

Norfolk & Norwich Maternity Services Liaison Committee

Minutes of the meeting held on Tuesday 15th July 2014

Present

Rachel Graveling.....(RG)	MSLC Vice-Chair
Glynis Moore.....(GM)	Head of Midwifery, NNUH
Elizabeth Turner.....(ET)	Research Midwife NNUH
Karen Dunlop.....(KD)	Supervisor of Midwives
Barbara Jackson.....(BJ)	Ward Manager
Felicity Hancock.....(FH)	Independent User Rep: Breastfeeding Peer Supporter NNUH
Tracy Barker.....(TB)	Delivery Suite Manager
Florence Walston.....(FW)	Consultant Neonatologist NNUH
Ruth Sanders.....(RS)	Student Midwife
Kathy Lamb.....(KL)	Student Midwife
Katie Mortlock.....(KM)	Infant Feeding Co-ordinator

1. Apologies for absence

Lisa Brophy.....(LB)	MSLC Chair
Annabel Trick.....(AT)	Family Nurse, Norfolk Community Health & Care NHS Trust
Catherine Locke.....(CL)	Midwifery Co-ordinator (Delivery Suite), NNUH
Julie Mansfield.....(JM)	Supervisor of Midwives / MLBU Team Leader
Gemma Page.....(GP)	NCT Branch Co-ordinator
Jessica McCully.....(JM)	Independent User rep
Martin Cameron.....(MC)	Consultant Obstetrician, NNUH
Hannah Brookes.....(HB)	MSLC Co-ordinator and user rep
Luisa Lyons.....(LL)	Infant Feeding Co-ordinator
Pam Sizer.....(PS)	Midwifery Manager, NNUH
Rachel Rackham.....(RR)	Independent User Rep
Rachel Scarff.....(RS)	User Representative

2. Minutes of Last Meeting

The minutes of the last meeting held on 29th April 2014 were read and approved with the following amendments:-

Corrections requested - Spelling errors in name TB. Update email contact for FW.

Action(s) RS acting co-ordinator to update

3. Matters Arising

Communication - It was requested that minutes and agendas be sent at least a week in advance of meetings. This process will be included in revised MSLC procedures going forward.

Engaging CCG - Discussion of role of MSLC. Difficulties of engaging with CCG compared with the PCT. RG will contact Head of Commissioning at Norwich CCG for guidance.

Leaflets - GM asked if a process exists for feedback on patient information leaflets, RG confirmed that this is in place via the new Maternity Guidelines Committee; some service user feedback has been given though RG reported that time scales for feedback may not work well between the two bodies; time will tell .

Friends and Family Test - GM gave feedback so far, in summary, on Friends and Family test: Negative comments have overall come down, including for staffing, bed availability, noise at night, delays in discharge. Though negative comments have gone up for privacy and dignity, food, facilities and infection control (increased a little).

Fathers/Partners staying overnight - RG Feedback from user rep opinions of idea of partners staying overnight were varied. Many were very positive, however, concerns were around overcrowding, noise levels and logistics of partners using toilets and making drinks etc. Though an overall positive benefit seen for support for the mother/pregnant woman. Also the question arose of whether the overnight stay was just for partners on Blakeney or if it were potentially available for Cley also?

Discussion followed and issues were raised around safe-guarding, partners having to sleep in chairs, the lack of side rooms, how helpful partners would be without clear guidance and education about their role, need for a register and issues around exiting and being readmitted to the ward between 10pm and 8am.

The chair welcomed the recognition of the principle, which the MSLC has long championed, that couples should be able to remain together before and after birth if they so wish. The fact that facilities at the NNUH are not ideal was acknowledged and the model of care provided in some other European countries where couples have their own room post-natally held up as the gold standard.

It was agreed that GM would prepare guidelines for partners staying over-night.

4. User Rep Experiences

RG Began by acknowledging that everyone involved in the maternity services has the safety and wellbeing of mother and baby as priorities. However, issues are raised regularly regarding communication, use of language and user experience of wishing to question or decline elements of care. Discussion is included in appendix 1.

It was suggested that this feedback be passed on to the obstetric staff and ways be sought to input into junior doctors' training days with feedback about language and communication with a women looking for support to making decisions.

5. Current Research

ET to email update on new research interests.

RG feedback for 35-39 study, people generally not interested unless people were already high risk and wanted more monitoring.

ET Nearly hit national recruitment target.

6. Update on visiting hours

GM and BJ both have no further information on this. GM and RG no negative feedback received.

7. Home Births

RG provided information on the new homebirth team at the Birmingham Women`s NHS Foundation Trust. It will be available to all but with an emphasis on being the default setting for low risk women

Service just launched this month (July) but that they would be happy to be approached to find out how the service was set up.

KM talked about the Northampton homebirth service? Very successful with 8-9% HB rate, though had high proportion of midwives burning out due to work load.

RG, commented that historically case-load schemes often fail to be properly funded leading to burnout. Birmingham groups is well supported by local CCG's and so hopefully they will continue to fund this best value service.

8. NNUH Maternity Services

a) Maternity Services Statistics

Not available – *Co-ordinator to trace source of data*

b) PALS Report

Not available at the time of the meeting – *Co-ordinator to trace source*

c) Staffing Standards in Midwifery Services

The situation has improved somewhat due to a fall in the birth rate.

9. A.O.B.

MSLC Survey results – ET asked about the survey. RG reported user reps frustration about not being able to reset password for this as not able to find out from LMG the original email address that survey monkey set up with. Service users will be giving time to the question of a new survey at the September User Reps meeting.

Website and Social Media use – ET and GM discussion relating to the website and it being available shortly.

Discussion also about Chelsea and Westminster's online "midwife" 'Lola' on a Facebook page who is available to answer questions about relevant to that catchment. ('Lola' is really a group of about 6 administrator midwives and Lola is a pseudonym). Whether using social media in this way would be a suitable path for NNUH and other means of communicating with women via social media.

Alternative Pain relief on Antenatal Wards – KM trying to decrease the use of Codeine on antenatal ward. Would like to be able to offer an alternative for pain relief so there is something available. Looking at using TENS.

Discussion of where and how much each tens unit costs, and who may give some funding for this, including Orange Grove clinic, NCT, Powergate (who make the TENS units) and SANDS.

Bounty Club – FH brief overview of portrayal of Bounty on episode of Watchdog a few weeks ago and feedback was similar from the program as came up from user feedback in the last 6 months including that it must be made clear that bounty are not to be condoned by NHS, that it should be made clear they are an advertising company, that they should respect privacy at the bedside post-partum and make it extremely clear that unless they tick the relevant box their details will be passed onto Bounty and 3rd parties for marketing purposes.

Next MSLC Meeting:

Tuesday 14th October 2014 at 10:00-12:00
Room 23 off Coltishall Ward

Appendix 1

Following discussion during September User meeting...

Many services users are feeding back that antenatal appointments often leave them feeling confused and frightened. Language is often used by obstetric staff in such a way as to make difficult decisions harder to make. Service users report an emphasis on stillbirth and the phrase "dead baby" as being particularly unhelpful. RG commented that feedback from a significant number of women showed similarities of use of language which suggested that "the engineering of consent" was occurring. Service users regularly feedback that a lack of on-going relationship with care providers leaves them feeling unheard and unsupported. Furthermore, an unwillingness to treat the service user as an individual and particularly a lack of respect for a woman's knowledge of her own body and family birth history is disempowering. Women and their partners report a wish to prepare for and give birth in an environment and with support which leaves them physically, mentally, emotionally and spiritually well. This is because they wish to be able to meet the joys and challenges of parenthood enhanced by, rather than hindered by, the experience of engaging with the maternity services. A desire to be treated as an individual is a recurring theme.

Service users request understanding that they as parents live with the implications of the care they receive. Parents report that they often regret their compliance and experience postnatal trauma, depression and regret.

The MSLC wishes to highlight the unhelpfulness of fear in the context of maternity care and to argue for continuity of carer and a greater emphasis on the individual as ways to lessen the current mismatch between clinicians and service user perspectives.

ET – in relation to discussion mentioned in appendix 1 - would like to add that I (ET) did ask how many women have given that sort of feedback. RG replied 'well over 100' & I stated that I felt as a committee we needed to use quantifiable data rather than terms such as 'significant' or 'lots'. If we want to be a powerful force for change then we need quantitative not just qualitative data from MSLC.