



Reading,
Wokingham &
West Berks
Maternity Forum
(your 'MSLC')

Reading, Wokingham & West Berkshire Maternity Forum (MSLC)

Annual Report April 2014 - March 2015 SUMMARY of RECOMMENDATIONS

An independent **NHS** advisory group maintained by &
making recommendations to:

NHS
Newbury and District
Clinical Commissioning Group

NHS
North and West Reading
Clinical Commissioning Group

NHS
South Reading
Clinical Commissioning Group

NHS
Wokingham
Clinical Commissioning Group

Introduction

This is the annual report of the Reading, Wokingham & West Berkshire Maternity Forum (MSLC) to 31st March 2015.

At the time of publication of this report (October 2015) it is important to note some more recent developments – because this report notes matters of concern.

Since March, work has continued in the Royal Berkshire Hospital Maternity service to address the recommendations of the invited review by the Royal College of Obstetricians and Gynaecologists mentioned in this report.

In addition, figures up to July 2015 show a reduction in the number of ‘diversion periods’ during which women in labour may be sent to other maternity services to give birth. At the same time, the percentage of all births taking place in the Rushey Birth Centre (Alongside Midwife-led Unit) each month has increased – having fallen following the CQC visit and the resulting service changes (see this report) – though not yet reaching the pre-CQC visit level. These are positive developments.

Clearly the Maternity Forum needs to continue to monitor key indicators, including the number of diversion periods. **Recommendation 2 about availability of sufficient capacity in the Rushey Birth Centre both as a public health issue, and to support women’s decisions about place of birth, remains key.**

The Maternity Forum looks forward to continuing to contribute to both the commissioning process, and further improvements in the service, through multidisciplinary working – service user representatives, midwives, doctors and commissioners together.

I would like to take this opportunity to thank to all the Maternity Forum members, and those members of Service User Forum who are not members of the formal committee, for their time and commitment this year, and during my time as Chair.

I draw to the attention of all readers – as food for thought – the [Birthrights letter to the National Maternity Review](#) and the [The Lancet Series on Midwifery](#).

We welcome Lisa Ramsey well as new Chair of the Maternity Forum.
(mslcparentreps@hotmail.com)

Catherine Williams

**Catherine Williams,
Chair, Maternity Forum (MSLC)
(to 31st May)**

Summary and Recommendations

The Maternity Forum (the local Maternity Services Liaison Committee – ‘MSLC’) is an independent NHS advisory group maintained by and reporting to the GP commissioners (Berkshire West Federation of Clinical Commissioning Groups)

These are the Maternity Forum’s recommendations to the Berkshire West Federation of Clinical Commissioning Groups (‘Berks West CCGF’) for the year ahead: Berks West CCGF should ensure that commissioning is both woman-centred and evidence-based. In commissioning maternity services, Berks West CCGF should -

Key recommendations:

1. Following the Care Quality Commission (CQC) Report of 24 June 2014 <http://www.cqc.org.uk/location/RHW01/inspection-summary#maternity> continue to work with and support the Royal Berkshire Hospital Foundation Trust (RBH) maternity service to make the necessary changes and improvements, informed by the RCOG Review of August 2014 that was commissioned by RBH, noting that service planning, management and culture needs to improve.

2. In order to promote choice and to offer safe birthing options to healthy women planning birth (see section 1.1. NICE CG190 Intrapartum Care 2014)

- work with RBH to ensure that all rooms designated as birthing rooms in the Rushey Birth Centre (whether for early labour, labour and birth, or immediate postnatal care) are staffed and available for use in labour and birth care 24 hours every day (see letter, Maternity Forum Chair to RBH, attached to this report, dated April 2014)
- to review the reasons why the RCOG considered one Rushey room (Winter) to be unsuitable as a birthing room and assess whether that view was in fact reasonable
- if there are evidence-based reasons why the Winter room is not usable as a birthing room, to develop and implement plans to reconfigure the available space to create a larger fourth birthing room in order to restore the Birth Centre’s capacity to provide a local alongside midwifery-led unit as an available choice for all healthy women using the RBH maternity service

Access to out-of-the-obstetric-unit midwifery-led birth care for women is a significant public health issue – and choice is a key element of national policy and national clinical guidance.

As well as NICE CG190 section 1.1 evidence tables (mother and babies) <https://www.nice.org.uk/guidance/cg190> (also in Appendix to this summary)

See <https://www.nice.org.uk/news/press-and-media/midwife-care-during-labour-safest-women-straightforward-pregnancies> including:

Susan Bewley, Professor of Complex Obstetrics at King's College London, who chaired the group responsible for developing the updated recommendations said [...]: "Midwives are highly capable professionals and can provide amazing one-to-one care to pregnant women in labour, whether that's in a woman's own home, a midwife-led unit or a traditional labour ward.

"Some women may prefer to have their baby at home or in a midwife-led unit because they are generally safer - that is their right and they should be supported in that choice. But, if a woman would prefer to have her baby in a hospital because it makes her feel 'safer', that is also her right. Giving birth is a highly personal experience and there is no 'one size fits all' model that suits all women.

"What's important is that women and their families are given the most up-to-date information based on the best available evidence so that they can make an informed decision about where the mother gives birth to her child."

Additional Recommendations:

3. Woman-centred care and listening to women's views

As in the Berkshire Maternity Specification 2015/16, in future maternity planning and specification:

- specify that the quality of communication with, and emotional support for, women using the services are key components of care
- look at relevant reviews of research evidence and evidence from practice regarding services models that provide for continuity of care during pregnancy, and during labour and birth; and also consider whether continuity of care from the antenatal period into labour and birth is feasible
- prioritise capacity planning, both now and for the longer term: what model or models of care (supported by the best available research evidence) can address population needs?
- continue to develop ways to listen to and involve women (service users and service user advocates) in service commissioning and design
- pay particular attention to the issues of informed choice: do women have real choices? Do they have the time and information that they need to make choices?

4. Evidence-based commissioning

- continue to develop and strengthen its awareness of the research evidence that informs public policy, guidelines and clinical practice in midwifery and obstetric care

- promote evidence-based care by ensuring that is commissioning evidence-based, and that key goals and performance indicators are set accordingly

Our Work during 2014/15

At our quarterly meetings we have discussed a range of topics including:

- feedback on services collected by both the Royal Berkshire Hospital, Reading ('RBH') and our Service User Forum
- key indicators such as the normal birth rate and the caesarean birth rate (reported to us on a mini-dashboard, as a 'standing item')

Presentations made to us and workshop-style meetings have included

- a workshop on the [Birthplace Study](#) about planning place of birth for healthy women and a meeting on caesarean birth
- the RBH midwifery team talking about their project to increase the home birth rate
- short talks about current research evidence and midwifery projects elsewhere in the country, given by service user representative members

Our Service User Group has continued with **feedback collection sessions** to listen to women, still focusing on Children's Centres. We have developed the Service User Group's **Facebook** page and the Chair has been active on **Twitter** as @BerksMaternity (from June 2015 the Forum twitterfeed will be @ReadingMSLC).

Including 'walking the patch' and reports from our online survey with our outreach visits, **we have received 17 formal written reports on the feedback collected by service user reps this year** talking to around 270 women and collecting comments in women's own words. We also receive reports on the Family & Friends test, and hear informal feedback from community networks across the our patch, brought by service user representatives.

Our chair (a service user representative) was invited to advise on the Berkshire West Maternity Specification 2015/16 during drafting, in accordance with the Forum Terms of Reference.

Reviewing complaints

The Chair is pleased to note, with reference to recommendation 13 of the [Morecambe Bay Investigation Report](#) (recommending review of anonymised maternity complaints by an MSLC), that RBH has developed an enhanced complaints report to share with the Forum.

The Maternity Forum Chair will make this annual report to the Chair of the West Berkshire Federation of CCGs; share it the Chief Executive of RBH; and distribute copies to a range of stakeholders.

Catherine Williams
Chair, Reading, Wokingham & West Berks Maternity Forum (MSLC)
April 2015

Appendix 6 (extract)

Extract from NICE CG190 Intrapartum Care: care of healthy women and their babies during childbirth section 1.1 choosing planned place of birth

***NOTE:** The recommendation below is based on the best available research evidence. NICE systematic reviewing methodology (searching for evidence and assessing its quality) and the resulting clinical recommendations, written by NICE panels appointed in a public-appointments-style process, are internationally respected.*

'1.1 Place of birth

Choosing planned place of birth

Women at low risk of complications

1.1.1 Explain to both multiparous and nulliparous women who are at low risk of complications that giving birth is generally very safe for both the woman and her baby. **[2014]**

1.1.2 Explain to both multiparous and nulliparous women that they may choose any birth setting (home, freestanding midwifery unit, alongside midwifery unit or obstetric unit), and support them in their choice of setting wherever they choose to give birth:

- Advise low-risk multiparous women that planning to give birth at home or in a midwifery-led unit (freestanding or alongside) is particularly suitable for them because the rate of interventions is lower and the outcome for the baby is no different compared with an obstetric unit.
- Advise low-risk nulliparous women that planning to give birth in a midwifery-led unit (freestanding or alongside) is particularly suitable for them because the rate of interventions is lower and the outcome for the baby is no different compared with an obstetric unit. Explain that if they plan birth at home there is a small increase in the risk of an adverse outcome for the baby. **[new 2014]'**

Additional information:

Facebook (MSLC Parent Group) (with link to survey)	https://www.facebook.com/ReadingMSLC
Our MSLC web page hosted by RBH	http://www.royalberkshire.nhs.uk/Maternity_Forum.htm
Blog (MSLC Parent Group)	http://westberksmslc.wordpress.com/
RCM/NCT/RCOG consensus statement	MSLCs consensus statement 2013
MSLCs national website	http://www.chimat.org.uk/mslc (with link to our website)
Commissioning resource	Commissioning Maternity Services: a Resource Pack to support Clinical Commissioning Groups published by The NHS Commissioning Board in July 2012.
RBH Maternity Guidelines & Policies	http://www.royalberkshire.nhs.uk/maternity-guidelines-and-policies.htm
NICE maternity guidelines	http://www.nice.org.uk/guidancemenu/conditions-and-diseases/fertility--pregnancy-and-childbirth
Maternity Cochrane Reviews	http://pregnancy.cochrane.org/our-reviews
The Lancet Midwifery Series	http://www.thelancet.com/series/midwifery
NICE CG190 Intrapartum Care	section 1.1 planning place of birth – healthy women – see Appendix 6

Declaration of interests: Chair (CW) has worked part time for Healthwatch Reading since January 2015, leading on primary care issues. She is not currently (October 2015) and has not to date been involved in any work relating to maternity in that role, As Chair, prior to January, she commented on proposals for the Healthwatch Reading maternity project. Liaison with the project on behalf of the Forum has been undertaken solely by Lisa Ramsey, Service User Representative, since January 2015. CW served as a Lay Member on NICE CG190 Intrapartum Care (update), published 2014.