapartum or postpartum transfer of Northern Trust mothers and babies to a variety of hospitals.

- Perinatal Mental Health: the development of a mental health pathway in collaboration with mental health services to implement best practice guidelines in keeping with national and regional recommendations;

- Endocrine-Obstetric Clinic: provision of endocrine-obstetric clinic in line with best practice guidelines;

- Anaesthetic service: development of anaesthetic service in line with RQIA recommendations regarding anaesthetic cover for Labour Wards;

Modernisation and reform of services will be taken forward through the business planning process and will be prioritised and commissioned in line with this strategy. The associated action plan will be reviewed annually to ensure service modernisation and reform is realised.

Improving Health and Wellbeing and Tackling Health Inequalities

In Northern Ireland there are differences in health status related to socioeconomic status, ethnicity, gender and where people live. Differences in access to health care services have a considerable impact on people's health status and mortality and are particularly relevant when it comes to providing maternity services. It is important that all women and babies have equal opportunity to have optimal maternity outcomes. There is evidence that some groups of women are disadvantaged with respect to access and/or outcomes:

- women from rural communities;
- women with disabilities;
- women with mental health problems;
- women with drug and alcohol misuse issues;
- Women from Black and Minority Ethnic communities.

Actions to address health inequalities should tackle social and economic inequalities as well as improving access to and effectiveness of health and disability services. Along with the regional Public Health Strategy 'Investing for Health', the Regional Strategy for Health and Wellbeing 'A Healthier Future' presents a vision for health and wellbeing in Northern Ireland over the next twenty years. The strategy places a strong emphasis on:

- promoting public health;
- engagement with people and communities to improve health and wellbeing;
- the development of responsive and integrated services which will aim to treat people in communities rather than in hospital;
- new, more effective and efficient ways of working through, multi disciplinary teams;
- measures to improve the quality of services; and
- flexible plans, appropriate organisational structures and effective, efficient processes to support implementation of the strategy.

PRIORITIES, GOALS and ACTIONS

The Maternity Service Action Plan proposes goals and actions that describe what needs to be done. The challenge for NHSCT, partner organisations and service users is to work collaboratively to support maternity services in the area.

The goals and short, medium and long term actions are outlined in the following tables.

The timeframes for the plan are:

Short-term actions:	2009 – 2010
Medium-term actions:	2010 – 2012
Long-term actions:	2012 - 2014

ACTION PLAN ON CURRENT ISSUES ACROSS NHSCT MATERNITY SERVICES RELATES TO THE FOLLOWING AREAS

- Clinical and Corporate Governance;
- Workforce;
- Relationships and Multidisciplinary co-operation;
- Maternity information systems/data collection;
- Leadership;
- Modernisation and Reform;
- Improving Health and Wellbeing and Tackling Inequalities.

MATERNITY SERVICES ACTION PLAN 2009-2014

	ACTION	TIMESCALE				
		Responsible Officer	Cost	Short	Med	Long
Clinical Governance	• Develop Maternity Risk Management Strategy • Establish a user led Maternity Services Liaison Committee (MSLC) for each maternity unit • Develop a learning and Development plan for the multi-disciplinary team • Multidisciplinary guideline development (incorporating standards and best evidence) involving MSLC • Audit programme • Ensure robust systems in place for supervision of midwives. • Work collaboratively with LSA Officer / implement recommendations of annual audit / supervision of midwives • Link with Supervisors of Midwives	Head of Mid & Gynae, Clin Dir Obs & Gynae, AD Obs & Gynae AD Obs & Gynae Head of Mid & Gynae, Clin Dir Obs & Gynae, Head of Mid & Gynae, Clin Dir Obs & Gynae Head of Mid & Gynae, Clin Dir Obs & Gynae	£2500	√ √ √ √ √ √ √		
Workforce	• Skill mix review of midwifery/Introduction of maternity support worker	Head of Mid & Gynae,	£200K		√	

	ACTION	TIMESCALE				
		Responsible Officer	Cost	Short	Med	Long
	• Recruit adequate level of medical staff to meet EU Working time directive • Develop a workforce plan for recruitment and retention of staff associated with maternity services • Recruit Consultant midwife in collaboration with QUB • Recruitment in line with Birthrate plus recommendations. • Introduce Consultant of the Week, or a similar model, for delivery suite in Antrim.	Clin Dir Obs & Gynae AD Obs & Gynae Head of Nursing (Workforce) Clin Dir Obs & Gynae AD Obs & Gynae AD Obs & Gynae Head of Mid & Gynae Head of Mid & Gynae, Clin Dir Obs & Gynae, AD Obs & Gynae Clin Dir Obs & Gynae, AD Obs & Gynae	£300K £40K £150K £75K	√ √ √ √	√ √ √	
Relationships and Multidisciplinary cooperation	• Development of maternity services network, and associated fora, across NHSCT interfaces e.g. other maternity units, neonatology, paediatrics, public health nursing, anaesthetics and mental health • Establish multi-disciplinary training • Establish midwifery staff forum • Development needs identified at Supervisory annual review to feedback to managers for education	Clin Dir Obs & Gynae Head of Mid & Gynae Clin Dir Obs & Gynae Head of Mid & Gynae AD Human Resources	£10K	√ √ √ √		

	ACTION	TIMESCALE				
		Responsible Officer	Cost	Short	Med	Long
	commissioning					
Maternity Information Systems/data collection	• NIMATS system to be further developed in line with regional guidance. • Populate NHSCT website to incorporate information on maternity services	Clin Dir Obs & Gynae, AD Obs & Gynae Head of Mid & Gynae Head of Mid & Gynae		√ √		
Leadership	• Develop a strategy for leadership development, at all levels, in Maternity services • Work with the Trust Organisational Development Lead to plan leadership programmes internal and external to the Trust for staff in maternity services. • Liaise with SoMs around leadership development in midwifery	Clin Dir Obs & Gynae, AD Obs & Gynae Head of Mid & Gynae Clin Dir Obs & Gynae, AD Obs & Gynae Head of Mid & Gynae		√ √ √	√	
Modernisation and reform	• Implementation of Independent reviews – recommendations and actions • Implementation of Value for Money recommendations • Review current care pathways	Clin Dir Obs & Gynae, AD Obs & Gynae Head of Mid & Gynae As Above Project		√	√ √	

	ACTION	TIMESCALE				
		Responsible Officer	Cost	Short	Med	Long
	available to women in NHSCT e.g. Consider development of midwifery led care and normal pathway for childbirth – project manager	Manager/Midwife	£25K		√	√
	• Review of current arrangements for intrapartum care (labour and childbirth) following RQIA assessment and recommendations	As Above		√		
	• Development of fetal/maternal assessment unit in Antrim	As Above		√	√	
	• Review all off-site clinics for best use of resources	Head of Mid & Gynae Clin Dir Obs & Gynae		√	√	
	• Review capacity in delivery suites	Lead Consultant /Midwife - Delivery Suite	£25K	√		
	• Review pathways currently available to women with pre existing medical conditions, such as diabetes	Head of Mid & Gynae Clin Dir Obs & Gynae		√		
	• Develop a pathway for women with mental health issues who are using maternity services	Project Midwife Head of Mid & Gynae		√	√	
	• Review of outpatient services	Lead Midwife for Gynae & OPD		√		
	• Review of antenatal education services and information provided to women	Lead Midwife – Comm. & Public Health		√		
	• Work collaboratively with neonatology to develop an	Head of Mid & Gynae		√		

	ACTION	TIMESCALE				
		Responsible Officer	Cost	Short	Med	Long
	escalation policy integral to regional neonatal network	Lead Midwife for Delivery Suite				
	• Review current sonography service provision and benchmark against best practice standards	AD Obs & Gynae		√		
	• Ensure there is an equipment replacement programme in place for scanners	Head of Mid & Gynae	£250K	√		
	• Recruit 1.5 sonographers to meet demands of service.		£92K	√		
	• Commission one room in delivery suite for critically ill obstetric patients	Lead Midwife for Delivery Suite	£50K			
	• Ensure fixed pool facilities also available in Causeway (women's request following 2006 survey) so that there is waterbirth equity for women in NHSCT	Head of Mid & Gynae Clin Dir Obs & Gynae		√		
	• Work with Managers and SoMs to develop midwifery led care in NHSCT (evidence from Cochrane collaboration)	Head of Mid & Gynae Clin Dir Obs & Gynae		√		
	• Once available ensure rapid adoption of the regional Maternity Hand Held Record from use by women and all professionals involved in maternity care from	Head of Mid & Gynae Clin Dir Obs & Gynae		√		

	ACTION	TIMESCALE				
		Responsible Officer	Cost	Short	Med	Long
	'booking' to the end of their maternity postnatal care. • Develop Early Pregnancy Service • Provide Endocrine Obstetric clinic • Further develop 'Mental Health Pathway' to implement best practice guidelines	Head of Mid & Gynae Clin Dir Obs & Gynae Head of Mid & Gynae Clin Dir Obs & Gynae		√ √ √		
Improving Health and Wellbeing and tackling Health Inequalities	• Work in partnership with other agencies in support of 'Investing for Health' goals and objectives and the area Health Improvement Plan • Promote healthy lifestyles to include pre conception care, ongoing sexual and reproductive health, ante natal smoking cessation, physical activity, healthy eating, mental health promotion and breastfeeding • Implementation of regional breastfeeding strategy with roll out of Baby Friendly Initiative across NHSCT. • Ensure that actions relevant to maternity services in the area 'Hidden Harm' Action Plan (substance misuse) are	Head of Mid & Gynae Clin Dir Obs & Gynae Lead Midwife – Comm. & Public Health Head of Mid & Gynae Clin Dir Obs & Gynae Lead Midwife – Comm. & Public Health Head of Mid & Gynae Clin Dir Obs & Gynae Lead Midwife – Comm. & Public Health As Above	£10K	√ √ √ √	√ √ √	√ √ √

	ACTION	TIMESCALE				
		Responsible Officer	Cost	Short	Med	Long
	implemented • Build on existing good practice in relation to sexual health e.g. Texting service for young women, antenatal sessions for teenage mothers and further develop choices and pathways for teenagers	Head of Mid & Gynae Lead Midwife – Comm. & Public Health		√	√	√
	• Continue to develop the links with family planning and health improvement service in relation to the teenage pregnancy and sexual health strategies	Head of Mid & Gynae Lead Midwife – Comm. & Public Health		√	√	√
	• Accessible information should be provided and ensure adherence with requirements around ethnicity, disability and other marginalised groups	Head of Mid & Gynae Clin Dir Obs & Gynae Lead Midwife – Comm. & Public Health		√	√	√
	• Promote staff health and wellbeing in line with Trust strategy.	Clin Dir Obs & Gynae, AD Obs & Gynae Head of Mid & Gynae		√	√	√

MATERNITY SERVICES STRATEGY WORKSHOP GROUP

Allison Hume	Head of Nursing Workforce and Development
Angela Kincaid	Service User
Ann Doherty	Breastfeeding coordinator
Anne-Marie Doherty	Strategic Lead for Health Improvement
Barbara Strawbridge	Clinical Midwife Specialist
Bernie Carlin	Coleraine Sure start
Bid McKeown	Lead Midwife Community Midwifery and Public Health
Caroline Keown	Lead Midwife
Diana McClean	RCM/Community Midwifery
Dr Fiona Kennedy	Consultant in Public Health NHSSB
Dr Hunter	GP/LCG
Dr. Barry Marshall	Consultant Obs/Gynae
Dr. Conor O'Neill	Consultant Paediatrician
Dr. Frances Stewart	Consultant Obs/Gynae – Labour ward lead
Dr. Geoff Wright	Consultant Anaesthetist
Dr. Greg Furness	Consultant Anaesthetist
Dr. Mike Ledwith	Clinical Director Paediatrics
Dr. Robert McMillen	Clinical Director Obs/Gynae
Dr. Sanjeev Bali	Consultant Paediatrician
Elaine Donnelly	Coleraine Sure start
Elisha Devlin	Service User
Elizabeth McLaughlin	Health Visitor
Fiona Brown	Head of Children's Nursing
Geraldine McDonnell	Service User
Gill Almond	National Childbirth Trust
Glenn Houston	Director of Women's and Children's Health

Gwyneth Peden	Lead Midwife
Heather Beattie	Sonographer
Jacqueline Robinson	Community Midwife Manager (Acting)
Joan Stephens	Lead Physiotherapist
Karen Graham	Clinical Midwife Specialist
Kristy Lee Greene	Breastfeeding Advocate
Liz McCurry	Social Worker
Lee Millen	Ethnic Minority Support Worker
Maeve McGuigan	Lead Public Health Nurse
Margaret Gordon	Assistant Director Women's and Children's Health (Obs/Gynae)
Mary Maxwell	Head of Midwifery and Gynaecology
Marie Kyne	Community Midwife Manager (Acting)
Maureen Griffith	NHSSB
Megan Blinn	National Childbirth Trust
Pat Joyce	Coleraine Sure start
Paula Mulholland	Lead Midwife (Gynae & Obs)
Sarah McCann	La Leche League
Sharon Kirk	Co-ordinator Dalriada Rural Surestart
Shauna Carberry	Service User
Susan Gault	Head of Public Health Nursing
Tara Farrington	Head of Service Family Planning
Verena Wallace	LSA Midwifery Officer

APPENDIX 1

AUDIT OF ACUTE MATERNITY SERVICES DHSSPS 2006 – KEY RECOMMENDATIONS

Costs, Activity and Staffing

- A defined Northern Ireland maternity services data set should be developed (potentially modelled on the annually published English data set) and regular information audits undertaken to benchmark between units within the wider NHS.

- Review the level of midwifery staffing between units, and in particular continue to progress appropriate recruitment and retention strategies in order to mitigate the effects of the age structure of the current workforce.

- Review opportunities to progress a greater 'mix' of medical staff, in particular at smaller units in order to ensure appropriate coverage and workload for consultant obstetricians. Also, support as appropriate the Royal College of Obstetricians and Gynaecologists in its recommendations to address recruitment difficulties to the specialty.

- Review the opportunities for continuing to extend the skills of midwives.

- Review the scope for extending the role of nursing staff on acute maternity wards.

- Consider whether and/or how other staff, volunteers or independent providers may be able to provide support in maternity care provision such as in the areas of breastfeeding, mental health and general health promotion.

- Review the scope for seeking to reduce the average length of stay for women in NI maternity units.

- Implementation of routine caesarean section and instrumental delivery surveillance audits, to monitor the level of such intervention and promote consistency of approach across NI and maintenance of identified good practice (for example NICE guidelines).

- Ensure systems are in place to accurately determine the level and impact of private practice on NHS services, whether it be restricted to ante-natal packages or encompass the entire maternity episode.

- Implement appropriate cost recovery procedures for aspects of private patient activity conducted in NHS facilities.

- Continue to monitor and seek to minimise sickness levels across maternity staffing groups.

Experiences and Views of Staff (especially midwives) and Users

- The results of the service user survey should be reviewed in light of the case mix and activity within each unit, in particular the following should be considered:

    - Seek to maintain the high level of satisfaction with NI maternity services as expressed by users as part of the service user survey;
    - Review the level of choice available to women in terms of the availability of the various types of maternity services, in particular in NHSSB and WHSSB Trusts with respect to check ups and location of birth;
    - Review the level of opportunity across the Trust areas for women to avail of midwifery led services and how this is communicated to them;
    - Review the level of information available on tests, in particular in the WHSSB and SHSSB Trusts, and promote consistency both in terms of availability and information provided;
    - Review the format and content of parent craft classes; and

- Seek to continue to involve women and their partners in regular feedback about maternity services and their impact on individuals at a local level.

- Review the results of the midwifery staff survey. In particular the following should be reviewed:

  - The process of GP referral to acute Trusts, to promote early identification of choice for women in terms of their maternity care.

APPENDIX 2 – SUPERVISION OF MIDWIVES

Supervision of Midwives (SoMs) is a statutory responsibility which provides a mechanism for support and guidance to every midwife. The purpose of supervision of midwives is to protect women and babies by having a safe standard of midwifery practice. Supervision is a means of promoting excellence in midwifery care, by supporting midwives to practice with care and confidence.

SoMs have a duty to promote childbirth as a normal physiological event and to work in partnership with women, creating opportunities for them to influence the development of maternity services and also ensure that midwifery care is responsive to local needs. SoMs have a role in advising and supporting women who use midwifery services, advocating for the right of all women to make informed, evidence based choices about their care.