



# Rep Pack

Scotland 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 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. You can also refer to NCT Active, the campaigners' network for helpful tips on how to campaign effectively. To find out more about NCT Active, please refer to page 32.

Last year has been a really exciting time for the NCT, and our reps in Scotland have been doing fantastic work. Despite many Maternity Service Liaison Committees (MSLCs) facing a lot of challenges there has been a number of campaigning successes. In January Independent Reconfiguration Panel ruled that Community Maternity Units at Inverclyde and Vale of Leven should remain open contrary to Health Board Greater Glasgow and Clyde's proposals to close them and concentrate birthing services in Paisley. In April of this year, we were alerted to the case of a 21 year old woman seven months pregnant and serving a two year Sentence in Cornton Vale prison in Scotland who was restrained during transfer to hospital and treated in an undignified fashion while receiving antenatal care. Following communications with the Scottish Prison Service and the company responsible for transferring the woman to receive antenatal care, we are assured that these agencies are working to change their protocols. In the future pregnant prisoners should not be restrained when undergoing treatment in hospital unless a risk assessment suggests this is unavoidable.

The new edition of the **NCT Maternity Services and Parenthood Information Directory Scotland** 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 10.

Please also refer to **Update Online**, the web site for NCT volunteers and specialist workers. If you are looking for NCT reviews of evidence, 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. You can refer to the Bulletin Board for useful messages about new training, research and other rep-related opportunities, as well as news, information about events, new resources and assistance requests.

### What do reps do?

If you haven't been an NCT activist for long or haven't registered as a rep 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 and children's services.

## What's new?

There have been some major new policy developments for Scottish maternity services recently. The **NHS Quality Improvement Scotland (QIS)** published Version 4 of the **Scottish Woman Held Maternity Record** in July and is now being used across Scotland. This is an exciting and innovative NHS Scotland development. Scotland is the first of the UK countries to have a single national unified handheld record for women during their maternity care. It is available on the NHSQIS website <http://www.nhshealthquality.org/nhsqis/3807.145.1023.html>. It comes in eight sections together with a training presentation, support leaflets in 10 languages, a FAQ and details of the background to the project.

The **Keeping Childbirth Natural and Dynamic (KCND)** website was also launched in July by the Scottish Government <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/nursing/naturalchildbirth>. This programme endorses the promotion of pregnancy and childbirth as normal life events, advocating woman centred care, with services and care tailored to need. They recommend community focussed, midwife led care for healthy women experiencing uncomplicated pregnancies, and multidisciplinary maternity team care for women that need it. There will be a consultation on the pathways for KCND starting in July and lasting for three months which the NCT will be submitting a response to.

The **Routine Examination of the Newborn best practice statement (BPS)** was originally published in 2004. NHS QIS has a commitment to review BPSs every three years, and in 2007 it was decided that the Routine Examination of the Newborn required updating. The updated version was published in May 2008. What is more, NHS QIS is also recently revised **The Maternal History Taking BPS**, this is crucial as good history taking with risk and needs assessment is the foundation on which high quality maternity care is built. It was published in late August 2008.

The final report of the **Perinatal Collaborative Transport Study (CoTs)** was published in July 2008 by NHS Quality Improvement Scotland (NHS QIS). The report examines the number, circumstances and processes used to transfer women from one maternity unit to another. This is known as an in-utero transfer (IUTs). The report calls for Scotland to examine whether a national service to co-ordinate the transfer of pregnant women who are in labour or close to giving birth should be established.

**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.

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'.

NICE published the **Intrapartum care guideline** in Autumn 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.

***The Information Directory Scotland*** has the references and online links to these documents.

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 maternity services liaison committee (MSLC)
- a labour ward committee or intrapartum group
- a health board
- a community health partnership
- 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 judgement 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 MSPs. 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 every three years 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;
- an electronic Bulletin Board containing news and information about events and consultation opportunities etc, weekly;
- regular Current Awareness Bulletins listing new research studies;
- 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); and Journal Club
- contact with experienced reps and with staff who can support you.

### **How MSLCs and other committees work**

MSLCs usually meet every 2-3 months during the day, with meetings lasting a few hours. Two thirds or more of the committee are health professionals such as consultant obstetricians and directors of midwifery, while user representatives, such as NCT reps, complete the group. Other types of committees and groups that user reps may be members of will have varying structures and meeting formats.

### **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 local 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](mailto: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<br><b>Rep Supporter</b>                                    | <a href="mailto:michelle@greenallevans.fsnet.co.uk">michelle@greenallevans.fsnet.co.uk</a><br>01206 392 909      |
| MSLCs – related (including chairing MSLCs)  | Hilary Schmidt-Hansen<br><b>Rep Supporter</b>                             | <a href="mailto:Hilary@thegable.spacomputers.com">Hilary@thegable.spacomputers.com</a><br>01789 731246           |
| MSLCs for new reps, rep expenses and general queries about being a user rep   | Roxanne Chamberlain<br><b>Rep Supporter</b>                               | <a href="mailto:roxanne@tusker.co.uk">roxanne@tusker.co.uk</a><br>01708 224 830                                  |
| MSLCs, dealing with trusts and hospital staff, maternity service reviews  | Mitch Crossingham<br><b>Rep Supporter</b>                                 | <a href="mailto:mitch@crossingham.co.uk">mitch@crossingham.co.uk</a><br>0117 373 8442                            |
| General Help and Support for reps   | Gail McConnell<br><b>Rep Supporter</b>                                    | <a href="mailto:gail@mcconnellham.com">gail@mcconnellham.com</a><br>01707 872159                                 |
| Breastfeeding - <i>Scotland</i>   | Laura Joffe<br><b>Rep Supporter</b>                                       | <a href="mailto:nctlaura@googlemail.com">nctlaura@googlemail.com</a><br>01314 769 228                            |
| Modernising medical careers, General Practice, Medical Education, Reconfiguration – <i>Scotland</i> , QIS Standards ( <i>Scotland</i> )         | Morag Martindale<br><b>Rep Panel Chair &amp; Rep Supporter</b>            | <a href="mailto:Morag.Martindale@btinternet.com">Morag.Martindale@btinternet.com</a>                             |
| Healthcare Commission Enquiries   | Susan Treacy<br><b>Rep Supporter</b>                                      | <a href="mailto:susantreacy1@aol.com">susantreacy1@aol.com</a><br>01902 341853                                   |
| Labour Ward Forums, Better Birth Environment, <i>Wales</i> -specific queries  | Marilyn Wills<br><b>Rep Supporter</b>                                     | <a href="mailto:marilynwills@yahoo.co.uk">marilynwills@yahoo.co.uk</a><br>029 2084 2197                          |
| European Working Time Directive, Birth Rate Plus, Reconfigurations in <i>Scotland</i> , <i>Scotland</i> - specific queries, KCND, Breastfeeding | Cynthia Clarkson<br><b>Rep Supporter</b>                                  | <a href="mailto:cynthia.clarkson@virgin.net">cynthia.clarkson@virgin.net</a><br>0131 447 2248                    |
| Evidence-based research   | Gill Gyte<br><b>Rep Supporter</b>   | <a href="mailto:GGyte@cochrane.co.uk">GGyte@cochrane.co.uk</a><br>01253 884529                                   |
| Birth Centres / Midwife-led Units and Closures and Reconfigurations   | Richard Hallett<br><b>Rep Supporter and Special Interest Co-ordinator</b> | <a href="mailto:richardhallett@wrens-nest.fsnet.co.uk">richardhallett@wrens-nest.fsnet.co.uk</a><br>07831 116767 |
| Caesarean Birth / VBAC  | Debbie Chippington<br>Derrick<br><b>Special Interest Co-ordinator</b>     | <a href="mailto:debbie@chippingtonderrick.co.uk">debbie@chippingtonderrick.co.uk</a><br>01276 510 575            |
| Caesarean Birth / VBAC  | Gina Lowdon<br><b>Special Interest Co-ordinator</b>                       | <a href="mailto:gina@caesarean.org.uk">gina@caesarean.org.uk</a><br>01256 704 871<br>calls 7pm – 9pm only please |

|   |   |   |
|---|---|---|
| Caesarean Birth / VBAC  | Jenny Lesley<br><b>Special Interest Co-ordinator</b>      | <a href="mailto:jenny@thelesleys.co.uk">jenny@thelesleys.co.uk</a><br>01773 880 780       |
| Caesarean Birth / VBAC  | Fiona Barlow<br><b>Special Interest Co-ordinator</b>      | <a href="mailto:fionabarlow@lineone.net">fionabarlow@lineone.net</a><br>020 8393 4737     |
| Pre-term babies   | Lesley Taylor<br><b>Special Interest Co-ordinator</b>     | <a href="mailto:lesleytaylor@hotmail.com">lesleytaylor@hotmail.com</a><br>01509 213 550   |
| Postnatal Depression  | Liz Wise<br><b>Special Interest Co-ordinator</b>          | <a href="mailto:lwise@onetel.com">lwise@onetel.com</a><br>01483 454 789                   |
| Breastfeeding Special Situations Coordinator  | Hazel Barry<br><b>Special Interest Co-ordinator</b>       | <a href="mailto:jemthbarry@yahoo.co.uk">jemthbarry@yahoo.co.uk</a><br>01915 670 251       |
| Lone Parents  | Caroline Scofield<br><b>Special Interest Co-ordinator</b> | <a href="mailto:carolines9824@yahoo.co.uk">carolines9824@yahoo.co.uk</a><br>07792 082 759 |
| Please update Gail about significant developments in relation to your local maternity services. | Gail Werkmeister<br><b>NCT President</b>                  | <a href="mailto:werkmail@aol.com">werkmail@aol.com</a>                                    |

## Staff contacts

| Position and name  | Contact for.....  | Contact details  |
|--|---|--|
| <b>Librarian and Information Officer</b><br>Lynn Balmforth     | Information and library-related enquiries including policies, briefings and other NCT publications, statistics, journal articles, searches. | <a href="mailto:l_balmforth@nct.org.uk">l_balmforth@nct.org.uk</a><br>020 8752 2315      |
| <b>Policy Research Officer</b><br>Lisa Cunningham              | Bulletin Board, Consultations, Journal Club, Reps and ReNs.   | <a href="mailto:l_cunningham@nct.org.uk">l_cunningham@nct.org.uk</a><br>020 8752 2385    |
| <b>Campaigns Officer</b><br>Position vacant                    | Closure & reconfiguration campaigns and other local campaigns   | <a href="mailto:campaigns@nct.org.uk">campaigns@nct.org.uk</a><br>020 8752 2332          |
| <b>Membership Department</b>                                   | Enquiries regarding your membership   | <a href="mailto:membership@nct.org.uk">membership@nct.org.uk</a><br>0208 7522400         |
| <b>Branch Support</b>  | Branch-related queries.   | <a href="mailto:branchsupport@nct.org.uk">branchsupport@nct.org.uk</a><br>0208 7522312   |
| <b>NCT Enquiry Team</b>  | General enquiries and support if you don't know whom you should contact.  | <a href="mailto:enquiries@nct.org.uk">enquiries@nct.org.uk</a><br>0300 33 00770          |
| <b>Scottish Community Development Worker</b><br>Barbara Purdie | Information about local activities and contacts in Scotland, - branch and health professional.  | <a href="mailto:b_purdie@nct.org.uk">b_purdie@nct.org.uk</a><br>01506 823406 (Mon – Thu) |

## Information and training

### The NCT Library & Information Service (NCTLIS)

The NCT Library and Information Service (NCTLIS) is a small, specialist service. Its 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
- Book loans
- 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](mailto:library@national-childbirth-trust.co.uk) or [l\\_balmforth@nct.org.uk](mailto: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 by telephone when you want it to.
- 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](mailto: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](mailto:l_cunningham@nct.org.uk), tel: 0208 7522385. For information about the other training sessions email: [policyresearch@nct.org.uk](mailto: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/](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_announce/)

[http://groups.yahoo.com/group/nct\\_weekly/](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/](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 NCT regions in the UK, in addition to a specific E-group for Wales, offering regional information sharing and discussion. You can contact your Regional Coordinator for more information.

**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](mailto:groupname@yahoogroups.com)  
For example, to send a message to the reps group, send an email to: [nct\\_reps@yahoogroups.com](mailto: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/](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](mailto:groupname-unsubscribe@yahoogroups.com)  
For example, to leave the Newsletter Editors' group, send a blank e-mail to: [nct\\_reps-unsubscribe@yahoogroups.com](mailto:nct_reps-unsubscribe@yahoogroups.com)

## User Involvement – A quick guide

Many of you will represent the NCT by sitting on a Maternity Services Liaison Committee (MSLC).

*A framework for maternity services in Scotland*,<sup>1</sup> published in February 2001, states “Maternity Services Liaison Committees should make sure that women’s views are recognised and reflected in the planning, provision and auditing of services,” and “NHS boards should provide education and training in consumer participation of lay/user representatives on Maternity Services Liaison Committees.”

*Implementing a framework for maternity services in Scotland*,<sup>2</sup> published in January 2003, states, “All NHS Board areas should now have in place a Maternity Services Liaison Committee. The role of Maternity Services Liaison Committees should be strengthened.”

### The National MSLC Website:

[www.mslc.org.uk](http://www.mslc.org.uk)

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. 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 [I\\_cunningham@nct.org.uk](mailto:I_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 committees 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](http://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](http://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 – Scotland

In the following pages we have provided information on 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 Scotland

In order to be an effective user representative it is helpful to understand how the NHS functions and is structured. This section includes useful resources and websites to refer to on the NHS in Scotland and the UK.

### The structure of the NHS in Scotland

Since devolution, ultimate responsibility for the NHS in Scotland, called NHSScotland, has been with Holyrood, the Scottish Parliament.

#### *The Scottish Government Health Directorates*

The Scottish Government Health Directorates have strategic responsibility for NHSScotland as well as directing and implementing health and community care policy. They provide the statutory and financial framework and hold NHSScotland to account for its performance.

#### *Special health boards*

Seven special health boards provide services nationally, they are:

- National Waiting Times Centre – aims to reduce waiting times
- NHS 24 – provides 24-hour telephone access
- NHS Education for Scotland – trains NHSScotland's workforce
- NHS Quality Improvement Scotland – monitors, reports and advises on standards
- Scottish Ambulance Service
- State Hospitals Board for Scotland – cares for mentally ill patients requiring secure accommodation.
- NHS Health Scotland – Scotland's health improvement agency

#### *NHS boards*

NHSScotland abolished trusts in 2004 in favour of a more local system. Currently 14 NHS boards both plan and provide services and concentrate on strategic leadership and performance management across the local NHS. There is not the sharp distinction between purchasers and providers that exists in the English NHS, so there is no internal market or commissioning in healthcare in Scotland.

#### *Community health partnerships*

CHPs were set up in April 2005 to manage primary and community health services and replace the 79 local healthcare co-operatives. There are 41 in total, and every board has at least one. CHPs forge partnerships with local authorities and the voluntary sector.

## **Strategy and policy**

There are some distinct features of the NHS in Scotland compared to England. For example, NHSScotland has explicitly rejected the internal market in the NHS.

On coming to power in 2007 the Scottish National Party (SNP) adopted five core strategic objectives, one of which was 'Help people to sustain and improve their health, especially in disadvantage communities, ensuring better, local and faster access to health care.' Although the SNP, when in opposition, supported the *2005 Kerr Report*<sup>14</sup> – which underpinned the previous Labour-led administration's health policy – and says it continues to do so, it has struck out in some different directions from the previous administration. These include proposed scrutiny of service reconfigurations by an independent panel which has a general presumption against centralisation, proposed direct elections to NHS boards, and opposition to the private sector competing with the NHS. The SNP have also published a new health strategy, *Better health, better care*<sup>15</sup> where great emphasis is put on seeing the public and staff as partners. The paper promises not to change the funding model from public ownership and therefore has distanced Scotland further from market orientated funding models. 'Co-operation and collaboration' are to be NHSScotland's guiding principles.

## Scottish Woman Held Maternity Record

The **NHS Quality Improvement Scotland (QIS)** published Version 4 of the **Scottish Woman Held Maternity Record** in July 2008 and it is now being used across Scotland. This is an exciting and innovative NHS Scotland development. Scotland is the first of the UK countries to have a single national unified handheld record for women during their maternity care. It is available on the NHSQIS website <http://www.nhshealthquality.org/nhsqis/3807.145.1023.html>. It comes in eight sections together with a training presentation, support leaflets in 10 languages, a FAQ and details of the background to the project.

The Scottish Woman-Held Maternity Record was developed as part of the implementation of *A framework for maternity services in Scotland*<sup>1</sup> with core funds from the Chief Nursing Officer. The project group which developed it had representation from all major disciplines connected with maternity care including GPs and other professionals in primary care, midwifery, obstetrics and gynaecology, pregnancy and newborn screening, and other specialist medical groups, in addition to groups concerned with data and data systems, and relevant charities and voluntary groups. The final record was produced after wide and very supportive consultation with lay and professional stakeholders.

This record supports a more uniform approach to maternity care in Scotland, and facilitates standardised information collection and documentation. It supports multidisciplinary working and communication of the highest quality. National uptake will promote a seamless delivery of maternity care, regardless of geography, through the sharing of relevant information. Its woman-centred, holistic approach promotes pregnancy and childbirth as normal events.

## Keeping Childbirth Natural and Dynamic (KCND)

<http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/nursing/naturalchildbirth>

The ***Keeping Childbirth Natural and Dynamic (KCND)*** website was launched in July by the Scottish Government. This will be a key tool in pushing forward the KCND agenda.

Since the *Framework for Maternity Services in Scotland*<sup>1</sup> report the maternity policy trend in Scotland has been that pregnancy and childbirth are normal life events. This document and the *Report of the Expert Group on Maternity Services*<sup>2</sup> promoted woman centred care, with individualised services delivered in the community where possible, or with a multidisciplinary team for more complicated pregnancies. NHS Scotland's Action Plan, *Better Health, Better Care*,<sup>3</sup> published last year, makes specific reference to KCND these objectives, and gives targets to NHS boards. The *Keeping Childbirth Natural and Dynamic (KCND)* programme was established in 2007 to push these principles forward.

KCND aims to maximise opportunities for women to have as natural a birth experience as possible, through: providing evidence based care; reducing unnecessary intervention; ensuring informed choice; and developing multiprofessional care pathways. Key objectives are to support the following at NHS Board level:

- Implementation of national referral criteria and care pathways.
- Implementation of the midwife as the first point of professional contact in pregnancy.
- Implementation of the lead maternity professional based on risk.
- Implementation of normal birth pathways regardless of birth setting.

KCND is in keeping with wider UK policy and shares many key principles with *Maternity Matters*,<sup>4</sup> the latest policy document from the Department of Health on maternity services, which is applicable to England and Wales.

While there has been significant progress made towards implementing this policy, but specific key principles are still to be achieved in some Boards. Examples include, positioning the midwife as the lead professional for the majority of low risk women, or ensuring a normal birth pathway for healthy women regardless of birth setting. The launch of the website will be a key tool to implementing KCND across all NHS Boards.

## **Routine Examination of the Newborn Best practice statement**

<http://www.nhshealthquality.org/nhsqis/4273.html>

The ***Routine Examination of the Newborn best practice statement***<sup>5</sup> (BPS) was originally published in 2004. NHS QIS has a commitment to review BPSs every three years, and in 2007 it was decided that the Routine Examination of the Newborn required updating. The updated version was published in May 2008.<sup>6</sup>

The aim of the statement is to offer guidelines for all registered maternity care professionals undertaking the routine examination of newborn babies.

During the review process an audit tool was also developed and is an appendix of the current BPS. It is designed to support registered maternity care professionals and organisations who would like to audit current practice.

As follow on work from the 2004 edition of the best practice statement the Scottish Multiprofessional Maternity Development Programme (SMMDP) has developed a training programme for the preparation of all registered maternity care professionals who wish to undertake this additional activity as part of their holistic care of women and babies.

The best practice statements on the routine examination of the newborn have recommended that midwives' role be extended to include this responsibility, which the Royal College of Midwives (RCM) endorses.

## Maternal History Taking Best practice statement

<http://www.nhshealthquality.org/nhsqis/files/Maternal%20History%20Taking%20-%20final%20pdf%202008.pdf>

Like the Routine examination of the newborn BPS, the **Maternal history taking BPS** was originally published in 2004.<sup>7</sup> At the review stage in 2007, the group agreed that there was a need to update the BPS and it was published in 2008 to reflect current best practice.<sup>8</sup>

As well as updating the original four sections of the best practice statement (who, where, when and how) with recent evidence-based literature, the group also included two new sections to the 2008 BPS.

Section five is a 'what' section which identifies the core elements to be included in the maternal history taking appointment and provides information to support the Scottish Woman Held Maternity Record (see page 19).

Section six focuses on women who may receive an inequitable service and raises the awareness of the possible impact of health and social inequalities on women and their families.

## Perinatal Collaborative Transport Study

<http://www.nhshealthquality.org/nhsqis/4483.html>

The final report of the *Perinatal Collaborative Transport Study* (CoTs)<sup>9</sup> was published in July 2008 by NHS Quality Improvement Scotland (NHS QIS). The report examines the number, circumstances and processes used to transfer women from one maternity unit to another, known as an in-utero transfer (IUTs).

### Key findings

There were 599 IUTs during the six month research period, which is approximately two per cent of all births annually. Approximately three quarters, 72 per cent (n=434), of transfers were from CMUs to Consultant Led Units (CLUs) and 28 per cent (n=165) between CLUs, including 14.3 per cent (n=86) between tertiary units.

The primary decision given for transfers between tertiary units was a lack of staffed newborn intensive care cots. Tertiary units were frequently unable to accept referrals from other units. The number of refused transfers ranged from 24 to 62 per cent.

A total of 34 women (5.7%) were transferred passed their nearest tertiary unit. There is concern, therefore, that some women were transferred to units other than the one closest to them, others were transferred between tertiary units and that the unit themselves were frequently unable to accept new admissions. A lack of staff may be leading to a lack of availability of staffed newborn intensive care cots in neonatal units.

The vast majority (94%) of CMU transfers followed agreed pathways of care. The vast majority of transfers are conducted in the right way, with decisions being made by the appropriate clinician and transport organised in the correct fashion. The process of arranging a transfer, however, can involve multiple phone calls, involving a range of staff in the decision. National co-ordination would streamline this process and clinicians time would be freed up.

### Recommendations

The primary recommendations of the report are:

- Establish the exact reason why, when unit occupancy was less than 70 per cent or between 70 and 100 per cent, staffed neonatal units were unavailable.
- There should be a review of staffing levels by unit to ensure that staffed cots are available in all neonatal units throughout Scotland and that no neonatal units remain 'closed' in breach of agreed acceptable levels.

The following recommendations of the CoTs report aim to improve all aspects of IUTs in Scotland.

- Establish the feasibility of identifying and introducing rapid bedside testing to predict and/or establish the existence of premature labour.
- Forthcoming guidance, British Association of Perinatal Medicine Guidelines, for IUTs should be considered for national implementation and any outstanding anomalies investigated further.
- The feasibility of establishing a safe and reliable 24-hour national service for the co-ordination and undertaking of IUTs should be established.
- All IUTs should be recorded on a national database. Regular analysis both nationally and regionally should be undertaken with feedback to individual and networking units.

- National guidance should be developed that clearly defines the most appropriate level of seniority for obstetricians, neonatologists, midwives and neonatal nurses who may be involved in the decision making associated with IUTs.
- As part of a wider examination of the method of transfer, the reason for women being transported in private vehicles should be established. The level of support required from healthcare staff during the journey should also be considered. This work should be undertaken in conjunction with the Scottish Ambulance Service. The need for guidance on who should accompany women during transfer irrespective of labour status should also be considered.
- Monitoring of outcomes associated with specialist neonatal and obstetric units, including emergency caesarean section rates, should be routinely carried out throughout Scotland in relation to IUTs.
- The forthcoming report of the financial, practical and emotional implications of IUTs on families should be considered on publication.

### **NCT Comment**

It is vital to have reliable evidence on the practice and performance of the maternity services to inform planning for quality improvement. The new CoTs report on in-utero transfers of mothers and babies in Scotland provides highly relevant information that should be acted on.

It is important and reassuring to note that in almost all of the transfers to obstetric units from community maternity units decision making and transfer arrangements were appropriate and uncomplicated. As these kind of transfers account for three quarters of all un-utero transfers, they are an important group.

We were however concerned to hear that almost 21 per cent (34/165) of all pregnant women who were transferred between obstetric units or tertiary level units, who needed access to a tertiary level unit, could not be admitted to their nearest tertiary unit, and that this was most frequently due to inadequate staffing levels. Having a baby in intensive care is always a traumatic experience for parents, made all the more challenging if they are in a unit that have not visited before the birth and are far from home.

The NCT believes that clear national guidance needs to be developed and implemented on the way that women are transported when in labour. Women should not be adversely impacted if a transfer is required. We would like the reasons for women to be transported in private vehicles to be clearly set out and procedures to ensure women receive the best standard of care, are not left alone, and are accompanied by a health professional they know and trust – preferably the midwife that has cared for them throughout their pregnancy – is with them during the whole transfer period.

We support the reports recommendations and urge the Scottish Government Maternity Services Action Group and their neonatal sub group to respond to them.

## 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 Group**<sup>10</sup> 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*<sup>11</sup>, 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.<sup>3</sup> The All Wales Clinical Pathway for Normal Labour has been developed to reduce unnecessary intervention in normal labour and birth.<sup>4</sup> The birth environment influences the birthing experience. The NCT has produced a tool for auditing the environment and resources available for women in labour.<sup>5</sup>

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, introduced in *Maternity Matters*, 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.

# Safer Childbirth: Minimum Standards for the Organisation and Delivery of 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*<sup>12</sup> 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*<sup>13</sup> 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.

## Changes and closures of maternity services

A maternity services reconfiguration is the process by which changes are made to the locations and the way in which maternity services are provided, and reps are often the first people in the NCT to hear about these because they are local. 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 (particularly rural 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.

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. 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.

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](http://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.

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