

## Trust Board Report

<b>Meeting Date:</b>	17 <sup>th</sup> January 2011
<b>Title:</b>	Head of Midwifery report
<b>Executive Summary:</b>	This report will outline key issues in midwifery services and highlight forthcoming projects and innovations.
<b>Action Requested:</b>	To make the board aware of Midwifery issues.
<b>Report of:</b>	Director of Nursing and Midwifery
<b>Author:</b> <b>Contact Details:</b>	Sandra Orton – Head of Midwifery Tel 01902 698398      e mail      sorton@nhs.net
<b>Resource Implications:</b>	Resources will be needed to take forward the midwifery led agenda in the form of an alongside midwifery led unit that will deliver care to 1000 low risk women. Resources will also be needed for increased consultant and midwifery staff now our births are over 4,000 per annum.
<b>Public or Private:</b> (with reasons if private)	Public Session
<b>References:</b> (eg from/to other committees)	
<b>Appendices/ References/ Background Reading</b>	none
<b>NHS Constitution:</b> (How it impacts on any decision-making)	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> <li>✚ Equality of treatment and access to services</li> <li>✚ High standards of excellence and professionalism</li> <li>✚ Service user preferences</li> <li>✚ Cross community working</li> <li>✚ Best Value</li> <li>✚ Accountability through local influence and scrutiny</li> </ul>

## Background Details

<b>1</b>	<p><b><u>Midwifery Report</u></b></p> <p>The head of Midwifery role works with statutory supervision and alongside the Local Supervising Authority (LSA). The role of statutory supervision is to protect the public. The service is audited yearly by the LSA midwifery officer to ensure the standards for supervision set by the NMC are being met.</p> <p>Midwifery services work closely with our obstetric colleagues to provide maternity care to both high and low risk women. Midwives work both within the acute trust and out in primary care within designated children's centres.</p>
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There are several specialist roles within midwifery services to meet the increasingly challenging public health role within midwifery services i.e.

- Reducing Teenage pregnancy rates
- Providing early access for women
- Working with vulnerable families.
- Infant feeding and Nutrition.

CQUIN are in place for midwifery services around breast feeding and reduction of smoking. Breast feeding rates have increased to 64%, smoking remains a challenge with 24% of women still smoking at delivery.

#### **Current service overview**

- The maternity unit is undertaking an assessment for level 3 baby friendly accreditation in March 2011. The unit is currently level 2 and is working hard with members of the multi disciplinarily team to ensure consistent support and advice is given to all women who birth at Wolverhampton.
- Midwifery services nationally have been highlighted as one of the ten High Impact Actions DoH 2009 – Promoting Normal Birth. Currently home births in Wolverhampton are 1%, nationally these rates are on average 5%. Currently there is no choice of midwifery led care at New Cross hospital. There are plans being developed to provide an alongside maternity unit next to our newly refurbished delivery suite, this will be in place at the end of 2011, beginning of 2012. This facility will provide midwifery led care for 1000 low risk women per year and will incorporate our very successful water birth service The MLU will provide choice of place of delivery as recommended in Maternity matters 2007 and next stage review 2008. . It is worth noting that one of our neighbouring trusts have plans in place to develop a stand alone midwifery unit on their hospital site
- Wolverhampton have been short listed for an RCM award this year, in promoting normal birth, this work links in with the High Impact Actions work that is being driven nationally to increase normal birth and reduce caesarean sections.
- The birth rate at New Cross has reached 4,000. Over the last 5 years there has been an increase of 100 deliveries per year. The increase in birth rate will mean that additional consultant hours will be needed on the delivery suite. Currently 60hrs of consultant cover is provided but 98 hrs will be needed now deliveries have reached over 4,000. This level is required because Safer Childbirth (2007) acknowledged that increased consultant presence on a delivery suite corresponded with better maternal outcomes in high risk pregnancies. There is also a deficit of 9 wte midwives - Safer Childbirth recommended a midwife to woman ration of 1:28 we currently are 1:31. The additional staff would enable the midwife to woman ratio to be achieved, the lower ratio is needed to promote normal birth and enable 1:1 care in active labour for all women. We currently achieve this over 80% of the time. These resource implications will need to be considered and business cases developed which will be presented at TMT.
- CQC national maternity survey results were published at the beginning of December 2010. The survey incorporated women's views of their care during their pregnancy. The women who participated in the survey delivered their babies in February 2010. There was a 41%

response rate which equated to 109 women, the average response rate nationally was 52%.

New Cross was:

- better than other trusts in 1 criteria which was ante natal screening
- worse than other trusts in 2 criteria, which was making partners feel welcome and being left alone at a time you were worried
- rated as same as other trusts in the remaining 16 criteria

There will be a further survey undertaken this year using the patient experience tracker so that real time feedback can be given to the maternity team on the quality of care being delivered to women. It is worth noting that the visiting restrictions applied to the Maternity Unit because of Norovirus in February and may have a negative impact on the results. There were a high number of women and their families that were distressed because of the restricted visiting and felt that they were not supported by their partners and families because of it.

- NHSLA assessment was undertaken in December 2010. The maternity unit achieved an outstanding result of 100% at level 1, very positive feedback was given from the NHSLA assessor and a level 2 assessment will be undertaken in December 2011.

Some of the items noted above are challenging for the clinical team working within all areas of the maternity unit at New Cross but as Head of Midwifery I am confident that continued close multi professional working will ensure that women and their families continue to receive safe, effective high quality care during their pregnancy and birth experience.