



Rep Pack

Wales 2009

**A resource for Registered Maternity Services User
/ Parent Representatives (Reps)**

January 2009

Dear maternity services user / parent representative

Welcome if you are a newly registered maternity services user / parent representative (rep) and welcome back if you are an experienced rep who has been doing the job for some time.

Thank you for taking the time and trouble to register as a rep. We really value hearing from you as it enables us to know who the NCT activists are, what you are working on and what concerns you have locally. We can send you this pack which includes resources and signposting to other sources of help and we hope it will help you to feel part of a network of people who really care about there being good services and support for parents during pregnancy, after the birth and during the months that follow. If you are fairly new to the NCT, for general background information about the charity and working as an NCT volunteer please refer to the **Volunteer Pack** in **Update** which you will have received as a registered rep, or will receive shortly.

In September 2008 the Office for National Statistics (ONS) released statistics on home birth. In 2006, the overall rate for home birth in Wales was 3.5%, higher than the rate for England, which was 2.64%. The bad news, however, is the home birth rate in Wales in 2006 was slightly down compared to the 2005 rate of 3.61% And Wales is still the only country in the UK that has a target for home birth, which is 10% well done Wales! For further information, including the local authority areas with the highest and lowest rates go to:

<http://www.birthchoiceuk.com/Professionals/index.html>.

Last year has been a really exciting time for the NCT. Despite many Maternity Service Liaison Committees (MSLC) facing a lot of challenges there has been a number of campaigning successes. On April 1 2008 the Grange Birth Centre in Petersfield re-opened its doors to provide 24/7 midwifery cover after closing suddenly back in July 2005. And in North Oxfordshire the Independent Reconfiguration Panel decided that services in paediatrics, obstetrics, gynaecology and the special care baby unit (SCBU) should continue to be provided at Horton Hospital. Also, from 2 April 2008 mums who are trying to breastfeed on the move will find it that bit easier. Planning permission for all Motorway Service Areas and facilities designated as Rest Areas must provide access to a signed, free, private breastfeeding area as a minimum for 24 hours a day, 365 days a year as well as changing facilities and a play area for children. This is all great news!

The new edition of the **NCT Maternity Services and Parenthood Information Directory** is available to consult and download on Update Online at:

<http://update.nct.org.uk/resources/directory>. It provides accessible sources of information arranged by topic, so if you are preparing for a meeting and want to know what to read check out the listed publications. If you are looking for information and can't find it, please contact Lynn Balmforth, NCT Librarian and Information Officer. This way we can develop the resources to meet your future needs. Lynn's details are listed in on page 9.

Please also refer to **Update Online**, the website for NCT volunteers and specialist workers. If you are looking for NCT evidence-based briefings, information on events such as NCT Conference or Breastfeeding Awareness Week, access to key documents, or simply general contact and branch information, **Update Online** is the resource you should refer to. We aim to update this website with as much useful information as we can, to assist you in your important role. Be sure to visit the page specifically for reps, at: <http://update.nct.org.uk/rep/>

All registered reps and research networkers (rens) receive the weekly **Bulletin Board** by email. Please read the Bulletin Board and send us any items you feel reps or rens would find useful. We provide information about training and events, new policy briefings and collaborative research opportunities and other rep-related news and resources.

What do reps do?

If you haven't been a maternity activist for long or haven't registered before you may find 'The roles of a maternity services user and parent representative (rep)' in this pack helpful. It explains the various opportunities for getting involved and some of the different groups that influence maternity services.

What's new?

The new **MSLC website** was launched by Care Services Improvement Partnership (CSIP) in October 2007. It would be good to know how useful you find it, so we can provide some feedback. (The NCT put in a bid to the Department of health to help run the site and ensure that it is fully interactive and based on reps' needs. Unfortunately our proposal was not successful.) It is a resource with great potential for anyone sitting on a MSLC, or anyone who wants to find out more about maternity services. The address is <http://www.mslc.org.uk>. If you have any comments about the website please email l.cunningham@nct.org.uk.

NICE published the **Intrapartum care guideline** in July 2007. The detailed review of evidence compiled by the Women's and Children's Collaboration Centre to underpin the guideline is a very useful source of summarised evidence on many birth topics as they affect healthy women and their babies during labour and immediately after birth. In March 2008, the NICE **Antenatal care guideline** (updated) and **NICE Diabetes in pregnancy guideline** were published. The **Antenatal** guidelines offer updated information on care during pregnancy, with a welcome emphasis on informed-decision making. The **Diabetes in pregnancy** guideline offers valuable guidance to health professionals on how to help women manage their diabetes from before conception through to the period after they give birth.

In October 2007 the Royal College of Obstetricians and Gynaecologists (RCOG) published **Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour**. The report focuses on improving the safety and quality of maternity by, 'clearly setting out informed and considered views about the essential minimum staffing standards required to support women in labour and provide safe care for them and their babies'.

Standards for Maternity Care Report of a Working Group was published on 2 July by the Royal College of Obstetricians and Gynaecologists (RCOG) with the Royal College of Midwives (RCM), the Royal College of Anaesthetists (RCA) and the Royal College of Paediatrics and Child Health (RCPCH) and is applicable across the UK. The document follows a woman's pathway from pre-pregnancy through the maternity service and includes aspects of care of the baby. The maternity standards contain 30 individual standards covering the different stages of motherhood. For the first time, there are standards from preconception to the transition into parenthood in one document. The RCOG would like maternity and gynaecological services across the UK to adopt these standards in the care of women to enhance the quality of care and to address issues of inequality.

Confidential Enquiry into Maternal and Child Health (CEMACH) published their latest report on **Perinatal Mortality** in May 2008, which covers data from 2006. The report investigates stillbirths and deaths of babies in the weeks immediately following birth and identifies the major risk factors that are associated with perinatal mortality.

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Information on where to find all these documents can be found in the ***Maternity and Parenthood Information Directory***.

This is just a taster of some key national developments. Together with the rest of the pack and the ***Lobbying Guide***, we hope you will feel motivated, confident and briefed to represent local parents' needs in 2009.

Good luck from the Policy Research and Campaigns teams.



Mary Newburn, Head of Policy Research



Anne Fox, Campaigns Manager

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The roles of a maternity services user and parent representative (rep)

The NCT is committed to working for improvements in maternity services to ensure that they meet the physical, social and emotional needs of mothers and babies, and work with fathers, partners and other relatives to support the whole family. Maternity services should be woman-centred and family focused; they should target services to those who are disadvantaged and most in need; they should promote and support normal birth and breastfeeding; they should prepare parents for birth and for life with a new baby.

Maternity services user and parent representatives (reps) have usually had a baby themselves and are in close touch with parents-to-be and new parents in the local area, so that they can represent parents' views, experiences and interests to commissioners, managers and providers of maternity or child health services.

NCT maternity services users and parent reps should be NCT members who are in close touch with a local NCT branch (pregnant women and their partners, new mums and dads, antenatal teachers, breastfeeding counsellors, postnatal leaders, postnatal supporters, research networkers, support groups, special interest workers, etc.) and other local parents through playgroups, schools and community activities.

Maternity services reps are actively engaged in representing local parents. This could be by becoming a member of one or more of the following:

- a local or regional maternity services liaison committee (MSLC)
- a labour ward forum
- a community health council
- a breastfeeding strategy group or a joint breastfeeding initiative
- a local maternity campaigning group, such as 'save our maternity unit'.

There are increasing opportunities to **represent families with young children**. This could be by becoming a member of a management board of a nursery or playgroup or parents' forum or participating in any other activities promoting user involvement in children's services.

What do reps do?

Maternity services and parents' reps work as part of multi-disciplinary teams to put forward the views and experiences of parents and service users. They work for the implementation of progressive policies and guidelines to enhance the safety, satisfaction, autonomy and well-being of pregnant women, to ensure that new parents are supported and valued and that babies and children have a secure, healthy and stimulating start in life.

Reps need to be self-motivated, creative and willing to use a considerable level of judgment to decide how to achieve practical improvements. It helps to cultivate a range of local contacts among parents' groups, maternity organisations and service providers. In addition, it is helpful to extend your network to include local councillors and AMs, local health boards and other local commissioners. Knowledge of the NHS or local authorities is desirable but not essential. Your commitment and enthusiasm is more important.

Many NCT maternity services reps chair their local MSLC and set the agenda for these meetings. It is usually helpful to have experience of being a member of the committee before taking on the role of Chair, though for people who have lots of committee experience this is less important.

Support for reps

The NCT likes all active reps to register bi-annually so that we can provide information and get feedback about developments in services from a user perspective.

Each year, we provide:

- a reps' pack following your registration or re-registration;
- an updated Maternity and Parenthood Information Directory;
- copies of *New Digest* journal, every quarter;
- a library and information service;
- regular Current Awareness Bulletins listing new research studies;
- an electronic Bulletin Board containing news and information about events and consultation opportunities etc, weekly;
- a Campaigns and Parliamentary Report, weekly;
- an E-group for communicating with other reps and sharing concerns and achievements;
- training to help you become a more effective rep (Voices), to feel confident interpreting research papers (CASP), to search for health information on the internet and to appraise information leaflets produced for parents (DISCERN);
- contact with experienced reps and with staff who can support you.

How MSLCs and other committees work

In Wales each trust should have a local maternity user forum / group which links with and feeds into the regional MSLCs, of which there are three: South East Wales, Mid and West Wales and North Wales. Local groups usually meet every 2-3 months during the day, with meetings lasting a few hours. Regional MSLCs hold three meetings a year and once a year all three meet together at an additional All Wales meeting. Local groups are primarily made up of user representatives and the head of midwifery services but other health care professionals may be members or invited to attend specific meetings with items on the agenda of relevance to their work. Regional MSLCs are chaired by a user representative and at least a third of the committee members should be user representatives, the rest of the committee is made up of health professionals such as consultant obstetricians and heads of midwifery services.

Other types of committees and groups that user reps may be members of will have varying structures and meeting formats. For information about Labour Ward Forums which also exist locally in Wales see page 19.

Payment of expenses and involvement fees

Payment of travel, administrative and childcare costs should be negotiated with and paid by the committee.

How do I become a rep?

Reps are pro-active in joining a suitable group to take forward the issues that interest them.

To find out about suitable local committees and groups contact your local services, search local websites and talk to existing reps in your area. Some of these details will be available in your local NCT newsletter, maternity units, clinics and libraries. Contact policyresearch@nct.org.uk if you need further help.

Rep supporters and other key contacts

There are lots of experienced activists who can provide you with information. Please find below the details of NCT special interest coordinators and rep support providers who are designated contacts for their specific areas of experience.

Topic / Issue	Name	Contact Details
MSLCs and general queries about being a user rep	Michelle Evans Rep Supporter	michelle@greenallevans.fsnet.co.uk 01206 392 909
MSLCs – related (including chairing MSLCs)	Hilary Schmidt-Hansen Rep Supporter	Hilary@thegable.spacomputers.com 01789 731246
MSLCs for new reps, rep expenses and general queries about being a user rep	Roxanne Chamberlain Rep Supporter	roxanne@tusker.co.uk 01708 224 830
MSLCs, dealing with trusts and hospital staff, maternity service reviews	Mitch Crossingham Rep Supporter	mitch@crossingham.co.uk 0117 373 8442
General Help and Support for reps	Gail McConnell Rep Supporter	gail@mcconnellham.com 01707 872159
Breastfeeding matters and breastfeeding mothers peer support schemes - <i>Wales</i>	Maria Dowden Rep Supporter	maria@cartremair.co.uk 01269 841382
Healthcare Commission Enquiries	Susan Treacy Rep Supporter	susantreacy1@aol.com 01902 341853
Labour Ward Forums, Better Birth Environment, <i>Wales</i> -specific queries	Marilyn Wills Rep Supporter	marilynwills@yahoo.co.uk 029 2084 2197
European Working Time Directive, Birth Rate Plus, <i>Scotland</i> - specific queries	Cynthia Clarkson Rep Supporter & Ren	cynthia.clarkson@virgin.net 0131 447 2248
Evidence-based research	Gill Gyte Rep Supporter	GGyte@cochrane.co.uk 01253 884529
Birth Centres / Midwife-led Units and Closures and Reconfigurations	Richard Hallett Rep Supporter and Special Interest Co-ordinator	richardhallett@wrens-nest.fsnet.co.uk 07831 116767
Caesarean Birth / VBAC	Debbie Chippington Derrick Special Interest Co-ordinator	debbie@chippingtonderrick.co.uk 01276 510 575
Caesarean Birth / VBAC	Gina Lowdon Special Interest Co-ordinator	gina@caesarean.org.uk 01256 704 871 calls 7pm – 9pm only
Caesarean Birth / VBAC	Jenny Lesley Special Interest Co-ordinator	jenny@thelesleys.co.uk 01773 880 780
Caesarean Birth / VBAC	Fiona Barlow Special Interest Co-ordinator	fionabarlow@lineone.net 020 8393 4737
Pre-term babies	Lesley Taylor Special Interest Co-ordinator	lesleytaylor@hotmail.com 01509 213 550
Postnatal Depression	Liz Wise Special Interest Co-ordinator	lwise@onetel.com 01483 454 789

Breastfeeding Special Situations Coordinator	Hazel Barry Special Interest Co-ordinator	jemthbarry@yahoo.co.uk 01915 670 251
Lone Parents	Caroline Scofield Special Interest Co-ordinator	carolines9824@yahoo.co.uk 07792 082 759
Please update Gail about significant developments in relation to your local maternity services.	Gail Werkmeister NCT President	werkmail@aol.com

As well as getting the assistance you need from the contacts here, why not make use of the knowledge and experience of other reps? Joining and posting messages on the **NCT Reps E-Group** is a great way of communicating and sharing information with reps all over the UK - see *page 13*.

Staff contacts

Position and name	Contact for.....	Contact details
Librarian and Information Officer Lynn Balmforth	Information and library-related enquiries including policies, briefings and other NCT publications, statistics, journal articles, searches.	l_balmforth@nct.org.uk 020 8752 2315
Policy Research Officer Lisa Cunningham	Bulletin Board, Consultations, Journal Club, Reps and ReNs.	l_cunningham@nct.org.uk 020 8752 2385
Activism Development Officer Adam Edwards	Closure & reconfiguration campaigns and other local campaigns	a_edwards@nct.org.uk 020 8752 2332
Membership Department	Enquiries regarding your membership	membership@nct.org.uk 0208 7522400
Branch Support	Branch-related queries.	branchsupport@nct.org.uk 0208 7522312
NCT Enquiry Team	General enquiries and support if you don't know whom you should contact.	enquiries@nct.org.uk 0300 33 00770

Information and training

The NCT Library & Information Service

The NCTLIS's main function is to provide a current awareness, information and enquiry service for NCT workers and the public. The library covers all aspects of pregnancy, birth, the first year of parenthood including infant feeding and UK maternity services. As a rep you can contact the library for help when you need information. Please use the *NCT Maternity and Parenthood Information Directory* (details below) first. If this does not provide links to the information you need, do get in touch.

What is available?

- The library has journals, books, reports, research papers, surveys, pamphlets, leaflets, government publications, directories, and statistics. The library catalogue can now be searched online at <http://update.nct.org.uk/resources/refman>
- Searches for references and information on specific topics.
- Current Awareness Bulletins; short abstracts of the latest research, articles or reviews of books that may be of use or interest to the many different NCT workers.
- Advice on using bibliographic databases via the Internet – Medline, Cochrane etc
- Loans of books
- Photocopying service (within the limitations of the Copyright Designs and Patents Act 1988 and the European Copyright Directive 2003) where we hold the journal.
- SwetsWise Online Content, a web-based service providing full text access to electronic journals subscribed to by the library.

(All services may be limited by the availability of staff, time and resources.)

NCT Maternity and Parenthood Information Directory

This directory, organised by topic, includes key sources of information for parents, reps and specialist workers, listing relevant organisations where appropriate. It is available electronically at: <http://update.nct.org.uk/resources/directory>

Please also refer to the list of *Sources of Evidence-based Information*, a word document downloadable from the *Useful Files for Reps* section of the Update online page for reps at: <http://update.nct.org.uk/rep/>

Birth Choice UK

For details of your local maternity services as well as national maternity statistics go to: <http://www.birthchoiceuk.com>

Contact details

For information, contact Lynn Balmforth, Information Officer and Librarian at Alexandra House. Opening hours: Monday to Friday 9am to 5pm. By phone: 020 8752 2315
By e-mail : library@national-childbirth-trust.co.uk or l_balmforth@nct.org.uk
NCTLIS, NCT National Office, Alexandra House, London, W3 6NH

Training Opportunities

The NCT has developed training sessions specifically to meet the needs of NCT workers. Our trainers also offer courses developed by other organisations that are highly relevant to NCT work.

Healthcare Information Resources on the Internet

Developed by the NCT, the aim of the course is to provide hands-on training in searching the Internet effectively for healthcare information. Training covers how to use the facilities within search engines efficiently and also how to evaluate the quality of information found.

The course also includes a session on how to search PubMed and use the features of Medline to produce a well-structured search strategy. It will also look at the Cochrane Library and other non-

subscription evidence based Internet resources. How to use SwetsWise and online NCT library resources will be covered.

NCT VOICES - Training for Maternity Services User Representatives

NCT VOICES is a nationally recognised, comprehensive training workshop. This training has been developed to offer support for user reps on groups such as Maternity Services Liaison Committees (MSLCs) but is useful for user reps on any multi-disciplinary group.

The aim of the training is to offer participants an opportunity to explore issues involved in this role, develop skills to make you more effective as a user rep and increase your confidence. In the past those attending the workshops have reported feeling more confident in their role, energised and enthusiastic, able to better understand clinical issues and develop strategies for improved communication with health professionals.

Voices days are organised in different areas of the UK. Voices training can also be bought-in by any group and the Voices trainer will develop an appropriate programme based on the needs of each particular group. This could be user reps only or multi-disciplinary groups including user reps. It is a flexible, tailor-made programme aiming to develop skills and confidence and help groups work together more effectively.

DISCERN

DISCERN has been developed to help patients, carers, and other health information users assess the quality of written health information on treatment choices.

On your MSLC or other health committee or in the course of your general work, do you ever have the need to review or write health information on subjects such as "Where to have your Baby" or "Epidurals"? If so DISCERN could really help you understand the importance of high quality, evidence based written information on treatment choices.

During a two and a half hour workshop participants will:

- Consider the important elements of written health information in helping patients to make informed decisions
- Appraise a real consumer health information leaflet using the DISCERN tool
- Network

Making Sense of Evidence about Effective Health Care – Critical Appraisal Skills Programme (CASP)

CASP training has been developed to enable people to find and make sense of research evidence. The aim of the training is to give participants the skills to assess the quality of research papers and research reviews and have the confidence to use research evidence.

One participant said "There is a lot of research out there, of varying quality and it is important to be able to evaluate its strengths and weaknesses before using it as information for parents, or as evidence in meetings with health professionals. I've always enjoyed reading research findings but I have never been sure how to identify what was valid. I'm sure I'm like many others, in that I relied on recognising a 'name' as the researcher or else, (I'm embarrassed to admit this!), I looked for findings which showed what I wanted to find! When I heard about the CASP workshop, I really felt it must have been made for me."

CASP training was developed by the Public Health Resource Unit in 1993. See <http://www.phru.nhs.uk/casp/>

Telephone Journal Club – CASP Training from your Home

The Policy Research Department facilitates a telephone journal club for specialist workers, reps, rens and other volunteers who would like to develop their confidence and skills in using research, without traveling to a training session or even leaving their living room.

Previously we have held sessions once a month, but have recently found it difficult to recruit enough participants for the one-hour long telephone discussion about a research article on a pregnancy, birth or post-natal issue. We are happy to facilitate sessions if you would like them. There needs to be at least three participants, we can organise a facilitator for the session. The discussion will be based on the Critical Appraisal Skills Programme (CASP) appraisal questions for the particular research methodology of the paper in question.

If you're unsure about what's involved don't worry! Journal Club participants do not need prior knowledge or experience of CASP training. Each Journal Club session is facilitated by an NCT Research Networker with appropriate experience and training skills. The sessions are designed to allow participants to appraise research papers critically in a friendly environment, developing their knowledge of research methodologies and research skills.

CASP CD-ROM and Workbook

In addition to the NCT CASP training opportunities, an interactive CASP CD-ROM and Workbook *Evidence-Based health Care: Supporting evidence-based decision making in practice*, developed by CASP, is available to purchase for £79.99 + VAT.

For further information about this training resource go to:

<http://www.update-software.com/publications/CASP/>

Training Venues and Further Information

- Healthcare Information on the Internet training takes place three times a year at different venues across the UK
- Journal Club takes place when you want it by telephone.
- All the other training programmes are available across the UK often at regional days, which are held 3-4 times a year in all the eight NCT regions. Creches are available at some regional days. Training can be organised locally on request.

For further details about the Healthcare Information on the Internet training contact Lynn Balmforth, Information Officer and Librarian, email: l_balmforth@nct.org.uk, tel:020 8752 2315. For information about Journal Club please contact Lisa Cunningham, Policy Research Officer, email: l_cunningham@nct.org.uk, tel: 0208 7522385. For information about the other training sessions email: policyresearch@nct.org.uk

NCT E-groups

There are a number of NCT-related mailing lists or 'E-groups' served by Yahoo Groups. Some are open discussion lists, to enable members and specialist workers to communicate, share information and provide mutual-support, and some are one-way announcement lists.

The following E-groups may be of particular interest to reps:

Reps

http://groups.yahoo.com/group/nct_reps/

This list is specifically for NCT members who are maternity services user and parent representatives (reps). Joining this list is an excellent way of communicating with other reps all over the UK, be it to share information with other reps about how you are progressing on an issue you have raised on your committee, or to ask other reps who are campaigning against changes and reconfigurations for tips and suggestions. The group has around 150 members and usually sends around five messages a week.

Announce

http://groups.yahoo.com/group/nct_announce/

http://groups.yahoo.com/group/nct_weekly/

Important NCT news and announcements are posted on this list from UK Office. This list is for NCT Members only and it is not a discussion list as only a limited number of members can post information on this site. Joining this list is an excellent way of staying on top of recent developments, be it changes within the NCT or NCT press releases in relation to the latest happenings in maternity and parent services. Roughly 3 messages are posted per day and there is also the option of a weekly version.

Research

http://groups.yahoo.com/group/nct_research/

This is a forum for anyone interested in research and evidence based information. Roughly 15 messages are posted per month.

Breastfeeding Information

<http://groups.yahoo.com/group/nct-bf-info/>

This E-group is for NCT staff and breastfeeding support specialist workers to comment on/ assess/ check information including published text, photographs, articles on breastfeeding for consistency, accuracy, appropriateness.

Birth Centres - *This group is not affiliated with the NCT.*

<http://health.groups.yahoo.com/group/birthcentres/>

This is a discussion group run by the Birth Centre Network UK for midwives, campaigners, parents and anyone interested in ensuring that modern maternity care includes the provision of birth centres as a real choice for women.

Support E-groups:

The following E-groups offer support and discussion in relation to specific areas of interest:

Caesarean Section Support

<http://groups.yahoo.com/group/nct-caesarean/>

Home Birth UK - *This group is not affiliated with the NCT.*

<http://groups.yahoo.com/group/homebirthUK/>

Parenting Teenagers

<http://groups.yahoo.com/group/NCTparentingteenagers/>

Planning a Caesarean Section

<http://groups.yahoo.com/group/nct-caesarean-planning/>

Pre-Term Support

<http://groups.yahoo.com/group/nct-preterm/>

Single Parents

<http://groups.yahoo.com/group/NCTsingleparents/>

Regional E-groups:

There are also E-groups for each of the eight NCT regions in the UK, in addition to a specific E-group for Wales, offering regional information sharing and discussion.

A full list of the E-groups is available on the Intranet at: <http://update.nct.org.uk/admin/>

How to Join an E-group

Go to the E-group's web page, as listed above or available on the full list (link above). The NCT group web page should appear. On the blue bar across the top, click on "Join this Group". This will take you to a sign in page.

If you have an existing Yahoo ID enter it here and follow instruction to join the group.

If you have not got a Yahoo ID you need to create one. Click on the "Sign up now" link and follow the instructions through. When you have done this you should be able to login to the eGroup and access the shared files using your Yahoo ID.

If the group has a restricted membership policy, you will be added to a list of people waiting to join. The moderator will then either accept or decline your membership.

Posting Messages and E-group Help

If you are a member of a group and would like to post a message to the rest of the group, send an e-mail to: groupname@yahoogroups.com
For example, to send a message to the reps group, send an email to: nct_reps@yahoogroups.com

If you are a member of a group, you can access the shared files section by going to:

<http://groups.yahoo.com/group/groupname/files/>

For example, for the Newsletter Editors' group shared files, go here:

http://health.groups.yahoo.com/group/nct_reps/files/

An easy way to leave any group is by sending a blank e-mail to:

groupname-unsubscribe@yahoogroups.com

User Involvement – A quick guide

Many of you will represent the NCT by sitting on a Maternity Services Liaison Committee (MSLC). The National MSLC Website, launched by Care Services Improvement Partnership (CSIP) in October 2007, is a great resource - www.mslc.org.uk. It would be good to know how useful you find it, so we can provide some feedback. We are aware it is a little Anglo-centric, and some help from you to make it more relevant to Scotland would be really helpful. (The NCT put in a bid to the Department of health to help run the site and ensure that it is fully interactive and based on reps' needs. Unfortunately our proposal was not successful.) It is a resource with great potential for anyone sitting on a MSLC, or anyone who wants to find out more about maternity services. The address is <http://www.mslc.org.uk/>. If you have any comments about the website please email l_cunningham@nct.org.uk.

Guidance and tips on working effectively on a committee

Working as a user representative can be a very rewarding experience, but at times reps may feel a little frustrated with the committee they are working on, somewhat 'alone' as a non-healthcare professional or pessimistic about the opportunities to make real changes. This section is to provide you with suggestions for working effectively in your role and getting the best out of your committee in order to make real changes to maternity and parent services locally.

Effective members and user representatives:

- **are well prepared** – begin by reading the relevant paperwork before the meeting; if you have the opportunity you can add to this by researching the issues under discussion, finding out about the trust's performance and how it compares with other trusts, exploring the latest research evidence.
- **work with others** – both who share similar interests and perspectives, to prepare agenda items or contribute to discussion, and with those who hold differing views and priorities, so you show them respect and understand their position.
- **understand the remit of the committee and their own role** – familiarise yourself with the committee's terms of reference, requesting a copy, and clarification for yourself and other members if necessary. The *National Guidelines for MSLCs* (England) contain information on the remit of MSLCs and role specifications for different members.
- **avoid being seen as a single-issue lobbyist** (e.g. home birth, breastfeeding) – be an expert by all means but you will be noticed and appreciated more for contributing to a range of topics.
- **encourage the committee to function well** – papers should be circulated well in advance of meetings and key notes and action points soon after; so suggest this to the chair if necessary.
- **keep up to date with all national and local maternity issues** - user reps are often better informed than some of the health professionals. Access to the internet and email helps considerably.
- **rarely refer to personal experience** - and only in the abstract to illustrate a point. Ensuring this will maintain your credibility and focus. Although your own experience is important your role is to represent all users.
- **have an understanding of the structure of the NHS and their place within it** – see page 22 for resources to help increase your knowledge of the functioning of the NHS.
- **are confident, assertive and persistent** – avoid using phrases such as 'I'm only a mum and volunteer' or 'I'm not a health professional'. The committee should work and consult with users of maternity services. As a user your views are valuable so express them clearly and assertively.

Getting items on the agenda and using examples of good practice

A great way of inspiring the group or committee to take action is by taking ideas and examples of good practice and positive changes from other areas to meetings. Using these as suggestions for issues the committee can work on is an effective way of encouraging the group to take action.

Case studies of programmes and initiatives bringing improvements to all sorts of issues, such as high caesarean rates, low breastfeeding initiation and high smoking rates amongst teenage mothers, can be found in:

- New Digest
- NHS Quality Improvement Scotland (QIS) Maternity Services National Overview Report 2008: www.nhshealthquality.org
- The national MSLC Website (this is a little Anglo-centric but there is some useful information applicable to Scotland there): www.mslc.org.uk

If there is an issue you would like the committee to work on, ask the chair to schedule this on the agenda for the next meeting. Once agreed, circulate papers well in advance of the meeting. You could offer to prepare a presentation and handout for the meeting. Be sure to have done your background research and detail clearly the issue needing to be addressed. Set out the underlying evidence and make suggestions of how the committee could address this. Consider using a positive case study from a similar initiative if possible.

A good presentation, arguing your case for change, will prompt discussion from the group. During the discussion ask for decisions to be made about specific actions and follow up at the next meeting, or better still, in between. Friendly, patient, encouragement and support are always appreciated. You may need to listen to a lot of excuses before anything tangible is achieved, but keep at it. Ideally, the meeting should agree and minute what will be done and by whom, and by what date. If you can agree objectives as well as means, that is very positive. However, you may need to go one step at a time, investigating what is known before an objective for change is agreed. Make sure the decisions are recorded in your notes, so you can check when the minutes are circulated to the group afterwards that everything has been recorded properly. Ensure that appropriate items are on the agenda for follow up at the next meeting.

Key policy - Wales

In the following pages we have provided some key documents and resources. Where the NCT has provided a comment on the developments, you will find it at the bottom of the precis.

For an extensive list of information resources listed by topic please refer to the electronic **NCT Maternity and Parenthood Information Directory 2008**. All registered NCT reps are provided with an electronic copy of this directory or it can be accessed online at:

<http://update.nct.org.uk/resources/directory>

For details of your local maternity services as well as national maternity statistics go to the **Birth Choice UK** website at: <http://www.birthchoiceuk.com>

If there is no source for the information you require in the information directory or it is not available on the Birth Choice UK Website please contact the NCT library for assistance – see page 9.

The NHS in Wales

The Welsh Assembly took over ultimate responsibility for the NHS in Wales from Westminster in 1999. Three regional offices of the Welsh Assembly Government – North Wales, Mid and West Wales, and South and East Wales – function in a similar way to England's strategic health authorities. The structure of NHS Wales resembles England's purchaser-provider split more than Scotland's unified arrangements, but it has its own distinct characteristics. Wales has 22 local health boards commissioning healthcare, and 14 trusts providing it.

National Assembly for Wales

The Assembly provides democratic control of the management and performance of NHS Wales. It draws up strategic policies, set priorities and allocates funds, but is not able to raise taxes. Two departments within the Welsh Assembly have strategic responsibility for health, Department for Health and Social Services, focusing on the NHS and social care, and the Department for Public Health and Health Professionals which deals with public health matters.

Local health boards

Local health boards (LHBs) main roles are clinical governance, commissioning, improving the health of communities, partnership and public engagement. There are 22 LHBs which are coterminous with unitary local authorities. They are expected to take the lead with partnership working with local authorities, independent and voluntary sectors.

NHS trusts

There are currently 14 NHS trusts in Wales, including the all-Wales ambulance trust, although it is likely that six will merge into three. There are key providers of services.

Community health councils

Community health councils (CHCs) are statutory lay organisations with rights to information about, access to, and consultation with all NHS organisations on behalf of the public. There are 19 CHCs in Wales.

Strategy and policy

The NHS in Wales have had slightly different policy and structural arrangements from England for most of its existence, these have diverged more markedly since devolution. In 2005 the *Designed for life²* white paper was published and set out a ten-year vision for the NHS in Wales. Its aims to transform the NHS in Wales 'from the national illness services it currently is into a truly national health services'. The Welsh government have rejected privatisation of NHS services, which is an area of policy that has been pursued in England.

Here is a list of websites for further information:

HOWIS

www.wales.nhs.uk

HOWIS (Health of Wales Information Service), the official website of NHS Wales, is a valuable resource for information about the Welsh health service.

Health Inspectorate Wales

<http://www.hiw.org.uk/>

The Healthcare Inspectorate Wales (HIW) was established in 2004 to promote continuous improvement in the quality and safety of patient care within NHS Wales. HIW undertakes reviews and investigations into the provision of NHS funded care. Various publications are available on the website including reports, investigations and information about healthcare standards.

The Welsh NHS Confederation

<http://www.welshconfed.org>

The Welsh NHS Confederation brings together the full range of organisations that make up the NHS in Wales. It acts as an independent voice in the drive for better health and healthcare through policy and influencing work and by supporting members with events, information and training. The website is a useful resource for information about health care in Wales and across the UK. Available on the website are a number of publications on issues facing the health service in Wales.

National Service Framework for Children, Young People and Maternity Services (Wales)

<http://www.wales.nhs.uk/sites3/home.cfm?orgid=441&redirect=yes>

The **National Service Framework for Children, Young People and Maternity Services (Wales)**¹ launched on 30 September 2005 sets out the quality of services that children, young people and their families have a right to expect and receive in Wales. Although it is now three years since its launch, the NSF is still crucial to driving policy in Wales.

Having played a key role in lobbying for an NSF, the NCT was delighted to see that so many of the recommendations address important priorities. In particular, Chapters 2 & 3 which focus on 'Key Actions Universal To All Children' and 'Maternity Services' are relevant to the work of the NCT. Normality and choice, breastfeeding, services for pregnant women from disadvantaged or minority groups and communities and better birth environments are all promoted in the Welsh NSF.

What are National Service Frameworks (NSFs)?

NSFs were introduced in 1998 to tackle variations in standards of care and to achieve greater equity in the availability and quality of health services across England and Wales. NSFs have been used by the Government to 'modernise the NHS' and to devolve responsibility for health services to local service providers, allowing them to make decisions about how standards should be met.

The Children's NSF is a ten-year strategy, which establishes national standards to promote the health and well-being of children, young people and pregnant women across the health and social services. The NSF is intended to drive up the quality of services, promote health improvement and tackle health inequalities (though full implementation of the standards will take up to ten years). The NSF seeks to put service users at the centre of their care with the intention of promoting high-quality, women and child-centred services and personalised care for parents, children and their families.

The Children's NSF

The Welsh National Service Framework for Children, Young People and Maternity Services establishes 21 standards and 203 key action points. Each key action is written to be specific and measurable; the organisations responsible for delivery are clearly identified. The NSF also lists a number of 'core key actions', which were flagged for early delivery by March 2006. These 'core key actions' are low cost targets, or cost neutral targets, which were already being worked towards. The remaining key actions have costs attached to their implementation and will be attained over the NSF's ten year timeframe.

Chapter 3: Maternity Services

The Children's NSF includes a chapter on Maternity Services, which lists three standards for maternity services in Wales:

1. *Child and Family Centred Services*
Women and their partners are empowered to make informed choices throughout their pre-pregnancy and maternity care. Services are co-ordinated seamlessly between hospital and community and between agencies, to maximise the health and well-being of families.
2. *Access to Services*
Maternity services are available to maximise the opportunity for all women to receive accessible care, focused upon maintaining and improving health and well-being. This requires that women are equal partners in planning the delivery of their care.
3. *Quality of services*
Maternity services are delivered in partnership with women and their families and strive to ensure safe and positive outcomes for women and babies at all times.

Key action points and statements in the Maternity Services Chapter of the NSF

- *Inclusive services*

One of the key themes running through the NSF is the need to support pregnant women from disadvantaged groups and communities, who often find it difficult to access or maintain contact with traditional maternity services. Pregnant women, who are coping with substance misuse problems, mental health problems or a disability for example, will often have the poorest maternal and neonatal outcomes. The Maternity Services chapter of the Welsh NSF states: 'Maternity services need to be flexible to reach and maintain the confidence of those women who are marginalized by society...innovative ways should be used to address their needs' (page 53). There is a strong emphasis on prevention in the Maternity Chapter and the need to provide pregnant women with advice and support at the earliest opportunity.

Key actions:

Action point	Target	Who will action it	Date for implementation
3.11	There are specialist services available for young, pregnant teenage girls, such as parent education and support groups.	Local health boards (LHBs) NHS Trusts	Within ten years
3.12	Pregnant women who smoke have access to information and support to assist them with smoking cessation.	LHBs NHS Trusts	By March 2006
3.19	All pregnant women are offered an assessment for depression in the antenatal and postnatal period by appropriately trained health professionals, and there is access to specialised follow-up services if needed.	LHBs NHS Trusts	Within ten years

- *Promoting normality*

The Maternity Chapter of the Welsh NSF makes clear that 'birth is a normal physiological process in which medical intervention should only be offered if it can be demonstrated that there is a proven benefit for the mother and/ or her child' (page 52). Support for normal childbirth runs throughout the Welsh NSF and key action points within the Maternity Chapter reflect this commitment.

Action point	Target	Who will action it	Date for implementation
3.24	Women receive one-to-one care (one woman receiving the dedicated time of a midwife) once labour is established.	LHBs NHS Trusts	Within ten years
3.25	All maternity units use the <i>All-Wales Clinical Pathway for Normal Labour</i> and undertake regular audit of its implementation	LHBs NHS Trusts	By March 2006
3.26	Maternity services follow any National Institute for Clinical Excellence (NICE) guidelines relating to maternity services	LHBs NHS Trusts	Within ten years

- *Birth environment*

The NCT is pleased to see birth environments included in the Maternity Chapter of the NSF.

The NSF clearly implies that better birth environments can improve a pregnant woman's chances of having a normal birth: 'Creating the right environment in which women can give birth is important, not only from the point of view of improving the whole birth experience, but also has been shown to result in less instrumental deliveries' (page 53). The Welsh NSF cites key findings from the NCT's 'Creating a Better Birth Environment: An Audit Toolkit'. The action point in the NSF states:

Action point	Target	Who will action it	Date for implementation
3.4	Birth environments are regularly audited to ensure they optimise normality, privacy and dignity during labour and birth for the mother and birth partner(s).	LHBs NHS Trusts	Within ten years

- *Breastfeeding*

The NCT welcomes the NSF's recognition that 'breastfeeding gives children the best start in life' (page 61). The NSF also recognises however, that more needs to be done to promote breastfeeding throughout Wales: 'The rate for breastfeeding initiation in Wales, at 46%, is one of the lowest in Europe. Early skin-to-skin contact for mothers with their healthy newborn babies promotes maternal-infant attachment, initiation and maintenance of breastfeeding and so should be encouraged. To support this aim, chapters 2 and 3 of the NSF outline a number of key action points to support the initiation and duration of breastfeeding.

Action	Target	Who will action it	Date for implementation
2.40	Local organisations work together to develop and implement a policy to encourage health-promoting infant nutrition, including initiation and maintenance of breastfeeding in line with <i>Investing in a Better Start, Promoting Breastfeeding in Wales</i> .	LHBs NHS Trusts Health care workers (HCW) Local authorities (LAs)	March 2006
3.19	All women are given help line contact numbers for infant feeding advice before discharge from hospital or early in the postnatal period if their baby is delivered at home.	NHS Trusts	March 2006
3.21	There is a multi-agency strategy to provide pre-pregnancy advice including nutrition and exercise, benefits of breastfeeding, sexual health and avoidance of substance misuse, starting with school-aged young people.	LHBs NHS Trusts Las	Within ten years
3.29	Women who choose to breastfeed their babies are provided with appropriate support to initiate and sustain breastfeeding	LHBs NHS Trusts HCW	Within ten years

- *Choice*

The Welsh NSF only briefly discusses the need to provide pregnant women with choice over place of birth. The benefits of midwife-led centres are discussed, with the NSF acknowledging that midwifery-led birth centres can provide 'a family-centred, less technologically intrusive service' (page 56). The key action point on choice is:

Action point	Target	Who will action it	Date for implementation
3.2	Women are given information about locally available services to allow them to choose the most appropriate options for pregnancy care, birth and postnatal care. Women who choose home delivery as their birth option are supported in that choice, appropriate to the level of clinical risk.	LHBs NHS Trusts	Within ten years

- *Midwife-led care*

The NCT welcomes the NSF's emphasis on midwife-led care. The NSF sets out a number of changes over the next ten years including the promotion of midwives as the first point of contact for pregnant women. Key action points here include:

Action point	Target	Who will action it	Date for implementation
3.5	Shortly after birth an identified lead professional, normally the named midwife, is responsible for reassessing individual needs and co-ordinating the postnatal care of all babies and women.	LHBs NHS Trusts	By March 2006
3.9	Women are able to access midwives in their community on a drop-in basis for pre-conceptual advice about developing healthy lifestyles, including taking folic acid supplements, and seeking maternity care as soon as pregnancy is confirmed. Early maternity care is promoted by the availability of midwives as the first point of contact for women	LHBs NHS Trusts	Within ten years
3.17	Mothers, babies and their families have access to services in the postnatal period from: <ul style="list-style-type: none"> • A midwife for up to 28 days following birth; • A health visitor from 10-14 days following birth; • Other professionals according to assessed need. 	LHBs NHS Trusts	By March 2006
3.24	Women receive one-to-one care (one woman receiving the dedicated time of a midwife) once labour is established	LHBs NHS Trusts	Within ten years

- *Maternity services liaison committees (MSLCs)*

The NCT welcomes commitments within the Welsh NSF to support the work of MSLCs. Under the NSF, women and their partners will be given an opportunity to discuss their experiences of pregnancy and childbirth. This information will be sent to an MSLC with the intention of influencing service planning and delivery.

Action point	Target	Who will deliver it	Date for implementation
3.28	Women and their partners are offered the opportunity, by a named midwife in the postnatal period, to reflect on their experiences of pregnancy and childbirth. This information is sent to the Maternity Services Liaison Committee to inform service planning and delivery	LHBs NHS Trusts HCW	March 2006

- *Hand held notes*

The NCT is pleased to see proposals to develop hand held notes in the NSF. The key action point here is:

Action point	Target	Who will deliver it	Date for implementation
3.23	There is an All Wales National Women-Held Maternity Record (to be developed by the Welsh Assembly Government) that is used by both women and professionals.	WAG LHBs NHS Trusts	Within ten years

- *Access to parent education*

The NCT welcomes commitments within the Welsh NSF to support parent education. The NSF proposes to improve access to parent education services as well as making services more responsive to parents' needs. Key action points are included in chapters 2 & 3 of the NSF:

Action point	Target	Who will deliver it	Date for implementation
2.48	Children any Young People's Framework Partnership Plans include joint working arrangements to promote and deliver parenting education that includes: <ul style="list-style-type: none"> • Ready access for parents/ carers to evidence-based information about parenting issues through a range of appropriate media; • Programmes designed with the participation of parents; • Service delivery in a range of settings including homes; • Finding creative solutions for barriers to participation, which may include transport, timing and availability of childcare. 	LHBs NHS Trusts LAs	Within ten years
2.49	Parenting support programmes are available that include: <ul style="list-style-type: none"> • A range of universal and targeted services to meet assessed need; • Particular services for families who find themselves in difficult circumstances, such as support for parents of children with chronic illness, mental health or behaviour problems, services targeted at school-aged parents, and services for parents of disabled children or for those parents who are themselves disabled. • Provision of advice which is consistent, achieved through multi-agency training programmes. 	LHBs NHS Trusts LAs	Within ten years
3.14	All pregnant women and their partners have access to parent education in their local areas, organised by an appropriately trained professional, and in a setting appropriate to their needs.	LHBs NHS Trusts	Within ten years

Designed for Life: Creating world class health and social care for Wales in the 21st century

<http://www.wales.nhs.uk/documents/designed-for-life-e.pdf>

The Health and Social Care Department published *Designed for Life*² in 2005, with the view to deliver a new and effective planning system for health and social care. *Designed for Life* sets out strategies to 'set the course for improved services to deliver better quality of life, providing a national counterpart to local Health, Social Care and Wellbeing Strategies'.

Presented in the document is 'Vision 2015': the ambition to: 'create world class healthcare and social services in a healthy, dynamic country by 2015'. This outlines the health and social care services the people of Wales can expect by 2015, and how they will be achieved. This will entail the creation of a framework of standards for high quality in every service provided. Continual improvement will be provided by a timeframe consisting of a series of three frameworks – 2005 to 2008, 2008 to 2011 and 2011 to 2014.

This document also presents the 'Policy Background', a useful overview of changes and achievements made in the period 2001 – 2005. During this time it is explained that a firm foundation was established for tackling long-term problems of health care in Wales by:

- creating a clear strategic direction for health and social care within the Welsh policy context, based on a twin-track approach
- initiating programmes of investment and modernisation
- delivering early but significant service improvements.

'Designed for Life' is an extremely useful resource, outlining the goals of the Welsh assembly for improving the health service whilst informing of the challenges and changes that lie ahead.

All Wales clinical pathway for normal labour

<http://www.wales.nhs.uk/sites/page.cfm?orgid=327&pid=5786>

What is the clinical pathway for normal labour?

A clinical pathway is a template or blueprint for a plan of care. It is a guide to usual treatment patterns, but does not compromise the need for clinical judgement.

The clinical pathway for normal labour provides support for midwives who wish to practice evidence-based clinical care of the highest standard with minimal unnecessary intervention. It also provides a framework to maximise the opportunity for women in Wales to experience normal childbirth. It is not intended to prevent clinicians from using their professional judgement in the way that they care for individual patients.

The pathway documents expected events in labour with references to the latest evidence available. Midwives are encouraged to use their clinical judgement and to document any variations from the anticipated path. The pathway is designed to be shared with women so that women are both included and informed.

Development of the Pathway

The *All Wales Clinical Pathway for Normal Labour*³ was developed by a multi-professional steering group, as a response to increasing levels of unnecessary intervention in normal labour. The project was supported by the Welsh Assembly Government through the funding of a midwife to co-ordinate the development and piloting of the Pathway.

Since April 2004 all NHS Trust in Wales have been using the Pathway when caring for low risk women in normal labour.

The Standing Committee

To ensure that the pathway is regularly updated a standing committee meet at least three times a year to review the document in light of new evidence. Any amendments to the documentation are made annually. The committee is comprised of midwifery representatives from all trusts as well as other interested parties.

Representatives are able to provide more information about the pathway and bring your suggestions and ideas to the regular meetings. The pathway needs to work for individual midwives and women so your input is valued.

RCOG: Safer Childbirth: Minimum standards for care in labour

<http://www.rcog.org.uk/index.asp?PageID=1168>

In October 2007 *Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour*⁴ was published by the Royal College of Obstetricians and Gynaecologists (RCOG). The report focuses on improving the safety and quality of maternity by; 'clearly setting out informed and considered views about the essential minimum staffing standards required to support women in labour and provide safe care for them and their babies', and is applicable to the whole UK.

Staffing roles and levels

The report acknowledges:

- 'the central role of midwives as autonomous practitioners of normal labour and birth, together with their role as partners with obstetricians, anaesthetists and paediatricians, in the care of women with complex and complicated labours'
- 'the importance of team working, as well the respective roles of midwives, obstetricians, anaesthetists, paediatricians, support staff and managers, as part of the local maternity care team'
- 'the increased involvement of consultant obstetricians on the labour ward in the care of women with complex or complicated pregnancies and in the supervision and education of medical staff'.

A number of factors which influence staffing levels and have serious implications for the service are identified and addressed in the report. These include:

- greater focus on woman-centred care
- an extension to the midwife's teaching role with multidisciplinary staff
- recruitment and retention crises in midwifery staffing
- changes in the experience of medical staffing at junior level
- demand for increasing consultant involvement in the labour ward.

The report emphasises that it is important to match resources and facilities with workload and states clearly that the proposals made by *Safer Childbirth*; 'can only be achieved if there is a considerable expansion in numbers of both midwifery and medical staff concerned with the care of women in labour'. It outlines minimum staffing and training requirements for midwives and doctors (presented below) while stressing that; 'additional staff over and above this will be needed in specific situations'.

Communication and multidisciplinary working

The need to improve communications and working relationships between healthcare professionals and multi-disciplinary teams, and improve communication between professionals and women, are key themes of the report. It recommends that; 'units should foster a team approach, based on mutual respect, a shared philosophy of care and a clear organisational structure for both midwives and medical staff, with explicit and transparent lines of communication.'

Governance structures and management

The report states that; a maternity network, which includes births at home, in midwifery units and in obstetric units, should have a common governance structure, including robust systems and clear guidelines for monitoring the safety, quality and performance of the maternity services and transfer arrangements within the network should problems arise.'

It also provides healthcare planners, unit managers and clinical directors with guidelines on which to base realistic costing of the maternity service. And identifies various quality and clinical effectiveness issues are identified, including clinical supervision and statutory supervision of midwives, and basic and continuing training of all staff. It recognises that; 'each provider will need to adapt the model suggested to achieve the standards in their own circumstances.'

Recommended minimum standards

Safer Childbirth makes the following baseline standard recommendations:

Standard 1: Organisation and documentation: *The organisation has a robust and transparent clinical governance framework which is applicable to each birth setting.*

Standard 2: Multidisciplinary working: *Effective multidisciplinary working is essential to the efficient delivery of the service.*

Standard 3: Communication: *Communication is a keystone of good clinical practice.*

Standard 4: Staffing levels: *Safe staffing levels of all professionals and support staff as recommended are maintained, reviewed and audited annually for each birth setting.*

Standard 5: Leadership: *There are clear role profiles for clinical leadership promoting good practice and multiprofessional communication.*

Standard 6: Core responsibilities: *Women in established labour receive one-to-one care from a midwife.*

Standard 7: Emergencies and transfers: *Each birth setting has protocols based on clinical, organisational and system needs.*

Standard 8: Training and education: *The organisation must ensure that all the professional staff have the opportunity and support for continuing professional development, including agreed mandatory education and training sessions.*

Standard 9: Environment and facilities: *Facilities in birth settings should be at an appropriate standard and take account of the woman's needs and the views of service users by being less clinical, non-threatening and more home like whenever possible.*

Standard 10: Outcomes: *All birth settings should audit childbirth outcomes, evaluating annually linked clinical care, any changes or trends.*

Implementation

Safer Childbirth is intended to be used to review the organisation of care in labour in all settings, and where necessary changes should be made to implement the report's recommendations. Providers of intrapartum care are expected to audit the outcome measures and standards recommended in the report, and publish them in the form of an annual report. This should include an evaluation of women's views of the care they received and should be made publicly available. Implementation of the standards will also be audited by The Royal Colleges, beginning in December 2009.

The report states that adoption and implementation of the staffing standards, facilities and governance structures made in *Safer Childbirth*; 'should help to ensure the best outcome for women and their babies regardless of the birth setting.'

NCT Comment

The NCT welcomes this report and its recommendations which, if implemented, would bring improvements to the safety of maternity care and quality of care, and great benefits to women, their children and families.

The emphasis placed on the need to invest in sufficient numbers of midwives and obstetricians is especially important and only if this takes place will the standards recommended by the report be

fully met. Also welcome is the recognition of the central role that consultant midwives play in; 'promoting normality in labour and underpinning provision of safe and effective care'.

Another particularly positive aspect is the recommendation that, amongst other important measures, 'normal births without interventions' should be audited and reported by each unit in all birth settings annually. This is also a recommendation of the *Normal Birth Consensus Statement*⁶ recently published by the Maternity Care Working Party in collaboration with the NCT. As recommended by the consensus statement, we would emphasise that a standard definition of normal labour and birth is necessary so that normal birth rates can be audited in all birth settings and compared with confidence, and across all four countries of the UK. Safer Childbirth's recommendation that; 'Women in established labour must receive individual one-to-one care from a midwife' will help promote and achieve greater levels of normality.

Standards for Maternity Care Report of a Working Group

<http://www.rcog.org.uk/resources/public/pdf/MATStandardsWPR0608.pdf>

Standards for Maternity Care Report of a Working Group⁶ was published on 2 July by the Royal College of Obstetricians and Gynaecologists (RCOG) with the Royal College of Midwives (RCM), the Royal College of Anaesthetists (RCA) and the Royal College of Paediatrics and Child Health (RCPCH). It is applicable across the UK.

The report contains 30 individual standards for care for the maternity care pathway from 'preconception' to the 'transition into parenthood' in one document. There are also standards on the organisation of services, including 'staffing' and 'maternity and neonatal networks', and on particular groups of women, such as 'needs'. The report emphasises that 'Each step of the pathway includes a mix of organisational and clinical standards which is needed to ensure comprehensive, seamless and high-quality care.'

The standards were developed from 50 original source documents which produced a database of 800 separate, often overlapping, standards. The working party combined similar standards from different sources to create a succinct, comprehensive set of standards. The standards for intrapartum care have been taken directly from *Safer Childbirth*⁴, published in 2007. Each standard is supported by audit indicators.

The Standards

It became apparent during this exercise that there are gaps in the pathway where published standards do not exist. As this document is constrained by existing standards, it was not possible to include standards in these areas. Stakeholders may wish to collaborate to develop additional standards for a complete pathway of care.

Some key standards in the document include:

Standard 5 – Maternity booking and planning of care:

Booking should take place over two visits in early pregnancy and women should have had their first full booking visit and hand held maternity record completed by 12 completed weeks of pregnancy.

Standard 6 – Pre-existing medical conditions in pregnancy:

Migrant women may be at risk from previously undiagnosed existing medical conditions. Clinicians should ensure that a comprehensive medical history has been taken at booking and, where appropriate, a full clinical assessment of their overall health, including a cardiovascular examination, is undertaken as soon as possible thereafter.

Standard 7 – Women with social needs:

Maternity services must have in place inter-agency arrangements (through clinical and local social services networks) including protocols for information sharing and a lead professional, to ensure that women from disadvantaged groups have adequate support and benefit from other agencies (such as housing) referring women, with consent to local maternity services.

Interpreting services should be provided for women where English is not their first language. Relatives should not act as interpreters. Funding must be made available for interpreting services in the community, especially in emergency or acute situations.

Standard 8 – Pre-existing and developing mental health conditions in pregnancy:

All pregnant women should be asked about any previous history of psychiatric disorder and/or family history of serious mental illness early in their pregnancy and provided with information on pregnancy and mental health which helps them to disclose and discuss mental health issues.

Women who require to be admitted to a psychiatric hospital following delivery should be admitted to a specialist psychiatric mother and baby unit.

Standard 9 - Antenatal screening:

All maternity care providers should ensure that where women request or decline services or treatment, their decision is respected and documented to avoid repetition.

Standard 10 – Routine antenatal care:

All women should be offered the support of a named midwife throughout pregnancy including those with complex pregnancies and those who receive care from a number of specialists or agencies. All women should be able to contact a midwife day or night at any stage in pregnancy if they have concerns.

Standard 11 - Pregnancy-related conditions:

Maternity services should comply with evidence-based guidelines (e.g. NICE, SIGN) for the provision of high-quality clinical care including the provision of antenatal, intrapartum and postpartum care, induction of labour and caesarean section.

Standard 12 - Intrapartum care:

The rationale for the standards in this section states: 'Promoting normal birth is an important philosophy of maternity care, with intervention only if necessary for the benefit of the mother or child. The principles of normality have been presented in the normal birth consensus statement developed by the Maternity Care Working Party and published by the National Childbirth Trust (NCT), RCOG and Royal College of Midwives.³ The All Wales Clinical Pathway for Normal Labour has been developed to reduce unnecessary intervention in normal labour and birth.⁴ The birth environment influences the birthing experience. The NCT has produced a tool for auditing the environment and resources available for women in labour.⁵'

Facilities in birth settings should be at an appropriate standard and take account of the woman's needs and the views of service users by being less clinical, non-threatening and more home-like whenever possible.

Standard 14 - Postnatal assessment and care of the mother:

A documented, individualised postnatal plan of care should be developed with the woman, ideally in the antenatal period or as soon as possible after birth. This should take into account relevant factors from the antenatal, intrapartum and immediate postnatal period details of the healthcare professionals involved in her care and that of her baby, including roles and contact details plans for the postnatal period including choice of place of care. This should be reviewed at each postnatal contact.

Shortly after birth an identified lead professional, normally the named midwife, should be responsible for reassessing individual needs and coordinating the postnatal care of all babies and women.

All professionals involved in the care of women immediately following childbirth should be able to distinguish normal emotional and psychological changes from significant mental health problems, and to refer women for support according to their needs.

Standard 15 - Supporting infant feeding:

Maternity services should adhere to the principles and work toward the recommendations of UNICEF/WHO Baby Friendly status.

Attention should be paid to facilitating an environment that supports skin-to-skin contact where possible. Skin-to-skin should last until after the first breastfeed or until the mother chooses to end it. Babies should remain with their mothers unless there is a medical indication not to.

All healthcare providers (hospitals and community) should have a written breastfeeding policy that is communicated to all staff and parents.

Standard 16 - Care of babies requiring additional support:

Any concerns expressed by the parents as to the wellbeing of the baby, or identified through clinical observations, should be assessed.

Particular support in breastfeeding should be provided for mothers who have had a multiple birth or have a premature or sick baby.

Parents of babies with identifiable medical or physical problems should receive timely and appropriate care and support in an appropriate environment.

Standard 17 - Care of babies born prematurely:

Managed maternity and neonatal care networks should include effective arrangements for managing the prompt transfer and treatment of women and their babies experiencing problems or complications.

Standard 18 - Promotion of healthy parent–infant relationships:

Maternity services should provide postnatal care to facilitate the transition to motherhood by making sure that ill health is prevented or detected and managed appropriately. Women and their partners should be supported to make a confident and effective transition to parenthood.

Standard 19 - Transition to parenthood:

The postnatal plan of care should be documented to identify and promote the health and wellbeing of the mother and her baby and plan for her continuing care and support needs. It should be reviewed at each postnatal contact.

Postnatal care should include provision of information to both mothers and fathers on infant care, parenting skills and accessing local community support groups.

Standard 20 - Supporting families who experience bereavement, pregnancy loss, stillbirth or early neonatal death:

Maternity care providers should ensure there are comprehensive, culturally sensitive, multidisciplinary policies, services and facilities for the management and support of families (and staff) who have experienced a maternal loss, early or mid pregnancy loss, stillbirth or neonatal death.

Standard 21 - Choice and appropriate care:

All pregnant women should be offered information on the full range of options available to them throughout pregnancy, birth and early parenthood, including locally available services, place of birth (including home birth), screening tests and types of antenatal and postnatal care.

The promotion of normality of childbirth should be integral to a quality maternity service but it is essential that recognition of the ill mother and infant is paramount.

Where women request or decline services or treatment, their decision should be respected.

Standard 22 – Communication:

Training on how to communicate information in an effective sensitive manner should be provided to all healthcare professionals.

Communication and information should be provided in a form that is accessible to pregnant women who have additional needs, such as those with physical, cognitive, or sensory disabilities.

Standard 26 - Development, implementation and review of local maternity services strategy:

The provision of maternity services should be based on an up-to-date assessment of the needs of the local population.

Maternity care providers and commissioners should ensure that the capacity of the midwife-led and home birth services are developed to meet the needs of the local population.

Maternity care providers and commissioners should ensure that maternity services develop the capacity for every woman to have a designated midwife to provide care for them when in established labour for 100% of the time.

In every area there should be an effective multidisciplinary maternity services forum such as a maternity services liaison committee (MSLC), where commissioners, providers and users of maternity services bring together their different perspectives in partnership to plan, monitor and improve local maternity services.

Maternity providers should arrange for staff to participate in and support the work of the MSLC and they should take account of the MSLC's advice in operating and delivering services.

Standard 30 – Staffing:

An experienced midwife (shift coordinator) should be available for each shift on the labour ward.

Maternity care providers and commissioners should ensure that maternity services develop the capacity for every woman to have a designated midwife to provide care for them when in established labour for 100% of the time.

NCT Comment

On the whole this document will be extremely useful and is genuinely comprehensive; there is much of value here. The standards for care, together with the audit indicators, should really help to drive up standards for women and families from all social backgrounds. We are delighted that the Normal Birth Consensus Statement and the NCT's Better Birth Environment work is referred to as the central rationale for the care standards for labour and birth.

Unfortunately the choice of words in relation to home birth is ambiguous and unhelpful. Women are entitled to have their baby at home and they should be supported even if health professionals feel that the level of risk is inappropriate. Risk is relative, and some women's priorities and values will mean that they choose not to go to hospital even when advised to do so. Health professionals should give clear, evidence-based information, including the extent of any additional risk, in a neutral, non-confrontational way. If parents feel supported even when professionals disagree with their decisions, there is likely to be greater trust and more opportunity for negotiation and reassessment if circumstances change.

We particularly welcome the standard on the need for all women to have had two antenatal care visits and their hand held maternity record completed by 12 completed weeks of pregnancy. We also appreciate the detailed focus on postnatal care, however, there is no recommended number of postnatal care consultations, nor a standard for how soon after discharge from hospital a mother should be visited at home by a midwife. Several of the audit standards for postnatal care are also weak. Unfortunately, there is a big gap in many areas between the agreed standards for postnatal care policy and practical implementation.

The working party noted that there were gaps where no standards had previously been written. One such gap that the NCT can identify is the lack of a standard on the information, support and communication needs for parents of a premature baby. The NCT leads a coalition of organisations working on the POPPY research project, funded by the Big Lottery Fund, due to report findings and recommendations on improving communication during 2009.

NICE Intrapartum Care Guideline

Care of healthy women and their babies during childbirth

<http://www.nice.org.uk/guidance/index.jsp?action=byID&r=true&o=11623>

The *Intrapartum care guideline*⁷ provides reviews of research evidence, concluding 'evidence statements' and recommendations on most aspects of the care of healthy women and their babies during labour and immediately after birth. The guideline is for England and Wales and will be considered for use in Northern Ireland. The guideline covers the care of healthy women in labour at term (37–42 weeks). It does not cover the care of women with more complex care needs, such as preterm labour, pre-eclampsia, diabetes, multiple pregnancy. The NCT welcomes many of the recommendations in the *Intrapartum care guideline*.

NICE has identified eight recommendations as priorities for implementation:

1. Communication
2. Support in labour
3. Normal labour
4. Planning place of birth
5. Coping with pain
6. Perineal care
7. Delay in the first stage of labour
8. Instrumental birth

In general, the NCT supports these recommendations as priorities for development of maternity care. We particularly welcome the positive emphasis on communication between women and their carers, and the recommendations on place of birth, support during labour and the use of water for pain relief, which is not currently made available to all women during labour. One to one support is necessary for women to be given practical help and emotional encouragement during labour.

Communication between women and healthcare professionals

The NCT feels that the new guidance on communication underpins the fundamental principle of woman-centred care, and we warmly welcome it. And that good communication should be supported by the provision of evidence-based written information tailored to the needs of the individual woman.

The guideline sets out in detail the importance of a warm welcome, asking women how they are feeling, knocking before entering a woman's room, encouraging her to adapt the environment to suit her needs, focusing on the woman rather than the technology or the documentation, and reassuring the woman that she may ring for help whenever, and as often, as she wishes.

Planning place of birth

The guidance states that women should be offered the choice of planning birth at home, in a midwife-led unit or in an obstetric unit. Women should be informed that the available information on planning place of birth is not of good quality, but suggests that among women who plan to give birth at home or in a midwife-led unit there is a higher likelihood of a normal birth, with less intervention.

The NCT has been actively involved in the development of the place of birth chapter in the guideline, submitting feedback, lobbying for a second consultation phase (which was granted) and finally making a complaint to NICE about the methodology used for the review of home birth, which has been 'partly upheld with regard to errors and ambiguities in the development process'. The non-executive directors of NICE who responded to the NCT complaint said, 'as the NCC-WCH CEMACH study was unable to control for confounders it appears, *prima facie* that this study should also have been excluded (from the review of evidence)'. The October 2007 issue of New Digest includes an NCT review on the safety of home birth which is significantly different from the NICE review. Despite the 'errors and ambiguities', there is broad general agreement that the available evidence comparing the safety of home birth with hospital birth for low-risk women is limited.

However, it is clear that giving birth in out-of-hospital settings is generally very safe for both mother and baby and we endorse the NICE recommendations.

Continuity of carer

Unfortunately continuity of care gets rather a mixed report from NICE. Team midwifery (defined as a group of midwives providing care and taking shared responsibility for a group of women from the antenatal, through intrapartum to the postnatal period) is not recommended as it is considered to be more expensive, and to have an excess of perinatal mortality, compared with standard maternity care. In addition, studies were of teams varying in size from 4-10 or more midwives and it remains unclear how responsibility was shared between the midwives within the teams. There were fewer medical interventions, with more spontaneous births and fewer episiotomies. Caseload midwifery on the other hand, possibly fares a little better. There is strong evidence that women were significantly more satisfied with their maternity care at all stages.

The NCT support the research recommendation that studies should be undertaken on the effects of caseload midwifery, particularly in the UK context, as continuity of carer is highly valued by women. We are concerned that PCTs may be deterred from implementing new ways of working aimed at providing continuity of carer.

Eating and drinking during labour

The NCT welcomes recommendations around freedom to eat and drink to appetite during labour:

Coping with pain in labour

The guideline covers a wide range of methods for coping with pain in labour, emphasising that women should be supported in their choice if they wish to use breathing and relaxing methods, massage, acupuncture, hypnosis and the playing of music.

The NCT particularly welcomes the recommendations on use of water for pain relief, and its identification as a priority for implementation.

We support the importance of informing women in advance of the possible side effects of opioids and epidural. The guideline says that before choosing epidural analgesia, women should be informed amongst other things that it provides the most effective pain relief, that it requires more intensive monitoring, is associated with a longer second stage and increased chance of an instrumental birth, though no increase in the length of the first stage of labour.

Interventions in labour The NCT welcomes the guidance on active management of labour, which has been controversial in terms of definition, application and outcomes:

'The package known as active management of labour (one-to-one continuous support; strict definition of established labour; early routine amniotomy; routine 2-hourly vaginal examination; oxytocin if labour becomes slow) should not be offered routinely'.

Immediate care of the newborn

Reiterating the recommendations made in the NICE Postnatal Care guideline published in July 2006, the guideline emphasises the importance of skin-to-skin contact between mother and child immediately after the birth, the need to avoid separation of a woman and her baby within the first hour of birth, and early initiation of breastfeeding ideally within 1 hour.

Third stage of labour

The guideline recommends active management of the third stage of labour but says that: *'Women at low risk of postpartum haemorrhage who request physiological management should be supported in their choice'* (p.183).

This is an important recognition that there are alternatives and that women's preferences should be respected.

NICE Antenatal Care Guideline

Routine care for the healthy pregnant woman (updated)

<http://www.nice.org.uk/CG006>

In March 2008 NICE published the updated *Antenatal care guideline*,⁸ which offers advice on the care that should be offered to women during their pregnancy. This advice is an update of the original document published in 2003, revising areas where new information has become available.

NICE recommends that midwives and doctors provide women with evidence-based information about a range of key issues such as the risks and benefits of screening tests and lifestyle advice so they can make decisions that are right for them and their baby.

The recommendations include:

- All women should be informed at the booking appointment about the importance of maintaining adequate vitamin D stores during pregnancy and whilst breastfeeding.
- Ideally screening for sickle cell diseases and thalassaemias should be offered to women as early in pregnancy as possible, ideally by 10 weeks.
- A screening test for Down's syndrome should be offered ideally between 11 weeks and before 14 weeks.
- Screening for gestational diabetes using risk factors is recommended in all women.

The Guideline includes advice about alcohol intake during pregnancy, which is consistent with the advice issued in 2007 by the UK Chief Medical Officers. The recommendations are:

- Pregnant women and women planning to become pregnant should be advised to avoid drinking alcohol in the first 3 months of pregnancy due to the increased risk of miscarriage.
- Women should be advised that if they choose to drink alcohol during pregnancy they should drink no more than 1-2 UK units once or twice a week. There is uncertainty about how much alcohol is safe to drink during pregnancy, but there is no evidence that this low level will do any harm to the unborn baby.
- Women should be advised not to get drunk or binge drink (drinking more than 7.5 UK units of alcohol on a single occasion) while pregnant because this can cause harm to the unborn baby.

NCT Comment

The NCT welcomes the publication of the updated NICE *Antenatal care guideline*. It will encourage evidence-based care provision and greater consistency of standards throughout England (and Wales).

We particularly welcome the strong emphasis that the updated *Antenatal care guideline* places on the promotion of informed-decision making. The guideline provides extremely positive recommendations about how women have the right to make choices about their care and screening options. It highlights the importance of women being provided with high quality, unbiased information, the opportunity to discuss and ask questions and sufficient time so that they are able to make fully informed-decisions.

NICE Diabetes in Pregnancy Guideline

Management of diabetes and its complications from pre-conception to the postnatal period

<http://www.nice.org.uk/guidance/index.jsp?action=byld&o=11626>

In March 2008 NICE published the *Diabetes in pregnancy guideline*,⁹ which provides clear and consistent advice to doctors and midwives on how to help women with diabetes manage their condition when they are preparing to conceive, after they have given birth and in the cycle towards their next pregnancy.

The guideline recommends that women with pre-existing diabetes should access specialist services prior to conception and be given advice on the importance of planning their pregnancy and be given advice on the importance of planning their pregnancy. The guideline also highlights the importance of providing information to women on staying healthy during pregnancy. This includes maintaining proper glycaemic control and taking folic acid. This will help minimise the risks of problems for women with diabetes so they have the best chance of a good outcome for themselves and their babies.

Key recommendations include:

- Women with diabetes who are planning to become pregnant should be informed that establishing good glycaemic control before conception and continuing this throughout pregnancy will reduce the risk of miscarriage, the baby having a malformation at birth, stillbirth and neonatal death.
- Women with diabetes who are planning to become pregnant should be offered pre-conception care and advice before discontinuing contraception.
- If it is safely achievable, women with diabetes should aim to keep fasting blood glucose between 3.5 and 5.9 mmol/l and 1-hour postprandial blood glucose below 7.8 mmol/l during pregnancy.
- Women with diabetes should be offered antenatal examination of the four-chamber view of the fetal heart and outflow tracts at 18-20 weeks.
- Babies of women with diabetes should be kept with their mothers immediately after birth unless there is a clinical complication or there are abnormal clinical signs that warrant admission for intensive or special care.
- Women who were diagnosed with gestational diabetes should be offered lifestyle advice (including weight control, diet and exercise) and offered a fasting plasma glucose measurement (but not an oral glucose tolerance test) at the 6-week postnatal check and annually thereafter.

NCT Comment

The NCT welcomed the publication of the *Diabetes in pregnancy guideline*. These guidelines will encourage evidence-based care provision and greater consistency of standards throughout England and Wales.

We believe that the *Diabetes in pregnancy guideline* offers valuable guidance to health professionals on how to help women manage their diabetes from before conception through to the period after they have given birth.

The challenge now is for the health service to implement the recommendations of these guidelines to promote good practice and provide women with the best possible care at such an important time in their lives.

Changes and closures of maternity services: Influencing the outcome of a reconfiguration

A maternity services reconfiguration is the process by which changes are made to the locations and the way in which maternity services are provided. These often take place as part of changes affecting a range of hospital and/or community health services in the area. Many maternity services reconfigurations involve reductions in the number of locations at which intrapartum services are provided. Medical services are usually centralised; a development that is unwelcome for local communities but which can also create new opportunities for midwife-led services, particularly birth centres. Financial pressures in general, as well as specific changes to training arrangements for junior doctors and the shortening of doctors' working hours, as set out in the European Working Time Directive and Modernising Medical Careers, have influenced this trend.

The NCT is concerned that many proposals for reconfiguration are not based on clear evidence that larger units with more specialist services are more effective in delivering care. Government policy in England now formally supports the principle that women and their partners have the right to choose the environment in which they give birth.

From the viewpoint of a local activist, a proposed reconfiguration should be seen as an opportunity to review services and deliver on the principles of a quality modern maternity service. The NCT believes that all women should have the option of giving birth at home, in a midwife-led unit or in a consultant-led unit if that is the environment she has chosen to give birth. This range of choices should be provided close enough to a woman's home to allow women and their families to have real access to these options. Government policy in Wales supports this: in 2002 a target of 10 per cent of all births should be at home was set for Wales.¹⁰ The Welsh NSF¹, published in 2005, also discusses the need to provide pregnant women with choice over place of birth. The benefits of midwife-led centres are discussed, with the NSF acknowledging that midwifery-led birth centres can provide 'a family-centred, less technologically intrusive service'

In addition to reviewing how well proposals will deliver on government commitments and on the principles of quality maternity services, there are particular challenges posed by reconfiguration, especially for those in remote locations or with marked travel distances to centralised services and for areas with a poor record in consulting fully with the public.

By becoming a member of NCT Active you can access a range of tools and resources which can help you influence the outcome of a reconfiguration. To register with NCT Active simply visit www.nct.org.uk/active. A Getting to know your issue: Activist's guide to reconfigurations of maternity services is a useful tool for anybody who is faced with a reconfiguration of their local maternity services and is available from the resources pages of NCT Active, the NCT's activist's network.

NHS Trusts are legally bound, under Section 11 of the Health and Social Care Act (2001), to involve and consult patients and the public in planning and decision making in relation to service provision and changes to services. You and your branch members can influence the future of local services if you work together and use your resources and influence effectively. If you would like to influence the outcome of a reconfiguration, getting involved in the consultation is one of the most important ways in which you can do so by expressing the concerns local service users may have about the proposals. A Getting Active: Activist's guide to getting involved in a consultation and a Getting Active: Activist's guide to writing a response to a consultation are useful tools and are available from the resources pages of NCT Active, the NCT's activist's network.

If you are facing possible changes and reconfigurations in your local area and would like further information to support you in taking action in relation to this, please email campaigns@nct.org.uk. We will point you to further resources and support and put you in touch with other contacts and campaigners.

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