Women's Health
Maternity Unit

MATERNITY SERVICES LIAISON COMMITTEE

Minutes of the meeting held on Monday 16 May 2005

Present:

Kerry Harris	Chair
Chris Nelson	Acting Community Midwifery manager
Arash Bahmaie	Consultant Obstetrician
Gillian Smith	Tamba
Frances Harvey	Lay member
Jill Hickman	Supervisor of Midwives
Susie Wooley	Antenatal Clinic Coordinator
Theresa Spink	Acting Head of Midwifery
Trisha Whisker	NCT
Gail Soliman	Notetaker

Apologies:

Jabeen Qureshi	Health Link Worker
Jane Pickett	Community Midwife
Sandra Campbell	Health Visitor
Mary Bell	Consultant Midwife
Natasha Wynne	Lay member

1 Minutes of the last meeting / Matters arising

- Benchmarking against the NSF will be completed for return in July.
- Evolution – out of area and diabetic women are now being booked onto the system – an audit of notes for all women admitted in one 24hr period has been carried out to identify areas of the system and its implementation that need to be addressed – the wall mounted computer tables in the labour rooms are still not functioning – it appears that the company did not include all the required parts in its original quote.
- Tamba awards – Naomi Warrington is back as lead for multiple pregnancies – the annual picnic is on Saturday 11 June – she has gone through the standards with Carol Robbins from Tamba – we now have a lead named midwife, Mr Zakaria is writing guidelines on antenatal care for multiple pregnancies and the issue of stickers is being addressed – this means that we should meet all the criteria for a gold award.

The minutes of the last meeting were agreed.

2 Out of area – women who live out of area but deliver at SPH and women who deliver out of area but have ante/postnatal care at SPH

Susie presented a flowchart for out of area referrals, the main reasons are capping at their local hospital or relocation. These women are booked in a midwifery clinic on a Thursday afternoon and given a 12 week scan appointment. Antenatal care was given by the local GP or midwife with further visits to the hospital for later blood tests, a 22 week scan and, if required, Anti D. Referral to a consultant clinic would be made if appropriate. Following delivery, postnatal care would be given by the local midwife.

For women who deliver out of area, antenatal care is given by community midwives. Following the birth, postnatal care is handed back to SPH by the delivering hospital.

Communication between hospitals/midwives in both circumstances is usually good but a delayed or lost message can sometimes occur. It is usual to tell the woman to expect a

visit the following day and to ring if this does not happen. Some hospitals have limited resources particularly at weekends and bank holidays. We return other unit postnatal sheets following discharge and hope that they will do the same.

3 Choice of place of birth

The information leaflet given to all women at booking on choice of place of birth was circulated. However with capping and other limitations, there was frequently no choice.

Gillian asked if we might consider opening our twins parent education sessions to out of area – this could be seen as an excellent PR possibility.

4 Home birth and emergency transfer in

The guidelines for transfer in from a home birth were circulated. It was usual to transfer in earlier rather than later and in some instances, the woman was able to be discharged quickly to give birth at home. Usual reasons are meconium stained liquor, request for analgesia, failure to progress and rarely retained placentas. Syntometrine is part of the emergency kit. Theresa said that she was looking at replicating the home birth equipment at Ashford for Topaz midwives

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5 Transfer and discharge – Joan Booker to Community to Health Visitor

This had already been covered in earlier discussions. Feedback on the improved paperwork from Evolution was good with the GPs receiving increased information that was legible. The red book is being completed more effectively including by paediatrics. Generally communication has improved. However it is not possible to send this information electronically and it is sent to Goldsworth Park for onward delivery. NHS numbers for babies is automatically sent electronically to both Goldsworth Park and the Registrars.

6 Impact of MRSA on maternity service and community

Kerry asked the current situation with regard to MRSA. Theresa said that the Trust had changed gel providers and that new dispensers had been placed in all areas including outside wards and at the entrances to bed bays. Notices had been placed encouraging all visitors to use the gel before entering. Midwives including the community had been issued with individual belt containers.

7 Any other business

Items for the next agenda to include:

- Labour ward issues (Lesley/Dianne to be invited)
- Update on progress of new notes
- Questionnaire report

8 Date of next meeting

11 July
1300-1430
Parent Education

Future meetings

12 September
14 November

May 2005