

**Maternity Services Liaison Committee
Annual Report 2006/2007**

The Macclesfield 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 (Appendix 1)

Membership

Ms S Ryan	Chair/user representative
Mrs G Hopps	Vice Chair/ Head of Midwifery, Women's & Children's Services
Dr I Losa	Consultant Paediatrician
Dr S Dean	Consultant Obstetrician/Gynaecologist
Sr E Alston	Supervisor of Midwives
Mrs M Malkin	Lead Nurse, Central & Eastern Cheshire PCT
Mrs A Morton	Health Visitor
Mrs Lyn Barber	Manager, Macclesfield Cradle Concern
Mrs Gill Edmunds	Manager, Macclesfield Cradle Concern
Dr C Stanley	General Practitioner
Mrs J Hawkes	Service Development Manager, Women & Children's/Central & Eastern Cheshire PCT
Mrs L Bailey	Patient and Public Involvement Manager ECNHST
Mrs M Grant	NCT representative
Mrs E Fickling	User/ NCT representative
Mrs Z Hanks	User/ NCT representative
Ms D Bramwell	User/ NCT representative
Ms C Schofield	User representative
Ms S MacKian	User representative
Mrs E Owen	Secretary to committee

Update on the work plan for 2006/07

In line with the new DOH guidelines on the workings of MSLC's, (DOH 2006) the MSLC developed its first annual work plan for 2006/07. The plan concentrated on 4 areas of work.

1 To improve user membership /representation

The Committee has achieved this aim.

The strategy for user recruitment is to advertise in the Bounty book, hand held records and in each GP surgery, health centre and on the trust and the future MSLC web site.

Currently, user representation meets the desired ratio of “a minimum of one third of the core membership” in line with the Department of Health recommendations (Feb 2006). It should be noted that the user representation at meetings is regular and consistent.

User representation from the Congleton area has been secured and greatly welcomed.

Another GP has self nominated to join the committee from April 2007.

In addition to the Committee, there is a user representative on the Labour Ward Forum, Breast Feeding Forum and Patient Information Group.

Two users are included in the consultation process of all obstetric/midwifery draft documents for practice and patient information leaflets.

A user representative, who is a committee member, undertakes the parent craft reunion evaluations and submits reports to the committee for discussion and response.

2 To undertake a survey on the maternity unit visiting times and use of the birthing pool

A sub committee was convened to compile the questionnaire with the support of the trust PPI department. The questionnaire was circulated to women on the ward from the beginning of November 2006 for a period of one month.

The results of the survey have recently been reported to the MSLC.

The current visiting times will be maintained as they were supported by mothers who in particular voiced their support for the rest period each afternoon.

Ongoing work from the survey on the use of the birthing pool, in particular, on the patient information will form part of next years annual work plan. This is felt to be an important piece of work in the aim to support normality in childbirth.

It is planned to convey the pertinent points from this report to the public through an article in the local newspapers.

3 Training of the MSLC

A training day was planned for November with an external company, ‘Voices’ facilitating the event. In order for the day to be cost neutral to the trust it was advertised nationally.

Unfortunately the day did not go ahead as there was not sufficient interest to pay the costs of the day. This is recognised to be an important part of the work programme and has been taken up by the Cheshire & Merseyside maternity network.

A day is planned for 26th June 2007.

4 Receive a 6 monthly report on the National Service framework (NSF) for Children, Young People and Maternity Services. Standard 11 – Maternity Services

The committee felt that this working document with a 5-year timeframe for maternity services warranted an update on a 6 monthly basis in order to monitor progress and challenges so that the committee could be available to support any difficult areas for change.

Significant changes that the committee have been made aware of include:

The introduction of Maternity Care Assistants following a 20 week training programme.
Introduction of joint consultant diabetic/obstetric antenatal clinics
Introduction of consultant hours on labour ward
Introduction of anaesthetic clinics for high risk women

Other Significant Issues

Making it Better - The reconfiguration of in-patient services for Women, Babies, Children and Young people in Greater Manchester, East Cheshire and High Peak

The committee celebrated the news on December the 8th that the joint committee of PCT's supported the recommendation that East Cheshire Trust be taken out of the Greater Manchester reconfiguration and work with the PCT to achieve the gold standards of care for all of the population served by the newly formed PCT.

The contribution of the MSLC was recognised and particularly noted for their work during the consultation.

East Cheshire MSLC was renamed Macclesfield MSLC. Under the new CECPCT, Macclesfield MSLC is committed to sharing good practice with Central Cheshire MSLC in order to work together on implementing and comparing standards across the PCT. Links to Central Cheshire MSLC have been created via a dedicated user representative who will attend both MSLC meetings. A representative from Macclesfield MSLC will also attend both meetings.

Home Birth Support Group

This group has changed site to a more central location in Macclesfield. Midwives continue to lead the group that is considered to be meeting an increasing need in the community. There has been a year on year increase in home births with this year end seeing the percentage of home births reach 2.9%. The committee sees the work of the support group as a significant contributor to the attainment of the years 3% target and the implementation of normality in labour. The MSLC highlighted the need to raise the profile of the support group by updating the "Deciding where to have your baby" leaflet and enlisting User Reps in promotional work within their organisations.

Developments in Service

The implementation of an integrated community midwifery service for the population of Holmes Chapel was initiated in October 2006. The MSLC had supported this development in order to ensure equality in service provision for all of Eastern Cheshire residents.

MRSA resistant curtains

The committee were pleased to endorse the purchase of MRSA resistant curtains for the maternity unit and SCBU. This purchase was seen to fulfil two needs which were to reduce any spread of infection and to update the maternity unit to ensure a more welcoming and modern environment.

Breastfeeding

In line with the Committee's continued commitment to improving breastfeeding rates regular reports are received from the Breastfeeding Forum.

The committee recognise the significant increase in skin to skin rates following delivery of 8.8% and the increase in the initiation rates of 1.8%, however the 2% increase required year on year has not been fully achieved and the 2% reduction of women breastfeeding on transfer is disappointing.

The work of the Breast Feeding Forum towards attaining the UNICEF Baby Friendly Initiative full accreditation is ongoing and the committee would hope that this work would have some significant benefits next year.

Parent Education Classes

Through the parent education reviews and women's evaluations of the service, it was recognised that the parent education programme required review.

Early work and the future draft programme was tabled for the committee for discussion and agreement. The committee are supportive of a new aim of the programme to include active childbirth to support of normality in childbirth. The parent education programme will be part of the committees work programme for the next year and will aim for this to be signed off early in the year.

Parentcraft Reunions

The committee was informed of 9 reports compiled by committee user representatives from parentcraft reunion group meetings. Users have been overwhelmingly impressed with the care they have received throughout the pregnancy continuum. Any complaints made have been addressed and, in many areas, changes in practice have occurred.

An action plan was tabled in response to each report.

Common themes/positive comments

- Parent education classes
 - good opportunity to make friends
 - tour of hospital beneficial

- outside speakers excellent
- Mothers well informed about procedures e.g. induction of labour, Ventouse delivery, epidural, caesarean section.
- Midwifery care considered excellent: helpful, supportive, trustworthy, experienced, instilled confidence, easily contactable, consistent care.
- Health Visitors and GPs supportive.

Common themes/negative comments

- Ward busy and appeared understaffed
- Regular cancellation of postnatal home visits
- Breastfeeding
 - Contradictory information
 - Pressure to breastfeed
 - Lack of support
- Parent education classes
 - disorganised
 - delivery not engaging
 - class size too big

The committee are supportive of the action to be taken to address mother's concerns.

MSLC Work Planned for 2007/2008

MSLC Website

Parent Education programme

Actions Plan based on findings from Waterbirth survey

Better Birth Environment, an Audit of hospital facilities.

MATERNITY SERVICES ADVISORY COMMITTEE **TERMS OF REFERENCE**

A Maternity Services Liaison Committee (MSLC) is 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 professionals involved in maternity care in order to meet the aims and objectives. The committee will meet quarterly.

Accountability

The MSLC is accountable to the board of Central and Eastern Cheshire Primary Care Trust (CECPCT).

Aims and Objectives

- 1 The MSLC will advise the Central and Eastern Cheshire Primary Care Trust and East Cheshire NHS Trust on the commissioning and expected standards of maternity care and 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
 - Information requirements of residents and health professionals
 - User involvement with planning and monitoring of services
 - Progress on implementing standards and recommendations of the children's NSF
 - Annual Plan – each year the MSLC, in consultation with CECPCT, will produce a plan that identifies and prioritises areas of work
 - 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 East Cheshire NHS Trust.
- 2 The MSLC will aim to ensure that the Central and Eastern Cheshire Primary Care Trust and East Cheshire NHS Trust take account of the views of women and families using the service.

Membership

- 3 Members will normally be appointed to serve for a period of no less than 2 years, not more than 6 years.
- 4 Core membership should include:
 - User members (minimum of one-third of core membership)

- Consultant Obstetrician
- Consultant Paediatrician
- Supervisor of Midwives
- Senior Midwifery Manager
- General Practitioner
- Health Visitor
- Local voluntary organisation representative.

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

Members will be encouraged to utilise the facilities of the East Cheshire NHS Trust Library, where they can access the Cochrane Library and the internet.

Chair

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

Where the Chair is not a user member, a user member will be encouraged to become Vice-Chair.

End of Year Statistical Data

Data Comparisons - Years 2006/2007

NB. Where there has been a decrease it is indicated with **dec**

Increases are year on year. (Financial)

≤ = not significant.

↑ = increase

Financial year	05/06	06/07	% change
Total Deliveries	1984	2040	2.8% ↑
Hospital Del.	1934	1979	2.3% ↑
Home Del	50(2.5%)	61	2.9% ↑
Induction Rate	18.6%	18.3%	≤
Normal Deliveries	62.4	64%	2.5% ↑
1:1 in Establish Lab.	94.8%	96.6%	1.8% ↑
Instrumental Delivery	11.7%	12.5%	0.8% ↑
C/S total	26%	23.9%	2.1 dec
Elective C/S	9.4%	10%	≤
Emergency C/S	16.6%	13.8%	2.8% dec
Initiation of breast feeding at Delivery	62.6%	64.4%	1.8%
Breast Feeding at Transfer to Community	67.7%	65.8%	1.9% dec
Breast Feeding on transfer to H/V	66%	64.2%	1.8% dec
Skin to skin at delivery	70.7%	79.5%	8.8% ↑