

TELFORD & WREKIN COUNCIL HEALTH & WELLBEING BOARD

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REPORT TITLE: Local Maternity System (LMS) Update

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RECOMMENDATIONS

That the Board note the contents of the Local Maternity System Update report.

1. Background

1.1 Following the publication of the national review of maternity services (Better Births 2016) a transformation plan for maternity services in Shropshire and Telford & Wrekin has been developed through the Shropshire and Telford & Wrekin Local Maternity System. This plan sets out how transformation will be achieved by March 2021 in line with the requirements of Better Births which are to;

Improve the safety of maternity care so that all services:

- Have reduced rates of still birth, neonatal death, maternal death and brain injury during birth by 20% and are on track to make a 50% reduction by 2025 as outlined in NHS England's 'Saving Babies Lives, A Care Bundle for reducing stillbirth'.
- Are investigating and learning from incidents and sharing this learning through their LMS and with others;
- Are fully engaged in the development and implementation of the NHS Improvement Maternity and Neonatal Quality Improvement Programme.

Improve choice and personalisation of maternity services so that:

- All pregnant women have a personalised care plan;
- All women are able to make choices about their maternity care, during pregnancy, birth and after their baby is born;
- Most women receive continuity of the person caring for them during pregnancy, birth and after their baby is born;
- More women are able to give birth in midwifery settings (at home and in midwifery units)

1.2 This report sets out the progress that has been made to date and next steps in relation to the delivery of the required transformation.

2. Improving Safety of Maternity Care

2.1 The LMS trajectory in relation to reducing stillbirth, neonatal death and brain injury is provided in the table below.

	Stillbirths and neonatal deaths				Intrapartum brain injuries			
	2015 baseline	Trajectory March 2019	Trajectory March 2020	Trajectory March 2021	Local baseline	Trajectory March 2019	Trajectory March 2020	Trajectory March 2021
Number	30	23	22	20	11	9	8	7
Rate per 1000 births	6.15/1000	4.8/1000	4.5/1000	4.2/1000	2.2/1000	1.8/1000	1.7/1000	1.5/1000

- 2.2 Good progress against the 2019 trajectory has been made. In 2018, the maternity service provider is reporting the lowest ever recorded rate of stillbirth for the Trust, with a rate of 3.7/1000. This compares to a national crude stillbirth rate of 3.9/1000 (latest figure from 2016) and the West Midlands rate of 4.3/1000 (latest figure from 2016). Neonatal deaths are also showing a reducing trend. Several initiatives are in place in order to increase pace of progress in line with the agreed trajectories. These are summarised below.
- 2.3 SaTH has commenced additional ultrasound scanning clinics in Sutton Hill. The additional scan time enables women to undergo serial scans in pregnancy close to home. This enables more women to be able to more easily access these scans and helps maternity professionals to detect fetal growth restriction in women who wouldn't otherwise have attended these scans.
- 2.4 In December 2018, a system was introduced on delivery suite that enables clinicians to view the heart trace and progress of fetuses during labour from outside the labour room. The advantage of this central CTG telemetry is that there can be many eyes and opinions viewing the CTG (Cardiotocography - which shows the fetal heart rate and uterine contractions). Evidence has shown that this approach improves safety for the fetus. The CTG traces are also archived enabling them to be used for teaching and audit.
- 2.5 Reducing the high smoking in pregnancy rates locally has been identified as a key factor in reducing the stillbirth rate. The national direction is that rates of smoking in pregnancy are expected to be lower than 11%. As an LMS we are currently reporting 16.3% overall (up to Q3) with Shropshire reporting 13.8% YTD and Telford and Wrekin reporting 19.7% YTD .
- 2.6 A number of projects relating to reducing smoking in pregnancy have been launched. SaTH is participating in the Maternity and Neonatal Quality Improvement Collaborative. The focus of the improvement project is on increasing the number of smoke free

pregnancies. This work aims to have a positive impact on reducing stillbirths. The project includes a number of initiatives, including:

- Undertaking carbon monoxide testing at every antenatal appointment
- A pilot project in a T&W GP surgery which will mean that women who are smokers or who have given up at conception will be contacted by the Public Health Team prior to booking. They will then offer the women smoking cessation support earlier on in their pregnancy.

2.7 The LMS has commissioned a local campaign to tackle smoking in pregnancy. The organisation designing the campaign will work closely with the Maternity Voices Partnership to produce local messages that will deliver the biggest impact.

2.8 A Public Health Midwife has been in post for sixteen months, who continues to concentrate on the Telford and Wrekin pregnant smoking population to change habits and drive down the high rates of smoking in pregnancy. Through one off funding the LMS has increased the smoking cessation support for one year to help tackle this issue.

2.9 Raising awareness of the importance of reporting reduced fetal movements is also a key LMS campaign with regards to reducing stillbirth. The LMS has commissioned Tommy's¹ to localise some of their materials for raising awareness of reduced fetal movement. As well as an awareness raising campaign through Facebook and information cards for women and their families, banners, posters and leaflets have been disseminated across Shropshire and Telford & Wrekin and the Tommy's reduced fetal movement video is now playing in some GP practices and in Antenatal clinics in Telford and Shrewsbury.

2.10 The LMS has also provided funding to localise and implement the 'Baby Buddy' app. This app and website has been funded by the Department of Health. Baby Buddy is the multi-award winning free app that guides you through pregnancy, birth, parenting and beyond. <https://www.bestbeginnings.org.uk/baby-buddy>. Through the LMS funding, the Baby Buddy app is being actively promoted across the county and women will receive tailored local advice relating to a range of information for pregnancy, birth and beyond.

3. Improving Choice and Personalisation of Maternity Services

3.1 The LMS is on target to enable all women accessing maternity services to have a personalised care plan by March 2020. The hand held records are currently being reviewed to support collaborative planning between health professionals and women. Women who have recently used maternity services and maternity professionals have been working together to ensure the hand held records enable personalised care

¹ Tommy's is a charity that funds research into stillbirth and miscarriage.

planning. A number of improvements have been identified and the updated hand held records will be ready for publication soon.

- 3.2 Work is also underway to develop electronic personal health records, following a successful bid by SaTH to be a pilot site for the development of maternity electronic personal health records. Once the product is available for demonstration, the pilot and implementation will need to be planned and scoped which will include the involvement of the Maternity Voices Partnership.
- 3.3 Shropshire, Telford and Wrekin LMS offer all four birth settings within the area (Consultant Unit, Alongside Midwife Led Unit, Freestanding Midwife Led Unit, Home Birth). This exceeds the requirements of Better Births, which requires three of the four birth settings within each LMS.
- 3.4 The LMS trajectory in relation increasing the proportion of women who receive continuity of carer during pregnancy, birth and postnatally is provided in the table below. Better Births requires each LMS to ensure that by March 2019 at least 20% women are booked on a continuity of carer pathway and that by March 2021, most women are booked on a continuity of carer pathway for maternity services.

Number of women receiving continuity of carer during pregnancy, birth and postnatally				
Local baseline	Trajectory March 2019	Trajectory March 2020	Trajectory March 2021	
0	970	1,496	2,460	
0%	20%	31%	51%	

- 3.5 Work commenced in June 2018, bringing women and their families together with health professionals to agree the actions required to take this forward. During March 2019, a continuity of carer audit is being undertaken in order to establish the proportion of women booked onto a continuity of care pathway. It is not anticipated that the 20% trajectory will have been secured.
- 3.6 Whilst current staffing pressures on the maternity services within our LMS are presenting a challenge in taking forward the required changes in order to deliver the continuity of carer targets, the LMS has secured additional funding which has enabled a leading LMS with regards to continuity of carer to provide a bespoke support offer to help us to identify and implement solutions that will enable a greater proportion of women to receive continuity of carer across antenatal, intrapartum and postnatal care.

3.7 The LMS trajectory in relation increasing the proportion of women giving birth in midwifery led settings is provided in the table below.

Number of women giving birth in midwifery settings				
	Local baseline	Trajectory March 2019	Trajectory March 2020	Trajectory March 2021
Number	708	825	965	1,206
%	14%	17%	20%	25%

3.8 The projects described in Paragraph 2 with regards to reducing risk in pregnancy will contribute to increasing the number of women giving birth in midwifery led settings. The LMS also has in place a range of other initiatives aiming to increase the number of women giving birth in midwifery led settings. However, due to a number of factors – not least the staffing pressures within the service, it is not likely that the 2019 trajectory will be achieved.

3.9 The Shrewsbury Midwife Led Unit (MLU) refurbishment is now complete and the unit reopened at the end of October 2018. The refurbishment included the replacement of the roof, improvements to facilities for women, the addition of birthing couches and a more 'home-from-home' setting for our mothers to give birth and improved facilities for partners. Staff and members of the MVP worked together along with local photographers and printers to choose the murals to be displayed in the new delivery rooms, one of which has now been installed, which were funded through the LMS. The LMS has also identified funding to improve facilities in the birthing rooms at Wrekin MLU. It is anticipated that the improved facilities will encourage more women who are suitable for a midwife led birth to choose to give birth in a midwife led unit.

3.10 In addition to the initiatives in place to reduce risk in pregnancy and the improvements to existing facilities, training has been provided to midwives in order to improve skills and confidence in caring for women giving birth in midwife led units and at home. Initiatives are also in place to improve the health of women before pregnancy, including promoting the Tommy's preconception information.

3.11 Women are now supported by their midwife to make a decision about their preferred place of birth later in pregnancy. This enables women to receive a much greater depth and range of information about the differences in birth settings and which birth settings might be appropriate for them, in order to make an informed decision. It also enables more clinical information to be gathered through the pregnancy to enable a better understanding of the women's circumstances that may impact upon her birth choice.

3.12 The LMS has commissioned an external company to undertake Motivational Interviewing (MI) training with staff. This is a technique to facilitate behaviour change by drawing out

women's own motivations and goals, rather than imposing those of the health professional. It places greater importance on autonomy, and the techniques out perform traditional advice-giving in terms of improving health behaviours and adherence to recommendations. It has been shown that the effects of having a conversation in this way, persist even when used in brief consultations and is easily adapted for use by all health care professionals and non-clinicians. Additionally by ensuring that those who work together train together. We will build relationships and improve how professionals work together and learn from each other. The training will support standardisation in the way in which any information is provided but more importantly establish the woman's view and motivations for her choices, and is therefore relevant to each professional group and not subject specific.

4. Conclusion

- 4.1 Steady progress is being made in relation to delivering the required transformation described in Better Births. However, greater pace is required if all of the transformation targets are to be met by March 2021. The challenging context in which local maternity service is operating is having an impact upon the scale and pace of transformation achieved to date.

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