

Overview of Maternity services

IOW NHS TRUST

Isle of Wight Maternity Services

1. This report outlines the maternity services provided by the Isle of Wight NHS Trust, and the ways in which the Trust monitors maternity and neonatal safety, with the inclusion and co-production of its service users.
2. The maternity services department continues to demonstrate good outcomes in relation to perinatal mortality and a range of other measures, including reporting to Health Safety Investigation Branch (HSIB), Mothers and Babies Reducing Risk through Audits and Confidential Enquiries (MBRRACE), and the Perinatal Mortality Review Tool (PMRT).

An overview

3. The maternity services department on the Isle of Wight provides maternity care for all women (birthing people) babies and their families. The department works together as a Local Maternity and Neonatal System (LMNS) across Southampton, Hampshire, Isle of Wight, and Portsmouth to share learning and quality Improvement projects in line with the national maternity transformation programme.
4. In 2021/22 1017 babies were delivered by the service, an increase on the 956 babies delivered in 2020/21.

Service provision

5. The department includes
 - An obstetric led unit with three obstetric-led rooms and two midwifery-led care rooms within the footprint of delivery suite
 - A dedicated obstetric theatre and recovery area within delivery suite
 - A 12 bedded antenatal and postnatal ward
 - Obstetric and joint consultant clinics for diabetes
 - Specialist clinics for preterm birth, multiple births, and perinatal mental health
 - A home birth service which currently undertakes 5% of births
 - A day assessment unit for unscheduled antenatal care
6. There is also a level 1 neonatal unit that admits babies over 32 weeks (34 weeks for a multiple pregnancy). Babies unlikely to meet this threshold (ie, likely to be born before 32 weeks) are transferred in utero to a level 2 or 3 unit elsewhere in the region.
7. The department makes referrals to University Hospitals Southampton NHS Foundation Trust (UHS) for maternal and fetal medicine specialities.

Neonatal services

8. The maternity service works collaboratively and effectively with neonatal colleagues. The national target is that fewer than 5% of babies born at full term will require admission to the neonatal unit. In 2021/22 only 3.8 % of full-term Island babies were admitted to the

neonatal unit. The Trust's neonatal staff regularly rotate to mainland units to maintain their skills and competence.

9. The Trust also has a transitional care unit situated in the maternity ward, which helps keep women and babies together while they receive extra care from the neonatal team and midwifery team.

Birth-rate

10. Whilst there has been a national decline in the birth numbers over the past three years, on the Island there has been an overall increase in deliveries and antenatal booking numbers. The acuity of the clinical condition and associated needs of women on the Island has increased significantly over the past five years too. National guidance such as the Saving Babies' Lives Care Bundle Version 2, and updated NICE guidance in relation to the management of reduced fetal movements, have led to earlier, and more significant intervention, meaning that the department has become extremely busy.
11. The delivery rate is usually around 80 births per month, but there were 108 births in August 2022, which has been challenging.

Listening to women and their families

12. Service development is co-produced alongside the Maternity Voices Partnership, and service user feedback is encouraged through the Friends and Family Test (FFT), social media, and formal routes such as compliments, complaints and the national maternity survey.
13. Service user feedback is extremely valuable, and the Maternity Voices Partnership (MVP) chair works closely with the service, holding monthly meetings for families. Ongoing workstreams of co-production include enhanced postnatal care provision in the hospital and community, increased partner involvement, and the successful provision of an island-based tongue tie service which enables babies to be seen, assessed, and treated, if necessary, in a timely manner without referral to UHS.
14. The MVP undertook a '15 steps' assessment in May, and has another event planned for September to enable service-user perspectives on how to improve the environment to be expressed and an action plan developed for monitoring through the MVP meetings.

Reviewing the language we use

15. The language used by health care professionals can have a profound impact on service users, sometimes negatively affecting the women and families for whom the service cares. A 'Language Matters' board has been set up on the labour ward to promote more accessible language. Examples include:
 - Don't say 'You are high risk' – Say 'You are on an obstetric-led pathway'
 - Don't say 'You are only 2cm dilated' – Say 'Right now you are 2cms dilated'

Birth options / Birth Afterthoughts

16. The Trust's consultant midwife undertakes 'Birth Options' clinics to support women who may want to give birth outside of national guidance to make an informed choice about the care they receive.
17. Women who have had a difficult delivery can refer themselves to the 'Birth Afterthoughts' clinic to discuss their birth experience, and understand why events happened as they did.

Maternity and Neonatal safety champions

18. Trust Board Maternity and Neonatal Safety Champions are in place. The Champions visit the service on a bimonthly basis to gain feedback from staff about any safety concerns they would like to raise. A quarterly safety champions newsletter is circulated to all staff in a 'you said – we did' format, to demonstrate the benefits of raising queries and concerns and to encourage staff to speak up.

Workforce

19. The Trust has completed the national Birth-rate+ tool to calculate the size and shape of the midwifery workforce. The tool is based on the acuity and associated needs of the women in the service's care, rather than birth numbers. Following the review in 2019, a shortage of five whole-time-equivalent midwives was identified. The Trust has been successful in recruiting to all vacant posts as a result of a concerted efforts, including with international recruitment, attracting midwives from the mainland, and Early Careers Midwives who have chosen to join us straight after their qualification, after spending time in the service as students.
20. Consultant obstetricians provide 40-hour labour ward cover on site and on call from home outside of these times. Consultants in the service currently cover for both obstetrics and gynaecology. The labour ward has a dedicated anaesthetist 24/7.
21. New staff are welcomed to the unit with an induction pack and talks from staff on career progression and how to access ongoing support. The Trust has been extremely fortunate in recruitment given the current national shortage of midwives and vacancy gaps in most units. A recruitment video has been developed for use by all four units across SHIP, focused on the opportunities available in all four trusts, and this will be utilised in further recruitment.

Continuity of Care

22. 'Continuity of care' is the national default model for midwifery care, expected to be in place in all areas by 2024. There is only a small cohort of women on the Island who meet the criteria for the model (ie, those women who have a particular vulnerability, or a safeguarding need, or who are diabetic, or who come from a Black/Asian/Minority Ethnic background), but because of the small scale of the service generally, in order to run the model for that cohort, it will be necessary to use the model for all.

23. Trusts have been advised that the model should not be introduced comprehensively until all posts in the midwifery establishment are filled. Although recruitment has been very successful, the Trust will not be in this position until April 2023 at the earliest. The Trust currently provides excellent continuity for antenatal and postnatal care with around 15-20% receiving care consistently from their named midwife in the intrapartum period.

Maternity Leadership

24. In the last 12 months the Trust has invested in the midwifery leadership team to ensure that women on the Isle of Wight are receiving an equitable service. Improvements in the leadership team include:
- A Consultant Midwife who leads on quality improvement
 - An extended patient safety team
 - A Perinatal mental health midwife
 - A Public health midwife to support weight management and smoke free pregnancies
 - Recruitment and Retention midwives
 - A Professional Midwifery Advocate to support staff health and wellbeing

Supporting the future workforce

25. The Trust has been fortunate in attracting national funding for the Recruitment and Retention Midwife posts. These roles provide support for our Early Careers Midwives and work closely with them to improve skills, confidence and autonomy. Further funding has been released for year two of this project.
26. Professional Midwifery Advocates are also in place to support staff with their own health and wellbeing, and also will work alongside them if required.

Staff Training and working together

27. Staff in the maternity service are required to undergo specific maternity related patient safety training. The practice development midwife and Multi-Disciplinary Team (MDT) forum develop an annual training needs analysis, which reflects themes identified from incidents or national recommendations. Maternity staff are required to undertake four days of maternity specific training on top of the Trust's other mandatory training.
28. A simulation suite to enable all staff across all disciplines to practice scenario-based skills drills is in development.

Digital notes

29. The maternity service has implemented an end-to-end maternity information system (BaderNet), also in use in the other units across the LMNS. This allows women to move freely between the units for choice or for specialised care. All care episodes can be recorded for review in all locations, and maternity information leaflets are sent to the women via the digital services. Paper based notes are available to women who do not have access to a smart device.

Antenatal triage line

30. South Central Ambulance Service NHS Foundation Trust runs the Labour Line in use on the Island. From November this will be extended across SHIP to cover all aspects of antenatal triage. Women will access the Healthier Together app for information about any known pregnancy complications or questions. The app will then direct woman, as appropriate, to call straight through to the triage line for assessment, and if necessary for booking into a local trust's day assessment unit.

Baby Friendly Initiative (BFI)

31. The Trust is pursuing level 2 of the BFI accreditation, and is focussed on relevant staff training this year.

National Maternity safety

32. There is significant national scrutiny on maternity services currently, with independent enquires taking place, including the Ockenden review of Shrewsbury and Telford NHS, and the East Kent Hospitals NHS Foundation Trust review by Sir Bill Kirkup which is due to report on 21st September 2022.

Ockenden Report

33. The final national report has been received. All maternity services have been required to benchmark themselves against the seven immediate and essential actions of the first report. The Trust is compliant with all elements of the seven immediate and essential actions apart from item 3.2 which requires twice daily (day and night through the 7-day week) consultant led and present multi-disciplinary ward rounds on the labour ward.
34. The Trust's complement of consultant obstetricians is currently only large enough to support an arrangement in which there is a full MDT handover at 08:30 every day, with representation from obstetric, midwifery, anaesthetic and neonatal staff to review all care, and plan activity for the rest of the day. At 20.00 a further MDT handover takes place with the consultant attending virtually from home during the week, but on site at weekends.
35. The Trust has been successful in applying for additional funds to appoint an additional consultant to support the conduct twice daily ward rounds in person, and is currently advertising for a sixth consultant. There have been no risks highlighted with current practice.

Saving babies lives care bundle

36. The Trust is fully compliant with all elements of the national initiative 'Saving Babies' Lives Care Bundle V2'. Quarterly audits are carried out and form part of the 'floor to board' reporting
- Element 1: Reducing smoking in pregnancy
 - Element 2: Risk assessment, prevention, and surveillance of pregnancies at risk of fetal growth restriction
 - Element 3: Raising awareness of reduced fetal movements

- Element 4: Effective fetal monitoring during labour
- Element 5: Reducing preterm births

Challenges for a small, remote, rural, island unit

37. The Trust has only a small pool of midwives on which to rely for cover for all shifts, meaning that all midwives must be always competent in all areas of the service. The management of unplanned absence is always difficult, given the scarcity of agency staff prepared and/or able to come to the Island at short notice.
38. The balance of risks associated with off-island transfer and failing to seek timely expert support from mainland units is nearly always difficult.

Future vision for the service

- Maintaining a fully established workforce
- Expanding day assessment unit hours until 02.00
- Implementing 'Continuity of care' as a default model of care for all women on the Isle of Wight
- Achieving Baby Friendly accreditation level 2
- Providing more breast feeding and postnatal support
- Developing outstanding preceptorship programmes
- Supporting public health agendas and increasing the number of smoke free pregnancies
- Developing additional specialist roles
- Continued closed working with HSIB to maintain safety
- Continued work with service users to co-produce services for the women and families on the Isle of Wight
- Welcoming regional team for the 'Ockenden oversight and assurance' visit on 12th September

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