

Maternity OGIM - 2021

Why change is needed

- Better Births (2016), report of the national maternity review found that despite the increase in the number of births and the increasing complexity of cases, the quality and outcomes of maternity services have improved significantly over the last decade. However, the quality of clinical and emotional outcomes for pregnant people and their families in the UK continues to lag behind those seen in many other developed countries.
 - Stillbirths and / or neonatal deaths are less common than previously, but the need for further improvements to the quality of maternity care has been highlighted by studies showing that:
 - Deficiencies in care are present in at least half of term, singleton normally formed antepartum stillbirths.
 - 76% of babies experiencing major adverse outcomes during labour at term might have had a different outcome with higher quality care
 - There is clear evidence of unwarranted variation in stillbirth rates across the country even when controlling for deprivation and other confounding factors
 - While perinatal and maternal mortality rates appear to have fallen over the last decade, the rates of improvement have 'stalled' over the last 2-3 years
- The population has significant widening health inequalities which have been highlighted in the Due North Health Inequality report (Whitehead, 2014)). Disadvantaged groups are disproportionately affected by health inequalities, with economically deprived and socially vulnerable groups being at higher risk. 7% of parents to be booking in pregnancy are recorded as having complex social circumstances, for example, the North East has a higher-than-average teenage pregnancy rate and has the highest rates of smoking in pregnancy (16.1% opposed to 10.7% in England) (PHE, 2018). Pregnancy provides an excellent opportunity to support parents and their families to make and sustain better health choices which will positively impact on pregnancy outcome, and the current and future health of the parent. Currently in County Durham we have a disproportionate number of unborns and babies under 1 year of age who are subject to statutory services and who require a Child Protection Plan (CPP) and a disproportionate number of such children then becoming children looked after.
- Breastfeeding is a major contributor to public health. It has an important role in the prevention of illness and reducing health inequalities. If sustained for the first six months of life, breastfeeding can make a major contribution to an infant's health, wellbeing and development and is also associated with better health outcomes for the parent. Improving breastfeeding rates forms part of key national drivers in child health and is highlighted in numerous government policy documents, supported by the evidence (UNICEF, 2018). Across the region 59% of women initiate breastfeeding following delivery compared to 74.5% in other parts of England. Breastfeeding rates reduce quickly up to 6 weeks post-delivery. Supporting women to Breastfeed for longer will have a positive impact on health and well-being across County Durham and Darlington.
- The 2020 Donna Ockenden published her first report of the independent review into maternity services at the Shrewsbury and Telford Hospital NHS Trust which carried a number of "must do" actions for all Trusts around patient safety

Objectives

By end of 2021

- Put in place the building blocks by March 2022 so that continuity of carer is the default model of care offered to all parents by March 2023, We will ensure parents are provided a choice of place of birth including a midwifery led unit / pathway.
- We will implement the Ockenden (part 1) recommendations in full
- We will work as a system to identify early interventions to support the public health agenda in the maternity pathway e.g. stopping smoking
- We will build on the existing maternity voices partnership and other engagement avenues to drive a co - produced service.
- We will continue to work to reduce health inequalities through supporting safe maternity care and the prevention work wrapped around this e.g. mapping under ones pathway
- We will work as a system to identify vulnerable unborn babies and babies under 1 year at the earliest opportunity and provide the best possible coordinated help and support to parents to care for their babies safely. Where they are unable to a timely and robust safeguarding response is in place.

By 2025

- Continue to support Trusts to reduce still birth, neonatal and maternal death by 50% ensuring all elements of Saving Babies Lives Care Bundle version 2 are in place.
- We will continue to address new health inequalities and transformation challenges as the present to maximise the service for our local families.

Goals

Implementing the Better Births Vision, especially for vulnerable groups of parents in our region, will improve pregnancy outcomes. Providers and commissioners operating as Local Maternity Systems, with the aim of ensuring that parents, babies, and families are able to access the services they need as close to home as possible, provides the opportunity to bridge the widening health inequality gap.

The quality of care and clinical/emotional outcomes for parents and their families in County Durham and Darlington will be at least equivalent to, or even better than, those seen in the rest of the UK. The maternity service will collaborate with parents and their families to continuously improve maternity services by supporting and further developing the voice of parents via the Maternity Voices Partnership (MVP).

The maternity service will deliver a robust governance framework including working closely with the clinical networks to allow for shared learning following serious incidents, working closely with HSIB, and striving to improve clinical outcomes from acute and community care. Key performance indicators will be met in all areas including screening and child health to ensure quality assurance. The maternity service will support, develop, and empower a workforce; that is in readiness for a safe, quality, objective and proactive service of the future.

As the provider and commissioners of the maternity service we will work collaboratively to deliver the maternity transformation programme including striving to book the majority of parents onto a Continuity of Carer pathway which will allow parents and their families to establish a trusting relationship with their healthcare professional who will have effective oversight of their care. This will improve safety, clinical outcomes as well as better experience of their pregnancy journey. In addition to the drive for continuity of carer the organisation will meet the majority of the digital challenges by procuring and empowering staff and users to utilise an electronic end to end patient record.

Better Births recognise that care in the postnatal period is equally important as during pregnancy and birth and we improve this service to ensure a personalised plan for parents which transfers smoothly between other disciplines. It is important to ensure that the return to physical health is supported appropriately and that clear pathways for referral are in place if follow up is required. By 2024 postnatal physiotherapy will be offered to all parents if physical complications because of birth are experienced within County Durham and Darlington.

- The maternity system has pledged to improve the health, wellbeing and safety of the population by setting the following public health ambitions for parents and their babies of County Durham.
- Reduce tobacco dependency in pregnancy.
- Increase vaccination uptake in pregnancy.
- Improve perinatal mental health; including mental health assessment, recognition of antenatal anxieties, fulminating deterioration and acute events and in collaboration with the region present pathways to support all levels of mental health needs.
- Reduce alcohol consumption in pregnancy.
- Increase breastfeeding at initiation and at 6-8 weeks, have an accredited Infant feeding strategy (Baby Friendly Initiative).
- Improve management of obesity and promote healthy weight in pregnancy.
- Increase in Making Every Contact Count.

COVID - 19

- The five nationally mandated Healthy Child Programme contacts for Health Visiting have been consistently delivered throughout Covid and continue to be delivered, with the use of virtual contact where risk assessment indicates this is appropriate. From 1st June 2021, the 0-25 Family Health Service team commenced the local plan to return to Business As Usual (BAU) from 1st September 2021
- In relation to Maternity all services have moved back to pre-COVID status, other than visiting – which is permitted on the basis of a negative Covid result. The same applies with partner attendance at scans.
- The only other minor disruption is parentcraft classes, which remain online due to social distancing requirements. This will be reviewed summer 2021
- Local maternity service is supporting covid vaccination programme to pregnant people, alongside existing flu , during antenatal visits

Triple Aim Outcome Measures

Health Outcomes	Patient Experience Outcomes	Workforce Outcomes
Rate of stillbirth reduced	% Recommending based on friends and family test feedback increased	Satisfaction scores from maternity services up
Rate of unplanned neonatal admissions reduced	% of people delivering in preferred place up	Staff turnover rate in maternity services down
% of people smoking at point of delivery reduced Breastfeeding rates at 6-8 weeks post-partum increased	% of people with same midwife throughout pregnancy, delivery and post-natal care up	Sickness absence rates in maternity services down

Initiatives

Project Gantt Chart	20/21	21/22	22/23	23/24	24/25	BRAG
1. Health Inequalities						
Implement an enhanced and targeted continuity of carer model, ensuring that by 2024, 75% of pregnant people from County Durham will receive continuity of care.						
Increase breastfeeding rates to achieve greater or equivalent to rest of England by 2025.						
Implement the five elements of the Saving Babies' Lives care bundle.						
2. Health Behaviours (Alcohol, Tobacco, Nutrition and Physical Activity)						
Less than 5% of pregnant people smoking by 2025 - Make new NHS smoke free pregnancy pathways available for up to 40% of maternal smokers by March 2022.						
Less than 5% of pregnant people drinking alcohol by 2025.						
100% of pregnant people with a BMI 30 or greater are supported by using NICE guidance recommendations by 2025.						
3. Personalised Care						
Put in place the building blocks by March 2022 so that continuity of carer is the default model of care offered to all people by March 2024						
Ensure every person is offered a Personalised Care and Support Plan, underpinned by a risk assessment and in line with national guidance, by March 2022.						
Embed the offer to all pregnant people with type 1 diabetes of continuous glucose monitoring fully during 2021/22.						
4. Mental Health and Learning Disabilities						
Continued implementation of the NENC ICS maternal mental health service fast follower service pilot in South Tyneside and Sunderland - Support to localities / ICPs to develop their MMHS services to start from 2022/23.						
66,000 people across the UK with moderate to severe perinatal mental health difficulties will have access to specialist community care from preconception up to 2 years after birth.						
5. Children						
As a system scope out the pre-birth and under ones pathway of care and make recommendations for improvement including early help making recommendations back to Best Start in Life and the Strategic Delivery Group for Vulnerable Pre-Birth and under 1-year olds in County Durham.						
6. Digital						
All pregnant people can access their electronic maternity personal health record by 2024.						
Maternity, Neonatal and Perinatal mental health workforce can access the information that they need to provide safe and high-quality care through the Health Information Exchange of the Great North Care Record by 2024.						
7. Finance						
Work as part of the ICP to look at where training can be shared across the system and areas where staff can be upskilled closer to the patient especially around core competency framework implementation as per Ockenden.						
Work with LMS to access any central funding in a targeted manner.						
8. Integration						
Continue to work across the system on the prevention agenda looking at where organisations can work together to deliver the same messages with regards breastfeeding, obesity and smoking at time of delivery and where we can benefit from working together on an improvement project.						
9. Cultural Change						
All maternity units to be accredited at UNICEF level 3 by 2025.						
Implement in full the recommendation of the Ockenden report (part 1).						