Department of
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A Strategy for Maternity Care in Northern Ireland 2012 - 2018

Executive Summary

July 2012

Foreword By Minister Edwin Poots

The birth of a baby is a wonderful event, and most women and their families in Northern Ireland experience high-quality, safe maternity care.

A new-born baby needs the best start in life that its parents, society and public services can give it. This is because the general socio-economic, cultural and environmental conditions in which people live, as well as the lifestyle choices they make, their emotional health and other clinical and biological factors can all have an impact on the outcome of pregnancy for mother and baby.

This Strategy recognises the wider determinants of health and the links to the broader public health agenda. Concerted regional and local multiagency approaches to improve pregnancy outcomes and to reduce health inequalities for all women are essential. Through the provision of universal information, early intervention and support, parents and families can make better life choices, and will be better prepared for pregnancy, the birth of their baby and ongoing care.

History has shown us that high-quality maternity care significantly contributes to the health and well-being of the woman and her baby. Yet, more can always be done to improve our services and to enhance the experience for all. Therefore, at the heart of this Strategy is the need to place women in control of their own pregnancy and support women and their partners to make proactive and informed choices about their lifestyle, self-care, and type of Health and Social Care (HSC) maternity service which will be appropriate to their needs.

Research has shown that there can be considerable variation in maternity care. I want to reduce this variability by promoting, in the first instance, early direct contact of the woman with her local midwife who will ensure close liaison with her local GP. Following preliminary assessment, the woman will be supported by the midwife to make an informed decision regarding her antenatal care and the place of birth for her baby.

Most women will benefit from midwife-led care, but for some women, particularly those with complex needs, they will need consultant-led care. Whatever the context, it is essential that such women have access to appropriate high-quality services. So there is a balance to be made between the normalisation of birth against the early recognition of risks either to mother or baby or to both. We will work to ensure a culture of continual updating, so that all of our staff who deliver services are aware of the best evidence from research and have an opportunity to engage with researchers to get the evidence that may not yet be available.

Promoting normalisation of birth through midwives taking the lead role in the care of straightforward pregnancies and labour will, over time, reduce unnecessary interventions, such as some caesarean sections. While recognising such interventions are very valuable and in some cases can be lifesaving, all interventions in labour must be rigorously examined and benchmarked against comparable units.

I wish to thank Dr Paul Fogarty and Professor Cathy Warwick for co-chairing the review of maternity services and for leading on the development of this Maternity Strategy. The Health and Social Care Board together with the Public Health Agency will lead on implementation with the formation of an action plan.

EDWIN POOTS MLA
Minister for Health, Social Services and Public Safety

Preface by Co-Chairs

Maternity services in Northern Ireland aim to support women and to ensure the best possible start in life for their babies. This includes care from preconception advice through pregnancy, birth and the postnatal period. Continuing to achieve this aim will require reform and modernisation of our maternity services and a partnership approach with women throughout pregnancy to reduce the risk of complications.

The context in which we work is complex. We know that our western lifestyle is creating an epidemic of obesity, diabetes and heart disease. Many women also now start their families later in life. This means some women need more specialised care. On the other hand, we also know that in certain instances we are using too many complex interventions. Currently our maternity care is largely concentrated in hospitals, but we know that women like to have good-quality care close to home.

The case for change in maternity services is compelling and widely accepted. All women deserve to receive care which is safe, both physically and emotionally. This means receiving the right care from the right person at the right time in the right setting, according to the woman's needs. Maternity services need to be delivered with an effective skill-mix of staff which uses our highly trained workforce well and in a way which ensures best use of services. Most women will receive their care locally from their midwives and GPs. For high-risk women their care will be focused on consultant-led units supervised by senior medical staff on a 24/7 basis.

High-quality care does not need to equate to hospital care for every woman. Indeed the growing complexity of healthcare means that it is impossible to provide specialist care for every condition in every hospital. Advances in science and technology offer new ways of tackling old problems, and the internet and media prove an increasingly useful resource for health information. It is now possible for maternity services and the professionals who provide them to work in a highly integrated way without everyone's service being concentrated in a single building.

We must continually address how services are delivered to ensure a balance between local and centralised services. A networked model has the potential to ensure women receive appropriate care.

This Strategy is about the future, not the present. The aim is to focus medical expertise on those women, with complex conditions, who need it, and to extend the provision of local services for others.

We endorse a network of maternity services in which the majority of women are cared for nearer to home, in which the skills of GPs, midwives and obstetricians are used appropriately, in which needs assessment, high-quality communication and ease of transfer are paramount, where the best evidence from research is applied, and where unnecessary interventions are avoided. The evidence from across the UK shows that this works for women.

Dr Paul P Fogarty
Royal College of Obstetricians
& Gynaecologists

Professor Cathy Warwick
The Royal College of Midwives

Executive Summary

Introduction

1. This document sets out the strategic direction for maternity care in Northern Ireland for the next six years. It follows public consultation in late 2011 when four workshops were held and 132 responses were received. The Strategy adopts an outcomes approach to maternity care; the six desired outcomes are:

   - give every baby and family the best start in life;
   - effective communication and high-quality maternity care;
   - healthier women at the start of pregnancy (preconception care);
   - effective, locally accessible, antenatal care and a positive experience for prospective parents;
   - safe labour and birth (intrapartum) care with improved experiences for mothers and babies; and
   - appropriate advice, and support for parents and baby after birth.

2. Each outcome is underpinned by a number of objectives which are documented throughout the Strategy.

Overview

3. Pregnancy is a normal physiological process, and for the vast majority of women is a safe event. Of crucial importance is that women should be as healthy as possible before considering pregnancy. That is why this Strategy links to a number of other public health strategies in order to promote, protect and improve the health and well-being of women and girls of childbearing age.

4. Some people are born into complex and difficult situations which can disadvantage them throughout their lives. Evidence shows that many of the determinants of health are complex and often interlinked. These include the general socio-economic, cultural and environmental conditions in which people live, as well as the lifestyle choices they make, their emotional health and other clinical and biological factors. All have the potential to contribute to adverse outcomes for the woman, her new baby and the wider family. This Strategy recognises that much can be done to improve life chances. Nevertheless, it needs a partnership approach, not just in health

and social care organisations and other government departments, but in society more generally.

5. Prospective parents are partners with Health and Social Care (HSC) staff in maternity care. They must be given the right information about how they can help themselves and their baby to stay healthy before and during pregnancy, and in the postnatal period. Early assessment in pregnancy and informed choice of location of birth of the baby, relevant to individual needs, are of crucial importance.

6. While maternity services in Northern Ireland are safe and of high quality, more needs to be done. 'Normalisation' of pregnancy and birth will improve outcomes for the mother and baby, and will enhance the personal experience for all involved.

7. Continuity of care is important. For women with straightforward pregnancies, the midwife will lead maternity care. For those with more complex conditions, the consultant obstetrician will lead care, with a greater presence of the consultant and senior doctors on the labour ward.

8. The location of maternity services will be configured in the context of population needs, changing evidence of best practice, and the principles outlined in *Transforming Your Care*[1]. Co-ordinated commissioning, underpinned by local population plans, will change HSC service provision over the next 3-5 years. Each consultant-led unit will have an 'alongside' midwife-led unit. For consultant-led units, the interdependency with other specialisms is of vital importance in decision-making about location of units, for example, access to 24/7 anaesthetic and neonatal/paediatric care. The Northern Ireland Ambulance Service has a pivotal role to play in the safe transfer arrangements for women, particularly if complications arise in pregnancy; for example, haemorrhage, or a prolapsed umbilical cord requiring emergency intervention at an acute hospital.

9. Primary care professionals, particularly general practitioners (GPs) and health visitors are also partners in maternity care. There will be a communication protocol/pathway developed so that all professionals understand respective roles and responsibilities and that there is two-way sharing of information. The use of the maternity hand-held record will be expanded with an operating protocol put in place to facilitate its appropriate use.

1 HSC, *Transforming Your Care* - A Review of Health and Social Care in Northern Ireland, 2011.

10. Clinical leadership in maternity care will be promoted with greater involvement of Labour Ward Forums and engagement with Maternity Services Liaison Committees. A focus on quality and safety of service provision will be maintained through the development and use of the NI Maternity system (NIMATs), a regional maternity dashboard of quality indicators and involvement in national audit and research. All of the staff involved in the delivery of care will be supported to use the best evidence from research and/or to stimulate research and engage with researchers to find answers to questions for which the evidence is not yet available.

11. The following paragraphs set out a summary of each chapter.

Chapter One - This highlights the importance of giving everyone the best start in life through promoting and protecting the health and well-being of mother, baby, father, and family members. Some social, emotional and clinical factors have been identified which require concerted regional and local multiagency approaches to improve health outcomes for all and to reduce health inequalities. Investing in early intervention, prevention and support has been shown to have significant long-term benefits.

Chapter Two - This sets out the strategic context for the development of this strategy including the principles underpinning *Transforming Your Care*[2]. Safety, quality and sustainability of service provision are essential to deliver the best outcomes for mother, baby and family. The promotion of 'normalising' pregnancy and birth is part of the quality and safety agenda. For those women who require specialist care, clinical interventions such as caesarean section, should be based on evidence of effectiveness and undertaken by skilled professionals in an appropriate clinical environment.

HSC commissioners of maternity care have a major role in critically appraising ***what*** services are best provided, taking account of population needs. HSC Trusts have an obligation to determine ***how*** best to provide these services within available resources. Prospective parents need to be considered as partners in care and given the information to make informed choices.

Chapter Three - High-quality care requires integration and communication across primary, community and secondary sectors with each professional understanding respective roles and responsibilities. The role of the voluntary sector in the support of parents is acknowledged. Effective

2 HSC, *Transforming Your Care* - A Review of Health and Social Care in Northern Ireland, 2011.

communication pathways will be put in place. Clinical leadership will drive change in maternity care and will be supported by a regional approach to quality improvement and by an ongoing commitment to the further development and use of information systems.

Chapter Four - Parents who are fit and healthy at the beginning of pregnancy generally have healthier babies. Some pregnancies are planned, many are not. A range of information and support needs to be available for all parents and a targeted approach to preconceptual care undertaken for those at greater risk of poorer pregnancy outcomes, including those with long-term clinical conditions and through increasing age, social factors and/ or ethnicity.

Chapter Five - Early access to advice, information and appropriate support are vital components of good antenatal care. Most antenatal care should be delivered in a location which meets local needs. Risk assessment occurs throughout the antenatal period; those women with straightforward pregnancies will have midwives as the lead maternity professionals.
For those with more complex pregnancies, consultant obstetricians will be the lead maternity professionals. Regardless of which professional leads, prospective parents should be seen as partners in care - that care being tailored to individual needs.

Chapter Six - This describes the current models of maternity service provision in Northern Ireland. Just over 55% of births are by normal vaginal delivery. There is unexplained variation in intervention rates when compared to other regions in the UK and Ireland. A culture of normalisation of birth has the potential to reduce unnecessary interventions and to improve the birthing experience for the parents, baby and family. Most women have good pregnancy outcomes and positive experiences but, sometimes, tragedies do happen. The importance of advice, information and support throughout the bereavement period is recognised.

Chapter Seven - There is variation in the length of stay in hospital following vaginal birth or caesarean section. Postnatal care could be improved upon. It is a real opportunity to provide information, and support to parents and baby. Breastfeeding will be promoted. Support will be tailored to individual needs; for example, in regard to future pregnancies and sexual health, clinical conditions, and emotional health. The maternity team will offer postnatal care in the community. This will be a woman-centred home visiting schedule for a period of not less than 10 days and will include

visiting by midwives and maternity support workers. Women will be advised and encouraged to attend their six-week postnatal appointment with the appropriate clinician.

Chapter Eight - This chapter details implementation and accountability arrangements. Given the importance of translating policy into practice, the following paragraphs represent a summary of how this will be achieved.

Implementation

12. The Health and Social Care Board (HSCB) and Public Health Agency (PHA) will co-lead the implementation of this Strategy. They will work with local health economies to include Local Commissioning Groups (LCGs), HSC Trusts, primary care practitioners, and other providers of maternity care. The HSCB/PHA will be responsible for development of a regional Action Plan using the twenty-two objectives identified; these are linked to the six outcomes as identified in paragraph 1 of the Executive Summary. Each objective will require the Board/PHA to develop a number of actions. Improvements should be made in line with the best possible, up-to-date evidence from research. Performance measures to demonstrate improvement in service provision and outcomes for women and the wider family circle will be a necessary part of the Action Plan.

13. It is essential that each HSC provider plays its part in the implementation of this strategy. A real opportunity exists through HSC Trusts and other provider organisations to work together to improve outcomes for women and their babies. It is envisaged that the multidisciplinary Integrated Care Partnerships (ICPs) including GPs, hospital clinicians and community health providers, as proposed within the *Transforming Your Care*, would facilitate more integrated and effective ways of working.

14. The twenty two objectives are outlined below. Chapter Eight provides the full details of outcomes and objectives, and how they link with examples of performance measures. DHSSPS expects an Action Plan to be submitted to the Department by the HSCB/PHA by January 2013. Progress towards completion of this Plan will be the responsibility of the HSCB/PHA, working with providers through collaborative partnerships. Progress on implementation of the Action Plan will be monitored through routine accountability arrangements.

Objectives

15. The objectives are:

1. A universal approach to major public health messages for women and girls of childbearing age will be promoted. This includes the importance of healthy life styles, and a focus on the social factors and clinical conditions which are known to have an adverse impact on outcomes for mother and baby.

2. A culture of 'normalisation' of pregnancy and birth will be promoted as part of population planning and the commissioning and provision of maternity care. The principles outlined in *Transforming Your Care* will inform how access to maternity services and maternity care is best promoted and provided.

3. Prospective parents will be considered as partners in maternity care and given all relevant information, in appropriate formats, to make informed choices about what is best for them and their baby.

4. A maternity communication protocol/pathway will be developed outlining the principles for communication and information sharing across the primary, community and hospital interface. As part of this process, each should understand respective roles and responsibilities especially on 'who' and 'how' a pregnant woman contacts the health service in the event of a concern or clinical emergency.

5. Maternity services must show good clinical leadership and communication, including in the use of the maternity hand-held record, Labour Ward Forum and other multidisciplinary groups.

6. Work will progress to agree minimum data sets, definitions and contributing data to a regional dashboard in order to promote quality improvement and influence choice.

7. The NIMAT system will be continually reviewed and updated to ensure it is 'fit for purpose' to promote coordinated regional data collection, in line with data protection principles and information governance.

8. Women of childbearing age who have long-term conditions, even those not planning a pregnancy, who are on regular medication or

who have other risk factors will be proactively given tailored advice by their GP and specialists about pregnancy as part of their general management.

9. A clear pathway of care will be available for individuals with long-term conditions who are planning a pregnancy and throughout the pregnancy.

10. When a woman becomes pregnant she will be facilitated to make early direct contact with a midwife.

11. There will be appropriate access to booking scans and the NIMAT system in community and non-acute hospital settings.

12. For women with straightforward pregnancies antenatal care will be provided primarily by the midwife in the local community.

13. Women with complex obstetric conditions will have care led by a consultant obstetrician.

14. Women will be encouraged to contact their midwife if a problem develops to ensure only women who require to be seen by an obstetrician are referred to the Maternity Assessment Unit.

15. Antenatal education will be enhanced and active involvement of prospective parents will be encouraged; this education will primarily be women-centred and developed to ensure all women and their partners receive the advice they require to prepare them for parenthood as well as for birth.

16. Women will be supported to make an informed decision about their place of birth by providing a balanced description of the benefits and risks of the different types of maternity settings. This will include information on midwife-led units, homebirth and consultant-led units.

17. The HSC will consider how best to maximise choice in intrapartum care while also meeting other key priorities and statutory obligations. A networked approach to maternity care, with cross-boundary flows between HSC organisations, and possibly other jurisdictions, will be necessary.

18. Where a consultant-led unit is provided, a midwife-led unit will be available on the same site. As well as providing services for the local population, the Belfast Trust will provide the regional centre for Northern Ireland to care for the most complex cases.

19. Freestanding midwife-led units will be considered as an option for the provision of accessible, high-quality, sustainable, and effective maternity care.

20. Inappropriate variation in practice will be reduced by examining all intervention rates, and benchmarking against comparable units across Northern Ireland, the rest of the UK and Republic of Ireland.

21. Postnatal care, provided by the maternity team in the community, will offer a woman- centred home visiting schedule which will be responsive to need for a period of not less than 10 days and will include visiting by midwives and maternity support workers.

22. Women will be advised and encouraged to attend their six-week postnatal appointment, with the appropriate clinician(s).

Produced by:

Department of Health, Social Services and Public Safety,
Castle Buildings
Belfast BT4 3SQ

Telephone: (028) 9052 3419

Textphone: (028) 9052 7668

www.dhsspsni.gov.uk

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