

DRAFT

DERBYSHIRE COUNTY PCT and DERBY CITY PCT

MATERNITY SERVICES STRATEGY

1. Introduction

This strategy has been developed by commissioners and providers from Derbyshire County and Derby City PCT areas and informs the development of both Derbyshire County and Derby PCT service specifications for maternity services for women and their families across Derbyshire. The Maternity Services Liaison Committees (MSLCs) across the area have provided user and stakeholder input. The Strategy recognises that situations change and alterations to service provision will become inevitable in response to: -

- New evidence about the way that care should be delivered,
- Changes in the population needs,
- Changes in the health of women having babies,
- Changes in the numbers of staff available to deliver this care,
- Changes to services that link with maternity care.

2. The Vision

In response to the MSLCs and recent national guidance this strategy will place women and their partners at the centre of their local maternity service provision and ensure that maternity services are developed equitably across the county.

The Strategy recognises that the current distribution of resources will have to change to meet the needs of the most vulnerable women and those living in more deprived areas.

This Strategy aims to deliver a model of care that encompasses the following principles:

- Fair
- Safe
- Effective
- Personalised
- Women centred care based on individual needs
- Locally accessible and community based care with access to specialist input as needed
- Choice as to where birth takes place
- Offer of home births or births in midwife led maternity units for the women assessed as low risk
- Continuity of care from midwives offering fewer systematic visits to improve consistency and continuity and reduce duplication to low risk women
- Tailored care to individual women dependent on their identified needs
- Achieve the best possible outcomes for all

Derbyshire is a diverse county with deprived urban and ex-mining communities and affluent areas, particularly in the more rural west. Six out of the 8 Local Authority Districts are classified as either rural or significantly rural according to the Department of the Environment, Farming and Rural Affairs. There are areas of significant deprivation in what can seem to be pleasant rural locations, in the eastern area there is also hidden deprivation and isolated, hard pressed farming communities.

Derby is the county city of Derbyshire and has a diverse population. At the time of the 2001 census 12.6% of Derby's population was from a Black and Minority Ethnic background with the largest ethnic groupings being those from a Pakistani background (4% of total population or Indian (3.8%). Since 2001 there have been significant changes to the Derby population with substantial numbers of new entrants from Eastern Europe and Somalia now living in the city. These factors can have a significant impact on the overall health status of the population.

Both Derbyshire and Derby City present a number of challenges and these must be addressed in order to make progress in improving the health and well being of women and children. The available resources have to be targeted effectively, recognising the needs of the population to enable health outcomes and chances to be improved for those using maternity services.

3. Detail of the Vision

3.1 That all pregnant women in Derbyshire County and Derby City will have equality of access and INFORMED CHOICE:

- of how to access maternity care (i.e. via GP or self-referral direct to midwife)
- of type of antenatal care (midwife only care or care from specialist team of midwives and obstetricians)
- of place of antenatal care (home, community setting e.g children's centre or GP surgery, birth centre, hospital)
- of place of birth (home, midwifery led unit/birth centre, or hospital)
- of postnatal care (home, other community setting)

Expected Benefits/Outcomes

Provision of patient centred care

Improved patient satisfaction

Ensuring care meets needs appropriately

Meet the national choice guarantees

Possibly improved health outcomes for mothers and babies

Appropriate information is required to enable women and families to prioritise the choices being offered.

3.2 To ensure the ability of the midwifery and all related services to deliver a safe, women focused service and meet the demands for choice.

Expected Benefits/Outcomes

Provision of safe, appropriate, women centred care
Ability to meet choice agenda and meet the national choice guarantees
Achieving improved outcomes for mothers and babies
Increased consultant presence in delivery suites

3.3 To ensure mothers, prospective mothers and babies are as healthy as possible by identifying and addressing issues such as:

- Smoking
- those who are vulnerable or are at risk of being vulnerable (Safeguarding, cultural, social or environment)
- diet and nutrition, including low birth weight, obesity and eating disorders
- mental health – including poor attachment and postnatal depression
- alcohol intake and drug misuse
- recognition of domestic abuse
- teenage pregnancy
- benefits uptake

Preferably pre-conceptually but otherwise as early as possible in pregnancy
Monitoring these factors during pregnancy and after birth and referral to specialist services where appropriate
Ensure a high quality antenatal screening programme is delivered

Expected Benefits/Outcomes

Improved outcomes for mothers and babies with reduced risk of maternal death, morbidity, stillbirth, LBW and infant mortality and other problems.
Earlier assessment to reduce risk factors in relation to key indicators including poor attachment and postnatal depression: early recognition and prompt treatment/management of mental health problems and domestic abuse issues
All women offered the recommended antenatal screening programmes

3.4 Access to an appropriate level of service as locally as possible, which is flexible and timely for both women and neonates.

3.4.1 Women

This includes commissioning services locally for women with special needs, such as those who require special anaesthetic services.

3.4.2 Neonates

This includes commissioning services for neonates who require support in high dependency or intensive care settings, where appropriate quality measures are met and outcomes are the same or better than neighbouring specialist level 3 units.

That safe and timely transport is available to and from services, covering:

- ambulance transport
- to and from home and remote midwife led birth centres
- NIC transport

Expected Benefits/Outcomes

Reduced maternal and neonatal morbidity and mortality.
Provision of safe, appropriate, high quality services

3.5 To reduce the numbers of teenage pregnancies, addressing the issue of second pregnancies in teenagers and improving outcomes.

Expected Benefits/Outcomes

Reduced teenage pregnancies and second teenage pregnancies
Improved infant mortality and morbidity, including reduced admissions
Improve longer term outcomes for the children

3.6 To improve and sustain breastfeeding rates across Derbyshire and ensure that all women get accurate and consistent advice from all healthcare professionals and others.

Expected Benefits/Outcomes

Healthier babies
Closer bonding between mother and baby
Reduced infant hospital admissions

4. The Service Model

The service model will include the following elements:

4.1 Pre conceptual information and care

Planning and preparation for pregnancy needs to be promoted by all health services in Derbyshire and by our partner agencies so that women are encouraged to be as healthy as possible when planning or becoming pregnant.

Pre conceptual information to parents should include the following information

- What becoming a parent might be like and the impact on relationships
- The importance of pre conceptual folic acid
- Alcohol should be avoided by pregnant women and women trying to conceive

- Achieving normal weight
- Physically fit
- Need to stop smoking
- Effects of drugs and substance abuse

4.2 Antenatal Care

All pregnant women in Derbyshire have access the following national screening programmes

- Infectious diseases.
- Foetal anomaly programme
- Down's Syndrome
- Low prevalence screening for Sickle Cell and Thalassaemia disorder

The aim of these programmes is to reduce serious foetal abnormality by identifying women early in their pregnancy that are at increased risk of having a baby with these conditions. Other significant chromosomal abnormalities may be detected in the course of this screening.

The service model will ensure specific services and interventions around

- Smoking
- Domestic Abuse
- Perinatal Mental Health
- Substance Misuse
- Teenage Parents
- Diet and obesity
- Safeguarding Children

4.3 Intrapartum care

'Birth is a life-changing event and the care given to women during labour has the potential to affect them both physically and emotionally in the short and longer term.' NICE Guidance Intrapartum Care Sept 2007.

Across Derbyshire all women should receive high quality care in labour regardless of the place of delivery. There should be a balance between safety considerations and the different needs of individual women to ensure a flexible approach in which the woman feels in control.

Women and their partners must be involved in decisions about their care and choose where they wish to give birth dependant upon their circumstances and their wishes should be respected. Important choices include: -

- support during labour and birth
- monitoring in labour
- pain management

- positions in labour and delivery
- interventions

Options for place of birth in Derbyshire should include:

- Home birth
- Midwife-led unit
- Hospital birth- midwife only care
 - birth supported by a maternity team

4.4 Post natal care

If the birth has been in an environment other than their own home then the woman's stay in hospital should be discussed during the antenatal period and the community midwife should provide information to support early postnatal transfer home from hospital, where this is appropriate.

A comprehensive examination of all newborns babies to include a physical examination for:

- congenital cataracts,
- congenital heart disease
- developmental dysplasia of the hip
- cryptorchidism (undescended testes)

A Newborn blood Spot screening programme including tests for:

- Phenylketonuria
- Congenital hypothyroidism
- Cystic fibrosis
- MCADD (Medium Chain Acyl-Coenzyme A Dehydrogenase Deficiency)

5. Care Pathways

Two care pathways will be developed to reflect the needs of women

- Women who are low risk and require midwife only care
- Women who are identified as having higher needs

6. Breastfeeding

To ensure information, education and continuing support is available for mothers to initiate and continue to exclusively breastfeed for at least six months.

7. Commissioning Arrangements

The above vision will be implemented through the development and implementation of a detailed commissioning plan that will include detailed

service specifications for the service model based on two care pathways.
Quality and outcome measures will be included.