1 Purpose of the Report
To make recommendations to Lothian NHS Board on issues raised through the Maternity Services Liaison Committee (MSLC) in 2006 and to present a report on progress made regarding the key priorities identified in the Action Plan for 2006.

2 Background
2.1 The MSLC met 5 times in 2006.
2.2 The NHS Quality Improvement Scotland (NHS-QIS) peer review visit of Lothian maternity services took place over 2 days (28 February-1 March 2006). Verbal feedback was given at the end of the visit and the full report for Lothian was published along with the Overall Review for Scotland in January 2007. An Action Plan was put in place after the visit and the MSLC was informed of progress made throughout the year. Progress has been slow in certain areas which this report will highlight, mainly due to the upheaval of the move towards a Unified Board and Single System Working.

2.3 Membership
The membership is now stable and attendance was steady.
Efforts to recruit more lay members are ongoing with the circulation of a leaflet advertising the MSLC to various groups attended by new parents.

3 Key Issues
3.1 Feedback from maternity services users
There was on average 4 (out of 6) lay members in attendance at the meetings. 3 new lay members have just joined the committee: one from the Birth Resource Centre, one from SANDS and a mother.
The Lothian Maternity Services Satisfaction Survey report was presented to the MSLC in March. Although this pilot survey involved small numbers (150 women who had their baby at Simpson Centre for Reproductive Health (SCRH) and 75 from St John’s Hospital (SJH) a reasonable number of questionnaires were returned (63 and 34 respectively). The results should obviously be interpreted with care but, nevertheless, they give a fair indication of where the service does well and where improvements are necessary. On the one hand, women expressed high levels of satisfaction where there was continuity of care (and carer) and also when good communication was achieved. On the other hand, some women felt they had seen too many different midwives during their pregnancy or after the birth of their baby and as a result did not always get consistent advice and help. Comments also reflected dissatisfaction during the postnatal stay in hospital when women felt they did not get the support they would have liked to receive at a crucial time (support
for establishing breastfeeding in particular). There did not seem to be enough information given about the length of stay in hospital and women felt they did not have much say in the matter.

The survey is yet to be presented to the Quality Improvement Programme Team (Maternity) and action plans should be drafted by each Directorate thereafter. As a full size survey is very time consuming the results can take a while to come through and this reduces the impact of the exercise. It is therefore envisaged that the Satisfaction Survey will be divided into more manageable, smaller surveys targeting specific areas of care which can be rolled out on a regular basis. This should prove an invaluable tool to measure and monitor the levels of satisfaction with the service.

The research project entitled: Ethnicity and Experiences of Pregnancy in Lothian, led by Judith Sim, researcher in Public Health (Lothian Health Board) took place in 2006. This research used focus groups to explore the information and support needs during pregnancy of women from 4 different non-English language groups (Cantonese, Urdu/Punjabi, Bengali/Sylheti and Arabic/Turkish speaking women). 2 focus groups working with Polish women have also been convened since. A report will be presented to MSLC in June 2007 (Judith Sim has now left Lothian Health Board but offered to attend a meeting to present her findings).

3.2 Complaints
Complaints are now dealt with centrally and the changes in personnel and management structure meant that it was not possible for the MSLC to be presented with the usual review of formal complaints. This should be in place for 2007.

3.3 “Your baby, Your Choice” Leaflet
This information leaflet was developed by an MSLC short-life working group and it should be available for distribution soon. It provides basic information about the choices available for pregnancy care, where to give birth and postnatal care. It also explains how to contact advocacy services as well as interpretation and translation services.

3.4 Maternity Record
NHS Quality Improvement Scotland has agreed with the Scottish Executive to oversee the publication of the Scottish Woman-Held Maternity Record (SWHMR) for six months. The SWHMR will therefore be rolled out across Lothian from May 2007.

3.5 Promotion of Breastfeeding
As documented in the MSLC 2004 report, West Lothian continues to have a particularly low breastfeeding rate falling well below the national target. It is the area of Lothian with the lowest overall rate.

Although it is recognised that there are pockets of social and economic deprivation in West Lothian (always associated with lower breastfeeding rates), the MSLC would like to point out that other factors, such as notable differences in the way Lothian NHS supports women who want to breastfeed, contribute towards the poor breastfeeding rates.
To be successful, breastfeeding has to be introduced as soon as possible after the baby’s birth, and as most women in Lothian give birth in hospital, support and guidance has to be provided in the maternity units to help establish breastfeeding before the mother goes home. It is also crucial that strict guidelines regarding the use of formula milk are adhered to (when formula milk is given to a breastfeeding baby it disrupts the production of milk in the mother and might make it difficult for the baby to return to the breast).

St John’s Hospital (SJH), contrary to the Simpson Centre for Reproductive Health (SCRH), does not have UNICEF - Baby Friendly Accreditation and has even lost the Certificate of Commitment (first step towards gaining accreditation) which had been granted in 2003. This immediately places the women who give birth at SJH and would like to breastfeed at a disadvantage compared to those having their baby at SCRH. Although there is no doubt that the midwifery staff at SJH do their utmost to provide some support to these mothers, it cannot be compared to the model of care sanctioned by UNICEF - Baby Friendly in place at SCRH.

The SCRH experience (and success) shows that working towards UNICEF – Baby Friendly accreditation is a huge undertaking which requires the strong leadership of a dedicated Infant Feeding Advisor based in the hospital. Karla Napier at SCRH has fulfilled this function with commendable success over the years and continues to do so as SCRH are preparing for their re-accreditation visit in the Spring.

For the breastfeeding rate to improve in West Lothian, and to ensure that all the women in Lothian receive the same level and quality of service, NHS Lothian must support the creation of an Infant Feeding Advisor post at SJH. SCRH, where around 6000 babies are born every year, have a full time post. SJH, which has around 3000 births a year, should be allocated a 0.5 WTE post. To settle for less (there have been suggestions of a one day seconded post) would fail to respect the parity between the 2 maternity units and would not give SJH a fair chance of achieving Baby Friendly accreditation.

The MSLC position is backed by the NHS-QIS Maternity Services National Overview Report which stresses that: "Boards should support those maternity units working towards and maintaining Baby Friendly accreditation (and that) where there is variation within a Board (for example not all hospitals within the Board have Baby Friendly accreditation) that Board should ensure all hospitals strive to achieve the same standard."

MSLC would like to remind Lothian NHS Board that it is also very likely that for the next review of the NHS-QIS Maternity Services Standards (in 3 years’ time) the target will be raised to reflect that Boards have achieved, rather than are working towards, UNICEF / Baby Friendly accreditation (see the NHS-QIS Maternity Services National Overview, p 86).

MSLC fully appreciates the fact that the number of Community Infant Feeding Advisors has been increased thus ensuring equal provision of support in the community. There are now 2.5 WTE posts (5 advisors, all part time) in Lothian. Community Infant Feeding Advisors play an important part in supporting mothers once they are back home with
their baby and these posts should make a difference. They cannot, however, be expected to address the situation at SJH (the Community Infant Feeding Advisor based in West Lothian works less than 20 hours a week).

3.6 Monitoring of Caesarean Section Rates and Labour Ward Data
Since February 2006 a review of caesarean section (CS) rates at SCRH and SJH according to Robson’s categories has been presented at each MSLC meeting. Some general activity information from both maternity units was also made available to MSLC and will be presented 6-monthly from 2007.
The review of caesarean section rates according to Robson’s categories has proved extremely useful.

Traditionally, CS are divided into Elective CS and Emergency CS. Robson’s Categories place women in different groups according to various criteria such as: first baby or not, at term or not, head down or breech, previous CS or not, induction of labour or not, etc.... The percentage of women who had a CS in each group is then calculated. Robson’s categories are recognised as a useful tool to distinguish cases where CS are most likely to occur from those where they are least expected to occur.
This allowed the 2 maternity units to identify certain categories where the CS rate was higher than expected. A review of casenotes and targeted audits were performed. A reduction in the CS rate in some categories was recorded in June and July, however, the rates went steadily up again from August onwards. The consultants at SCRH have agreed to look into this and report back.
There is also a project led by Consultant Midwife Sandra Smith and Specialist Midwife Justine Craig which will specifically look at how best to inform and advise women who had a previous CS and are expecting another child.

4 Progress on Key Priorities Identified in 2006 Action Plan

4.1 Parenthood Education
Reminder: a review of Parenthood Education which plays a crucial role in health promotion was presented at the June 2005 MSLC meeting and highlighted the huge variations across Lothian in the provision of this service.
The NHS-QIS review visit, whilst commending some specifically targeted classes (Teenage Mums, Dads Only) which are available in West Lothian where a full time co-ordinator is in post, deplored the fact that there was no equal provision across Lothian. The NHS-QIS Maternity Services National Overview states that: “there should be a single syllabus of education throughout Boards for parenthood education classes.”
A short-term working group chaired by Dr Harden Carter (Consultant in Public Health Medicine) was set up under the auspices of the Maternity and Neonatology Strategy Group to look into these issues.

4.2 Provision of One to One Care in Labour
This NHS-QIS Maternity Services Standard was not met by SCRH.
This particular aspect of care in labour was audited in October 2006. The results showed remarkable improvement since NHS-QIS visit. It is obvious a lot of effort has been put towards giving women 1-1 care in labour at SCRH. Although the audit involved small numbers with only 94 questionnaires gathered (there are about 500 deliveries each month at SCRH) the results were very positive.

Midwife present for all of the labour 64%
Midwife present for most of the labour 29%
Midwife present for some of the labour 7%

Women felt Midwife was too busy:
Yes 2%
Sometimes 7%
No 90%

Women worried when left alone:
Yes 5%
No 95%

The audit will be repeated and MSLC hopes that these figures will be consolidated and confirmed.

MSLC is also pleased to report that a short-term Lothian-wide working group chaired by Sandra Smith (Consultant Midwife) has been set up under the auspices of the Maternity and Neonatology Strategy Group to develop midwifery-managed care and promote natural birth.

4.3 Postnatal Care in Hospital
Relevant information was gathered from the Satisfaction Survey (May 2005) and 1-1 Care in Labour audit (October 2006).
A lot of the comments about postnatal care in hospital reflect the personal experience of the MSLC lay members and informal feedback given in various settings (postnatal reunions, breastfeeding support groups). It is quite clear from their comments (quoted below) that a fair number of women feel somewhat let down by the maternity service in the first hours and/or days after giving birth:

"There were not enough staff in the postnatal ward to cope with the amount of women."
"You are expected to go home quickly after giving birth."
"I felt neglected after the big event had taken place."
"I would have liked more help with initial breast feeds."

It is generally accepted that the period immediately after the birth of their baby is the time when women most need (and are most receptive to) good and consistent advice about how to look after their new born, and, for those who have chosen to breastfeed or want to try it, this is the time when they most need to feel supported in their decision to do so. Monitoring this aspect of care will therefore be one of the priorities for MSLC in the coming year.
5 Action Plan 2007

The MSLC work was commended by NHS QIS reviewers and credit must go to all the members for their efforts throughout the year to develop the maternity service in Lothian. MSLC is well aware of the current financial restrictions which affect all NHS Boards in Scotland. We think that it would be fair to say that most of the committee’s work and recommendations look at imaginative ways to maximise resources and do not have financial implications.

The very specific plea for an Infant Feeding Advisor post at SJH (detailed in paragraph 3.5) has therefore been carefully thought out and should be given proper consideration.

In 2007, the MSLC will keep pressing Lothian NHS Board for the creation of a part-time (0.5 WTE) Infant Feeding Advisor post at SJH which would demonstrate a firm commitment towards all maternity units achieving UNICEF-Baby Friendly Accreditation by the next NHS-QIS Maternity Services Standards peer review visit.

The MSLC will take an active part in the development of a co-ordinated Parenthood Education Programme offered to all women across Lothian, with particular emphasis on equal access to a choice of specially targeted classes (Dads Only, Teenage Mums, etc ...).

The MSLC will highlight the main findings from the Satisfaction Survey when it is presented to the QIP Maternity Group. Most issues are already included in the MSLC key priorities and the committee will recommend follow up action. Particular attention will be given to the provision of one to one care in labour and postnatal care in hospital.

Mathilde Peace
Chair of Maternity Services Liaison Committee
April 2007