Women's Health
Maternity Unit

MATERNITY SERVICES LIAISON COMMITTEE

Minutes of the meeting held on Monday 16 January 2006

Present:	Kerry Harris	Chair
	Catherine Townsend	Acting General Manager
	Chris Nelson	Acting Community Midwifery Manager
	Frances Harvey	Lay member
	Jabeen Qureshi	Health Link Worker
	Mary Bell	Consultant Midwife
	Natasha Wynne	Lay member
	Sandra Campbell	Health Visitor
	Trisha Whisker	NCT
	Gail Soliman	Notetaker
Apologies:	Arash Bahmaie	Consultant Obstetrician
	Gillian Smith	TAMBA
	Jane Pickett	Community Midwife
	Lenny Hide	Supervisor of Midwives
	Theresa Spink	Acting Head of Midwifery

1 Minutes of the last meeting / Matters arising

The minutes of the last meeting were agreed. Kerry had not been contacted with regard to the woman requesting a birth so it was presumed that this had gone ahead successfully.

2 Home from home

Mary will be working on labour ward from next Monday – she will look at the issues with regard to 6 hour discharge.

3 PDU

A copy of the report received following the achievement of Level 1 accreditation was made available – the unit is continuing to implement recommendations. Any decision to work to Level 2 will be made Trust wide.

4 Maternity Mapping

A copy of the data entered for maternity in the recent Child Health Mapping requirement was provided for information. This was initially identifying services provided but would be likely to include further information requests in future years.

This mapping should be differentiated from the local maternity mapping that is part of the regional maternity services mapping being undertaken by the LSA midwifery officer on behalf of the strategic health authority. Mary will e-mail details. **MB**

5 Anti D

Routine Anti D was commenced in April 2005 with results from blood tests at 16 weeks being discussed with the woman and anti D given at 28 and 34 weeks if appropriate with consent. An audit by the haematology nurse specialist in the autumn showed that 30% of mothers were not getting anti D when they should. The main reasons were problems in April and May with supplies not being received in the correct GP surgery for women who were tested before the beginning of April. This has now been sorted. Since then most woman who have consented, have received their anti D appropriately and a further audit for the second 6 months is likely to show this.

There was discussion on the setting up of an anti D clinic but lay members felt that it was right to keep it in the community. Chris advised that the Trust was looking at other methods including the possibility of only one injection. Postnatal Anti D is now included on a patient

group direction and does not need t be prescribed on an individual basis, so can be given directly by a midwife and not delay discharge.

6 Payment by Results (PbR)

Catherine provided an overview of arrangements from April 2006 when payment by results was initiated. There were many questions which were yet to be answered but overall, we would be paid for the work that we undertook. Where we could provide care at a cost lower than the national tariff, savings would benefit the service. Lay members were concerned and asked how normal women would be protected and how they could be assured access to maternity care with the perverse incentive that PBR brings (i.e. interventional procedures attracted a higher tariff and hence there may be a drift towards more intervention to increase payment).

7 Agenda items and priorities for 2006

There was discussion on the role of the MSLC. It was agreed that it was a valuable forum for exchange of information. Lay member input to various other meetings was much appreciated. It was agreed that involvement in the review of guidelines and patient information would also be useful. It was agreed that copies of ASPmat and Risky Business would be sent to all members. However it was stressed that it should be clear if any item/issue required action or was for information only.

Mary explained the current discussion Trust wide on a future vision for the hospitals – she asked 'how we might market ourselves'. It was suggested the new PALS officer should be asked to visit the unit.

The views expressed to lay members were that labour ward and the birth was alright but Joan Booker and postnatal care was poor and inconsistent. Breastfeeding information varied. Both of these would be included on the next agenda.

Another issue raised was with a Caesarean after a long labour – why was a woman left so long – why could a decision not be made earlier. Natasha said that there was frustration with a lack of understanding on what had happened and why. Mary said that it was often difficult to predict when a Caesarean might become necessary. It was agreed that it would be helpful to ensure that any woman had the opportunity to talk her delivery through, not necessarily in Birth Reflections but either in a postnatal visit or at a separate time. Mary and Chris would consider how this might be taken forward. **MB/ CN**

Agenda items for 2006

- feeding
- postnatal communication particularly where there had been a complication or intervention
- preparation of an annual report to be brought to the meeting in May – Mary would take this to the women's health clinical governance committee and forward to Joyce Winson-Smith, Director of Nursing **KH/ MB**
- Ashford birth centre

6 Any other business

- recording in red books – BCGs were still not being recorded appropriately and interfered with information recorded on carbon copies underneath – it was suggested that the white space on page 13 (the MMR page) be used – Mary will take this up with paediatrics and e-mail Sandra **MB**
- tours – the new arrangement for tours commenced 1 January - 30 people the first day, 18 the next – it was suggested that a virtual tour on the website might be an alternative

Dates of meetings for 2006

13 March	Time	1300 – 1430
15 May	Venue	Parent Education, Abbey Wing
10 July		
18 September		
13 November		

27 January 2006