

8.3 Maternity care

Why is this issue important?

Maternity care provides a unique opportunity for health care professionals to meet and support women, partners and their families who might otherwise never or rarely access health services.

Standard 11 of the *National Service Framework for Children, Young People and Maternity Services* focuses on maternity services, encompassing the whole pathway of care from preconception to post birth. The overarching standard is that women have easy access to supportive, high quality maternity services, designed around their individual needs and those of their babies.¹

The vision is one of flexible services, which normalise pregnancy and birth, and good outcomes for mother and baby including being prepared for parenthood. There is a particular emphasis on the needs of vulnerable and disadvantaged women and the importance of engaging them early in pregnancy.

Building on this, *Maternity Matters*² was published in 2007 and remains relevant for today. It set out four national choice guarantees which should be available to all women regarding choice of setting:

1. Choice of how to access maternity care
2. Choice of type of antenatal care
3. Choice of place of birth with birth supported by
 - A midwife at home
 - A midwife in a local midwifery facility such as a designated local midwifery unit or birth centre
 - A maternity team in a hospital
4. Choice of postnatal care – at home or in a community setting

The Healthy Child Programme includes pregnancy, recognising its importance on the future health of the child. It focuses on the promotion of health and

¹ Department of Health 2004. Standard 11. The National Service Framework for Children, Young People and Maternity Services. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199957/National_Service_Framework_for_Children_Young_People_and_Maternity_Services_-_Maternity_Services.pdf [Accessed on 03/09/2015]

² Department of Health 2007. *Maternity Matters: Choice, access and continuity of care in a safe service*. Available from: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_074199.pdf [Accessed on 03/09/2015]

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wellbeing and preparation for parenthood. More detail on this is available in the Maternal and Infant Health section.

Key outcomes

- **Improving the safety of maternity services (NHS Outcomes Framework)**
- **Improving women and their families' experience of maternity services (NHS Outcomes Framework)**

Impact in Brighton & Hove

The main delivery unit for mothers in Brighton & Hove is the Royal Sussex County Hospital (RSCH). At RSCH, there has been an improvement in the proportion of women booking by 12 weeks of pregnancy from 86% in 2011/12 to 93% in 2014/15, exceeding the Royal College of Obstetricians & Gynaecologists (RCOG) standard of 90%. Consultant presence at RSCH is 60 hours per week, which is in line with RCOG standards³ for the number of deliveries.

The RCOG also sets a standard that 100% of women should have one-to-one midwife care during established labour. In Brighton & Hove, whilst this has increased from 78% in 2011/12 to 86% in 2014/15, there is still some way to go to meet this standard. However, the ratio of midwives to births is currently at 1:30, the same as the RCOG standard.

In 2014/15, 27% of deliveries in Brighton & Hove were by caesarean section. The most recent England figure is 26% in 2013/14.⁴ Figure 1 illustrates the trend at RSCH from 2005/06 to 2014/15. Although the overall rate has changed little, emergency caesareans have decreased, while electives have increased.

³ Royal College of Obstetricians and Gynaecologists. *The Future Workforce in Obstetrics and Gynaecology*. 2009. Available from

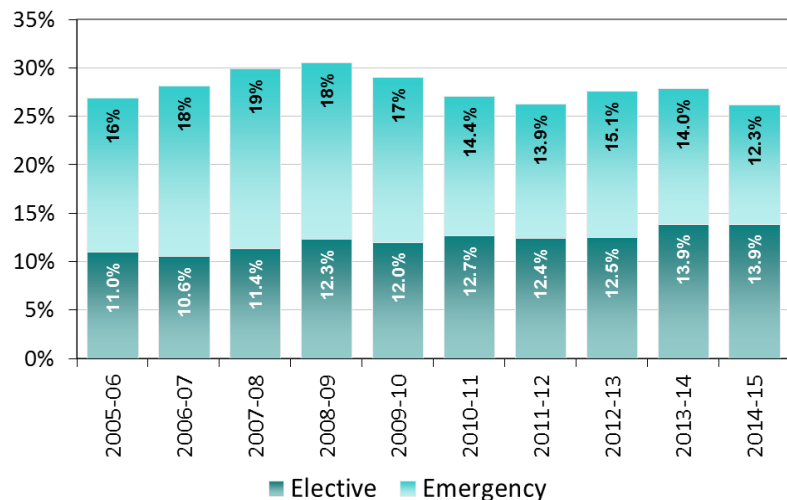
<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/the-future-workforce-in-obstetrics-and-gynaecology/> [Accessed 10/08/2015]

⁴ The Health and Social Care Information Centre: <http://www.hscic.gov.uk/catalogue/PUB16725/nhs-mate-eng-2013-14-summ-repo-rep.pdf> [Accessed on 10/08/2015]

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Figure 1: Caesarean section rates at Royal Sussex County Hospital, 2005/06-2014/15



Source: Brighton and Sussex University Hospitals Trust

The Friends and Family Test is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care. Collection of feedback from providers of NHS funded maternity services started from October 2013. Brighton and Sussex University Trust hospital sites have consistently scored close to national figures across antenatal, birth and postnatal care over the last two years. The range across the four care settings and between quarterly periods is between 93% and 100% of patients who would recommend to friends and family, with scores most consistently around 98%.⁵

The city also has an active Maternity Service Liaison Committee with good user involvement. They regularly complete 'Walk the Patch' questionnaire sessions on the post natal ward at the Royal Sussex County Hospital and at "Baby and You" groups across the city. The responses are collated and distributed to all involved to give updates on the opinions of new mothers in the city. The main themes that have emerged from these questionnaire sessions during 2014-15 are:

- Lack of continuity of care from Midwives and Consultants.
- The usefulness and value of antenatal classes.

- Perceived capacity problems for the triage service during early labour and on the postnatal ward.
- Positive comments from women who had planned caesarean sections where they had time with a midwife to talk through the process.
- Positive comments about one-to-one care during labour and the advice from midwives.

Where we are doing well

The Family Nurse Partnership programme for teenage parents has been successfully implemented locally and shown some positive results (more detail in Teenage Conceptions and Parents section).

Brighton & Sussex University Hospital NHS Trust have developed a website, 'My Pregnancy Matters'.⁶ It provides patients with information to support them through pregnancy and birth, including information about antenatal care, labour and mental health, and signposting to other relevant services.

In 2013 the proportion of women giving birth at home in Brighton & Hove was 5.8%, while the figure for England and Wales was 2.3%. The local home birth rate has remained considerably higher than England and Wales for more than a decade.⁷

Brighton & Hove CCG has invested in a specialist perinatal mental health service over the last three years. The service works closely with Obstetricians, Midwives and Health Visitors providing pathways of care for women identified both antenatally and postnatally.

Local inequalities

There is a lack of information about inequalities in access to, or provision of maternity care. Inequalities relating to lifestyle and outcomes can be found in the Maternal and Infant Health section.

⁵ NHS England, Friends and Family Test data <http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/friends-and-family-test-data/> [Accessed on 01/09/2015]

⁶ Brighton & Sussex University Hospitals. My Pregnancy Matters www.mypregnancymatters.co.uk [Accessed 12/08/2015]

⁷ Office for National Statistics, Vital Statistics tables

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In 2014/15, 31% of mothers giving birth at the Royal Sussex County Hospital were from BME groups.⁸

A number of factors affect the uptake of healthcare services among immigrants and asylum seekers (see Vulnerable Migrants section for more detail). Some pregnant vulnerable migrants may delay seeking appropriate care for fear of being removed from the UK or because this may lead to large healthcare bills that they are unable to pay.⁹

A local 2012 report found that Traveller communities experienced challenges to accessing antenatal care, including that they tend to present to services at a late stage. Handheld maternity records were reported to work well, though it was not possible to access notes from a previous pregnancy.¹⁰

Currently women do not have the choice of giving birth in a local midwife-led unit. However, plans are underway to develop a co-located birthing centre on the Royal Sussex County Hospital site during 2016.

Predicted future need

The birth rate is not predicted to increase significantly. However the percentage of births to women aged 40 years or over is increasing, which will impact on service provision during pregnancy and birth.

The number of births to women born outside the UK is increasing (See Maternity and Pregnancy section) so there is a need to ensure services continue to meet local need.

Obesity prevalence in pregnancy continues to increase impacting on maternity care and pregnancy outcomes.

Maternity service provision in Sussex is currently under review in the context of Sussex Together¹¹.

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What we don't know

There is a lack of information about maternity service usage and outcomes related to inequalities.

Key evidence and policy

There are several NICE guidelines¹² relating to maternity care: Antenatal care; Diabetes in pregnancy; Pregnancy and complex social factors; Antenatal and postnatal mental health; Intrapartum care; Induction of labour; Multiple pregnancy; Caesarean section; Maternal and child nutrition; Quitting smoking in pregnancy and following childbirth; Weight management before, during and after pregnancy; Hypertension in pregnancy; Safe midwifery staffing for maternity settings. Several quality standards have been developed by NICE since 2013: Caesarean section; Hypertension in pregnancy; Induction of labour; Neonatal jaundice; Maternal and child nutrition (2015).

Notably the guidance was updated in 2011 to allow a Caesarean section to women who request one. The Caesarean quality standard (2013) focuses on improving the decision-making process and the information available to patients. This includes referring women with anxieties about birth to a perinatal mental health specialist.

The Royal Colleges have agreed standards for maternity care covering the whole pathway from pre-pregnancy through to the transition to parenthood,¹³ recommending the RCOG Maternity Dashboard: Clinical Performance and Governance Score Card, to monitor local services.

In 2013 the Government pledged: to provide more support for women with postnatal depression and those experiencing miscarriage, stillbirth or death of a baby; to improve maternity care by ensuring all women have a named midwife to oversee care during pregnancy and birth; to have one-to-one midwife care during labour and birth; and for

⁸ Analysis of HES data produced by Public Health Intelligence team, August 2015

⁹ UK Government. Pay for UK healthcare as part of your immigration application. Website: <https://www.gov.uk/healthcare-immigration-application> [Accessed 03/09/2015]

¹⁰ Brighton & Hove Gypsy & Traveller Rapid Health Needs Assessment. 2012 <http://www.bhconnected.org.uk/content/needs-assessments>

¹¹ Sussex Together is the programme by which local doctors, nurses and therapists are leading the changes that will ensure services are high quality,

safe, and designed to meet the needs of the local population for years to come. Maternity and paediatrics is one of the workstreams.

¹² NICE guidance Available from: <http://www.nice.org.uk/guidance/index.jsp?action=byTopic&o=7252> [Accessed on 12/08/2015]

¹³ Royal College of Obstetricians and Gynaecologists. Standards for maternity care, report of a working party. June 2008. Available from: <http://www.rcog.org.uk/womens-health/clinical-guidance/standards-maternity-care> [Accessed on 03/09/2015]

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parents-to-be to get the best choice of where and how they give birth.¹⁴

Recent research has shown that planned birth in a midwifery-led unit results in significantly fewer interventions and more normal births than in an obstetric unit.¹⁵ Another study found that babies of 'higher risk' women who plan birth in an obstetric unit appear more likely to be admitted to neonatal care than those who plan birth at home, though it is unclear if this reflects a real difference in morbidity.¹⁶

Following a number of avoidable deaths of mothers and babies at Morecambe Bay NHS Foundation Trust, an independent national review was implemented and a report was published in March 2015. It found that there had been a number of failings at all levels and made recommendations for the wider NHS. This incident has led to an increased focus on maternity service quality.¹⁷

Recommended future local priorities

1. Engage women and families from more deprived areas and groups through the Maternity Service Liaison Committee and ensure all equalities groups are represented.
2. Improve data reporting on service usage by protected characteristics.
3. Refresh training, awareness and pathways for perinatal mental health.
4. Improve continuity of care and one-to-one midwifery care during labour.
5. Improve choice of place of delivery by developing a midwife-led unit.
6. Implement recommendations of national maternity review.

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Key links to other sections

- Pregnancy and maternity;
- Antenatal and newborn screening;
- Maternal and infant health;
- Healthy weight;
- Alcohol;
- Substance misuse;
- Smoking;
- Mental health;
- Teenage conceptions

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¹⁴ UK Government, Policy: Giving all children a healthy start in life https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/361660/policy-good-example.pdf [Accessed 13/08/2015]

¹⁵ NPEU. The Birthplace Cohort Study: Key Findings. Available from: <https://www.npeu.ox.ac.uk/birthplace/results> [Accessed 03/09/2015]

¹⁶ Li. Y et al. (2015) Perinatal and maternal outcomes in planned home and obstetric unit births in women at 'higher risk' of complications, BJOG: An International Journal of Obstetrics & Gynaecology, 122(5), 741-753.

¹⁷ Kirkup B. The Report of the Morecambe Bay Investigation. 2015 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408480/47487_MBI_Accessible_v0.1.pdf [Accessed 12/08/2015]