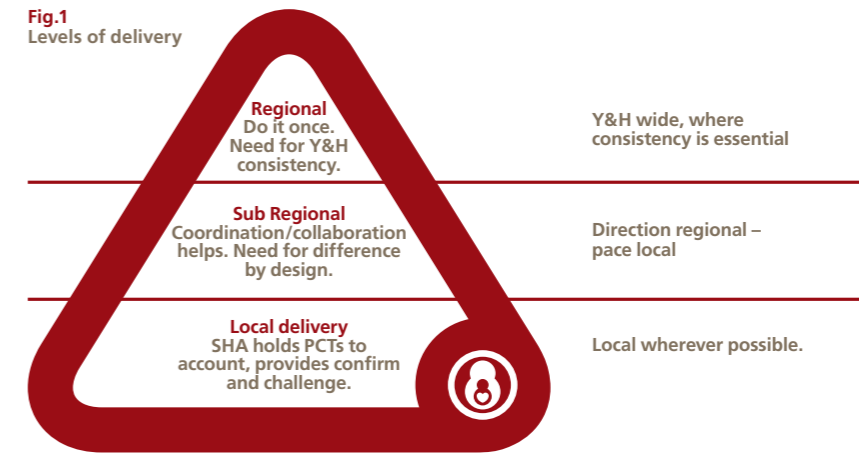


Maternity and Newborn

Fig.1
Levels of delivery



What did we say in Healthy Ambitions?*

1
The Maternity and Newborn Care Pathway recognised the inequalities faced by babies born in Y&H – with particular variation in rates of breastfeeding within and between our PCT areas. They also recognised that the experience of NHS care could vary for women during pregnancy, birth and post-natally.

They therefore recommended that:

- Latest national guidance e.g. Maternity Matters should be strongly backed
- Levels of consultant staffing should be in line with Royal College guidance
- Action should be taken to improve rates of breastfeeding
- Action should be taken to reduce smoking in pregnancy
- The quality and consistency of information for pregnant women should be improved
- Midwifery time should be prioritised for women who need it most.

Who is taking this work forward?

2
Levels of delivery
PCTs across Y&H have worked with the SHA to agree which of the recommendations of the Maternity and Newborn pathway should be taken forward locally and which might need action at regional level. This is summarised in fig.2 on the next page.

*Full details can be found at www.healthyambitions.co.uk/maternity_newborn.html

Recommendations & levels of delivery.

Fig.2 Levels of delivery

KEY
● Primary Implementation



Recommendation 1

Maternity matters (published by DH in 2007) should be used as a firm foundation for the future commissioning and delivery of maternity and the newborn services across Y&H.

- YH wide implementation
-
- YH wide coordination & collaboration
-
- Local Delivery
- Yes



Recommendation 2

Maternity matters and self assessments in all communities should lead to action plans to address priority gaps identified in these assessments; these should also take into account of the Healthcare Commission report mentioned above.

- YH wide implementation
-
- YH wide coordination & collaboration
- YH Commissioning Forum
- Local Delivery
- Yes



Recommendation 3

The workforce recommendations set out in Safer Childbirth should be implemented; PCTs and providers should include this in all subsequent contract negotiations until significant progress is made. These should reflect the workforce plans submitted to SHA in 2008

- YH wide implementation
-
- YH wide coordination & collaboration
- YH Commissioning Forum
- Local Delivery
- Yes



Recommendation 4

Of 19 obstetric units, there are 8 units delivering fewer than 2500 births a year. The CPG recommend applying the same standards to these units as if they had 2500 births. All our units currently have 40 hour consultant cover, and should plan therefore to reach 60 hours cover in 2009 at the latest. Outcomes at these smaller units need to be kept under regular review to ensure that women and their babies are not disadvantaged.

- YH wide implementation
-
- YH wide coordination & collaboration
- YH Commissioning Forum
- Local Delivery
- Yes



Recommendation 5

A Y&H Maternity and Birth Commissioning Network should be formed. Early work should focus on agreeing action from the Maternity Matters self assessments, including an escalation policy and procedure to manage demand variations

- YH wide implementation
-
- YH wide coordination & collaboration
- YH Commissioning Forum
- Local Delivery
-



Recommendation 6

The introduction of the maternity phase of Connecting for Health should be accelerated.

- YH wide implementation
-
- YH wide coordination & collaboration
- YH Commissioning Forum
- Local Delivery
-



Recommendation 7

There should be a radical step up in action to reduce smoking in pregnancy and breastfeeding performance should be improved. Already PCTs are including action to improve breastfeeding and/or reduce smoking in pregnancy in their Local Area Agreements.

- YH wide implementation
-
- YH wide coordination & collaboration
- YH Commissioning Forum
- Local Delivery
- Yes



Recommendation 8

There should be selective introduction of 'case loading' as a means of targeting vulnerable and disadvantaged women and so ensure that they in particular receive a high degree of continuity of care.

- YH wide implementation
-
- YH wide coordination & collaboration
-
- Local Delivery
- Yes



Recommendation 9

We should get 'the basics right' by:

- improving 'customer care' and responsiveness to the needs of women during their maternity pathway
- improving the quality and consistency of information for pregnant women (in particular vulnerable women, women whose first language is not English, and women with special needs)
- Adopting a more systematic and sustained approach to gathering patient experience data, and using this to inform further action to ensure personalised service delivery.

- YH wide implementation
-
- YH wide coordination & collaboration
-
- Local Delivery
- Yes



Recommendation 10

There should be a focus on reducing health inequalities and improving health outcomes for both mothers and babies with the aim to reduce infant mortality rates for the manual groups by 20% by 2010.

- YH wide implementation
-
- YH wide coordination & collaboration
-
- Local Delivery
- Yes

Everyone with an interest in improving maternity and newborn services can play a part in taking forward the recommendations in the maternity and newborn chapter of Healthy Ambitions.



Recommendation 11

Breastfeeding rates should be improved, with breast feeding initiation rate increased by 2% in disadvantaged groups with subsequent year on year improvement targets.

YH wide implementation

YH wide coordination & collaboration

YH Commissioning Forum

Local Delivery

Yes



Recommendation 12

Where in-utero transfer does not take place, the reasons should be monitored and improvements made. If ex-utero transfer is required, their needs to be appropriate equipment and up to date skilled staff for the transport.

YH wide implementation

SCG

YH wide coordination & collaboration

-

Local Delivery

-



Recommendation 13

Commissioners should work with stakeholders to develop regional guiding principles for transfer times when the place of birth alters during labour.

YH wide implementation

SCG

YH wide coordination & collaboration

-

Local Delivery

-

Fig.3 Timetable

Action	When
Maternity Matters self assessments completed and shared	Complete
PCTs to agree choice and access action plans with providers	Complete
PCT strategies to include all aspects of Maternity Matters (inc. infant mortality plans)	Complete
Workforce Gap analysis Safer Childbirth workforce assessment and 2008 workforce plans completed and shared	Complete
YH wide social marketing initiative for smoking in pregnancy and breastfeeding	Complete
Model service specification for maternity services agreed with providers	31 March 2009
Contracts with providers to include Maternity Matters and Safer Childbirth requirements and compliance	31 March 2009
Performance monitoring tool developed by Dec 2009 and implemented	30 April 2009
First performance report, including workforce and vital signs on early access and breast feeding (Quarterly)	31 July 2009
SCG monitoring of in-utero and ex-utero transfers	Ongoing
SCG development of regional guiding principles for transfer times when the place of birth alters during labour	By end 2009
SCG is working with providers to implement a stand alone transport/retrieval service for critically ill children including neonates. The SCG is also working on a common service specification and policy for neonatal units.	By end 2009



When is it happening?

3
The actions to be taken forward in the first year of implementation for the Maternity and Newborn pathway are shown in fig.3.

Local delivery

4
PCTs working with their local partners and provider organisations have prioritised the recommendations in Healthy Ambitions in light of the needs of their local community and the current position of their services.

They have all set out the action that they will take to start to turn the recommendations in Healthy Ambitions into reality in their five year strategic plans.

An example of the action being taken by Rotherham PCT is shown below

Local delivery in Rotherham

Rotherham's Health Equity Audit in January 2006 showed that 40% of babies are given some breast milk (combined breast and mixed feed data) by 10-14 days, which reduces to 23% by 6-8 weeks (2005/6 data).

- The PCT has set local trajectories to March 2011 looking to increase initiation rates to 60% and 6-8 weeks rates to 32% by 2011
- NHS Rotherham and Rotherham FT are implementing UNICEF Baby Friendly Standards and have action plans to support their delivery
- All appropriate health professionals will be trained to give breastfeeding support and information in line with UNICEF baby friendly accreditation standards.

To ensure that the right messages are going out to women the PCT is commissioning a social marketing campaign, which looks to local women to provide the answers on how to target messages to them, focussing on both breastfeeding and smoking. It is essential for the PCT to understand how messages are received by the population so that they can allocate resources to have the greatest impact.



Fig.4 How could you help?

Who	What
Directors of Commissioning could:	<ul style="list-style-type: none"> Commission for the delivery of national standards (Maternity Matters and Safer Childbirth standards) Be aware of/participate in Y&H maternity and birth commissioning network Commission services to reduce smoking in pregnancy Work with providers to develop principles for transfer times when the place of birth alters during labour Ensure effective audit processes are built into contracting processes, including the collection of systematic feedback from patients, carers and families.
Directors of nursing could:	<ul style="list-style-type: none"> Ensure delivery of national standards (Maternity Matters and Safer Childbirth standards) Keep outcomes at obstetric units under review to ensure standards Implement actions to reduce smoking in pregnancy Improve the quality and consistency of information for pregnant women
Heads of midwifery could:	<ul style="list-style-type: none"> Ensure delivery of national standards (Maternity Matters and Safer Childbirth standards) Take action to reduce smoking in pregnancy Improve quality and consistency of information for pregnant women
Directors of IM & T could:	<ul style="list-style-type: none"> Examine recommendations including acceleration of maternity phase of CfH
GPs could:	<ul style="list-style-type: none"> Implement recommendations on pre-conception care Encourage breastfeeding initiation Implement actions to reduce smoking in pregnancy Improve quality and consistency of information for pregnant women
Network Leads could:	<ul style="list-style-type: none"> Establish seamless pathways between maternity and neonatal networks
Health visitors could:	<ul style="list-style-type: none"> Encourage breastfeeding initiation Implement actions to reduce smoking in pregnancy Improve quality and consistency of information for pregnant women
Comms Leads could be:	<ul style="list-style-type: none"> Aware of social marketing projects to improve breastfeeding rates and contributing where necessary
Obstetricians could:	<ul style="list-style-type: none"> Improve quality and consistency of information for pregnant women
Workforce planners could:	<ul style="list-style-type: none"> Safer childbirth workforce assessment Plan for implications of pathway report recommendations including consultant cover of obstetric units and optimal numbers of staff available to provide labour care during labour at home with adequate supervision by senior staff if required.
Dirs of Performance could:	<ul style="list-style-type: none"> Performance manage progress in delivery of national standards Keep outcomes at obstetric units under review to ensure standards
Midwives could:	<ul style="list-style-type: none"> Encourage breastfeeding initiation Help to deliver Maternity Matters Implement actions to reduce smoking in pregnancy Improve quality and consistency of information for pregnant women Provide antenatal care in line with NICE guidelines Lead early discussions with parents about place of birth and choices available
Directors of Finance could be:	<ul style="list-style-type: none"> Assessing the financial implications of local plans in response to pathway recommendations and ensuring appropriate provision with medium term and operational finance plans. Any impact on providers of changes in care pathways or service provision would need to be appropriately communicated consistent with WCC standards and process and extant contracting arrangements

This checklist is illustrative and for guidance only.

How can you help make it happen?

5
 Everyone with an interest in improving maternity and newborn services can play a part in taking forward the recommendations in the maternity and newborn chapter of Healthy Ambitions. In fig.4 we have set out some of the suggestions from staff about how people could help implement the recommendations.

As an NHS publication – this section has just focussed on the roles that NHS Staff could play – but we very much recognise that our partners have a big contribution to make if we are to deliver the recommendations of the maternity and newborn chapter in Healthy Ambitions. We know that local authorities have a big part to play – e.g. in creating an environment and culture which could support more mothers to breastfeed their babies. We are committed to working with our partners to help make this happen.

Who will make sure that this work happens?

6
 There are a number of key leadership roles in the delivery of this pathway:
Locally
 Each PCT Chief Executive is responsible for delivering recommendations in line with local priorities and strategic plans.

Collaboratively and regionally
 Delivery will be overseen by a Pathway Delivery Board – as described in the chapter on governance arrangements.
 For Maternity and Newborn the chair is Andy Buck Chief Executive at NHS Rotherham who will act as a sponsor within the wider chief executives forum and assist the clinical lead and SHA Director lead to promote implementation of the pathway.

The regional clinical lead is Dotty Watkins, Head of Midwifery at Sheffield Teaching Hospitals NHS Foundation Trust, who will oversee progress against the Maternity and Newborn recommendations, act as a champion for the recommendations, advise on delivery processes and encourage colleagues to continue to focus and give priority to the Maternity and Newborn recommendations.

Sue Proctor, Regional Director of Patient Care and Partnerships will oversee progress on the maternity and newborn pathway working with the clinical lead and the CE.

Our pledge will be to support an increase in breastfeeding rates – with reduced variation across the region.

How will we measure success?

7

We have developed a “Healthy Ambitions Dashboard” based on a small number of key indicators which taken together can be used to start to measure the success of the Healthy Ambitions programme as a whole (see performance and metrics chapter). This is underpinned by trajectories which each PCT will set to reflect their local priorities and circumstances. It will show the measurable improvements they are making in each pathway area. This will supplement the “vital signs” indicators and trajectories which support delivery of the targets set out in the NHS Operating Framework and the selection of outcome measures which PCTs have included in their strategic plans. In many cases these measures are one and the same. All of these measures will feature in PCTs annual operating plans to be agreed with the SHA and be the basis for the SHA’s performance management regime.

Recognising that the pathway recommendations are many and various we intend to start by tracking progress against the key pathway pledge, which for Maternity and Newborn is to support an increase in breastfeeding rates – with reduced variation across the region.



We know that this doesn’t tackle all the priorities in this chapter. Smoking during pregnancy, staffing ratios and patient satisfaction will be tracked through existing routes. The percentage of women receiving a risk assessment and information on choices from a healthcare professional is a Vital Sign, whilst obstetric cover and midwife to mother ratios are CQUIN measures.

The key indicators we will therefore track in the “Healthy Ambitions Dashboard” will be:

- Percentage of mothers breastfeeding on discharge home
- Percentage of mothers still breastfeeding at 6-8 weeks.
- Staffing ratios: Midwives per 1000 births and consultant cover

Work has been undertaken to establish baselines for the pledge and by the end of March '09 trajectories for improvement will have been agreed between the SHA and PCTs and will be reflected in annual operational plans.* We intend to publish progress against individual trajectories.

*More details can be found in the performance metrics chapter.



“I want mums to be to have the best possible experience of pregnancy and post natal care. Working together on these recommendations will help to do this.”

Lindsay Dickinson
Midwife, Sheffield