SOUTH WARWICKSHIRE
MATERNITY SERVICES LIAISON COMMITTEE

ANNUAL REPORT JANUARY 2007 - EXECUTIVE SUMMARY

South Warwickshire Maternity Services Liaison Committee (MSLC) continues to meet bimonthly with regular attendance by user representatives, midwifery staff and members of the Primary Care Trust (PCT) and other affiliated organisations.

The Annual Report of the South Warwickshire MSLC gives an overview of the work carried out by the committee since the publication of the last Annual Report of 2004/05. This Executive Summary gives a brief overview of the report.

Over the past 18 months the MSLC have been involved with the work of the Acute Services Review (ASR) and the safeguarding of maternity and paediatric services at Warwick Hospital. The user representatives of the committee especially have worked hard to canvass local parent's views of the services and have reported these finding back to the ASR Board. These documents can be seen in the full annual report.

Other work of the MSLC is detailed in our Work Plan and includes Service User Involvement, Maternity Staffing, Improving the Birth Environment and Women's Mental Health. The work carried out by members of the MSLC in these areas is documented in the full report.

Members of the MSLC have also been involved with the South Warwickshire Maternity Services Strategy and the Warwickshire County Council Health Overview and Scrutiny Committee Access to Maternity Services Report. We have been made aware of the function of Children's Centres and the future provision of maternity care through these centres. We have also been made aware of the Community Review of Maternity Services which has raised concerns about the cessation of the antenatal labour ward tour.

The MSLC continue to be concerned about the staffing shortages in the maternity unit and especially after the publication of the 'Birthrate Plus' report showed a shortage of 20 Full Time Equivalent midwives. User members have also expressed their concern about the high intervention rate and as can be seen on the labour ward statistics the caesarean rate has increased overall by 2.2% and now stands at 24.2%. The labour ward statistics are included in the full report.

The MSLC is represented on several committees relating to maternity including the Labour Ward Forum, the South Warwickshire Breastfeeding Strategy Group and Parentcraft Steering Group; the Leamington Sure Start/Children's Centres Strategy Group; South Warwickshire Infant and Child Nutrition Group; the Maternity Unit Screening Committee and the newly formed Community and Hospital Information Exchange Forum.

The MSLC has published their own information leaflet for parents and has so far received positive feedback about the service. We have also been involved with producing an information service to be used in the antenatal clinic via a plasma screen. It is hoped that this information service will be up and running during 2007.

We are pleased to note the introduction of a drop-in breastfeeding sessions on Swan Ward but were concerned about the use of beds by gynaecology patients during 2006. These and other areas of work are all detailed in the full report.

The MSLC members have shown great commitment over the past year to help improve links with parents throughout South Warwickshire and help improve their experience of pregnancy and early parenthood.

Hilary Schmidt-Hansen
Chairperson to the Maternity Services Liaison Committee

SOUTH WARWICKSHIRE
MATERNITY SERVICES LIAISON COMMITTEE

(A committee of South Warwickshire Primary Care Trust)

ANNUAL REPORT

MARCH 2005 – DECEMBER 2006

Chairperson
Hilary Schmidt-Hansen
January 2007

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Chairman's Review December 2006

Background

"An MSLC (Maternity Services Liaison Committee) is an independent advisory body that has a key role in the successful implementation of the recommendations of the maternity module of the Children's National Service Framework, Public and Patient Involvement in the NHS, and Integrated Governance, together with wider strategic involvement in all aspects of maternity care education, provision and policy. The MSLC comprises representative clinicians from all specialties involved in the care of expectant women and their babies, together with relevant commissioners, managers, public health and social care input and at least one third user representation". *(Reference MSLC National Guidelines for Working Effectively 2006)*

This Annual Report of the South Warwickshire MSLC will give an overview of the work carried out by the committee since the publication of the last Annual Report of 2004/05.

South Warwickshire MSLC meets bi-monthly at Warwick Hospital and the committee consists of users of the maternity services who are either affiliated with pregnancy / parenting organisations or who act independently; midwifery and health visiting managers; representatives from the hospital teams such as the paediatric and psychology department, the Trust Board and the Primary Care Trust. We also have representation from the Patient Advisory Services (PALS) team and the Social Services.

Over the past 15 months the MSLC have been greatly involved in the Coventry and Warwickshire Acute Services Review (ASR). As a result this annual report will cover the whole period of the ASR to give a complete overview of the work we have carried out towards the ASR, together with other work we have been involved with.

In March 2005 the MSLC members spent a day working as a team to identify the areas of concern where we can help influence change. This work was highlighted in the previous annual report. As a result of our 'Away Day' the MSLC created a Work Plan which can be seen in Section 2 of this report (page 12)

The areas of work that were identified in the work plan included Service User Involvement; Maternity Staffing; Improving the Birth Environment and Women's Mental Health. The work carried out by members of the MSLC in these areas is also documented in Section 2 of this report.

South Warwickshire Maternity Services Strategy

As stated in the last annual report, the user members of the MSLC were involved with the distribution of the Maternity Services Questionnaire devised by Midwife Amanda O'Connell in the Spring of 2005 (see Appendix I). The results of this questionnaire were used to form the Maternity Services Strategy which was presented to the MSLC by Helen Walton (Head of Midwifery) in September 2005 (see Appendix II).

The main aim of the strategy is to present the vision for maternity services for the next five years. Work has started on certain areas of this strategy although due to the financial constraints of the Hospital and Maternity budgets over the year, some of the objectives have been put on hold for the time being.

Staffing & Birthrate Plus

Another area highlighted in the last Annual Report was the analysis of Staffing levels using the "Birthrate Plus" tool. The results of the analysis recommended that Warwick Maternity unit should increase their staffing levels by 20 whole time equivalent midwives. These results were taken to the Trust Board who accepted the findings and suggested that the increase in staffing should take place over the next 3-5 years.

The issue of staffing is further highlighted in Section 2 of this report alongside the work plan.

Warwickshire County Council Health Overview & Scrutiny Committee Access to Maternity Services Report

Also noted in the last annual report was the involvement of the MSLC user members in the circulation of the 'Access to Maternity Services Report', the questionnaire and findings produced by the Warwickshire County Council Overview and Scrutiny Committee. The recommendations from this report are shown in Appendix III and the response by the Primary Care Trust and the Maternity Unit are shown in Appendix IV.

The recommendations from the report include the reviewing of antenatal classes on a regular basis with emphasis on the location and timing of classes. It is also recommended the development of a maternity services website at Warwick Hospital in line with website already established by the George Eliot maternity services in Nuneaton.

The report recommends the continuation of the 20 week scan and that more information is readily available to encourage home birth.

Staffing levels are highlighted in the report together with the recommendation to work towards the UNICEF Baby Friendly Initiative. It suggests the gathering of information on attitudes to Breast feeding through a joint review with Coventry City Council, to help support the promotion of the initiation and duration of breastfeeding.

Care of premature babies is highlighted in the recommendations with better provision of information for parents, such as advice on benefits and travel costs. The report also recommends the introduction of neonatal outreach workers for parents who are at home with a premature baby. It is hoped that with the introduction of the Central Neonatal Network premature or sick babies will be transferred within the network rather than outside the area – sometimes many miles away from the family.

There is also the recommendation that a smaller review be carried out on maternity provision for ethnic minorities.

Some of these recommendations still need to be addressed, however with regard to antenatal education the work of the Parentcraft Steering Group is highlighted later on in this report under the Section 3 "Feedback from Committees". The Baby Friendly Initiative is also highlighted in Section 3 under the Breastfeeding Strategy Group report.

The MSLC user members have asked many times over the past year about the provision of information for parents on SCBU and to date we have not had sufficient feedback from staff. This area will continue to be monitored and hopefully adequate information will be found to be available on the unit.

Presentations made to the MSLC committee

Children's Centres

At our September meeting in 2005 we were fortunate enough to have a presentation by Sally Lightfoot on "Developing Children's Centre Provision for Young Children – Linking to the National and Local Children's Centre Agenda". This presentation outlined the future of Children's Centres which will offer a "One Stop Shop" of integrated education and childcare; integrated child and family health services; family support and outreach for parents; job centre plus activity; Children's Information Service (CIS) links and a base for childminder networks.

The strategy for Warwickshire Children's Centres will occur in 4 phases and work is already underway in the Leamington Children's Centres with the opening of the new facility in Crown Ward in November 2006.

It is envisaged that maternity and health visiting services will be provided through the children's centres and during 2005 health visitors began working in geographical areas (rather than affiliated with a specific GPs surgery) in order to phase in work loads based around the children's centres. Geographical working for midwives will also be gradually phased into their work and again this is underway in the Crown Ward.

The Coventry and Warwickshire Acute Services Review

MSLC Meeting November 2005

At the November 2005 MSLC meeting we were given a presentation by Dr. Mark Newbold, Project Director, with regard to the Coventry and Warwickshire Acute Services Review (ASR). The core principals behind the review were the changing needs of the local population; changes in treatments and the challenges facing the health economy including staffing issues relating to the European Working Time Directive and the services provided by the new University Hospitals Coventry and Warwickshire (UHCW).

Dr. Newbold explained the background to the Review and the proposals set out at this stage. Great concern was expressed by the MSLC around the process of the Review, the short time scale and that users were being involved too late. We were assured that timescales were flexible and the process could be extended to ensure that all objectives were met. The Committee was reassured that nothing was pre-determined and that generally there is a desire to keep services as local as possible.

After this meeting several user reps met with Sarah Bannister, Director of Communications at the PCT, to discuss the involvement of the MSLC in the process. The MSLC were also invited to join a Patient Forum to ensure that the views of local parents were taken into consideration.

Subsequently we produced a questionnaire for local parents which was distributed through contacts in the local National Childbirth Trust (NCT) branches; local parents and toddler groups; nurseries and schools. (Appendix V). It became apparent that paediatric issues were not being covered by any other organization and therefore the MSLC felt that we should cover paediatric care to some extent through the questionnaire and our subsequent comments to the ASR team.

Within a fortnight the user reps from the MSLC had reached over 200 local parents and were able to provide feedback on their views about the suggested changes in maternity and paediatric care throughout South Warwickshire.

Formal Comments to the ASR were produced on the "Preferred Model of Maternity and Paediatric Care for South Warwickshire" and these can be viewed in Agenda VI.

The proposal set out by the MSLC user reps stated that we had considered various models of maternity and paediatric care that could meet the needs of parents, parents-to-be, babies, children and families in South Warwickshire and that after consulting widely, we felt that

"Maternity care continues to be offered to all women in South Warwickshire through a Consultant Led Maternity Unit based at Warwick Hospital incorporating a Special Care Baby Unit (SCBU).

In line with best practice in maternity care and current government policies we would like to see:

- **the development of a midwife led unit alongside the consultant unit**
- **development of High Dependency Care within the SCBU at Warwick Hospital**
- **an enhanced perinatal psychology service"**

These formal comments were submitted to the ASR Board on February 15th 2006 and our research together with the views of local Clinicians was used by the Board to create the proposed options for changes to services throughout Coventry and Warwickshire. The Patient Forum met again later in February and it was proposed that the Public Consultation would go ahead in April as planned, for a period of 3 months.

In the meantime the MSLC user reps circulated a note to the parents who had completed the questionnaire thanking them for their involvement in the review to date and to urge them to take part in the Public Consultation (Appendix VII).

By May it became apparent that the Public Consultation was not ready to be launched and this eventually happened for 3 months over the summer months July – September 2006. MSLC user reps continued to urge local parents to take part in the Public Consultation and were included in the ASR press coverage in the Leamington, Kenilworth and Warwick area.

ASR Proposals July 2006

At the July MSLC meeting Dr. Newbold presented to the committee the proposals for change that were to be set out in the Public Consultation.

The 'Services for Children and Maternity Services' proposals included the setting up of paediatric assessment units at Warwick and George Eliot Hospitals. These would provide out patient and day surgery, care for children with long term conditions and disability as well as facilities for assessment, treatment and observation or acutely ill children. The assessment unit at the George Eliot would be open for 12 hours and their Special Care Baby Unit (SCBU) would transfer to UHCW. For Warwick Hospital it was proposed that the unit would be open for 24 hours to allow the retention of SCBU.

These changes would be monitored with the option to implement the same system at Warwick Hospital as that proposed for George Eliot, should it prove impossible to sustain the 24 hour service at Warwick Hospital.

Under this proposal, children needing to stay in hospital for more than 24 hours at Warwick Hospital would be transferred to UHCW.

Without 24 hour paediatric facilities at George Eliot Hospital it would not be possible to run full obstetric services safely and this would lead to changes in maternity provision at the George Eliot. The proposal stated that UHCW and George Eliot maternity services would be amalgamated, creating a single pool of medical and midwifery staff to cover both sites. An enhanced midwife-led unit would be developed at the George Eliot Hospital, keeping more deliveries on site than would be possible in a stand alone midwife-led unit.

These changes were referred to as Phase 1 of the review with the proviso that similar changes may come about at Warwick Hospital in a Phase 2. The decision to progress to Phase 2 would be taken after about 2 years during which time the situation at Warwick Hospital would be monitored.

Dr. Newbold informed the MSLC of the proposal to establish a Women's and Children's Network to ensure that the hospitals would no longer work in isolation and that the ASR was driven by the desire to keep services sustainable and local.

The ASR Public Consultation was launched for 3 months in July 2006 and the ASR team held several public meetings during this time throughout the area, although these meetings were often held at inconvenient times of the day for parents of babies and young children. This was very evident at the meeting held in Stratford-upon-Avon. Press coverage of the ASR for the Stratford area had been poor throughout the consultation which was of concern as the proposed changes in services would affect parents living in the rural areas south of Stratford.

During August MSLC user reps were asked by the WCC Health Overview and Scrutiny Committee to submit questions with regard to the proposals set out in the ASR document that would affect maternity and paediatric care in South Warwickshire. These questions were used by the committee during a 2 day examination of the ASR at the end of August and helped us in our work towards the MSLC response to the proposals.

Response to ASR Proposals September 2006

Work was carried out at the beginning of September by the user reps towards our response to the ASR document and our document was submitted on 20th September - Appendix VIII.

In essence the response by the MSLC to the proposed changes in service was:

- We welcomed the proposal to retain Maternity Services exactly as they are at Warwick Hospital for the time being.
- We believed that the proposal for a 24 hour paediatric assessment centre needs fine-tuning – stays of longer than 24 hours should be possible to meet clinical and family needs.

In relation to the Consultation Document and the consultation process we expressed our deep concerns regarding the insufficient demographic and transport information and analysis; that there was not sufficient information on the "Solihull Model" of care; that the consultation had not reached out to enough parents and especially those who are disadvantaged. We were concerned that the timing of the Review (and of the various public meetings) had hampered the ability of parents to contribute and of our Service User Members and others to facilitate such contributions. And we also stated our dissatisfaction that the consultation had not looked outside the boundaries of South Warwickshire to assess the likely impact of reviews in adjoining areas.

ASR Recommendations January 2007

At the time of writing this report the Recommendations from the Acute Services Review have been published and below are some of the recommendations relating to Paediatric and Maternity Services throughout the area as set out in the Executive Summary:

- The concept of a single, improved network for children's and maternity services was supported. **In the first instance the Provider Strategy Board should take the lead to get a single network set up by September 2007**. In the medium term, if the paediatric and maternity services are re-configured, it may be more appropriate for administrative purposes to locate the Network in one of the other NHS organisations. *(Item 12 in Summary of Recommendations relating to Plans set out in the consultation documents)*

- The principal of Paediatric Assessment Units was supported by the consultation. **The Review Board therefore recommends that the Trusts at George Eliot and Warwick Hospitals set up Paediatric Assessment Units.** *(Item 16 of the Summary of Recommendations relating to Proposals set out in the Consultation documents).*

- ..further work will need to take account of the region-wide review of paediatric and maternity services announced by NHS West Midlands in August 2006, as well as the concerns raised during the consultation by members of the public and stakeholders….**The Review Board recommends that this further work is now undertaken as a matter of priority in the next twelve months, overseen by the Provider Strategy Board**. Any proposals for changes to paediatric services resulting from this further work will need to be the subject of further public consultation. *(Item 16 of the Summary of Recommendations relating to Proposals set out in the Consultation documents*).

With regard to the maternity services at Warwick Hospital there are no recommendations for changes in service except the creation of a single, improved network for children's and maternity services throughout Coventry and Warwickshire.

The Maternity Unit at Warwick Hospital will continue as a consultant led unit with the provision of a SCBU.

- Nevertheless, the experience gained during this consultation suggests that it is unlikely that a complete consensus on the shape and location of paediatric and maternity services across Coventry and Warwickshire will be achieved. Difficult decisions about the delivery of these services at the George Eliot Hospital may therefore have to be made before the next European Working Time Directives take effect in two year's time. *(Item 16 of the Summary of Recommendations relating to Proposals set out in the Consultation documents*).

We should therefore bear in mind that if any changes of service were to take place at the George Eliot Hospital in the future, this may have a knock-on effect to the services provided at Warwick Hospital.

We should also take into consideration the region-wide review of paediatric and maternity services announced by NHS West Midlands and ensure that the work already carried out by the MSLC is taken into account by the consultants carrying out the review.

I would personally like to thank all the members of the MSLC, and especially the user members, for their time and energy in helping to safeguard the future of maternity services at Warwick Hospital throughout this review period.

MSLC Matters Arising other than the ASR

During the course of the last 18 months the MSLC have not only been involved with the work on the Acute Services but we have also been working alongside the maternity unit and users of the service in many other fields. The areas covered by the work plan are highlighted in Section 2 but other areas of work are noted below:

- **Weighing of Babies 3 days after birth:** In May 2005 the decision was made to weigh babies at 3 days instead of 8 days after birth. This was due to a few severe cases of dehydration of breastfed babies and has also been introduced in other maternity units around the country.

- **Post-natal classes**: In July 2005 the MSLC were informed by the physiotherapy and psychology departments that they were hoping to commence classes for women who have experienced a traumatic birth. The classes were to be run jointly and would cover postnatal bladder and bowel problems, together with sexual dysfunction. The inclusion of a psychologist

in this work was to help women who may be suffering postnatal depression or post traumatic stress disorder. These classes were finally commenced in the winter of 2006 but due to staffing are run only by the physiotherapy department at present.

- **Babies on SCBU withdrawing from drugs**: The issue of withdrawal from drugs of babies on SCBU delivered by drug-addicted mothers was brought to the committee by our Social Services contact, Janice Straker at the end of 2005. Work has commenced on the information that could be made available to drug-addicted mothers. Liaison within the local maternity units and social services is to be increased through a four-way meeting early in 2007 and it was also suggested that the unit encourage a midwife to become a Drug Liaison Link Midwife to help with this matter. User members of the MSLC felt that information should also be available to mothers who are taking prescription drugs as well as non-prescription drugs.

- **Plasma Screen information service**: During 2006 work took place with regard to the provision of a Plasma Screen Information Service in the antenatal clinic. The information to be supplied on the rolling programme included breastfeeding and healthy eating; safety in the home (including information from the fire service); smoking cessation and cot death; the use of car seats and seat belts; information about the maternity unit and parentcraft classes together with information about the MSLC and the local National Childbirth Trust (NCT) branches and the support they offer to pregnant women and young families. There would also be information on washable nappies and other organisations specific to pregnancy such as Action on Pre-eclapmsia (APEC). Unfortunately we were informed at the September MSLC meeting that the company originally identified for this provision were fraudulent and this work would no longer be carried forward. However, by the end of 2006 Baby TV had expressed an interest in installing a plasma screen into the unit so we are hopeful that all the hard work carried out by Jenny Spencer, Louise Griew and Hilary Schmidt-Hansen will be used for this service.

- **Breastfeeding support on Swan Ward:** During 2006 a new drop-in session on Swan Ward was commenced for women on the ward. This has been supported by the midwives on the unit and especially Jenny Spencer, together with community midwifery and health visiting staff and local NCT breastfeeding counsellors. This has been a highly successful venture and very much appreciated by the women on Swan Ward.

- **Bed Occupancy on Swan Ward:** During 2006 it became apparent that the beds on Swan Ward were occasionally being used for post-operative gynaecology women from Beaumont Ward. User members were very dissatisfied with this arrangement and especially when it became apparent that one of the patients had suffered an ectopic pregnancy. Concerns were raised about the psychological effect for the gynaecology patients being on the post natal ward together with the risk of cross infection and also that their recovery needs were very different to post natal women and they may therefore not be receiving suitable post operative nursing care. After correspondence with the Chief Executive, Janet Monkman, and midwifery managers, we were assured that the situation would be monitored and would hopefully not occur again. The issue of bed occupancy remains as a Standing Item on our Agenda.

- **Nuchal Translucency Scans performed at MUMS (Midland Ultrasound and Medical Services):** At the March 2006 meeting user reps expressed their concern about the attitude of staff in the ultrasound department towards women who had chosen to have a private nuchal translucency scan at the MUMS clinic and then came to Warwick Hospital for the NHS scan that had previously been booked by their midwife. The subject was debated at the Labour Ward Forum over several meetings with the original feeling by some members that the obstetricians at Warwick Hospital would prefer to take the Expected Date of Delivery (EDD) from their own scan department dates and also that the scan at Warwick Hospital is part of the whole episode of care for each woman. However, the Labour Ward Forum eventually decided that "*if a patient has had a Nuchal Translucency Scan done privately, then we in the NHS, will take the expected date of delivery from this and advise the patients NOT to have a further dating scan , similar to the way in which we discourage full serum screening for Down's Syndrome in these patients*"

(Labour Ward meeting 13.9.06). The concern expressed by users was that women may not be booked in for their 20 week scan if they did not have their dating scan at the hospital. However, the literature explaining scanning procedures at the hospital has recently been updated and now states that women do not need a routine dating scan if they have arranged a Nuchal scan elsewhere. Once the nuchal scan has been done, women are urged to contact the scanning department at Warwick Hospital as soon as possible to arrange their 20 week scan. We are hoping that this will ensure that women do not miss their 20 week scan and that the situation has now been eased. This issue will continue to be monitored by the MSLC over the coming months.

- **Birth Experience Listening Service:** This service has been in operation since April 2004 and the feedback from women is good. The unit have purchased a new answering machine over the past year for the service and we have also asked that the information continue to be printed in a bookmark style as we understand that on occasions women have received a photocopied version that is not as user friendly. At the MSLC meeting in September 2006 the committee felt it would be useful to have feedback from this service, the MSLC leaflet and any complaints every 6 months so that we can establish areas of concern to parents and where we can help influence change in maternity services for users.

- **Community Review of Midwifery Services:** Due to the great financial strain that Warwick Hospital has been under over the past year, each speciality within the hospital has had to make savings on their departmental budgets. This has resulted in cutbacks within an already overstretched midwifery service and in July 2006 the MSLC were informed of these cuts which were to include:
  - All pregnancy bookings to take place at Warwick Hospital at week-ends only.
  - Postnatal drop-in sessions for women at Warwick Hospital at week-ends.
  - Women to receive a postnatal visit on the first day at home and then encouraged to attend clinics for further postnatal care. This would be on a needs basis and women who were unable to attend a clinic would continue to be visited at home.
  - Antenatal and postnatal care to be provided through the Children's Centres where they are established, bearing in mind that all areas will have a designated children's centre by 2008. This service is to be piloted in North Leamington and the Shipston area for 1 year.
  - The antenatal tour of the unit is to be stopped from September as fewer staff are available to carry these out, women on Swan ward feel that they are in a "goldfish bowl", and concerns of infection control and security risks.
  - Training of staff would be essential training only.
  - Staffing vacancies be frozen at present and no further staff employed

User members of the MSLC expressed their concerns about the booking appointments only occurring at Warwick Hospital (especially for women living in the south of the county) and also that the tour was to be stopped. They were also concerned that these cuts may have an effect on breastfeeding rates.

Since September the booking appointments are now occurring at other locations within South Warwickshire but the tour has not been re-instated despite feedback from users that this is an invaluable part of their preparation for birth. The unit have created a "virtual tour" that can be viewed via the internet and parents will be able to have a "geographical tour" which will show them the entrance to the unit.

User members and also members of the parentcraft steering group remain dissatisfied with this arrangement and also that their many suggestions to help with this situation have not been taken on board.

- **Central Neonatal Network (CNN) Report:** We understand that the CNN visited the unit during the summer of 2006 and are waiting for a full report on this visit to monitor any areas of concern for users.

- **Annual Visit of Midwifery Supervisors:** The LSA visit in May was very positive about maternity care at Warwick Hospital. Emphasis was placed on normal birth and the need for a care pathway for normal birth to be established. This will be undertaken by the unit over the next few months and may help with the concern raised by user members about the high numbers of assisted deliveries. The involvement of the MSLC was also noted and user members were thanked for their work.

- **Staff Changes within the Unit:** In September 2005 Helen Walton informed the MSLC that she would be undertaking a 6 month secondment to the Trust Board as Director of Nursing. During this time Annette Gough stood in as Head of Midwifery and the duties of Labour Ward manager were covered by midwifery team leaders as Viv Morris was leaving the unit to work elsewhere. Helen has now returned to the unit as Head of Midwifery and we value her input and that of her managers and staff into the MSLC.

- **Involvement with other organisations:** Over the course of the past 18 months the profile of the MSLC has been raised further with our involvement in the Acute Services Review and also our links into the local Patient and Public Involvement Forums (PPIF); the newly formed CHIEF (Community and Hospital Information Exchange Forum); Warwickshire County Council Health Overview and Scrutiny Committee (WCC HOSC) and other user groups such as the Pelvic Partnership – a charity aimed at raising awareness and support for women suffering Symphysis Pubis.

- **Involvement with other Committees:** User members also represent the MSLC on other committees such as the Labour Ward Forum; the South Warwickshire Breastfeeding Strategy Group; The Parentcraft Steering Group; Sure Start/Leamington Children's Centre strategy group; South Warwickshire Child and Infant Nutrition Group and Warwick Maternity Unit Screening Committee. Short reports from these groups are included in Section 2 of this annual report.

- **MSLC National Guidelines:** In February 2006 the Department of Health published "National Guidelines for Maternity Services Liaison Committees". This document updates the previous guidance and reflects the current (and changing) structures of the NHS, the NSF and Children's services. The guidelines are available electronically via the MSLC website www.mslc.org or directly from the Department of Health at www.dh.gov.uk/assetRoot/04/12/83/40/04128340.pdf. South Warwickshire MSLC shall be looking into these guidelines alongside the NSF and other documents relating to the work of the committee at our 'Away Day' in January 2007 and throughout the coming year.

- **MSLC Budget**: The MSLC budget has proved invaluable to the committee and is used to provide training for the committee; to cover user's expenses and also to purchase the MSLC leaflet which is a means for women to provide feedback on the maternity service and encourage them to become involved.

Finally, I would like to express my thanks to all the members of the MSLC for their support and hard work over the past 18 months and especially for the extra work that the users put into the Acute Services Review. I would like to thank Jane Williams for her continued support and for securing the MSLC budget, to the maternity staff for their support and advice to the committee and especially to Sheila Newbold who acts as secretary to the MSLC.

Hilary Schmidt-Hansen
Chairman
January 2007

South Warwickshire
Maternity Services Liaison Committee

(A committee of South Warwickshire Primary Care Trust)

Work Plan 1st April 2005 – 31st March 2006

Working notes and ideas

First draft: 23/05/05 Catherine Williams (CJW)
Amended: 02/08/05 CJW
06/08/05 CJW
13/09/05 Approved and adopted by Committee
24/09/05 Chair (HSH), CJW

Contents

Introduction

At the development and planning day of the South Warwickshire Maternity Services Liaison Committee (MSLC) held on 11th March 2005 the following **priorities** were identified for the year commencing on 1st April 2005:

1. **Service User Feedback.**
2. **Maternity Staffing.**
3. **Mental Health.**
4. **Improving the Birth Environment.**

This set of notes is a working document that is intended to assist the MSLC with developing and reviewing its work during the year.

The Role of the MSLC

The role of the MSLC is to advise upon and influence the commissioning of maternity services.

In an advisory capacity the MSLC may:

- Consider a topic raised by local Service Users with committee members **or**
- Consider a topic of interest to one or more of the committee members which is of relevance locally **or**
- Respond to, or comment on, developments within or proposals made by relevant Government bodies (such as NICE), NHS organisations (principally the PCT, the Hospital Trust or the Strategic Health Authority)

The MSLC can:

- research the local situation;
- compare it with national policy, projects in other NHS Trusts, clinical research evidence, and the views of Service Users researched locally or nationally (as appropriate);

and then **make written recommendations to the appropriate local NHS body (e.g. PCT or Hospital Trust)**

In some situations (e.g. obtaining Service User feedback, or producing patient information) it may be possible for the MSLC members, including Service User members, to contribute in practical ways to particular projects (e.g. leading discussion groups or writing first drafts of leaflets.)

Definitions

This document uses certain abbreviations, words and expressions that are explained below:

Chair	the chairperson of the MSLC
Hospital Trust	South Warwickshire General Hospitals Trust
Maternity Unit	the Maternity Unit, Warwick Hospital (part of the Hospital Trust)
MSLC	South Warwickshire Maternity Services Liaison Committee
NSF	the National Service Framework for Children, Young People and Maternity Services (Department of Health, 2004)
NSF Standard 11	Standard 11 of the NSF
PALS	the Patient Advice and Liaison Service, South Warwickshire General Hospitals Trust
PCT	South Warwickshire Primary Care Trust
Standing Business	notes of the proceedings of other PCT and/or Hospital Trust committees or groups attached to the agenda and subsequently the minutes of the meetings of MSLC
Service User	a person who has used maternity services
Strategic Health Authority	West Midlands South Strategic Health Authority

NOTE

It is intended that this plan will be used as a working document and amended during the year.

Bear in mind that our 'work' / input should be: Specific, **M**easurable, **A**chievable, **R**ealistic, **T**ime Limited.

If a project is continuing when the next MSLC Annual Report is written, an interim project report might be included. If recommendations might appropriately be made at a time other than on publication of the Annual Report, they could be published in a separate Project Report or a letter from the Chair to the PCT, Hospital Trust or Strategic Health Authority.

In relation to the following project outlines, note that to "present" can mean simply "attach to the agenda and raise at the next meeting". Also remember that the PCT librarians can assist us by doing literature searches and obtaining copy articles.

MSLC WORK PLAN 2005-2006: PROJECT LEADS

Priority 1: Service User Involvement/Consultation

MSLC Service User member(s)	**Catherine Williams (CJW)**
MSLC Health professional(s)	[*as Project develops*]
Other contributors	

Priority 2: Maternity Staffing

MSLC Service User member(s)	**Hilary Schmidt-Hansen (HSH**) (Chair)
MSLC Health professional(s)	**Head of Midwifery (H.Mid.)** **Jane Williams**, Children, Young People and Maternity Services Development Manager, PCT **(JW)**
Other contributors	

Priority 3: Mental Health

MSLC Service User member(s)	**Jane Oldham (JO)**
MSLC Health professional(s)	**Kirstie McKenzie-McHarg**, Chartered Clinical Psychologist, Hospital Trust **(KMM)**
Other contributors	

Priority 4: Improving the Birth Environment

MSLC Service User member(s)	**Kate Hawkins (KH)**, **Hilary Schmidt-Hansen (HSH)**
MSLC Health professional(s)	**Head of Midwifery (H.Mid.)**
MSLC member(s) – Hospital Trust	**Sue Rasmussen**, Non-Executive Director **(SR)**
Other contributors	

PRIORITY 1: Service User Feedback	ACTION	TIMESCALE	MEASURE OF ACHIEVEMENT	NOTES	LEAD
Helping the PCT and the Hospital Trust to Engage women and their families in the planning of services (NSF Standard 11, paragraph 3.3) and	Produce **MSLC Leaflet**	Before end of December 2005	Publication & Distribution of MSLC Leaflet	Draft amended at July 2005 meeting. Reviewed at September meeting. Printers' proof to be obtained for review at November meeting.	CJW CJW (liaising with JW)
Promoting inclusive services (NSF Standard 11, Section 5)	Bring MSLC ***Terms of Reference*** up to date.	Ready now (23/05/05) Present in November?	Approval of revised ***Terms*** (after approval by MSLC) by the PCT.	This document is the public face of the Committee, presented to other organisations, and needs to express clearly who we are and what we do.	CJW
We intend to: • ***Publicise*** **MSLC** • ***Facilitate*** **Service User feedback to PCT/ Hospital Trust**	Continue to bring **feedback** from NCT groups, NCT antenatal classes, NCH/Warwickshire County Council post-natal groups	From September 2005 (after Summer break) and continuing	Feed back from Service Users reported to MSLC meetings	Feedback may also come through PALS, the Listening Service and the complaints system.	**KH** (NCT antenatal teacher), **HSH** (NCT Stratford), **CJW** (NCH/WCC groups) and other Service Users

PRIORITY 1: Service User Feedback	ACTION	TIMESCALE	MEASURE OF ACHIEVEMENT	NOTES	LEAD
(continued)	MSLC on the internet	Late 2005	MSLC on the PCT/Hospital Trust web pages	CJW mock up website pages and investigate hosting on PCT site/ link to Hospital Trust site	CJW
	Explore possibility of ***NHS postnatal groups*** discussing topics proposed by MSLC (eg experience of antenatal classes; eg preferences for birth environment).	2005/6	1.Recommendations to the PCT 2.If appropriate, a planned programme of structured discussions, feedback to MSLC, analysis and comment.	Need to consider how views can be noted and passed to MSLC and we must be aware that any post natal groups must be properly organised with a discussion leader.	CJW/others
	Discharge Questionnaire *for Maternity Services?*: MSLC to advise on this as a method for obtaining feed back	During 2006. Need to obtain examples of questionnaires issued by other hospital Trusts on discharge of women from midwifery care	1.Recommendations to the Maternity Unit. 2. If appropriate, publication & distribution of a Discharge Questionnaire and analysis of responses.	Need to consider how questionnaires of this type can be processed and results presented	CJW/others
	Increase **diversity** of Service User membership on MSLC	By 2007	New Service User members joining MSLC		Service User members

(End of Priority 1 Notes)

PRIORITY 2: **Maternity Staffing**	**ACTION**	TIMESCALE	**MEASURE OF ACHIEVEMENT**	**NOTES**	**LEAD**
Promoting normality in childbirth. ***We intend to:*** • ***Consider*** **the available evidence and policy on staffing (local and national)** ***and*** • ***Recommend*** **any necessary changes to the PCT** ***'Maternity services develop the capacity for every woman to have a designated midwife to provide care for them when in established labour for 100% of the time.'*** *NSF Standard 11 (page 28)*	MSLC notified of main finding of ***Birthrate Plus Report*** on the Maternity Services provided by the Hospital Trust	H.Mid.on 08/05/05	Recorded in MSLC minutes.	H.Mid. will report on Birthrate Plus findings to the Hospital Trust ("*Maternity Staffing Report*")	H.Mid.
	Present ***Birthrate Plus Report*** and ***Maternity Staffing Report*** to MSLC		Presentation and discussion recorded in MSLC minutes.		H.Mid.
	[*MSLC Service User(s)*] consider evidence, projects etc from elsewhere and local Service User views**?**			**[e.g.** literature review(s) on maternity services seen from a staffing perspective including impact on, and views of, Service Users; NSF Standard 11 view of impact of staffing on care; Service User feedback obtained locally**] {suggestions – for review and discussion}**	HSH, MSLC Service User(s)
	MSLC to discuss (1) presentation of results of the above and (2) written draft recommendations		*MSLC Annual Report 2005-2006* contains **report and recommendations to the PCT from this project**	(The MSLC has the potential to assist the PCT Executive Committee, and the Hospital Trust Board, in the national debate about allocation of resources to health matters.)	MSLC

(End of Priority 2 Notes)

PRIORITY 3: Mental Health	**ACTION**	**TIMESCALE**	**MEASURE OF ACHIEVEMENT**	**NOTES**	**LEAD**
Helping to promote good mental health in families.	[Present outline Project Plan to MSLC: Discussion]				JO and KMM
We intend to: • ***Consider*** **the psychological impact of all parts of the transition to parenthood and**	Review local service provision – community and hospital **{suggestion only – for review and discussion}**			Consider local factors – staffing, financial, training & support of staff etc. Draft recommendations **{suggestion only – for review and discussion}**	
• ***Recommend*** **how local services might be developed to meet women's needs in this area**	[Interim report to and discussion at MSLC]				
'The identification and management of [the mother's] psychological health … is crucial to the child as well as the mother' NSF Standard 11, paragraph 9.8 (post-birth care)	Review national policy, research evidence etc – ante-natal and post-natal mental health **{suggestion only – for review and discussion}**				
	MSLC to discuss (1) presentation of results of the above and (2) written draft recommendations		*MSLC Annual Report 2005-2006* contains **report and recommendations to the PCT from this project**		JO and KMM; MSLC

(End of Priority 3 Notes)

PRIORITY 4: Improving the Birth Environment	**ACTION**	**TIMESCALE**	**MEASURE OF ACHIEVEMENT**	**NOTES**	**LEAD**
Promoting normality in childbirth. ***We intend to:*** • ***Audit* the birth environments in the Maternity Unit** • ***Advise* the Hospital Trust (and the PCT) in relation to improving the birth environment in the Maternity Unit** 'Feedback from women is that…the environment should be quiet, relaxed with comfortable "home-like" surroundings ...'' NSF Standard 11, paragraph 8.5	Use "Creating a better birth environment toolkit" in relation to the Maternity Unit	4 Rooms have been audited to date (September 2005)			HSH, H.Mid., SR, KH
	Present outline Project Plan to MSLC: Discussion	July 2005 meeting	Committee approved (see minutes)	Visits to other units to be arranged: agreed we will invite a senior midwife to join the team on these visits.	HSH, SR, KH
	Review of birth environment work undertaken in other maternity units – by inspection	2005/6			**[this team];** MSLC
	MSLC to discuss (1) presentation of results of the above and (2) written draft recommendations	2006	*MSLC Annual Report 2005-2006* contains **report and recommendations to the PCT from this project**		[KH, H.Mid., HW, SR, other], MSLC

(End of Priority 4 Notes)

MEETING	PRIORITY (of 1- 4)	AGENDA TIME ESTIMATE (minutes)	NOTES
July 2005			
September			
November			
January 2006			
March			

A template to keep us thinking – <u>not</u> to be completed with a list of unachievable targets!

End of Document

MSLC Workplan & Actions

The MSLC adopted their work plan during 2005. Work on the areas in the work plan have started and are detailed below:

Service User Feedback

An MSLC information leaflet was published in July 2006 and is now distributed by the midwives at their first home visit. It is also available on the maternity unit and in the day unit, through GP surgeries and libraries. To date there have been a small number of replies mostly with positive comments and some with suggestions of changes to care. The responses are all sent to the MSLC chairperson and every 6 months she will update the committee on the feedback from the leaflet.

Work has commenced on the MSLC website which will be linked to both the PCT and Hospital's websites.

User representatives bring feedback from other parents that they are in contact with to MSLC meetings. However, sometimes the user reps feel that these comments are not taken on board by the midwifery staff present and they are advised to ask women to write to the maternity unit instead. User reps do not feel that women necessarily want to complain about their care and do not have the time to write a comprehensive letter. At the November 2006 meeting the user reps were informed that replying to women's letters is time consuming for managers. This area should be looked into during 2007 in order to find a happy compromise.

Maternity Staffing

The issue of staffing has been highlighted earlier in this report with the results of 'Birthrate Plus' showing that the unit is understaffed by 20 Whole Time Equivalent Midwives. It had been decided that staffing increases would be phased in over a 3-5 year period but, unfortunately, during the summer of 2006 all staffing vacancies were frozen, due to the hospital financial deficit.

However, maternity management have recently begun to employ extra health care assistants and nursery nurses on the unit to help with the staffing issues. During the autumn of 2006 seven students qualified and 3 of these have been offered work for 1 day per week on the unit plus first refusal of bank work; 2 students found work elsewhere and 2 qualified as health care assistants.

Staffing issues have been addressed by changes in community provision as highlighted earlier in this report but the unit remains understaffed and women are not always seeing the same midwife for their antenatal and postnatal care or receiving 1:1 care in labour.

The MSLC will continue to monitor this area over the next year.

Maternal Mental Health

During 2005/06 a Mental Health Care Pathway / antenatal screening instrument was developed by Dr. Kirstie McKenzie-Mcharg and user rep Jane Oldham. Unfortunately this has not yet been finalized as Dr. McKenzie-Mcharg has been on maternity leave and there are no other members of the psychology department available to take on this work.

Due to staffing shortages and the hospital financial situation, there has been no money available to provide locum cover for Dr. McKenzie-Mcharg whilst she has been on maternity leave and it was envisaged that there will be a long waiting time for referrals to the psychology department in the area of perinatal mental health. Referrals to the psychology department had increased by 450%

over the past 2 years and South Warwickshire does not currently have a psychiatrist specialising in perinatal mental health. This is of great concern to the MSLC.

These issues are also of concern to the maternity unit as there is a major emphasis on maternity mental health in the Confidential Enquiries into Maternity Death and the National Service Framework.

To help with this work Leamington Sure Start / Children's Centres have set up an Emotional Wellbeing Group and there has also been a South Warwickshire Women's Mental Health Strategy Group which has user and midwifery input.

During 2006 the Mental Health Trust became separate from the Primary Care Trusts and now includes substance misuse and learning difficulties within the service. After the formation of the mental health trust it became apparent that there were several groups working on maternal mental health and the newly formed Mental Health Trust decided to transform the Women's Mental Health Trust into a steering group with working groups within it looking at issues such as perinatal mental health. These smaller groups would then feedback their work to the mental health trust every 3 months.

As work in this area has been delayed due to all these changes this must now been seen as a priority for 2007.

Improving the Birth Environment

Over the past 18 months a great deal of work has taken place by members of the MSLC and maternity staff, especially Melanie Crockett, with regard to improving the birth environment.

An audit of four of the labour rooms was carried out in early 2005 using the NCT "Creating a Better Birth Environment Toolkit". The results from this audit can be seen in Appendix IX. Members of the audit group visited Birmingham Women's Hospital to see the midwife-led birth unit and researched ways of improving the birth environment.

Since the audit, money has been raised for the replacement of the birthing pool by local charities and a sponsored run undertaken by Melanie Crockett. In November 2006 the birthing pool was replaced and the birth pool room was completely redecorated with the removal of unnecessary lighting and the replacement of the floor, the wall tiles and soft-furnishings. An official opening of the birth pool room is scheduled for February 2007.

Other areas that have been looked at with regard to the birthing environment and maternity unit as a whole include the issue of cleanliness which is the area that the MSLC user reps receive the most feedback. During 2006 the Patient and Public Involvement Forum (PPI) carried out an inspection of the unit and suggested improvements which were undertaken by the estates department almost immediately. The unit was also surveyed by the Patient Environment Action Team (PEAT).

Meetings have been held with ISS Mediclean (the hospital cleaning contractors) and the hospital 'hotel' services. These discussions have helped towards improving the cleanliness of the unit and further work is planned for 2007 including the provision of information for mothers on the unit about belongings.

Births at Warwick Hospital

As this annual report covers an 18 month period there are 2 sets of labour ward statistics – Appendix X shows the births April 2005 – March 2006 and Appendix XI shows births for January – December 2006.

The birth rate for Warwick Hospital appears to have risen slightly over 2006 and the grand total of deliveries for the year was 2680 with a total birth rate of 2719 to include 19 sets of twins and 10 stillbirths.

The overall normal delivery rate for the year stands at 62.9% with a 50% rate for primiparous (primip) births and a 73% normal delivery rate for multiparous births. Primip referring to first time mothers and multip referring to women who have previously delivered a baby. Within these figures there were 69 (2.5%) water births and 96 (4.2%) home births an increase in both these figures.

The number of inductions for 2006 was 404 (15.1%) with an epidural rate of 984 (40.5%) – this can be divided into epidural for labour as 411 (15%) and for caesarean section as 573 (21%). Both of these figures have increased since reported in the last MSLC annual report when the induction rate was 13% and the overall epidural rate was 38.1%.

Unfortunately the caesarean section (CS) rate has also increased since 2005 and stands at 24.2% in December 2006 – an increase of 2.2%. This can be split into 27% CS rate for primips (329 CS births) and a 21.6% rate for multips (319 CS births). This may be attributed to many factors including staffing shortages during the year and it hoped that the CS rate will be viewed as a matter of priority in 2007 and work can begin on reducing the rate again.

Feedback from committees with MSLC representation

1. Labour Ward Forum and Guidelines Group

The Labour Ward Forum (LWF) and Guidelines Group (GG) are chaired by Dr. David D'Souza and meet each month, alternating LWF with GG. The groups both have a user rep from the MSLC together with medical staff and representatives from midwifery training at Coventry University and the hospital's risk management.

The GG have updated or revised many of the guidelines relating to obstetric and midwifery practise over the past 18 months, together with working on new guidelines. Once passed by the members of the group, these guidelines are submitted to the Clinical Practises Group (CPG) for ratification before being placed on the hospital intranet and labour ward. Unfortunately this process has been taking longer than deemed necessary as the CPG have often asked for the guidelines to be re-submitted after minor alterations. It is therefore hoped that during 2007 this process can be speeded up and new guidelines made available quicker.

Clinical Negligence Scheme for Trusts (CNST)

Due to the hard work of the staff and the LWF, Level 2 of CNST was achieved by the maternity unit in December 2005. This is a great achievement as Warwick Hospital was the first hospital in the area to achieve this standard.

The unit is now working towards achieving Level 3. Work for this level is more extensive and although it was hoped that we could achieve this by December 2006, we are now working towards the end of 2007.

Areas of work that the LWF have been involved in include looking at key recommendations from the National Reports and Confidential Enquiries; the Central Neonatal Network Obstetric and Maternity Standards for Hospitals; the Confidential Enquiries into Stillbirths and Deaths in Infancy (CESDI) and the Confidential Enquiries into Maternal and Child Health (CEMACH).

The committee have also looked at the "Safety First – Post Natal Depressions Audit" and through this have linked into the Women's Mental Health Strategy. A Perinatal pathway / antenatal screening instrument was devised by Dr. Kirstie McKenzie –McHarg in early 2006 but work in this area has not progressed as there is not a psychiatrist in South Warwickshire dedicated to this area of work and Dr. McKenzie-McHarg has been unable to progress the work herself due to maternity leave. This area of work is now of some urgency and work will be progressed in 2007.

LWF have been involved with securing the second theatre on the labour ward and also the provision of a new blood gas analyser after 18 months of negotiations. The committee have received reports on the following audits: Caesarean Section; Management of Shoulder Dystocia; Membrane Sweeps prior to induction of labour together with feedback on Post Partum Haemorrhage Skills Drills.

LWF have also had feedback from the Better Birth Environment report carried out by MSLC members and have decided on the guidelines for women having scans at MUMS (see previous section). They have also been involved with the changes of time for elective caesarean sections – all elective sections now take place between 8.30am and 1.30pm Monday – Friday due to the availability of anaesthetists. Emergency and epidural cover is provided by anaesthetists during the afternoons and the out of hours service remains the same.

The committee have looked at Stem Cell Banking and although the hospital policy on recommendations for stem cell banking is sill in place it was felt that midwives need to have the information available as they are often approached by mothers regarding this area of medicine.

Recently the committee have discussed issues relating to patients who refuse medical advice and also the apparent increase in obstetric scans – it seemed that this may be due to GPs sending women for scans earlier than the recommended 10-12 weeks.

Due to the financial situation within the hospital the committee are looking at cost-saving ideas one of which could be the use of home blood pressure monitoring (at weekends) for women with pregnancy related hypertension. This would need the establishment of specific criteria for women to follow, especially in view of the reduction in community midwifery care at weekends.

As staffing is the most expensive part of the maternity budget, locums will not be used unless absolutely necessary. It has also been suggested that a reduction in the caesarean section (CS) rate would help reduce costs and it is hoped that work will begin on an audit for the reasons fof CS in 2007. The audit will establish how we can reduce the rate – especially for first time mothers. It was also noted that Warwick Hospital has one of the highest rates of epidurals in the West Midlands and reducing this may not only reduce intervention rates in labour but ultimately reduce costs to the unit.

2. The Breastfeeding Strategy Group

South Warwickshire Breastfeeding Strategy Group meets bimonthly at the offices of South Warwickshire Primary Care Trust. The committee is chaired by Dr. Stephen Munday, Director of Public Health.

Over the past 18 months the committee members have been involved in establishing a new style of breastfeeding (B/F) training through a workbook compiled by staff at Coventry University. An assessment tool (CUBA – Coventry University Breastfeeding Assessment) was also devised to test the knowledge of staff involved with the promotion of B/F and this established a base line to work from. The workbook was distributed to staff who had registered their interest in the training during 2006 and a marking guide was developed in the summer of 2006.

Unfortunately due to financial constraints within the Acute Hospital Trust, all non essential training (including B/F training) has been postponed. This was a disappointment to the group, especially as initial findings from the CUBA Stage One trial data showed that midwives were a greater proportion of staff in the poorer performance categories in value of breast milk, positioning and attachment, whist health visitors were poorer on anatomy and physiology.

Work in this area continues and it is felt that practical training should run alongside the problems based learning approach of the workbook.

The breastfeeding strategy group have received updates on B/F initiation and continuation of B/F in South Warwickshire. These figures showed an initiation rate of 69% which drops to 42% at 6 weeks and 21% by 6 months. It seemed that there was some discrepancy between the figures collected on Swan Ward and those collected on the primary visit in the community. By November 2006 the collection of initiation rates had improved but this rate remained at 66% - it is hoped that through training and the local breastfeeding cafés and peer support network, these rates will increase towards the national average of 78% for England and 76% for the UK. Each PCT has been set a Government target to increase B/F rates by 2% year on year.

WCC Overview and Scrutiny Committee performed a ‘Review of services to support mothers in Coventry and Warwickshire who wish to breastfeed’. The draft report from this study was circulated in May 2006 and incorporated recommendations.

These recommendations include the improvement of ante-natal and post-natal support for mothers who wish to breastfeed by adopting Baby Friendly Initiative (BFI) standards; that the skills and support needed by support workers should be reviewed and in most cases, more training and support given; the development of more breastfeeding cafés and peer support for mothers. It was

also recommended that each Sure Start area should establish breastfeeding co-ordinators or champions, supported by operational and strategic structures.

In South Warwickshire breastfeeding cafés have been established in Leamington, Southam, Kenilworth and Stratford and have proved popular with mothers. A peer support programme has also been developed with the help of Claire Curran B/F co-ordinator within the Sure Start / Leamington Children's Centres areas.

B/F information is available in the ante-natal and postnatal period from health professionals together with the use of videos. The videos that have proved the most useful are "Follow me Mum" and "Something to be Proud of".

With regard to the UNICEF Baby Friendly Initiative, South Warwickshire PCT has registered their interest in becoming accredited within the community setting. It was hoped that there would be joined-up approach to this work with Acute Trust but unfortunately, due to financial and staffing constraints, this will not be possible for the time being. However, the NICE (National Institute for Clinical Excellence) 'Routine Postnatal care of women and their babies' guideline, issued in July 2006 states that "**All maternity care providers (whether working in hospital of in primary care) should implement an externally evaluated, structured programme that encourages breastfeeding, using the Baby Friendly Initiative (www.babyfriendly.org.uk) as a minimum standard".** It is therefore hoped that the Acute Trust will take these guidelines into consideration.

The B/F steering group have also received information on the 'National Breastfeeding Training Needs Survey' and have been involved with the 'Employees survey: the views and experiences on breastfeeding an employee in organisations in Coventry and Warwickshire' together with a 'Staff survey: the views and experiences on breastfeeding as an employee – South Warwickshire General Hospital NHS Trust'.

The key findings from this research showed that employees feel unsupported by their organisations; are not provided with information to enable them to B/F on returning to work; employees are not aware of the organisation's policy on B/F and returning to work and that support for B/F is an important factor influencing the decision to return to work.

It was noted that although initiatives have been put in place to address this issue they do not appear to have major impact on staff. It was proposed that each organisation should take steps to ensure that a policy should be produced and more information provided to staff.

South Warwickshire PCT has since produced a "Breastfeeding at Work Policy" which includes information on expressing and storing milk whilst at work.

The strategy group have received updates throughout the year from the Parentcraft Steering Group and have looked at B/F information for schools; tongue tie and the Breast and Bottle feeding Guidelines which form part of the Child and Infant Nutrition Guidelines. The group are also supportive of the B/F drop-in sessions on Swan Ward that have been developed over the year.

In October 2006 South Warwickshire PCT merged with North Warwickshire and Rugby PCTs and are now known as NHS Warwickshire. In this new structure the Breastfeeding Strategy Group will reform to become the Countywide Breastfeeding Strategy Group. It is hoped that the support work provided by Hilda Craig will continue within this new structure as it has proved invaluable over the past year.

3. The Parentcraft Steering Group

The parentcraft steering group continues to meet regularly and as stated in the last annual report, we are keen to evaluate the parentcraft classes and find out why parents do or do not attend.

Questionnaires regarding the information parents would like in the classes were circulated by midwives and returned to the PCT offices during 2005 for collation by Dr. Munday and his staff. Unfortunately there were insufficient postnatal forms returned to create a realistic picture of the relevance of the classes to parents once their baby had arrived.

Therefore, after discussion within the group, it was decided that postnatal forms should be given out to all mothers who deliver their babies during February 2006. Initial findings suggest that the reason some parents do not attend parentcraft classes is because they are not first time mothers/fathers and are therefore not offered classes. However, parents have expressed a wish for a refresher class in these cases, and especially information on the early days of parenthood.

Over the past 18 months the group have explored different ways of providing ante-natal education. We have been heard from Jan Phipps (Midwife) on the type of drop-in sessions she ran when working in an Army camp in Germany. We have been given information about the classes run at the Birmingham Women's Hospital by NCT antenatal teachers as well as the active birth classes run by NCT teachers at High Wycombe. We have also spoken to a members of the MSLC in Nuneaton on the type of antenatal classes they provide which includes a booklet given to women explaining all the types of information available to them.

Most importantly Mary Nolan, Antenatal Tutor, as provided 2 separate workshops for health visitors and midwives called "A Dynamic Approach to Parent Education". These workshops have proved invaluable to staff and helped many to approach parentcraft classes in a new way.

Drop-in parentcraft classes were run by local NCT antenatal teachers on a trial basis at Lillington Parents centre but unfortunately these did not prove very popular and have since been stopped. The early bird sessions run by MWs have also now stopped due to a lack of attendance by mothers.

However, discussion continues about the delivery of antenatal education – either as drop-in type sessions run in the Children's Centres with groups dedicated to teenage mothers, as part of antenatal clinics or continuing to run as they have done in the past.

The steering group have expressed their concern at the cessation of the labour ward tour and feel that this is very important to both the mother and father so that they are aware of the environment into which they will be going during labour. The group have suggested ways that the tour could be delivered by community midwives as the 'labour and pain relief' part of the parentcraft classes or at the weekends when the community midwives are already in the hospital taking booking appointments and providing postnatal drop-in sessions. Concern has also been expressed by the group that an evaluation of the tour did not take place before it was cancelled.

The group are hopeful that during 2007 this issue can be resolved and also that the research that has been completed by the group can be put to greater use in the provision of antenatal education in South Warwickshire.

4. Leamington Sure Strart / Children's Centre Strategy Group

An MSLC user representative has been attending these bi-monthly meetings and often acted as a liaison with the maternity unit as a midwife is often not present. The work relating to maternity issues includes the breastfeeding peer support worker; parentcraft class provision; perinatal mental health and the development of maternity service provision through the Children's Centres.

It is envisaged that by 2008 each locality within South Warwickshire will have access to a Children's Centre. Each of these centres will act as a one-stop-shop for antenatal and postnatal care and the midwives and health visitors will work together geographically from these centres. In this way it is hoped that care will be easily accessible for all women and especially for those from minority and less deprived groups.

In the autumn of 2006 health visitors (HVs) changed their workloads from being based at GP surgeries to being geographically based. It is hoped that this change in practise will follow on for the midwives (MWs) during 2007 thereby helping to reduce travelling time for midwives and also providing more joined-up care for mothers with MWs and HVs working together in the same districts.

5. South Warwickshire Infant and Child Nutrition Group (SWICNG)

The South Warwickshire Infant & Child Nutrition Group (SWICNG) meets 6 monthly and is chaired by Mrs. Elizabeth Fancourt, Director of South Warwickshire Dietetic Services

The issues discussed and reported back to the MSLC have included the weighing of babies 3 days after birth; the development of the Children and Food Guidelines; the Baby Friendly Initiative; the new growth charts for breastfed babies together with infant formula updates and weaning information.

The MSLC have liaised with the SWICNG and dietetic department on the work towards the plasma screen information service. We have also received feedback on the SCBU Enteral Feeding Policy and the Reluctant Feeders Policy together with other health promotion information.

6. Warwick Maternity Unit Screening Committee

An MSLC user representative was asked to join this group during 2006 and Hilary Schmidt-Hansen and Gill Frigerio were able to attend the meeting in September when information regarding the Screening Audit was circulated. It is hoped that this link will be maintained and a user's input will be useful to the group.

7. CHIEF (Community and Hospital Information Exchange Forum)

This new communication channel first met in September 2006 with the intention of improving communication between the Warwick and Stratford-upon-Avon hospitals and their local communities. Local organisations involved with patient care were asked to send representative, including the MSLC.

The agenda consists of 2 one hour sessions – one on some aspect of hospital chosen by the hospital and presented by the head of that particular service and the other hour on a topic chosen by the community membership. The topics chosen so far have included Reducing the Length of Hospital Stay; How the Hospital is Financed; the Choose and Book System and Infection Control. Future meetings will cover the type of surgery available at Warwick Hospital and the Cancer Ambulatory Unit.

APPENDIX I

Midwifery service questionnaire

Please take the time to fill out this questionnaire. The purpose of this questionnaire is to find out what you think of the services we provide before, during and after your pregnancy. The information you give us is anonymous and vital so that we can improve where we need to and keep doing the things that you find helpful. Please be as honest as you can be.

About you

1. How far through your pregnancy or motherhood are you?

Length of pregnancy (in weeks) ☐ **OR** Age of child ☐

2. Was your pregnancy planned? (Please circle one answer)

Yes (Please go to Qu 3) No (Please go to Qu 6)

Pre- pregnancy care

3. Prior to your pregnancy did you receive any health care advice regarding rubella immunisation /diet etc.? (Please circle one answer) Yes No

4. How useful was the advice given to you? (Please circle one answer for each person)

Midwife:	No advice given	Of no use	Limited use	Useful	Very useful
G.P.:	No advice given	Of no use	Limited use	Useful	Very useful
Practice Nurse:	No advice given	Of no use	Limited use	Useful	Very useful
Other (please specify):	No advice given	Of no use	Limited use	Useful	Very useful

5. Overall, how do you rate the pre-pregnancy care you were given? (Please circle one answer)

Very poor Poor Satisfactory Good Excellent

Ante-natal care

6. If you had the choice who would be the first person you contacted about your pregnancy? (Please circle one answer)

Midwife G.P. Other (please specify)

7. Where would you like the first appointment with the midwife to take place? (Please circle one answer)

At home At the surgery Other (please specify)

8. Other than your midwife which other health professionals/agencies would you like to have access to during your pregnancy? (Please tick any relevant answers)

G.P.		Domestic Violence Support	
Social Worker		Disability Groups	
Translation Services		HIV Support	
Drug Liaison Team		Health Visitor	
Teenage Pregnancy Group		Mental Health Team	
Smoking Cessation Advisor		Housing Officer	

9. During your pregnancy, is seeing the same midwife at each ante-natal visit important to you ? (Please circle one answer) Yes No

10. If you had the choice would you like a team of say 2 or 3 midwives that looked after you during your pregnancy, birth and post-natally, rather than one midwife during your pregnancy and post-natally and the team of midwives on the labour ward for your delivery? (Please circle one answer) Yes No

11. During your pregnancy, have you been offered ante-natal classes? (Please circle one answer) Yes (Go to Qu 12) No (Go to Qu 13)

12. How useful was the information given to you in preparing you for labour and parenthood? (Please circle one answer)

Of no use Limited use Useful Very useful

13. Overall, how do you rate the ante-natal care you were given? (Please circle one answer)

Very poor Poor Satisfactory Good Excellent

If you have circled 'very poor' or 'poor' could you please give any examples below?

Delivery

14 Were you given a choice in your place of delivery ? (Please circle one answer) Yes No

15. Home birth is considered as safe as a hospital birth for women assessed as suitable.

a. Were you given this option? (Please circle one answer) Yes No

b. Did you consider this option? (Please circle one answer) Yes No

c. Did you take this option? (Please circle one answer) Yes (Go to Qu 19) No (Go to Qu 16)

16. Did you find the labour ward environment friendly and welcoming? (Please circle one answer) Yes No

17. During your labour/delivery what would be the most important factors to you? (Please tick any relevant answers)

Choice in decision making		Privacy	
Competent professional staff		Continuity of carer	
Explanations given throughout procedures		Décor of the delivery rooms	
Good communication		Good facilities for partners/children	

18. What other facilities would you like to be available (e.g. TV in delivery rooms). Please state:

19. Overall, how do you rate the care you were given on the labour ward? (Please circle one answer)

Very poor Poor Satisfactory Good Excellent

If you have circled 'very poor' or 'poor' could you please give any examples below?

Post-natal care

20. Have you been given adequate information about methods of feeding your baby? (Please circle one answer) Yes No

21. How useful as the information given to you? (Please circle one answer)

Of no use Limited use Useful Very useful

22. On discharge from the hospital your midwife will usually visit you at home for between 10 and 28 days, depending on individual needs. Do you feel this is an adequate length of time to be visited by your midwife? (Please circle one answer)

Would prefer less visits Adequate Would prefer longer

23. If a post-natal clinic was established where mum and baby checks could be carried out at, for example, your G.P. surgery with an appointment system in place, would you prefer to attend this clinic rather than wait for your midwife to visit your home at a less specified time? (Please circle one answer) Yes No

24. Overall, how do you rate the post-natal care you were given? (Please circle one answer)

Very poor Poor Satisfactory Good Excellent

If you have circled 'very poor' or 'poor' could you please give any examples below?

Thank you very much for taking the time to fill out this questionnaire. The information you have given will be considered and, where possible, we will do our best to act upon your suggestions.

APPENDIX II

South Warwickshire Maternity Services Strategy.

The main body of the strategy is not yet complete however in response to your request please find a draft working document covering the main themes of the strategy.

Introduction

The main aim of the paper is to present the vision for maternity services for the next five years. It seek to identify how South Warwickshire Maternity Services hopes to strengthen the contribution that midwives make to creating and supporting healthy families.

The strategy considers and reflects the governments agenda for change and reform and supports the challenges set out by:

- National Service Framework for Children, Young People and Maternity Services (2005).
- Delivering the Best, Midwives Contribution to the NHS Plan (2003).
- Midwifery Action Plan (2001).
- Making a Difference (1999).
- Changing childbirth (1993).

Core values for the midwifery service

To provide safe, responsive and women centred maternity service ensuring the physiological and social well being of all women, their babies, and their families throughout pregnancy, birth and early parenthood.

To work in equal partnership with women and their families to ensure choice, continuity and control and improving access to services.

To develop a service that is needs led and centred around the women and their family ensuring equity of outcome regardless of socio-economic status.

To develop partnerships across the whole health and social economy designed to improve health and well being of families.

To provide a culture that values the professional development and the skills of the workforce and the contribution of individuals.

Themes.

The following themes have been identified as key areas for development from local knowledge of clients needs, current national policy, views of the staff and the need for professional development.

- Working in new ways
- Normalising birth
- Strengthening the public health role of the midwife
- Strengthening the role of statutory supervision to improve standards
- Developing professional practice through research audit and education.

Working in new ways.

- To further develop the integrated model of care to ensure that all members of the service are fully utilised to improve choice, continuity and control for women and their families.
- To promote multi disciplinary working to ensure that all women receive the continuity and help they require.
- To work in partnership across the health and social economy to develop new roles in order to improve quality and outcomes.
- To increase access to services through new models of care delivery.

Normalising birth.

In order to increase the normal birth rate we need to:

- Offer home birth as a first choice for those women who are suitable.
- Further develop evidence based practice and work within the guidance from NICE
- Achieve one to one midwifery care in labour
- Refocus the skills of the midwife
- Ensure that all women are well informed prior to birth.

Strengthening the public health role of the midwife.

- Midwives are ideally placed to have an impact on public health. They can be influential in increasing the normal birth rate, increasing breastfeeding rates and focusing on equity of outcomes.

- Midwives working in partnership will need to focus on the needs of women and their families in the areas of socio-economic deprivation. This will deliver equity of outcomes and promote a healthy start for all families.

- Midwives will provide in partnership services to address key morbidity issues including antenatal and postnatal mental health issues, domestic violence, drug and alcohol abuse and smoking.

- The special needs of those with ethnic diversity and teenagers will be addressed.

Strengthening the role of statutory supervision to improve standards.

Midwifery supervision underpins clinical governance within maternity services promoting, safe practice, self regulation support for midwives and advocacy for women and their families.
In order to raise standards and improve quality the number of supervisors needs to be increased to a ratio of 1:10.

Education and professional development.

The Head of Midwifery, Senior midwives, supervisors, midwives and midwifery academic staff will work closely to develop a strategy for education which reflects the development of a dynamic workforce.

A strategy for life long learning will include creating and nurturing an environment that values audit, research, clinical effectiveness and staff development.

Summary.

Women and their families are at the core of this strategy. By focussing on the core values we hope to ensure equity of outcome, a healthy start for all families, choice control continuity that is needs based and centred around the woman. Encouraging the development of the workforce and supporting strong leadership will enable us to achieve our goals.

Helen Walton
September 2005

APPENDIX III

Recommendations from the WCC Health Overview and Scrutiny Committee Report of the Access to Maternity Services June 2005

9. Recommendations

9.1 That the PCTs and NHS Trusts review how information about ante-natal classes is provided and look at alternatives, such as the Web, which may be more readily accessible for some women.

9.2 That the PCTs and NHS Trusts regularly review the location and timing of ante-natal classes to ensure they are accessible for women who work or those who have to arrange childcare.

9.3 That the 20 week scan should continue, because despite some health professionals considering it not really necessary, most mothers find the 20 week scan reassuring, which can only help their general health and well being.

9.4 More information should be readily available to encourage home births, if appropriate, to help mothers decide on whether to have a home birth or not.

9.5 George Eliot Hospital Maternity Services Website is an example of good practice and the recommendation is that other Maternity Units consider adopting similar approach in providing information to prospective mothers. Website Address: www.geh.nhs.uk/departments/maternity/index.htm

9.6 That the Primary Care Trusts look at how it commissions services from the NHS Trust and the NHS Trusts need to flag up when staff shortages and resources are causing concern. This should ensure that mothers have the level of care expected at such an important time. The PCTs and NHS Trusts need to be conscious of any large housing developments in their borough or district, especially if they are likely to encourage more families into the area. Also to take into account the projected increase in children aged 0-4 by 2021.

9.7 That the information gathered on attitudes to breastfeeding to be included in the joint review with Coventry City Council to help support the promotion of the initiation and duration of breastfeeding.

9.8 That the NHS Trusts continue to promote the initiation of breastfeeding through accreditation with UNICEF UK Baby Friendly Initiative.

9.9 Where babies have to go to another hospital due to being premature or illness, that NHS Trusts need to be more proactive in providing information at this time, such as advice for those on benefits in how to claim travel costs and more information about their baby. Suggest that a central information point, which parents could access to find out where a hospital is located and visiting times would be helpful.

9.10 There are concerns that only 40% of ill babies go to University Hospitals Coventry & Warwickshire and the remainder are coping with being transferred many 100's of miles away. It is hoped that this will be avoided when the Newborn Network is more established. Recommend that this to be reviewed in 12 months time.

9.11 That PCTs recognise that families with premature babies miss out on the support and advice of a midwife when they first go home and that this could be resolved by providing neonatal outreach workers or mothers to have at least one visit from a midwife.

9.12 That a separate, smaller review is conducted on the maternity provision for Portuguese women in Warwickshire, to help ensure that the needs of ethnic minority groups have been considered in this review process which could support existing research conducted by Sophie Staniszewska.

APPENDIX IV

WCC Health Overview and Scrutiny Committee – Access to Maternity Services Report June 2005

Response from SWPCT

This is a helpful and informative report that will enable the PCT to plan work for the future.

Some of the recommendations in the report are already being actioned:

9.1 & 2 There is a working Group made up of health visitors and midwives and the chair of the SW MSLC, chaired by the C&YP and Maternity Services Development Manager. Its brief is to review current parentcraft classes and to establish different methods of delivery taking on board the responses to a survey carried out in November 2003. Four pilots have been set up in Kenilworth, Wellesbourne, in North and South Leamington. Evaluations of those classes are currently being analysed. A further piece of work is being carried out focussing on parents who have not attended any classes. This will be complete by the end of August. In the meantime a workshop has been held for Health Visitors and Midwives by Mary Nolan who is an expert in Parentcraft Facilitation. The working group has expanded and we are hoping to start some very different pilots aimed at parents who might not attend traditional classes. Consideration is being given to drop-in sessions.

9.3 The 20 week scan needs further discussion and will be an agenda item at the MSLC meeting.

9.4 There has been an increase in Home Births at Warwick Hospital over the past year and women are actively encouraged to consider this if the pregnancy is progressing normally.

9.5 The MSLC will consider the recommendation of setting up a website.

9.6 The PCT and the MSLC and Head of Midwifery are working closely together to take into account staff shortages etc.

9.7 An active Breast Feeding Strategy Group led by the PCT and attended by representatives of the MSLC, health visiting and NCT. A joint appointment of a breast feeding support worker between Sure Start and the Maternity Unit is being developed.

9.8 This needs to be picked up by the MSLC

9.10 Part of a wider review of paediatric and neonatal services

9.11 It would be unusual for families with premature babies in South Warwickshire not to have a visit from a midwife when they first went home. There is excellent communication between midwives and health visitors and all families will be visited as a priority as soon after discharge as possible.

9.12 There are significant numbers of Portuguese families living in the Leamington area a review of maternity provision for these families should be considered by the MSLC.

Jane Williams July 2005

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Response to:

Access to Maternity Services Report
Health Overview and Scrutiny Committee

South Warwickshire General Hospitals NHS Trust is committed to improving closer support provided in the maternity services and has been happy to participate fully in the process.

Although we fully welcome this report to inform and enable us to develop our services, I consider that the current service provision may not have been fairly reviewed due to the fact that 39% of respondents had their babies between 2 and 8 years before the survey was conducted. Maternity services have improved and developed rapidly over the last 2 years particularly with expanding midwife led care to every surgery and increasing the integration of midwives to increase continuity. I think that this may not have been reflected in this document

9.1,9.2 South Warwickshire General Hospitals NHS Trust and South Warwickshire PCT have a joint working group including midwives, health visitors and users, to examine the provision of parentcraft following the cessation of some classes in 2003/4. This group has looked at the content, timing, health care professionals and location of parent craft classes following an extensive questionnaire to women who use the service. Training from innovative parent educators has been given to all involved.
9.5 One midwifery team has a website which is accessible to women. All teams are in the process of developing their own. It is envisaged that there will be a master maternity site with links to teams etc.

9.3 The 20 week anomaly scan at South Warwickshire General Hospitals NHS Trust has always been provided and will continue to be so. The question regarding the lack of 20 week scan at Walsgrave Hospital impacting on maternity provision on South Warwickshire General Hospital (4.1f) does not appear to have been addressed in this document. Item 6.3.3 finding is not verified from data in this study, as Coventry and Rugby women who did not have their babies at Warwick did not respond to the questionnaire and therefore the impact was not explored.

9.4 The Draft Strategy for Maternity Services supports home birth as a first choice for all women who are deemed suitable. Midwives are encouraged to promote home birth and water birth and the last year has seen a rise in the home birth rate to 3%.

9.6 South Warwickshire General Hospitals NHS Trust has recently conducted Birth Rate Plus, a work force planning tool, that has identified a shortfall in midwife staffing of 20 whole time equivalents This is of some concern as the shortage of funded midwives is reflected in some of the comments made by women in this study. Discussions are being held internally within the Trust, however the report will be used to inform the PCT's Local Delivery Plan (LDP)

9.7 9.8 We are currently working closely with Coventry University with regard to training for staff in breast feeding. We have recently registered a commitment to Baby Friendly. A joint Sure Start and Hospital Breast Feeding Support post is in the process of being advertised to promote and support breast feeding and develop Baby Friendly. There is also a joint PCT/ Trust breast feeding working group.

9.9 Information to be given to parents whose babies need to be transferred out, is being co-ordinated at a central level within the Central Newborn Network so that each trust has the correct information.

9.10 The Head of Midwifery and the Lead Paediatrician for Special Care Baby Unit both sit on the Central Newborn Network Board and are able to raise issues pertinent to their service as well as supporting development throughout the Network.

9.11 The new Nursing and Midwifery Council does not time limit visits by midwifery staff.

9.11 Midwives who work in Special Care Baby Unit should develop outreach service, post natal visits, linking with respective community midwives to support mothers when the baby has been discharged home. At present, this is not achievable within the current funded establishment and will be presented to the PCT's to be considered within their LDP.

We are happy to participate in any further review to improve services for women, children and their families.

Helen Walton

Head of Midwifery

15 September 2005

APPENDIX V

Local Children's and Maternity Services Your Chance to Influence Change

Within Warwickshire and Coventry the local Primary Care Trusts (NHS) are reviewing how health services are provided at present and how they will be provided for the local people in the future, including maternity and paediatric (children's) services. This review is called the 'Acute Services Review'.

New developments in medicine and healthcare, and related government policies, mean that changes are being considered to the way healthcare is provided, both locally and nationally. Other factors such as a predicted shortage of trained Doctors in some specialties, and constraints on Doctors' working hours, are also affecting how services are planned.

Community representative groups such as South Warwickshire Maternity Services Liaison Committee (based at Warwick Hospital – serving all of South Warwickshire including Kenilworth, Stratford, Southam, Shipston, Alcester, Warwick and Leamington) have been asked to comment on parents-to-be and parents expectations of Maternity care and Paediatric (Children's) services. These comments are needed in advance of the Review's full Public Consultation stage scheduled to start in March 2006.

We would like to take this opportunity to ask you about your local maternity and children's services and about what matters to you. We would like to know what type of facilities and care you think ought to be available throughout your pregnancy, birth and postnatal period and also about the provision of paediatric (children's) services.

Please help us by answering the following questions. If you would like to add additional comments, please write on the back of the questionnaire.

Thank you for your help.

The information below is optional:

Date:

Name of person completing questionnaire or name of Group visited:

Type of group (e.g. toddler group, nursery etc):

Location of group:

Number of people in group:

Maternity Services

At present maternity care within South Warwickshire is provided by a team of midwives who work in partnership with obstetricians at Warwick Hospital. Ante-natal care is provided by midwives at GP surgeries, home and at clinics held at Warwick and Stratford Hospitals. Some pregnancies may be referred to obstetricians based at Warwick Hospital and a small proportion of these may be referred to another hospital.

Warwick Hospital maternity unit delivers an average of 2700 babies per year. Emergency and Planned Caesarean births account for 22% of all births and are undertaken by an obstetrician. In emergency situations a paediatrician is also present at a caesarean birth. A Special Care Baby Unit (SCBU) for babies delivered over 34 weeks gestation is available at the hospital.

Antenatal Care:

1. The majority of antenatal care is carried out by Midwives in GP surgeries, clinics or at home in South Warwickshire. However, if it was necessary to see an obstetrician or attend a special clinic or day assessment unit, how far would you travel for this care?

Up to½ hour	½ - 1 hour	1 – 2 hours	Over 2 hours

2. Do you have your own transport or would you need to reply of public transport for ante-natal appointments?

Own Transport	Public Transport (e.g. bus, taxi, train etc – please state)

3. At present Warwick hospital offers 2 scans (10–12weeks and 20 weeks). If there was an option to have the 2 scans or one at 16 weeks, which would you prefer?

10 - 12 weeks & 20 Weeks	16 weeks	don't know

Labour and Delivery

1. If you were considered suitable to have a homebirth and the service was offered to you, would you consider this option?

Yes	No	don't know

2. If you were having a hospital birth how far would you feel comfortable traveling whilst in labour to deliver your baby at a hospital?

Up to½ hour	½ - 1 hour	1 – 2 hours	Over 2 hours

3. Do you have your own transport or would you need to rely on public transport to get to hospital in labour?

Own Transport	Public Transport (e.g. bus, taxi, train etc – please state)

4. Midwife led units may be an option for women considered to be 'low risk'.
   These units would not have an obstetrician, anaesthetist or paediatrician on site. An epidural service and Special Care Baby Unit (SCBU) would not be available.
   Would you be in favour of a midwife led unit as your closest unit for delivery of your baby if it was an option?

Yes	No	don't know

5. Do you feel that a paediatrician (specially trained children's doctor) should be present at the birth of a baby by caesarean section?

Yes	No	don't know

6. If a paediatrician were not available, would you be happy to have a specialist children's nurse present at a caesarean section rather than a paediatrician?

Yes	No	don't know

7. During labour what type of pain relief do you think should be available in hospital? (Please tick the choices you feel should be available)

Birthing Pool	Gas and Air (Entonox)
Pethidine	Epidural
Other – such as massage, acupuncture etc	

Postnatal Care

1. At present Warwick Hospital has a Special Care Baby Unit (SCBU) available for babies over 34 weeks gestation who may need some nursing care after birth.
   Do you think your local hospital should have a SCBU on site?

Yes	No	don't know

2. If you needed to stay in hospital during your pregnancy or after the birth of your baby would this create transport problems for your family?

Yes	No	don't know

3. How far would your family be able to travel to visit you?

Up to½ hour	½ - 1 hour	1 – 2 hours	Over 2 hours

4. Would travel to hospital cause you or your family any practical difficulties? (This could be travel to antenatal appointments, travel when in labour, travel to postnatal appointments, visits by family members, travel to visit a sick baby)

Yes	No	don't know

If yes, please explain why (circle and add details)

Time		Making Travel arrangements	
Cost		Care arrangements for children	
Other			

Choice

What factors or services are important to you when choosing maternity care at a certain hospital? e.g. low intervention rates, SCBU available, high level of consultant care etc (these are just some suggestions)

Do you have any other comments about provision of maternity care in South Warwickshire?

Paediatric / Children's Services

1. If your child were unwell, how far would you consider / be able to travel to see a paediatrician (specially trained children's doctor)?

Up to½ hour	½ - 1 hour	1 – 2 hours	Over 2 hours

2. If a paediatrician were not available would you be happy to see a specialist nurse with your sick child?

Yes	No	don't know

3. In an emergency how far would you consider / be able to travel to see a paediatrician?

Up to½ hour	½ - 1 hour	1 – 2 hours	Over 2 hours

4. Which of the following services do you think should be available at your local hospital with regard to paediatric care? (Please tick)

Emergency care	Day Surgery for minor operations
Out Patients Clinics	Inpatient Care (Over 24 hours)

5. If it were possible to care for your sick child at home with the support of a community children's nursing team would you feel happy with this type of care?

Yes	No	don't know

6. If in-patient services were available in a specialist unit other than your local hospital, would there be transport issues that would cause concern to you?

Yes	No	don't know

7. How far would you consider / be able to travel for specialized in-patient care?

Up to½ hour	½ - 1 hour	1 – 2 hours	Over 2 hours

Please let us know of any other considerations that you feel we should take into account with regard to paediatric services in South Warwickshire (you may write on the back of this page).

Thank you for your help.

APPENDIX VI

Coventry and Warwickshire Acute Service Review 2006

Preferred Model of Maternity and Paediatric Care for South Warwickshire.

Proposed by the Service Users of the South Warwickshire Maternity Services Liaison Committee.

15 February 2006

Introduction

The Service User Representatives of the South Warwickshire Maternity Services Liaison Committee (MSLC) are pleased to have been invited to propose and comment on models of maternity and paediatric care across the four Primary Care Trusts within Coventry and South Warwickshire. We recognize that a core objective of the Acute Services Review (the Review) is to consider how to establish managed networks of care and services across these four trusts. We will comment on the draft options including such networks when available. **At this stage, we are only able to make suggestions in relation to South Warwickshire.**

The MSLC Service User Representatives are regularly in contact with current and recent Service Users, asking them about their experiences of and views on maternity care. In the space of a fortnight following the first meeting of the Review Patient Forum on 16th January, the Service User Representatives have consulted **over 200 local mothers** in Kenilworth, Warwick, Leamington (including the Sure Start areas), Southam, Henley in Arden, Studley, Stratford upon Avon and surrounding villages, on points explored in that meeting.

The MSLC notes that in December 2005 Warwick Hospital achieved CNST (Clinical Negligence Scheme for Trusts) level 2 which has only been achieved by 35% of hospitals in the country (and by none of the other hospitals within the Acute Services Review area). This is a great achievement on the part of the staff and shows that maternity care at Warwick Hospital is of a high standard. It should be maintained in line with *Standard 11 of* the *National Service Framework for Children, Young People and Maternity Services* (Department of Health, 2004) (NSF)

Our Proposal

We have considered various models of maternity and paediatric care that could meet the needs of parents, parents-to-be, babies, children and families in South Warwickshire. After consulting widely, we propose:

Maternity care continues to be offered to all women in South Warwickshire through a Consultant Led Maternity Unit based at Warwick Hospital incorporating a Special Care Baby Unit (SCBU).

In line with best practice in maternity care and current government policies we would like to see:

- **the development of a midwife led unit alongside the consultant unit**
- **development of High Dependency Care within the SCBU at Warwick Hospital**
- **an enhanced perinatal psychology service**

Choice

In line with NSF Standard 11 and the government's patient choice agenda women should have choice in maternity care and place of delivery. If services are reduced or relocated in South Warwickshire women's choices will be reduced

In line with *'Changing Childbirth'* (Department of Health, 1993) and the NSF, women under the care of midwives from Warwick Hospital are able to get to know their midwife in the community and may be fortunate enough to have the same midwife deliver their baby. This is possible as a result of integrated working between the community and the labour ward. A model of care in which community midwives will attend a mother in early labour, and provide support for her at home before accompanying her to hospital, if that is her wish, is currently being explored. This level of care would be lost if services are reduced or relocated.

Our research has confirmed that local women would like to have 1:1 midwifery care throughout their pregnancy, birth and postnatal period as it has been shown that 1:1 care results in improved birth outcomes with increased breastfeeding rates. This is only possible where services are kept locally.

Our research also shows that 38% of women would like access to a midwifery led unit but 96% of women feel that their local hospital should have a SCBU on site and 95% would also like the facility of an epidural should they need it. This suggests the option of a midwife led unit incorporated into an obstetric maternity unit, so that where a low risk birth/pregnancy becomes a medium to high risk the facilities are available to deal with these situations. During pregnancy and labour a woman classed as 'low risk' can become a high risk emergency in a very short period of time.

Concerns in relation to maternity and paediatric services

If the Acute Service Review team is considering options for public consultation that would involve changing maternity or paediatric care in South Warwickshire, then we ask the Review Team to note and explore the following concerns.

1. The Special Care Baby Unit (SCBU) at Warwick Hospital

We understand that:

- SCBU at Warwick Hospital has an average cot occupancy of approximately 80%

- there are currently 12 cots in use and there is a good ratio of trained nurses to cot occupancy as shown in West Midlands statistics

- babies are admitted to SCBU from 34 weeks gestation with High Dependency Care occasionally needed for younger babies until beds are located at other units.

- babies are also admitted back into Warwick SCBU from HDUs (High Dependency Units) and Neonatal ICUs (Intensive Care Units) elsewhere until they are well enough to go home.

Our research shows that 96% of local parents interviewed feel that there should be a SCBU available at Warwick Hospital. It is also felt that development of High Dependency Care would better serve the parents of South Warwickshire.

There is both a clear need and a strong desire for this facility locally. In order for the SCBU to be functional there is a need for paediatricians to be present on the hospital site at all times (see section 4 below.)

2. Perinatal Psychology

The Vision expressed at the beginning of NSF Std 11 stresses the importance of good psychological outcomes for the woman and baby. Warwick Hospital currently offers a limited but highly valued service to vulnerable women needing support from psychology services in pregnancy, during and after childbirth. It appears likely that this service will be restricted further in the near future. We would like to see this service maintained, developed and linked to both psychiatric support services and support services for vulnerable babies/toddlers and families.

The psychology service also offers support for staff at the hospital and offers training for staff who are then better able to support patients and co-workers throughout the hospital and community.

3. Transport Issues

3.1 Safety of the Mother and Baby

Warwick Hospital maternity unit currently has one of the lowest perinatal mortality rates of all maternity units in the West Midlands. Any reduction in the service offered may cause a rise in the morbidity and mortality of mothers and babies in South Warwickshire as a result of:

- increased numbers of transfers whilst in labour or in the immediate postnatal period and
- transfers usually involving greater distances (and therefore longer times) than at present.

Furthermore we understand staffing levels would need to be increased if women were transferred between hospitals more frequently, as midwives would be needed to travel with the mother whilst levels of staffing on the wards at the hospital would also need to be maintained.

In line with the NSF and the *Confidential Enquiries into Maternal and Child Deaths* (CEMACH) we believe that women should have access to services that are local, with immediate, safe transfer to consultant care available to both women and babies, if needed.

This is borne out by our research that indicates that 86% of women would like to travel no more than half an hour in labour to deliver their baby in hospital. In the absence of a consultant service at Warwick Hospital, women would have to travel to Coventry, Worcester or Oxford - all long and difficult journeys particularly for those south of Warwick.

3.2 The impact of Travel on families and birth outcomes

During our research work with local parents and users of the maternity services, transport issues have been raised many times, not only the distance that would be needed to travel to hospital appointments and in labour, but also the distances involved in visiting family in hospital. Safety of the mother and baby is always the primary concern, but there are other relevant considerations.

The further patients have to travel to access medical services the more strain this puts on the family. Some families could struggle to get to routine appointments via public transport, and others lack childcare support, due in many cases to being without extended family in the area. These issues can be compounded in the rural areas where public transport is not available and the cost is prohibitive.

This is especially important when a mother and baby stay in hospital after birth, or should the baby be in SCBU. Not only do parents have to travel to the hospital in question, often taking time off work, but may also need to care for other members of the family at home. These issues can put incredible strain on to a family already in a time of crisis and need.

Transport during labour has also been raised during our research with anxiety expressed about the prospect of travelling in labour and the knock-on effect this can have on the progression of labour and therefore ultimately the birth outcome for the mother and baby

4. Issues relating to Paediatric Care

We understand from the Acute Services Review team that there is a potential shortfall in paediatric doctors nationwide and staffing is also affected by the European Working Time Directive. However, it is our view, supported by our survey results, that **local needs would be best served by full inpatient and outpatient paediatric services at Warwick Hospital, including support for Accident & Emergency and Maternity care.**

Despite asking for the information at the first Patient Forum meeting, we have not yet been given details of the types of paediatric bed occupancy in each of the hospitals, nor the numbers of paediatric cases seen in each hospital. We are therefore unable to comment fully on this issue since we do not monitor the full range of paediatric services. The work of the MSLC involves considering only the neonatal care that is necessary to support maternity care.

We are extremely concerned about the lack of representation at the Review Patient Forum from any group representing children, parents and carers as users of paediatric services. We would be grateful if you could reassure us that the views of such service users have been sought and would also appreciate sight of the comments made.

It is absolutely paramount that the views of parents with children regularly using paediatric services are sought and especially the views of parents of children with disabilities.

In view of our concern about the lack of appropriate representation at the Forum meeting on 16th January, the Service User members of the MSLC have obtained some views from local parents regarding paediatric services.

The parents surveyed would like access to emergency care, out patients clinics, day surgery and inpatient care for their children in their local hospital. 44% of parents would be willing to travel up to ½ hour to see a paediatrician and a further 38% up to 1 hour.

If a paediatrician were not available 45% of parents would be willing to see a specialist paediatric nurse but many parents have commented that they would prefer to see a paediatrician. However, we have concerns that this model of care would not be available in the short term as there would be training issues for staff

With regard to care of a sick child in the community, 64% of parents we had contact with would be willing for a sick child to be cared for with the support of a community children's nursing team but concerns were expressed that there would need to be a significant increase in the number of community nurses and also training in specialist areas of paediatric care.

5. Public Consultation

We urge the Acute Service Review Team when planning the main consultation to bear in mind that pregnant women, parents of new babies and those with young children are not easily reached – public meetings in the early evening, for example, are not at a suitable time for families, especially one-parent or disadvantaged families.

6. Conclusion

The Service User members of the MSLC note that any proposed reconfiguration of Maternity and Neonatal care must be shown to provide more woman-focused and family-centred care in which *'Women have easy access to supportive, high quality maternity services, designed around their individual needs and those of their babies'.*

Standard 11 National Service Framework

We thank the Coventry and Warwickshire Acute Services Review for this opportunity to contribute preliminary comments and look forward to continuing to work with the Review team both within the Review Patient Forum and during the main Public Consultation.

Signed by and on behalf of the
South Warwickshire Maternity Services Liaison Committee

Hilary Schmidt-Hansen
Chairman
15th February 2006

APPENDIX VII

Local Children's and Maternity Services
Your Chance to Influence Change

South Warwickshire Maternity Services Liaison Committee's Parent Representatives wish to say

THANK YOU

for your help with our recent survey of views about local Children's and Maternity Services.

We have now presented the results of our survey and our comments to the Acute Services Review Team, which is looking at how hospital services will be organised across Coventry & Warwickshire

On the basis of our work and survey responses from over 200 parents throughout the towns and villages of South Warwickshire we have proposed that:

Maternity care continues to be offered to all women in South Warwickshire through a Consultant Led Maternity Unit based at Warwick Hospital incorporating a Special Care Baby Unit (SCBU).

In line with best practice in maternity care and current government policies we would like to see:

- **the development of a midwife led unit alongside the consultant unit**
- **development of High Dependency Care within the SCBU at Warwick Hospital**
- **an enhanced perinatal psychology service**

We have stressed that women should have **choice** in maternity care and place of delivery and noted that local women would like to have **1:1 midwifery care** throughout their pregnancy, birth and postnatal period, with **services kept as local as possible**. We have stressed that **travel** and travel times are very important issues for families.

With regard to children's services, our survey results showed that parents would like to keep a full inpatient and outpatient paediatric service at Warwick Hospital, including support for Accident & Emergency and Maternity care.

Our report and comments are being looked at by the Acute Services Review Team and will hopefully be incorporated into a public document and form part of the Public Consultation. This consultation is due to start at the end of April and will run for 3 months.

We urge you to take part in the Public Consultation process to help plan our local health services for the future.

To contribute to the Public Consultation on the *Coventry & Warwickshire Acute Services Review* later this Spring look out for notices in the local press or register at www.swarkpct.nhs.uk/acute

Thank you again for your help with this important work.

APPENDIX VIII

Coventry and Warwickshire Acute Services Review 2006

South Warwickshire Maternity Services Liaison Committee response to the proposals set out in the Acute Services Review Consultation Documents.

September 2006

Introduction and summary

The South Warwickshire Maternity Services Liaison Committee welcomes the opportunity to contribute its views on the proposals for Maternity and Paediatric care contained in the Acute Services Review Consultation Documents.

The members of SWMSLC acknowledge the hard work of all who have contributed to the proposals on which we are commenting. This document should be read together with our preliminary submission of 15th February 2006, which contains much relevant information and references to key national policies. We are fully aware of the local and national context of this Review including those matters referred to in Section 2 of the Consultation document.

- We welcome the proposal to retain Maternity Services exactly as they are at Warwick Hospital for the time being.
- We believe that the proposal for a 24 hour paediatric assessment centre needs fine-tuning – stays of longer than 24 hours should be possible to meet clinical and family needs.
- In relation to the Consultation Document and the consultation process we are deeply concerned that:
    - there is insufficient demographic information and transport information and analysis
    - there is no assessment of existing health and race inequalities or the likely impact of the proposals on these
    - we do not have sufficient information on the "Solihull Model" of care to make a full response to the proposal that this model might be adopted at Warwick Hospital in the future
    - we are not satisfied that the consultation has reached out to enough parents, especially those who are disadvantaged; the timing of the Review (and of the various public meetings) has hampered the ability of parents to contribute and of our Service User Members and others to facilitate such contributions.
    - the Review has not looked outside the boundaries of South Warwickshire to assess the likely impact of reviews in adjoining areas: we welcome the move by the West Midlands Strategic Health Authority to examine the impact of likely changes to paediatric care across all current reviews in the wider region and recommend a similar exercise in relation to maternity services.

Hilary Schmidt-Hansen
Chairman
20th September 2006

Comments and recommendations

The Members of South Warwickshire Maternity Services Liaison Committee (SWMSLC) offer the following comments and recommendations with regard to Maternity and Paediatric provision in South Warwickshire and the proposals set out in the Acute Services Review Consultation Document.

The Proposals

We understand that

- the Review team considers that it will become unsustainable to have three separately managed 24 hour paediatric and maternity services as at present, although no conclusive evidence of this was set out in the review document;
- the Review has recommended that as many local services as possible are maintained and as a result a solution based on integrated working has been devised.

Paediatric care

It is proposed that the paediatric staff from all the three hospitals (Warwick, George Eliot and University Hospital Coventry and Warwickshire [UHCW]) will offer care as a network. Paediatric care at Warwick Hospital would be altered to provide 24 hour care together with out patients, day surgery, an assessment unit with observation and care for long term conditions and disability. We understand that in this manner the Special Care Baby Unit (SCBU) will be retained at Warwick Hospital together with support for the Child Development Centre.

The members of SWMSLC feel that it is essential that the paediatric care at Warwick Hospital is not jeopardized due to the predicted increase in the population of 0-8 year olds in South Warwickshire, and we feel that any significant changes will threaten both the scope and viability of maternity provision at the Hospital.

After discussion, we feel that the paediatric short stay admissions ward proposed for Warwick Hospital should be for admissions up to 48 hours. Unless there is any clinical advantage in transferring a child to UHCW because their stay is in excess of 24 hours that transfer should not occur. This argument is strengthened by our understanding that UHCW is not able to provide more specialized paediatric care than Warwick Hospital and that complex cases are already and will continue to be transferred to more specialized centres, such as Birmingham Children's Hospital.

We understand that the proposals suggest that the paediatric care at the George Eliot hospital is to be open for 12 hours each day and that the SCBU is to be transferred to UHCW. There is also a provision for these changes to be implemented at Warwick Hospital at a future date after monitoring of services.

Assessing care at Warwick Hospital

The Members of SWMSLC would like to know what criteria would be used when assessing provision of services at Warwick Hospital. We believe that if this assessment were to take place, UHCW should also be assessed under the same criteria.

We understand that this assessment would be known as Phase 2 of the Review and we would like to know how Phase 2 would be undertaken. We feel strongly that the current public consultation has not reached out sufficiently to local parents, especially as it has taken place over the summer holidays when many parent and toddler/baby groups do not meet. There has been little chance for information to be passed to parents by informed groups such as the SWMSLC and equally little chance to facilitate discussion about and questions regarding the proposals

Although public meetings have been arranged these have not been at convenient times of day for many families with both working and family commitments, including the care of babies and young children. Our Service User Members advise that the meeting in Stratford on September 15th was not advertised in the local press and that there has not been adequate coverage of the review in the Stratford media. This resulted in a poor turnout for that meeting with only 2 parents of young families attending. The Service User Member who attended the meeting of 16th August in Leamington gained the impression that the audience contained many hospital staff and interested people with a link to the NHS and relatively few local residents with no informed knowledge of the Review.

If it is felt necessary to carry out the Phase 2 review together with a public consultation, as promised by Teresa French at the meeting of 16th August 2006, the SWMSLC advises that it is essential that Service Users are involved at the start of the process (as recommended by the *Survey of Models of Maternity Care* 2004 – page 23.) While the promise of a further consultation is most welcome, we can foresee the possibility of an unfortunate situation in which the consultation takes place at a time when the only proposal for discussion – and the only possible outcome – is implementation of Phase 2. We suggest that if Phase 2 appears as a possibility in the final Review recommendations then SWMSLC and the Coventry and North Warwickshire MSLCs need to be involved in a process of continuous dialogue with and information sharing by the Review that begins on publication of those recommendations.

We are not satisfied that the current review has taken into account the views of parents using paediatric services and although Service User Members of SWMSLC have worked hard to raise parents' awareness of the review we feel that they are likely to be under-represented in the responses received by the Review.

We would like to offer our help for any further consultation with involvement in the process from the outset, should it take place. The survey that Service User Members undertook in January demonstrates our ability to make a significant contribution. In only two weeks our survey reached over 200 local mothers in Kenilworth, Warwick, Leamington (including the Sure Start areas), Southam, Henley in Arden, Studley, Stratford upon Avon and surrounding villages.

Access to care.

For the majority of women, being pregnant and giving birth are normal life events requiring minimal medical intervention.

However, the enormous challenge that planning maternity care presents is that a genuinely 'low risk' situation in pregnancy or childbirth can become one of 'high risk', to the baby and to the mother, in a short space of time. NSF Std 11 (8.5,) says that immediate, safe transfer should be available for any mother or baby who needs to transfer to consultant care in labour or after delivery.

Transfer times, details of transfer arrangements and the risk assessment for each of those transfer arrangements are therefore pertinent to the planning of Maternity care.

SWMSLC are concerned about the safety and clinical quality of the network care proposals and would like to be given information about the "Solihull model" upon which the changes proposed at George Eliot are based. We would like to be made aware of any outcome measures of this model that the Acute Services Review team took into consideration before deciding that it was a safe and effective change of practice for Coventry and Warwickshire.

We would also like to see evidence of the changes in birth rate and outcome for women within this system. We understand that the "Solihull model" has only one tertiary unit supporting the deliveries from one midwifery led unit. How is it proposed that UHCW will be able to support 2 units placed in 2 opposite geographical locations? It seems unsatisfactory that the review proposals have not fully covered these areas of concern expressed both to us and at public meetings by health professionals involved with the care of women and children.

SWMSLC is concerned that this type of model of care will not work within the proposed network unless capacity for additional births (space, beds, and staff) and more neonatal cots (and staff) are available at UHCW ready for any changes in provision as a result of Phase 1 of the Review.

We are aware that within the period of 1st January – 23rd July 2006 a total of 219 babies were refused admission at UHCW neonatal unit as a result of bed or staff shortages. We would like to be reassured that there would be adequate capacity at UHCW for the expected increase in maternity and paediatric care as a result of Phase 1 of the review.

The Members of SWMSLC have expressed grave concern that if Phase 2 of the review were to be implemented resources at UHCW would be insufficient to take women from South Warwickshire. It is our understanding that the population of South Warwickshire is increasing (see, for example, the 2005 *Access to Maternity Services Report* published by Warwickshire County Council) and that demand for maternity and paediatric care is likely to increase. We find the population information in the Consultation Document to be inadequate for us to put the proposals made by the Review in context.

It is important to note that Warwick Hospital is the only hospital within the Review area working towards attaining Level 3 of the Clinical Negligence Scheme for Trusts (CNST). We understand that there are no recruitment problems in paediatrics and maternity.

It is our view that access to maternity care at Warwick Hospital is essential for the local population but most especially for those from disadvantaged backgrounds. SWMSLC would like to be reassured that the views of these parents, including teenage parents, are fully taken into account. It is known that teenage parents and those from more deprived sectors of the community often do not attend appointments with their midwives or hospital. If access to local hospital care is reduced the health outcomes for vulnerable mothers and babies may be worsened. This possibility should be explored in detail before implementation if Phase 2 of the Review were to go ahead.

Transport issues

The Members of SWMSLC share the concerns of Warwickshire County Council's *Health Overview and Scrutiny Committee* about the lack of adequate detailed information in the Consultation Document regarding transport issues.

Should Phase 2 of the Review be implemented it would be likely to cause travel problems for many families. This concern was raised by many parents when SWMSLC Service User Members surveyed local parents in January 2006.

Service User Members have been able to advise SWMSLC that at present public transport is not adequate for parents needing to access UCHW and the cost may be prohibitive for many local families, especially those from underprivileged backgrounds. We would like to be assured that should the Phase 2 assessment and consultation take place transport issues would be high on the agenda and that Warwickshire County Council Transport department would be fully involved from the outset.

Reductions in Maternity Services throughout the Strategic Health Authority

The Members of SWMSLC would like to express their concern about the possible combined effects of this Review and the service reviews that are taking place in adjoining PCTs across the Strategic Health Authority (SHA) and within bordering SHA areas. We are aware that there are plans to reduce maternity beds throughout the region, especially at Cheltenham, The Alexandra Hospital at Redditch and the Horton Hospital in Banbury.

Reduced maternity service provision is likely to have an effect on all those parents living close to the South Warwickshire border and we feel that this issue has not been fully explored in the review. We suggest that a Maternity Mapping exercise should be undertaken to ensure that adequate maternity bed numbers are retained within the SHA and that the views of parents in outlying regions are fully taken into account before any decision to implement Phase 2 is considered.

Conclusion

We understand that at this stage of the Review maternity care will continue to be offered to all women in South Warwickshire through a Consultant-led Maternity Unit based at Warwick Hospital incorporating a Special Care Baby Unit (SCBU). We also understand that it is proposed that in-patient paediatric care will be available on a 24 hour paediatric ward.

On the basis of our knowledge of local population needs, including issues of Service User choice, geography, transport, and the available information on population growth, we consider that we have not seen sufficient evidence to convince us that present service could sensibly and safely be reconfigured to a situation of greater dependency on UHCW. We hope that the maternity and paediatric services at Warwick Hospital will not be downgraded in any way in the future and that the paediatric services at the hospital will continue to offer paediatric care to cover all short stay admissions, judged on clinical need**.**

In the absence of full clinical evidence about how it works and its applicability to a different population and geographical area, we have grave reservations about the “Solihull model” of care. We need much more information to prepare us to make an informed judgment should the Phase 2 public consultation take place.

We are concerned that the Review document does not include a risk analysis for maternity and paediatric care, including the transfer of patients to UHCW, or an assessment of race and health inequalities throughout the review area.

If the Phase 2 were to be implemented we would like reassurance that the needs and views of the local population would be taken into consideration, especially those of parents from underprivileged backgrounds throughout the county. The needs analysis should take into account the concerns regarding transport for all parents together with bed capacity at UHCW, which we believe to be a challenge should Phase 1 take be implemented.

We would like to be informed of the criteria for continuing assessment of care and outcomes after implementation of Phase 1. We believe these should include not only a risk and needs analysis but also include an evaluation of services and the effects of any changes on the experiences of women, newborn babies and their families, and staff. In addition we would expect to see evidence of clinical outcomes, transfer numbers between hospital sites and morbidity and mortality rates for mothers and babies where change has already taken place.

SWMSLC would like to offer its assistance from the outset of the work should Phase 2 of the Review remain a possibility following publication of the final recommendations later this autumn as we firmly believe that the views of local parents have not been taken into account fully during the Acute Services Review.

We thank the Coventry and Warwickshire Acute Services Review for the opportunity to contribute to the Acute Services Review.

Signed for and on behalf of the
South Warwickshire Maternity Services Liaison Committee

Hilary Schmidt-Hansen
Chairman
20th September 2006

References

Department of Health, *Maternity Standard, National Service Framework for Children, Young People and Maternity Services,* 2004

NHS Modernisation Agency et al, *Survey of Models of Maternity Care* 2004

APPENDIX IX

Creating a Better Birth Environment

Audit of sample of rooms on Labour Ward

30 June 2005

By: Hilary Schmidt-Hansen, Sue Rasmussen and Kate Hawkins

Four rooms were audited.
The National Childbirth Trust (NCT) Creating a Better Birth Environment Audit Tool was used.

The Audit Tool scores the rooms on 10 aspects:

- Cleanliness
- Decoration
- Room quality
- Furnishings
- Space
- Access to a Toilet
- Water (easy access to shower, bath or pool)
- Privacy
- Control of lighting and heating
- Labour aids

Each aspect is scored from 0-2.

Out of a maximum score of 20, no room scored above 8, the lowest score being 5½.

Results

Aspect	Possible Total Score for all 4 rooms	Overall Score
Cleanliness	8	1
Decoration	8	1
Room Quality	8	1
Furnishings	8	4
Space	8	3
Toilet	8	4
Water	8	3
Privacy	8	6
Control of lighting and heating	8	2
Labour aids	8	1

The lowest scores were in cleanliness, decoration, room quality and labour aids. This was followed by control of lighting and heating, water, space, furnishings and toilet. Privacy scored the highest.

Comments made by the team

Cleanliness

"There was body fluid on the curtains. Dust on many surfaces including baby resuscitation equipment. There were dusty plants. Area was generally dusty and floor was not clean". There was also dried blood on one of the equipment supplying entonox.

General overall comments

"Curtains and wall coverings did not match. Hideous colours. Cold and unwelcoming. Pictures on floor. Too many clinical instructions on walls. Bathroom scruffy and very cluttered. Bed dominates the room. Very high, no covers (the bed). "Pad" on bed".

Recommendations to Head of Midwifery

Quick wins as suggested in the NCT audit toolkit

- Move the bed to the side of the room so that it is not the central focus.
- Operate a 'please knock before entering' policy or create a shield to the door with a curtain or screen.
- Ensure there are soft, washable mats in the room, so that women can use the floor to find comfortable labour and birthing positions.
- Provide a range of useful equipment: a birth ball, a generous supply of pillows and a bean bag for women to use during their labour.
- Ensure there is a table lamp if dimmable lighting is not available to allow women to control the level of light in the room.
- Supply a fan if heating cannot be controlled in the room.
- Ensure there is at least one comfortable chair in the room for partners and labouring women to use.
- Provide wall bars or robust furniture at varying heights to enable women to support themselves in different positions.
- Ensure that the room is clean and that all bins have been emptied of waste, prior to use.
- Accommodate the need for refreshments by providing easy access to tea and coffee making facilities and snacks.

Plan for the future

- Ensure birthing aids are available and visible to all rooms including balls, mats and birthing stools and possibly straps from the ceiling for women to support themselves upright with. Beds should be moved to the side of the room therefore not dominating the room.
- Rooms should be decorated in a warm, homely style.
- Soft furnishings should match and complement each other.
- As and when equipment needs replacing – "de-medicalise" rooms.
- Consider whether TV in current form is appropriate.
- Provide more pictures in rooms.
- Access to music in all rooms.
- Hide equipment behind curtains or in appropriate cupboards.
- Develop welcome pack for each room, to include:
    - What to expect
    - How to call the midwife
    - Equipment available
    - Food/drink etc. including times of meals on Labour and Swan wards
    - Consider pictures/posters for birth/labour positions to provide ideas for mothers/partners to be placed in welcome pack
    - Information on feeding your baby
- Ensure that worn out or ripped/broken furniture is removed.

APPENDIX X

LABOUR WARD STATISTICS

APRIL 2005 – MARCH 2006

2005-2006 LW Stats April-March.xls

2005-2006	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	TOTAL TO DATE
PRIMIP DELIVERIES													
NORMAL	44	51	44	49	50	46	45	49	51	38	66	40	**573**
WATER BIRTH	2	0	0	3	3	2	2	4	5	3	2	0	**26**
VAG BREECH	0	0	0	1	1	0	0	0	0	0	0	0	**2**
BBA	0	0	0	0	0	0	0	0	0	0	0	0	**0**
HOME	1	0	0	0	0	0	1	1	0	1	0	1	**5**
TOTAL NORMAL DELIVERIES	**47**	**51**	**44**	**53**	**54**	**48**	**48**	**54**	**56**	**42**	**68**	**41**	**606**
VENTOUSE	8	18	15	17	16	15	18	13	14	14	14	10	**172**
NBFD	5	10	4	2	7	3	7	11	12	12	7	14	**94**
KFD	0	0	0	1	1	0	2	3	1	0	2	0	**10**
EM LSCS	22	16	29	13	31	24	25	16	22	12	18	23	**251**
EL LSCS	5	4	4	4	4	8	5	7	4	5	2	10	**62**
TOTAL DELIVERIES	**87**	**99**	**96**	**90**	**113**	**98**	**105**	**104**	**109**	**85**	**111**	**98**	**1195**
TWINS	0	2	1	0	2	0	0	1	2	3	0	1	**12**
TRIPLETS	0	0	0	0	0	0	0	0	0	0	0	0	**0**
TOTAL BABES	**87**	**101**	**97**	**90**	**115**	**98**	**105**	**105**	**111**	**88**	**111**	**99**	**1207**
MULTIP DELIVERIES													
NORMAL	80	90	69	82	80	79	74	53	61	79	61	98	**906**
WATER BIRTHS	1	2	3	1	2	3	0	6	4	3	7	2	**34**
VAG BREECH	0	2	0	1	0	0	2	0	0	1	3	1	**10**
BBA	0	3	0	1	0	1	1	0	0	0	1	1	**8**
HOME	6	4	3	3	4	2	9	6	3	8	2	10	**60**
TOTAL NORMAL DELIVERIES	**87**	**101**	**75**	**88**	**86**	**85**	**86**	**65**	**68**	**91**	**74**	**112**	**1018**
VENTOUSE	2	4	5	5	7	7	3	5	2	2	1	7	**50**
NBFD	2	2	2	0	1	1	1	2	1	0	4	2	**18**
KFD	0	0	0	0	0	0	1	0	0	1	0	0	**2**
EM LSCS	11	5	9	8	5	3	8	9	7	8	5	11	**89**
EL LSCS	15	16	11	20	22	20	12	20	15	19	20	24	**214**
TOTAL DELIVERIES	**117**	**128**	**102**	**121**	**121**	**116**	**111**	**101**	**93**	**121**	**104**	**156**	**1391**
TWINS	2	1	2	1	3	0	3	1	0	2	1	3	**19**
TRIPLETS	0	0	0	0	0	0	0	0	0	0	0	0	**0**
TOTAL BABES	**119**	**129**	**104**	**122**	**124**	**116**	**114**	**102**	**93**	**123**	**105**	**159**	**1410**
GRAND TOTAL DELIVERIES	**204**	**227**	**198**	**211**	**234**	**214**	**216**	**205**	**202**	**206**	**215**	**254**	**2586**
GRAND TOTAL BIRTHS	**206**	**230**	**201**	**212**	**239**	**214**	**219**	**207**	**204**	**211**	**216**	**258**	**2617**
STILLBIRTHS (inclusive)	**0**	**1**	**0**	**0**	**1**	**1**	**1**	**0**	**0**	**0**	**1**	**0**	**5**
MULTIPLES													
TWIN VAGINAL	1	1	0	1	2	0	2	0	2	4	1	3	**17**
TWIN CS	1	2	2	0	2	0	1	2	0	1	0	1	**12**
2ND TWIN CS		0	1	0	1	0	0	0	0	0	0	0	**2**
INDUCTION OF LABOUR													
MULTIPS	12	11	17	12	20	6	18	16	13	19	8	18	**170**
PRIMIPS	19	20	20	11	14	17	23	15	15	14	20	24	**212**

EPISIOTOMY OF NORMAL DELIVERIES													
MULTIPS	3	6	7	4	4	3	0	2	5	3	1	8	**46**
PRIMIPS	11	8	6	11	11	6	12	8	11	3	10	7	**104**
3/4 DEGREE TEAR	3	1	3	3	3	2	1	1	5	4	4	4	**34**
2005-2006	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**JAN**	**FEB**	**MAR**	
PERINEAL REPAIR													
DOCTOR	31	45	37	36	44	30	33	37	43	35	42	43	**456**
MIDWIFE	62	65	52	58	61	51	43	56	62	57	66	67	**700**
MANUAL REMOVAL OF PLACENTA													
	5	2	2	5	4	4	0	2	6	4	3	0	**37**
BABIES BY GESTATION													
LIVE < 36 WEEKS	6	2	7	2	7	10	10	8	9	6	3	9	**79**
LIVE > 36 WEEK - 40 WEEKS	108	116	102	103	110	96	92	97	108	113	118	134	**1297**
LIVE > 40 WEEKS	92	113	92	107	121	107	116	102	87	92	94	115	**1238**
STILLBORN < 36 WEEKS	0	1	0	0	0	1	1	0	0	0	1	0	**4**
STILLBORN > 36 WKS - 40 WKS	0	0	0	0	1	0	0	0	0	0	0	0	**1**
STILLBORN > 40 WEEKS	0	0	0	0	0	0	0	0	0	0	0	0	**0**
BABIES BY WEIGHT													
<500g	0	0	0	0	0	0	0	0	0	0	1	0	**1**
501 - 1000g	0	1	0	0	0	1	0	0	1	0	0	1	**4**
1001 - 1500g	0	0	0	0	0	1	1	1	0	1	0	1	**5**
1501 - 2000g	1	2	1	0	2	2	8	5	1	2	1	1	**26**
2001 - 2500g	8	3	9	4	6	11	10	8	12	8	8	11	**98**
2501 - 3000g	37	42	34	38	36	31	23	27	25	37	27	35	**392**
3001 - 3500g	73	82	72	76	94	74	90	73	81	71	81	89	**956**
3501 - 4000g	60	83	59	69	69	67	61	66	59	67	71	90	**821**
4001 - 4500g	22	13	23	20	23	25	24	22	18	21	24	27	**262**
>4501g	5	6	3	5	9	2	2	5	7	4	3	3	**54**
ANAESTHETIC DATA													
EPIDURAL FOR LABOUR	34	44	28	45	34	35	27	39	36	34	24	36	**416**
EPIDURAL/SPINAL for ELLSCS	20	20	14	24	24	27	16	27	15	23	20	32	**262**
EPIDURAL/SPINAL for EMLSCS	27	21	36	13	31	23	30	20	27	15	19	28	**290**
ELLSCS UNDER GA	0	0	1	0	2	1	1	0	4	0	2	2	**13**
EMLSCS UNDER GA	5	0	2	8	5	4	3	5	2	6	4	6	**50**
GA FOR OTHER REASONS	0	0	0	1	0	0	0	0	1	1	1	0	**4**
SINGLETON BREECH OUTCOME													
ELLSCS	7	1	3	5	6	6	5	5	4	1	3	5	**51**
EMLSCS	2	0	1	1	3	1	5	1	4	4	2	3	**27**
VAGINAL	0	1	0	1	0	0	1	0	0	1	2	1	**7**
GP UNIT BOOKING										0			
MIDWIFE BOOKING	69	95	65	78	79	64	84	73	71	83	78	72	**911**
LABOURS > 18 HOURS	0	1	2	2	1	0	2	1	2	0	2	0	**13**
AUGMENT MULTIP	5	5	4	2	1	9	6	4	5	7	5	7	**60**
AUGMENT PRIMP	14	15	20	8	11	16	21	20	15	9	15	16	**180**
TEAM DELIVERIES													

APPENDIX XI

LABOUR WARD STATISTICS

JANUARY – DECEMBER 2006

2006	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL	%
PRIMIP DELIVERIES														
NORMAL	38	66	40	44	40	36	44	49	53	47	57	44	**558**	
WATER BIRTH	3	2	0	6	0	1	1	3	3	1	2	3	**25**	
VAG BREECH	0	0	0	1	0	0	0	1	0	0	1	0	**3**	
BBA	0	0	0	1	0	0	0	1	0	0	0	0	**2**	
HOME	1	0	1	3	1	0	2	2	0	2	2	2	**16**	
TOTAL NORMAL DELIVERIES	**42**	**68**	**41**	**55**	**41**	**37**	**47**	**56**	**56**	**50**	**62**	**49**	**604**	
VENTOUSE	14	14	10	15	11	10	20	14	17	7	14	13	**159**	
NBFD	12	7	14	9	18	9	8	7	3	3	8	8	**106**	
KFD	0	2	0	0	0	1	0	1	1	0	1	0	**6**	
EM LSCS	12	18	23	18	20	27	15	18	20	47	16	28	**262**	
EL LSCS	5	2	10	4	7	3	4	10	7	3	5	7	**67**	
TOTAL DELIVERIES	**85**	**111**	**98**	**101**	**97**	**87**	**94**	**106**	**104**	**110**	**106**	**105**	**1204**	
TWINS	3	0	1	2	4	2	2	1	1	1	2	1	**20**	
TRIPLETS	0	0	0	0	0	0	0	0	0	0	0	0	**0**	
TOTAL BABES	**88**	**111**	**99**	**103**	**101**	**89**	**96**	**107**	**105**	**111**	**108**	**106**	**1224**	
MULTIP DELIVERIES														
NORMAL	79	61	98	66	96	70	83	76	78	88	78	64	**937**	
WATER BIRTHS	3	7	2	5	3	3	3	4	5	3	3	2	**43**	
VAG BREECH	1	3	1	0	1	2	0	1	0	0	0	0	**9**	
BBA	0	1	1	1	2	1	3	2	3	0	0	0	**14**	
HOME	8	2	10	9	8	7	10	4	7	9	3	3	**80**	
TOTAL NORMAL DELIVERIES	**91**	**74**	**112**	**81**	**110**	**83**	**99**	**87**	**93**	**100**	**84**	**69**	**1083**	
VENTOUSE	2	1	7	4	4	2	9	2	3	12	3	3	**52**	
NBFD	0	4	2	2	1	0	3	2	2	1	1	1	**19**	
KFD	1	0	0	0	1	1	0	0	0	0	0	0	**3**	
EM LSCS	8	5	11	5	16	9	8	5	14	9	7	11	**108**	
EL LSCS	19	20	24	18	20	10	16	16	19	14	18	17	**211**	
TOTAL DELIVERIES	**121**	**104**	**156**	**110**	**152**	**105**	**135**	**112**	**131**	**136**	**113**	**101**	**1476**	
TWINS	2	1	3	1	2	3	0	1	0	2	1	3	**19**	
TRIPLETS	0	0	0	0	0	0	0	0	0	0	0	0	**0**	
TOTAL BABES	**123**	**105**	**159**	**111**	**154**	**108**	**135**	**113**	**131**	**138**	**114**	**104**	**1495**	
GRAND TOTAL DELIVERIES	**206**	**215**	**254**	**211**	**249**	**192**	**229**	**218**	**235**	**246**	**219**	**206**	**2680**	
GRAND TOTAL BIRTHS	**211**	**216**	**258**	**214**	**255**	**197**	**231**	**220**	**236**	**249**	**222**	**210**	**2719**	
STILLBIRTHS (inclusive)	**0**	**1**	**0**	**1**	**3**	**1**	**0**	**0**	**3**	**0**	**1**	**0**	**10**	
MULTIPLES														
TWIN VAGINAL	4	1	3	2	3	1	1	1	0	1	1	0	**18**	
TWIN CS	1	0	1	1	3	4	1	1	1	2	2	3	**20**	
2ND TWIN CS	0	0	0	0	0	0	0	0	0	0	0	1	**1**	
INDUCTION OF LABOUR														
MULTIPS	19	8	18	16	21	15	13	11	14	10	10	10	**165**	
PRIMIPS	14	20	24	14	25	16	26	18	19	21	21	21	**239**	
EPISIOTOMY OF NORMAL DELIVERIES														
MULTIPS	3	1	8	2	3	2	3	4	3	4	2	3	**38**	
PRIMIPS	3	10	7	8	10	10	7	9	8	8	10	9	**99**	

3/4 DEGREE TEAR	4	4	4	0	4	2	2	1	1	6	3	2	**33**	
2006	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUNE**	**JULY**	**AUG**	**SEPT**	**OCT**	**NOV**	**DEC**		
PERINEAL REPAIR														
DOCTOR	35	42	43	35	42	30	47	36	33	37	42	38	**460**	
MIDWIFE	57	66	67	54	57	50	59	53	67	65	57	50	**702**	
MANUAL REMOVAL OF PLACENTA														
	4	3	0	4	2	1	0	3	2	3	4	1	**27**	
BABIES BY GESTATION														
LIVE < 36 WEEKS	6	3	9	5	10	9	5	6	3	10	5	6	**77**	
LIVE > 36 WEEK - 40 WEEKS	113	118	134	110	122	96	114	104	121	120	102	114	**1368**	
LIVE > 40 WEEKS	92	94	115	98	120	91	112	110	109	119	114	90	**1264**	
STILLBORN < 36 WEEKS	0	1	0	1	1	1	0	0	2	0	1	0	**7**	
STILLBORN > 36 WKS - 40 WKS	0	0	0	0	0	0	0	0	1	0	0	0	**1**	
STILLBORN > 40 WEEKS	0	0	0	0	2	0	0	0	0	0	0	0	**2**	
BABIES BY WEIGHT														
<500g	0	1	0	0	0	0	0	0	0	0	0	0	**1**	
501 - 1000g	0	0	1	1	2	1	0	0	1	0	2	0	**8**	
1001 - 1500g	1	0	1	0	0	1	0	0	1	3	1	0	**8**	
1501 - 2000g	2	1	1	1	3	2	2	2	2	1	1	3	**21**	
2001 - 2500g	8	8	11	5	7	11	5	10	8	13	6	12	**104**	
2501 - 3000g	37	27	35	34	43	27	37	36	38	34	22	32	**402**	
3001 - 3500g	71	81	89	77	88	61	93	73	80	94	99	83	**989**	
3501 - 4000g	67	71	90	68	84	73	67	73	65	73	69	67	**867**	
4001 - 4500g	21	24	27	23	25	16	22	23	34	25	19	10	**269**	
>4501g	4	3	3	5	3	5	5	3	7	6	3	3	**50**	
ANAESTHETIC DATA														
EPIDURAL FOR LABOUR	34	24	36	43	43	37	42	33	31	29	34	25	**411**	
EPIDURAL/SPINAL for ELLSCS	23	20	32	22	25	13	19	26	26	17	21	24	**268**	
EPIDURAL/SPINAL for EMLSCS	15	19	28	22	33	33	21	19	22	47	19	27	**305**	
ELLSCS UNDER GA	0	2	2	0	2	0	1	0	0	0	2	0	**9**	
EMLSCS UNDER GA	6	4	6	1	3	3	2	4	12	9	4	12	**66**	
GA FOR OTHER REASONS	1	1	0	0	0	0	0	0	0	0	0	0	**2**	
SINGLETON BREECH OUTCOME														
ELLSCS	1	3	5	0	4	2	3	5	6	2	1	3	**35**	
EMLSCS	4	2	3	1	4	5	1	1	2	1	4	0	**28**	
VAGINAL	1	2	1	0	1	2	0	1	0	0	1		**9**	
MIDWIFE BOOKING	83	78	72	76	76	52	77	74	74	59	67	50	**838**	
LABOURS > 18 HOURS	0	2	0	1	1	0	1	0	1	0	1	0	**7**	
AUGMENT MULTIP	7	5	7	3	5	4	5	6	6	7	6	2	**63**	
AUGMENT PRIMP	9	15	16	16	17	14	20	17	21	19	12	13	**189**	

LABOUR WARD STATISTICS 2006

2005 comparison in ( )

TOTAL DELIVERIES	***2680***	***(2552)***	
TOTAL BIRTHS	**2719**	**(2579)**	
NORMAL DELIVERIES	***62.9%***	***(63.5%)***	
ASSISTED DELIVERIES	**12.9%**	**(12.7%)**	
C SECTION	**24.2%**	**(23.8%)**	
WATERBIRTH	**2.5%**	**(2.4%)**	
HOMEBIRTHS	**4.2%**	**(3%)**	
EPIDURAL	**40.5%**	**(38.6%)**	
INDUCTIONS	**15.1%**	**(14.5%)**	
3/4° TEARS	**1.2%**	**(1.5%)**	
VAGINAL BREECH	**0.3%**	**(0.4%)**	
< 36/40 BIRTHS	**2.9%**	**(3.3%)**	
< 2.5 Kg	**5.2%**	**(5.4%)**	
MULTIPLES	**1.5%**	**(1.1%)**	
EPISIOTOMYof SVD	**10.1%**	**(10%)**	
PERINEAL SUTURES	**57.2%**	**(57.6%)**	
STILLBIRTHS	**3.7 per 1000 births**		**2.3 per 1000**

APPENDIX XII

MEMBERS OF THE COMMITTEE DECEMBER 2006

NAME	POSITION HELD
Hilary Schmidt-Hansen	Chair & User representative from Stratford upon Avon NCT Branch
Sheila Newbold	Secretary
Debbie Carter	User representative from Warwickshire Central NCT Branch
Catherine Williams	User representative
Janet Bonser	Representative of PALS
Helen Walton	Head of Midwifery
Annette Gough	Clinical Governance Midwife
Melanie Crockett	Labour Ward Manager
Wendy Jones	Practise Development Midwife
Jenny Spencer	Swan Ward Manager
Dr. Jyothi Nippani	Consultant Obstetrician
Dr. Ashok Acharya	Consultant Paediatrician
Dr. Kirstie McKenzie-McHarg	Chartered Clinical Psychologist
Jane Williams	Lead for Maternity Services & Joint Children's Lead for SWPCT
Janice Straker	Representative from Stratford upon Avon Social Services Children's Team
Kathy Siddle	Health Promotion
Sue Rasmussen	Non Executive Director, SWGHT
Sarah Cossey	User Representative, Trainee antenatal teacher
Jane Oldham	Non Executive Director, SWGHT
Tina Whitehand	User Representative
Portia Brightburn	NCT Antenatal teacher and User Representative
Gill Frigerio	User Representative
Louise Griew	User Representative and Breastfeeding counsellor
Claire Curran	Breastfeeding support worker for Leamington Children's Centres

Minutes also circulated to:

Jane Ives	Director of Nursing South Warwickshire General Hospital Trust (SWGHT)
Hya Williams	Midwfie
Rachel Grubb	Physiotherapist
Rosalind Talbot	Director of Psychology
Keith Byrne	SANDS
Amy Barnes	Teenage Pregnancy Co-ordinator, WCC
Moses Reid	Team Manager, Stratford Social Services
Beryl Sharlot	Representative of the Patients' Reference Panel for South Warwickshire NHS Hospitals Primary Care Trust and Coventry and Warwickshire Ambulance Trust.
Olivia Shaw	Communications Officer Warwick Hospital
Alison Hawley	Commissioning Manager – PCT
Elizabeth Swanwick	NCT representative
Nicola Jones	User representative from Warwickshire Central NCT Branch and Pre-term support group
Helen Knight	NCT Antenatal teacher
Kate Hawkins	NCT Ante-natal teacher
Felix Lunt	Representative from the Sure Start Project/Leamington Children's Centres
Julie Bickerton	PA to SWGHT Chief Executive
Anita Gillman	PPI Forum
Tammie Howarth	PPI Forum
Sarah Stamper	PA to the Director of Nursing

APPENDIX XIII

LIST OF ABBREVIATIONS

MSLC:	Maternity Services Liaison Committee
SWMSLC:	South Warwickshire Maternity Services Liaison Committee
ASR:	Acute Services Review
UHCW:	University Hospitals Coventry and Warwickshire
CIS:	Children's Information Services
NCT:	National Childbirth Trust
APEC:	Action on Pre-eclampsia
MUMS:	Midland Ultrasound and Medical Services
EDD:	Expected Date of Delivery
PALS:	Patient Advice Liaison Service
PCT:	Primary Care Trust
PEC	Professional Executive Committee
CNST:	Clinical Negligence Scheme for Trusts
SCBU:	Special Care baby Unit
GP:	General Practitioner
HV:	Health Visitor
MW:	Midwife
SWICNG:	South Warwickshire Infant and Child Nutrition Group
NSF:	National Service Framework
NHS:	National Health Service
SANDS:	Stillbirth and Neonatal Death Society
WCC OSC:	Warwickshire County Council Overview and Scrutiny Committee
CNN:	Central Neonatal Network
LWF:	Labour Ward Forum
GG:	Guideline Group
CPG:	Clinical Practises Group
PPIF:	Patient and Public Involvement Forum
PEAT:	Patient Environment Action Team
MRSA:	Methicillin-resistant Staphylococcus Aureus
ECV:	External Cephalic Version
CS:	Caesarean section
CESDI:	The Confidential Enquiries into Stillbirths and Deaths in Infancy
CEMACH:	Confidential Enquiry into Maternal and Child Health
BfG:	Breastfeeding Group
NICE :	National Institute for Clinical Excellence
UNICEF:	United Nations (International) Children's (Emergency) Fund
BFI:	Breastfeeding Initiative
CUBA:	Coventry University Breastfeeding Assessment
NICE:	National Institute for Clinical Excellence