



Maternity Services



'Nurturing Maternity Service Development'

May 2012

Name of Responsible NHS Body: Portsmouth Hospitals NHS Trust

Brief description of the proposal

The maternity service has delivered the first year of its development programme-'Nurture'. This is a two-year implementation programme with a third year of evaluation. The priorities are:

- Family Centred Care
- Providing one to one midwifery care in labour to maintain all options for place of birth (home, stand alone maternity centres, integrated birth centre and consultant led labour ward)
- Develop and support efficient and effective obstetric and midwifery led antenatal services in partnership with GPs, health visitors and working through Children's Centres
- Provide additional care for vulnerable women with complex social, medical and obstetric needs to improve their outcomes

The initial trends from the changes to service delivery and pathways are positive.

Description of population affected:

Predominantly women residing in Portsmouth and East Hampshire who book with Portsmouth Hospital Maternity services.

The launch of the programme and the initial paper was presented to the joint Hampshire and Portsmouth Health Overview and Scrutiny Committee meeting on 24th March 2011 and Hampshire HOSC in November 2011.

Stakeholders supporting the proposal for change: Portsmouth and Hampshire NHS Commissioners; Solent Health Care; Maternity Services Liaison Committee; National Childbirth Trust; Bournemouth University; Portsmouth Children's Trust; Local authority Children's Centres; Friends of the Grange; Blake support group; Portsmouth Hospitals NHS Trust Board and clinical staff; Royal College of Midwives.

Introduction

Portsmouth Hospitals NHS Trust maternity service is a large complex service caring for more than 6000 mothers and babies each year. The acute service is based at the Queen Alexandra Hospital, which has an integrated midwifery led unit, inpatient antenatal, postnatal and labour care, obstetric scanning, fetal medicine and consultant obstetric care with access to a level 3 Neonatal Unit.

The community services provide midwifery and obstetric services from community units, children's centres and GP practices. There are also midwifery led birth centres at St Mary's Hospital, Blake and The Grange and community antenatal and postnatal care, parent education and a home birth service.

The Nurture programme is a far reaching programme with many pathway and service changes. The first year of change has shown an improvement in one to one care in labour, increase the births in midwifery led units and at home, reduced the caesarean section rate and increased the normal birth rate.

Change to service provision

The main changes in 2011/12 are summarised as follows:

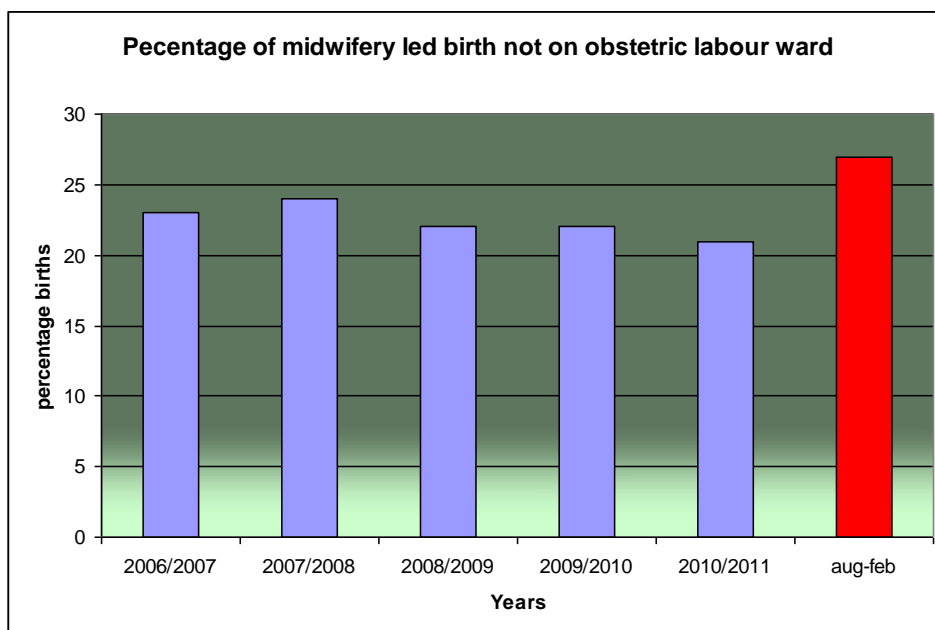
- The birth centres have been further developed into local maternity centres (St Mary's, Blake and Grange), with an increase in midwifery led antenatal care provision, education, information and delivery of enhanced services to vulnerable families (eg teenage groups, family nurse partnership). Focused postnatal support in clinics, breastfeeding and parenting advice. Virtual Children's Centres have been set up to improve engagement with families and encourage the use of the local Children's Centres.
- Births at the centres and at home have increased. All centres are open 24 hours per day for birth and the number of women denied their choice of place of birth has reduced.
- Women and babies who are well after birth are encouraged to go home. There is an increase in breastfeeding and parenting support by Maternity Support Workers and the new co-ordinated postnatal pathway focuses additional midwifery postnatal support on ill or vulnerable women.
- The new postnatal pathway was implemented on 10th February and it includes a six-week follow up call with all mothers.
- Increased flexibility for the midwifery workforce to provide one to one care in labour in all settings.
- An increase in community midwifery care delivered from Children's centres.
- Development of stronger partnerships and integration with Health Visitors, GPs and midwives, within named teams. Clear focus of joint care planning for vulnerable families.
- Consultant led care for women with, or at risk of, complications has been reviewed to ensure that care is appropriate and targeted at mothers where a consultant support adds value.
- Internal strategies to promote normal birth have been developed and as a result the normal birth rate has increased.
- The theatre workstream has now completed and staff are being recruited to the new service model. A new workstream is now being developed around engaging with users in a new way.

Improving outcomes

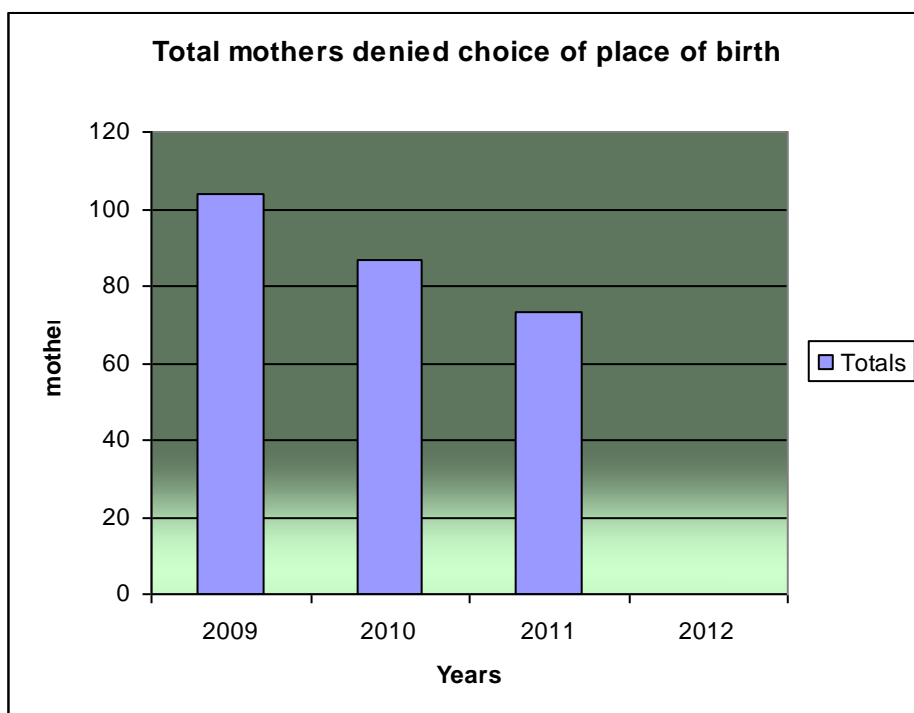
The midwifery staffing model has changed to an integrated model ensuring flexibility to provide one to one care in labour.

1. Increase in women birthing away from the main obstetric labour ward

From August to February 2012 increased by 6%. Aim is for 30% in 2012. Since January 2012 some weeks show over 30% of births are in a midwifery led unit or at home.



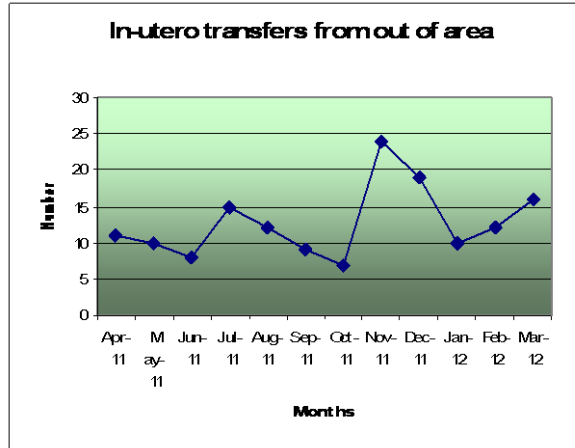
2. It is reported that less women are denied their choice of place of birth.



In 2012 so far only 9 women have been denied their choice of place of birth.

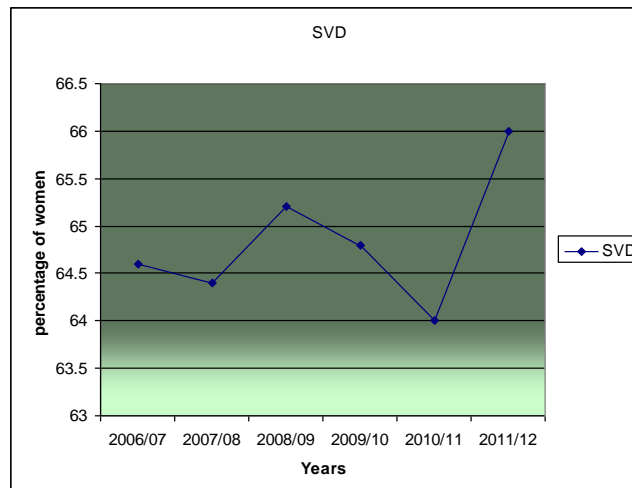
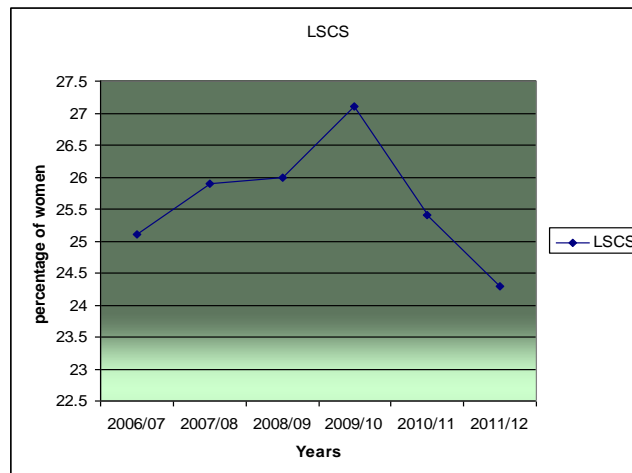
3. Increase in in-utero transfers

A further impact has been an increase number of in-utero transfers (level 3 NNU) that can be accepted as the labour ward has more capacity as low risk women labour and give birth in midwifery led units. There has been nearly a 50% increase in accepted transfers in the second 6 months of 11/12.



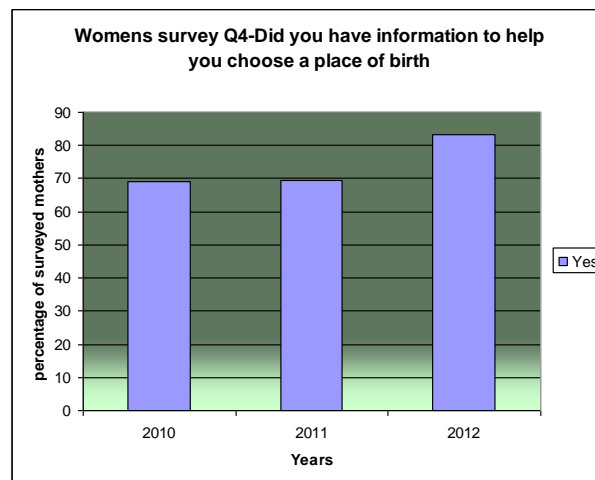
4. Reducing Caesarean section rate and increasing normal birth rate

The Caesarean section rate is decreasing and the normal birth rate increasing. The major impact on outcome is that 169 mothers so far this year have NOT had a caesarean section compared to last year and 120 more mothers have had a normal birth.



5. Maternity Survey shows improvements

Maternity services have a continuous users' survey which includes questions about place of birth. Since August 2012 midwives have focused on giving clearer information about choice. This has been reflected in Q4 survey January to March 2012 compared to Q4 in previous years.



An increase in women considering a home birth from the users' survey

Conclusion

The Nurture Programme has been and continues to be well supported by service users, clinical staff and stakeholders. It is a cost effective sustainable change and seeks to reduce risk to mothers in labour, improve choice of place of birth and improve care to ill and vulnerable mothers.

The current trends in improved outcomes are encouraging and will continue to be closely monitored. A final more comprehensive evaluation will be completed in year 3, including user views.

Creating confidence in the service is key and recent media reports, commissioners' views and many plaudits from parents have reassured the service that Nurture is moving the service in the right direction.

Gill Walton
Director of Midwifery
Portsmouth Hospitals NHS Trust

May 2012

Appendix 1

Modernisation Programme Framework

Nurturing Maternity Service Development-Family Centred Care

