Women's Health
Maternity Unit

MATERNITY SERVICES LIAISON COMMITTEE

Minutes of the meeting held on Monday 13 November 2006

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

1 Minutes of the last meeting / Matters arising

The minutes of the last meeting were agreed.

2 Trust update / Associate Director of Midwifery

The organisational restructure became effective on 1 October. Rather than directorates, the Trust is split into business centres covering a number of business units. The business centre for Women and Children – paediatrics, child and adolescent mental health, neonatal unit and gynaecology - is headed by a Business Centre Manager supported by two Business Unit Support Managers. The business unit for Midwifery will be managed by the Associate Director – Midwifery who will work in close liaison with the Business Centre Manager. Eileen Nolan will be joining us as the Associate Director on 4 December.

With the commencement of payment by results, business centres will have greater control of both their income and expenditure thereby ensuring that they run within their budgets.

3 Summer plan review

The summer plan ran from the end of June to early September. Triage was open from 0700-2100 and, apart from seeing women who self-referred or where it was suggested that they come up to the hospital, took all phone calls in to the labour ward number. This alone made a marked difference to the workload on labour ward and also made it more likely that a woman ringing more than once, spoke to the same person each time providing an important continuity of advice. It was also important because when a woman does not actually reach labour ward, she was more likely to accept the advice to go home until she was in established labour.

Low risk multips and some primips were delivered on Joan Booker by community midwives who worked shifts to cover. This also worked well and was well liked by the community midwives who helped on Joan Booker or arranged to see women for antenatal and postnatal visits on the ward if there were no deliveries.

Parent education was reduced to free community midwives to take antenatal clinics and make necessary postnatal visits. Maternity care assistants ran postnatal discharge clinics where a midwife did the final signing off or provided a follow up call/visit if required.

Forward booking figures are indicating around 380 deliveries for March so discussions are already underway to bring in a similar plan. It has been decided that, on a permanent basis, day assessment would include triage and be open from 0800-2000 Monday to Friday and could start in January. The data collected in the summer did not show that weekends were a problem. This would require senior experienced midwives and staff had been asked to indicate if they were interested.

Unfortunately the plan to cope with the high level of activity for the month would result in a reduced community service and possible lack of continuity. Also being considered were postnatal clinics, this time run in tandem with a midwife clinic so any concerns by the maternity care assistant could immediately be dealt with by the midwife reducing the work generated.

Once again parent education would have to be shortened and the aim was to standardise the sessions. It was also important that we concentrate our resources and target those who had the greatest need to the extent that instead of just an invitation, the session would be booked as an appointment.

4 Induction of labour

Mary will finalise her audit results in the next few weeks and these will be circulated. **MB**

5 Tours

Lesley confirmed that tours would be continuing in their present format. However Theresa was still looking to set up a virtual tour although this was proving to be more complicated than at first thought. Shift patterns would be changing on 7 January which would bring in an extended overlap in the early afternoon and it was possible that this could be an opportune time for the tours with the increased number of staff available. However the whole issue of tours was still under discussion.

Kerry fedback comments that she had received such as too many people to see the rooms properly. Lesley also raised the issue of clinical questions being asked which lengthened the visit and which were not appropriate to answer whilst in a group. It was suggested that the tour be just that and to refer any questions raised back to the midwife.

6 Birth Environment Audit

Lesley had carried out an audit with Yvonne Geaves on two of the rooms on labour ward. They were looking slightly tired and there were some electrical issues. Daisy had lost its cups and kettle. However it was noted that the closed doors and the signs had been a good move and ensured privacy for the women.

7 Feeding

Weekly drop in clinics were held at both sites with an average of 15 women seen in each. It was envisaged that the increased handover could be used for a rolling programme of training and could include use of breast pumps, nipple shields, hand expression, tongue tie, difficult feeders and latching. With the departure of Alison Blenkinsop, there was 0.5 whole time equivalent – providing the additional 0.5 would be part of the restructure of maternity.

Kerry said that mothers are told that the midwife will confirm that the baby is feeding properly before leaving hospital but when this is early, it does not give midwives time to check. This was exacerbated when the unit was busy and there was a high turnover.

6 Any other business

- As well as higher levels of activity with increased complexity, the unit were experiencing an increased number of in-utero transfers. Some of these went on to deliver while others were discharged still pregnant, a factor which caused much work in the already busy antenatal bay on Joan Booker.
- Following much discussion and consideration, it had been agreed to continue with Evolution when the new electronic record system (CRS) goes live. CRS in its early versions does not allow much recording of important obstetric and midwifery information. This will be reassessed as later versions of CRS become available.
- Sandra, once again, asked that any information on concerns picked up on scan antenatally such as cleft palate are passed to the health visitors before the birth. Similarly, health visitors should be informed of any issues not discovered until birth before the mother and baby are discharged. She also advised that the there was an acute situation in health visiting with vacancies and long term sick. She also said that some women were not being given the hearing leaflet at 34 weeks – Chris said that he would pass this information on to the community midwives.
- Routine BCGs go live on 4 December. However the mother must have had an HIV test during the current pregnancy and there were concerns that this would put undue pressure on all women to undergo the test.
- Parent education – Rose and Naomi do 1:1 sessions for young mothers, usually working with the SHAW Family Centre. They have also instigated monthly drop in clinics.
- Kerry will send a copy of the NCT nappy leaflet.

Items for agenda next meeting

- Statistics with regard to Caesarean sections - Mary Parish and Alison Lowndes - maternity coders - to attend.

Dates of meetings for 2007

15 January
19 March
7 May
9 July
17 September
12 November

Time	1300 – 1430
Venue	Parent Education, Abbey Wing