

**Maternity Services Liaison Committee  
Annual Report 2003/2004**

The East Cheshire Maternity Services Liaison Committee consists of professionals, user representatives and voluntary organisation representatives who meet quarterly with the aim of both supporting and improving maternity services for the benefit of the women of Eastern Cheshire.

The Terms of Reference are attached (Appendix 1)

Membership

Mrs G Hopps	Head of Midwifery & Women's Services/Acting Chair
Dr I Losa	Consultant Paediatrician
Dr S Dean	Consultant Obstetrician/Gynaecologist
Sr E Alston	Supervisor of Midwives
Mrs A Morton	Health Visitor
Dr C Stanley	General Practitioner
Dr J Lawn	General Practitioner
Mrs J Hawkes	Service Development Manager, Women & Children's/Eastern Cheshire PCT
Mrs M Grant	NCT representative
Ms N Bright	User representative
Mrs A Laycock	User representative
Mrs S Ryan	La Leche/user representative
Mrs E Fickling	NCT/User representative
Ms D Coppock	NCT/User representative
Ms C Schofield	User representative
Mrs E Owen	Secretary to committee

Significant Issues

The Chair of the Committee

Mrs Hopps undertook the role of acting chair of the committee upon the resignation of the user chair Mrs D Devine in September 2003. The committee continues to seek a user chair.

Public Involvement in Maternity Services

The committee has had user membership significantly increased during the year in line with the Department of Health recommendations. In addition to the committee, there is 1 user representative on the labour ward forum, 2 user members on the breastfeeding forum and 1 user member on the Patient Information group.

Three users are included in the consultation process of all obstetric/midwifery draft documents for practice.

The strategy for user recruitment is to advertise in the Bounty book, hand held records and in each GP surgery and health centre. (Appendix 2).

Breastfeeding

The committee is supportive of the aim to achieve the Baby Friendly Award for breastfeeding standards and acknowledge the work undertaken for the assessment for the Certificate of Commitment by both the NHS Trust and the Primary Care Trust. The committee supports

both Trusts moving the breastfeeding agenda forward together with joint working and is supportive of the joint training for Health Visitors and Midwives.

The committee identified the need for training for medical staff which was acted upon both at the hospital and within the community. The committee acknowledge ongoing evaluation of the service conducted at the parentcraft reunions highlights that further work needed to resolve the issue of conflicting advice to mothers when breastfeeding.

#### New Antenatal Clinic Build

The committee and particularly the user members were consulted in the design of the new build and acknowledge the superior facilities now available for women in every stage of pregnancy. The baby change and feeding facilities available to Trust visitors have significantly improved facilities for mothers and babies. The committee supports the early plans to move all obstetric scanning into the antenatal clinic to support the health model for pregnancy.

#### Reports Tabled during the Year

CESDI Project 27/28 (2003)  
Action plan agreed

NICE Guidelines for Anti D Prophylaxis for Rh negative women (NICE 2002)  
The committee has been aware in the delay in instituting this guidance but acknowledge that the funding has recently been agreed.

Laming Report (Department of Health 2003)  
Action plan and training programme were presented

Antenatal Screening Standards (National Screening Committee 2003)  
This resulted in the change from the double test to the quadruple test which maximised the detection and minimised the false positive rate in the identification of an affected fetus.

#### Styal Prison

The committee has been advised of the Primary Care Trust involvement with the prison and awaits with interest any developments regarding maternity services.

#### Review of Maternity Services

The change in Service Provision to GP Attached Midwifery Group Practices commenced on 1<sup>st</sup> June 2003. The committee was consulted and kept informed at all stages of the change to midwifery group practices and the aim to achieve 1:1 care in labour. The committee was aware of the discontent in primary care in response to the change in service provision and continued to support the change in order to achieve 1:1 care in labour.

The committee was concerned when hearing that the change in service provision had brought about a reduction in communication between GPs, Health Visitors and Midwives and requested that the Head of Midwifery & Women's Services address this issue.

The committee was charged with agreeing the evaluation criteria of the change in service provision at both 12 months (quantitative) and 24 months (qualitative and quantitative). Evaluation plan attached (Appendix 3)

### Pattern of Antenatal Care for Low Risk

The committee was informed and consulted upon the planning for midwifery led, community based antenatal care which was introduced on the 1<sup>st</sup> January 2004. The committee supported the framework of care provision near to home for low risk women.

### Introduction of Couples Parentcraft Classes

The committee supported the introduction, initially on a trial basis of couple's parentcraft education, which has been a resounding success, and has since been rolled out for all areas. Concerns were expressed about the absence of the parentcraft reunion for service support of mothers and fathers with this venture and the Head of Midwifery & Women's Services was requested to investigate this.

### Review of Children's Services

The committee was informed of the ongoing review and consequence to maternity services with any change in service provision from the Paediatric medical team.

### Parentcraft Reunion

The committee was informed of 10 reports compiled by a committee user member from a parentcraft reunion group meetings.  
An action plan was tabled in response to each report.

#### Common themes/positive comments

- Excellent food – good portions
- Midwifery care was always comprehensive and never felt rushed
- Care in labour fantastic, many compliments noted
- Excellent care from consultant obstetricians

#### Common themes/negative comments

- Breastfeeding problems - conflicting advice  
- mothers felt unsupported in breastfeeding  
To be addressed by two-day mandatory training course for all staff.

- Parentcraft issues - programme content criticised  
A Multidisciplinary Parentcraft Working group has been convened consisting of Midwives, Health Visitors and Physiotherapists to review the programme and content.

- Midwifery home visits - no time given, mothers waiting all day for the midwife to visit.

Visiting plan of am/pm visiting to be trialed by three midwifery group practices.

- Lack of support on postnatal ward - recruitment a problem over last summer. Now almost up to full establishment.  
Issue of support highlighted to the team leaders.

- Reduced continuity in antenatal care with the introduction of midwifery group practices.

End of year statistical data attached (Appendix 4)

## MATERNITY SERVICES ADVISORY COMMITTEE TERMS OF REFERENCE

A Maternity Services Liaison Committee (MSLC) shall be established and maintained by the East Cheshire NHS Trust and shall be known as the Macclesfield Maternity Services Liaison Committee. It shall act as a multi-disciplinary forum bringing together user representatives and the different professions involved in maternity care. The committee will meet quarterly.

### Aims and Objectives

- 1 The MSLC will advise the Eastern Cheshire Primary Care Trust and East Cheshire NHS Trust on all aspects of maternity services provided for its residents, including:
  - Strategy for services and any proposals for changing or developing services
  - Quality standards for maternity services and ways of monitoring standards.
  - Guidelines for clinical care
  - Information requirement of residents and health professionals
  - User involvement with planning and monitoring of service
  - Annual Report – The committee will produce an annual report that includes:-
    - Summary of the work of the Maternity Services Liaison Committee
    - Progress on local strategies and targets
    - Recommendations to the Primary Care Trust and hospital Trust
- 2 The MSLC aims to ensure that the Eastern Cheshire Primary Care Trust and East Cheshire NHS Trust take account of the views of women using the service.

### Membership

- 3 Members will normally be appointed for no less than two years.
- 4 Membership may include:
  - User members
  - Consultant Obstetrician
  - Consultant Paediatrician
  - Supervisor of Midwives
  - Senior Midwifery Manager
  - General Practitioner
  - Health Visitor
  - Local voluntary organisation representative
  - PCT representative

Members will be expected to liaise with the groups or profession that they represent with appropriate feedback to the committee.

### **Chair**

The position of chair will ideally be undertaken by a user representative. In the absence of this a chair will be appointed by the committee from their members. The chair will be elected for a period of 2 years.

- ❖ Are you pregnant or have you recently had a baby?
- ❖ Do you think every family has the right to the best maternity care available?
- ❖ Would you like to be involved in maintaining and improving standards of maternity care in East Cheshire?
- ❖ Then join our friendly team of other parents and NHS staff representatives who meet four times a year to discuss maternity issues.
- ❖ For an informal chat and more information about how you can make your views count please phone Grace Hopps on 01625 661146



East Cheshire **NHS**  
NHS Trust  
Maternity Services

**EVALUATION OF CRITERIA MATERNITY SERVICES IN EAST CHESHIRE**

Date of change of service provision – June 2003

With the PEC agreement, the interim quantitative evaluation should be undertaken at 12 months with a full evaluation to include quantitative and qualitative data at 24 months.

**Quantitative Evaluation Criteria at 12 months**

1-1 midwifery care in labour	National average	71%	) Ref. Modernising Mat. Care
Caesarean section rate	“	21.5%	) Commissioning Toolkit for
Spontaneous vaginal deliveries	“	67.3%	) PCT's in England.
Home Birth Rate	“	3.1%	) Nov 2001
Breast feeding rate at birth	“	68%	

Breast feeding rate on transfer to community

% Reduction of smokers in Pregnancy 23% - 1% reduction annually by 2010.

Assisted delivery

Induction rates

Epidural rates

**Qualitative & Quantitative at 24 months**

As above plus:-

Midwives views

Parent's views

GP practices

Numbers of complaints/compliments on service

**FINANCIAL YEAR 2003/2004 STATISTICAL DATA**

<u>Total number of Deliveries</u>	1747
Home Deliveries	1.8%
Induction Rate	20%
Normal Deliveries	65.5%
One to one care in Established labour	90% from July 2003
Instrumental Deliveries	10.6%
Caesarean Section Total	24%
Emergency	13.69%
Elective	10.5%
Initiation of Breast feeding at Delivery	62.7%
Breast feeding at Transfer to community	63.3%
Breast Feeding on Transfer to Health Visitor	68%
Women smoking at booking	22%
Women smoking at delivery	21%