ITEM: 80.00

Wokingham
Borough Council

Health Overview and Scrutiny Committee Members' visit to the Royal Berkshire Hospital's Maternity Unit - 14th March 2011

Present

Cllr. Gerald Cockroft	Member, Wokingham Borough Council
Cllr. Kate Haines	Member, Wokingham Borough Council
Cllr. Charlotte Haitham Taylor	Member, Wokingham Borough Council
Keith Eales	Director of Corporate Affairs, RBH
Barbara Hutchens	Operations Manager, Maternity, RBH
Gill Valentine	Head of Midwifery RBH (Gave a presentation)
Sue Timperley	Acting Divisional Manager, Women's and Children's Division RBH

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Document prepared by: Cllr. Charlotte Haitham Taylor

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1) Introduction

The Maternity Unit at the Royal Berkshire Hospital (RBH) have recently made significant changes to the ways that they deliver services, in order to serve their patients better and provide improved patient outcomes. In this report there are a number of examples of initiatives that are ongoing and Maternity Unit-led projects that are in the pipeline.

In the year between 2009 – 2010 the Maternity Unit at the RBH delivered babies to 5824 women (some were multiple births so the number of babies was higher).

This current year to date: 57% of women have given birth normally (by vaginal delivery) whilst 28% have had caesarean sections (of which 16% were emergency and 12% were elective); the remaining 15% gave birth by vaginal assisted delivery (for instance with the help of forceps). For the last year the mortality rate was 0.5%.

2) Facilities

The Maternity unit is made up of 2 wards, the Marsh Ward and the Iffley Ward. The Marsh Ward is a post-natal ward with 28 beds and 2 midwifery-led delivery rooms. The Iffley Ward is both a post and ante-natal ward. Its facilities include a birthing suite, 10 delivery rooms, 1 dedicated birthing pool, 1 home from home room, 3 early labour/observation rooms, 28 ward beds and 1 bereavement suite (for patients in labour). Also located on the Iffley Ward are 2 operating theatres, staffed by experienced and dedicated theatre staff 24 hours a day.

The Community Service is also part of the Maternity Unit. This provides 24 hour ante and post-natal maternity services including the home birthing service. This year to date, 3.5% of the births were delivered at home.

The Maternity Call Centre has now just opened from 9am-5pm Monday to Friday to book first scans and parenthood education classes. This service used to be open for only 2 hours a day and parents found it difficult to access. By improving this service, women may be encouraged to access services earlier on during pregnancy.

Maternity Units are measured by a standard time of 12 weeks and 6 days by which time 90% of women should have been seen, booked and had a social history taken. This year to date, the number of women accessing maternity services before 12 weeks and 6 days was 88.74%.

3) Staffing

The Maternity Unit is staffed by a team of midwives, obstetricians and nurses (on the Marsh ward) and maternity care assistants. There is always one clinical-led midwife on duty at all times. In line with Safer Childbirth recommendations (for the size of the Maternity Unit) there is provision for 60 hours of obstetric consultant cover on the delivery suite. The midwife-to-birth ratio is 1:34, which is in line with recommendations. The Maternity Unit is also supported by numerous midwives who specialise in diabetes, substance

misuse, child protection, domestic abuse, HIV, bereavement and ethnic minority.

If a woman in labour has extra medical or complex needs they would either be allocated a very experienced midwife or a less experienced one supported by someone with more experience.

The RBH also employ nurses for their post-natal ward (Marsh ward). They provide post operative care for mothers who have had caesarean sections and also help with other skills such as feeding and parenting.

Maternity care assistants work on all wards and in the community. They support the midwives as well as assisting mothers on the wards with parenting skills such as feeding and bathing their babies etc.

There are also administration and clerical staff on wards to assist with booking appointments and other administrative duties. There have been no shortages of skilled midwives applying for positions when there have been vacancies or people coming forward for midwifery training.

Currently, the Maternity Unit operates three staffing shifts per day (7am – 2.50pm, 1.30pm – 9.30pm and 9.15pm onwards for the night shift). There is consultation in progress to try to change this to move to two 12-hour shifts. Maternity staff hope that this will provide patients with more continuity through the progression of their labour.

There is flexibility within the workforce which allows for some Maternity staff, when needed, to move to busier areas within the service. For example if there is a high demand on the labour ward during a particular period then extra staff can be brought in from the Community teams. Currently, 1:1 care is being achieved for mother in established labour 97% of the time.

However in 2010 the Maternity Unit had to be closed for admission eight times due to it being full to capacity. Closure can last for just one hour or can be for much longer depending on the circumstances. The Maternity Unit will be closed for admissions if it is felt that safety and quality could be compromised. This decision has to be taken jointly by the most senior clinician, the most senior midwife, the supervisor of midwives and the manager on duty at the time.

When the unit is closed patients are diverted to neighbouring hospitals, including the John Radcliffe (Oxford), Wexham Park (Slough), Frimley Park, Swindon, and Basingstoke & North Hampshire. This obviously causes distress to patients, and following an initial audit of two patients and their partners that were diverted, the RBH decided to write apology letters to patients who were affected by the closures. The letter contained an explanation of the reasons and this was then followed up by a telephone call. Following this, a second audit was taken and a more positive response was received as patients felt that communications were better and things were running more smoothly.

4) Initiatives to encourage women to give birth naturally

Nationally there is a drive to increase the number of babies being delivered by normal (vaginal) delivery. Following an Audit of Practice (looking at how the midwives practise), the RBH have set up an action plan to reduce the number of caesarean section births. Initiatives have included training midwives in alternative pain relief such as aromatherapy (currently approximately 50% of midwives have been trained). This service is offered to patients, where appropriate, as a new and alternative pain relief.

From the work of the Audit it was also found that midwives could influence the chances of a woman giving birth normally by key factors such as mobility and hydration during labour and preparing mothers with good ante-natal information. In light of this the RBH offer not only birth preparation classes (available in the community and at the RBH) but also a recently released and innovative DVD entitled 'Your Journey to Parenthood'.

This DVD, prepared by one of the RBH consultant-midwives, offers information about the facilities that the RBH offers, how women can prepare for labour, shows virtual tours, offers advice to women in labour, shows different scenarios that women may find themselves in during labour and there are also pod-casts available for downloading. This DVD is now given to all women at booking. This has proved to be extremely successful and other trusts have now shown interest in the idea.

The RBH have worked with The Maternity Services Liaison Committee to look at the environment in which women give birth. The committee is chaired by users of the service, representatives of the service, and is facilitated by the Primary Care Trust (PCT). They have worked closely with the RBH to conduct an audit of the birth environment, using a tool developed by the National Childbirth Trust (NCT), which examines the maternity suite in particular. The recommendations that they made have been put in place and recently audited, and the results have shown significant improvements.

Another way in which the RBH has identified that they can increase the likelihood of natural births is by supporting mothers in the early stages of labour at home, for as long as possible. They have piloted an Early Labour Triage telephone line (operating for 12 hours a day) and in two months' time this will be rolled out to 24 hours, due to its success. Mothers who use this line are more likely to deliver normally as they will have developed better coping strategies by working together with the midwives, receiving consistent advice on the phone line, so that when they come into hospital it is usually during the more established stages of labour. This line has also been an excellent tool at times when the hospital has been full or near to full capacity as it has been able to keep patients better informed.

5) Vaginal birth after caesarean section (VBAC)

The RBH have been working with the NHS Institute for Innovation and Improvement (which is Strategic Health Authority (SHA) funded) on a project to look at how to increase the rates of vaginal birth after (previous) caesarean section (VBAC). This work is almost complete now and should start to be

implemented around May, subject to it being tabled in March. Currently, the number of women who have VBAC is approximately 50% and the RBH aim to get this figure up to 70%.

From this VBAC project they hope to be able to issue new guidelines and implement new practices starting from the moment women give birth for the first time by caesarean section. These new practices will include informing women in the immediate post-natal period as well as the information being communicated to their GPs and community midwives so that there is continuity in the messages. This post-natal information will explain, in detail, to the mothers why they had a caesarean section and whether they may possibly need one with any subsequent pregnancies. It has been found that if this information is provided just after having a caesarean section and the same messages are then carried forward through the post-natal GP visits then women will not automatically be in the mindset that if they have another pregnancy it will have to be delivered by caesarean section.

There are, of course some exceptions where women would not be advised to try for a VBAC for example if there were any clinical, medial, obstetric or psychological reasons.

The final part of the VBAC project is looking at 'pathway plan' for expectant mothers. Part of this 'pathway plan' will include looking at who will see the expectant mother throughout their pregnancy. They may just be seen by midwives either in the community or in hospital; however, they may also be seen by consultant-midwives or obstetricians. The new practice for mothers who have previously given birth by caesarean will be to wait until 39 weeks before they make a decision on their 'pathway plan' through childbirth. Up until now these decisions have been made much earlier and it is hoped that this, combined with the other measures, will make a significant impact on the numbers of women successfully giving birth naturally after having a previous caesarean section.

The final part of this project will include producing consistent information for mothers who wish to have VBAC, giving standardised information regarding pregnancy, being induced, pain relief, monitoring during childbirth, different pathways for labour etc.

6) Breastfeeding

The RBH has seen some success with the work that they have been doing to encourage mothers to breastfeed their babies. Assistance with breastfeeding is available not only from midwives and nursing staff but also volunteers who specifically visit the wards for this purpose. There has recently been a drive to ensure that consistent advice is being passed on to mothers regarding breastfeeding. It is believed that this has already had a positive impact on the numbers of women choosing to breastfeed. This year to date 78.5% of women at the RBH are choosing to initiate breastfeeding, this is above average across the UK. The RBH are now working towards a Baby Friendly Accreditation which has been set up by the World Health Organisation. They

are working in partnership with Berkshire Family Care Trust and hope that they will be able to achieve this by 2012.

For women who choose not to breastfeed there is provision of bottled milk on the ward although it is not on display.

7) Infection Control

There are monthly audits carried out on each ward in compliance with infection control standards; the Maternity Unit perform well in these audits. Housekeeping also undertake a monthly cleaning standards audit. The Head of Midwifery carries out bi-monthly environment audits which look at all issues of cleanliness and hygiene. All visitors are encouraged to tell the RBH if the standards of cleanliness are not acceptable and there are posters relating to this policy posted around the hospital.

All women are screened for MRSA at 34 weeks gestation or before if they are admitted as an emergency at any time during the course of their pregnancy.

Recently there has been an audit carried out on the rate of wound infections that caesarean section patients have caught. This audit showed that the infection rate was average. However, following this audit the RBH have changed the skin preparation that they use on caesarean section patients to a more effective one that is now available.

8) Other information

According to recent Joint Strategic Needs Assessment figures 42% of mothers giving birth at the RBH are born outside of the U.K. In order to ensure that mothers are able to understand fully appointments and important consent forms that they would need to sign if they were to need to undergo a caesarean section, there is access to a 24-hour interpreting service (telephonic or face to face). When mothers are booked in they are offered/recommended where necessary this service and if they choose not to use it they have to sign a waiver form. If they choose not to use the interpreting service the mother can use a family member to translate for them. This, wherever possible, is completed prior to birth to avoid any problems. There is also a special midwife for ethical issues. There have been some instances where an interpreter has not been available when needed and family members have been required for interpretation.

For perinatal mortalities there is now a mortuary fridge located on the maternity ward. For parents wishing to see their babies they are given access to their babies either on the ward in the bereavement suite (if it is not in use) or in the Chapel of Rest; alternatively they can go to the Mapledurham Suite on Iffley Ward. Post-mortems are carried out at the John Radcliffe as there is a specialist pathologist there and parents are informed when their babies will be leaving for and returning from there.

9) Moving forward

The 2010 National Maternity Survey showed that the RBH had made significant improvements since the 2007 survey. These areas of improvement

covered food, cleanliness of toilets and bathrooms, and women feeling they were treated with respect and dignity.

Recently plans have been approved to install a dedicated midwifery birthing centre at the RBH. This will be located in the current building and will provide four delivery rooms, an early labour assessment room and a triage area. This year to date, 4.5% of births were delivered in the current midwifery-led unit (Marsh Ward).

10) Recommendations

i) If the move towards two 12 hours shifts within the Maternity Unit is agreed, the Health Overview and Scrutiny Committee (HOSC) should review this new shift working, one year on, to see if there have been any detrimental safety impacts on the patients within the care of the Maternity Unit.

ii) In the light of the Maternity Unit being closed for admissions it is recommended that the HOSC review the number of closures of the Maternity Unit over the forthcoming year.

iii) In view of 1:1 care for mothers in established labour currently only being achieved 97% of the time, the HOSC recommend that this figure should be looked at again in one year's time.

iv) This year to date 6.7% of women giving birth were smoking at the time of delivery. Although this rate is average, with Local Authorities being given more responsibilities for Public Health matters such as smoking and drug prevention the HOSC recommend that the Health and Well being Board continue to run campaigns targeting these issues.

v) The HOSC should establish whether the Maternity Unit's new Early Labour Triage Telephone Service has led to any mothers giving birth prior to admission to the RBH, on account of being advised to remain at home for too long. This to be looked at in one year's time, on account of the recent introduction of this telephone service.

vi) The HOSC should, if conditions allow, receive a short tour of the Maternity Wards during their next visit to the Maternity Unit.

vii) The HOSC should send a copy of this report to the RBH Maternity Unit, with the committee's thanks to the unit's staff for their kind assistance during an informative and interesting visit.