

Bristol Primary Care Trust  
North Somerset Primary Care Trust  
South Gloucestershire Primary Care Trust



## Improving and developing maternity and newborn services

Seeking your views  
30 June to 17 October 2008

# Contents

Section	Page
1 Purpose	1
2 Introduction	2
3 How are services provided now?	3
4 Why are changes needed?	6
5 How will services change?	8
6 Making the whole system work well for all	12
7 How will we ensure these improvements happen?	14
8 You tell us	15
9 For further information	16

Section	Page
10 Jargon Buster	17
11 Appendix: Quality Standards and Targets	19
12 Notes	22
13 Feedback form	23



# 1. Purpose

**T**his booklet is about the Review of Maternity and Newborn Services for Bristol, North Somerset and South Gloucestershire that we are undertaking.

We are Bristol Primary Care Trust (PCT), North Somerset PCT and South Gloucestershire PCT.

So far our work has included identifying the areas where you want to see the experiences for parents and babies improve and where emerging national standards tell us that we have to make changes.

We have looked at different ways of making these changes. Now we want you to comment on our suggestions. We are seeking your views from 30 June to 17 October either by completing the form at the back of this booklet or through one of the many meetings that we are holding. Public meetings will be chaired by the chief executive of each PCT:

## **Bristol**

Monday 6 October, 6.30-8pm  
The Hall, Broadmead Baptist Church,  
Broadmead, Bristol

## **South Gloucestershire**

Monday 22 September, 10-11:30am  
Oak Hall, Jubilee Centre, Bradley Stoke

## **North Somerset**

Tuesday 2 September, 6.30-8pm  
Portishead Folk Hall

Thursday 18 September, 6.30-8pm  
St James Church Hall, Winscombe

Tuesday 7 October, 10.30am-noon  
The Campus, Highlands Lane, Worle,  
Weston-super-Mare

We will also be arranging to meet with special interest groups.

## 2. Introduction

**A**cross Bristol, North Somerset and South Gloucestershire, a review has been underway since 2006 looking at services for birth and the newborn.

We have received a lot of advice from the public and experts on how they would like the services to develop.



From consulting the public and the professionals, we understand we should aim to do the following:

1. Promote normal childbirth
2. Provide choices for where and how mothers give birth
3. Provide safe and effective care to national standards
4. Reduce inequalities in the health of parents and babies
5. Make the best use of resources
6. Attract and retain staff by offering good experience and opportunities for development.

# 3. How are services provided now?

## Confirming pregnancy, assessment and booking further care

Many women use home testing pregnancy kits. Most contact their general practitioner (GP), who can refer them to a midwife to discuss their pregnancy and the services available.

## Care during pregnancy



Women attend antenatal appointments at their local health clinic or at the hospital. Community and hospital midwives, consultant obstetricians and other health professionals provide this care. The NHS provides antenatal

classes in community clinics and other settings.

Community midwives work in local teams. Some midwives have special roles such as supporting teenage mothers. There are specialist midwife services at the hospital too, e.g. for mothers with problems such as substance misuse.

## Birth

In 2007 there were approximately 10,800 births in hospital of which 5300 were at Southmead Hospital, 4900 were at St Michael's Hospital, 300 were at Weston.

About 300 women gave birth at home. In addition to women living in Bristol, North Somerset or South Gloucestershire,

approximately 600 women from outside the area gave birth in either Southmead, St Michael's or Weston.

Southmead and St Michael's Hospitals have both consultant-led and midwife-led maternity units. Weston is a birth centre. There is currently no birth centre in Bristol or South Gloucestershire.

The places where women give birth are:

### **At home**

Home births are supported by community midwives. Antenatal and postnatal (before and after birth) care are provided both in the hospitals and by community midwives.

### **Birth centre**

A birth centre is run by small teams of midwives and maternity support workers, in a home-like atmosphere. Birth centres are designed for women who are having a healthy pregnancy and are expected to have

a normal birth. Currently the only birth centre is in Weston. Women need to transfer to the consultant-led unit in Bristol by ambulance, if a problem were to develop with them or their babies.

### **Midwife-led units at Southmead and St Michael's Maternity Hospitals**

These are based in the same building as the consultant-led units and are suitable for women for whom a less medicalised atmosphere is the right choice. Women would need to move to the consultant-led unit if a problem were to develop.

### **Consultant-led units**

These are based in Southmead and St Michael's Hospitals,



primarily for women with medical, pregnancy or labour complications or for women planning to have an epidural for labour. Anybody can choose to have their baby here if they wish.

About one in four women have their baby by caesarean section. This is close to the national figure but just like the national trend it has been rising. In addition there are other ways of assisting births (e.g. ventouse and forceps, episiotomies, inductions) which we would like to ensure are kept to a minimum.

### **Care of babies following birth**

All babies are examined straight after birth. Most are healthy and do not need specialist health care. For those that do, care is provided by Neonatal Services at Southmead Hospital and St Michael's Hospitals. Babies with the most complex health problems receive intensive care. If these babies are born outside a hospital with intensive care

facilities, they will be transferred by a specialist transport team to the nearest intensive care unit. Those with less severe problems have high dependency care. Those with the least severe problems have special care. Both hospitals provide all three types of care for local babies and for babies from across the South West.

### **Care of mothers following birth**

At home mothers are visited by their midwife who will check that they and their baby are doing well and who will offer advice and support.

Most mothers need only a short stay when giving birth at a birth centre or at the hospital, but those having caesarean sections normally stay in hospital for up to five days.

## 4. Why are changes needed?

**D**uring this review, we have heard much praise and support for local services, but you have told us that some changes are needed because:

More active support for normal childbirth is needed. Year on year increases in the use of caesarean section in the UK during the past decade are one indicator causing concern.

We have defined normal birth as:

**“Without induction, without the use of instruments, without caesarean section and without epidural, spinal or general anaesthetic before or during delivery”**

Women want one-to-one midwife care in labour and the evidence suggests that this reduces interventions and improves outcomes.

Women’s choices of where to give birth are limited. Home births are not always available and only Weston offers the choice of birth under the care of a midwife at a birth centre.

The midwife-led units at Southmead and St Michael’s Hospitals are popular and would benefit from further development. Feedback from women suggests that a range of improvements could be made to enhance their birth experience.

Women want to exercise their choices. They need



information and support to do this. This takes time and help from translators is needed for some women. This can be difficult to obtain.

It can be hard for women to find out how to get care when they are pregnant.

Women tell us that they want to know the midwives who will care for them during pregnancy, labour and birth and after their babies are born.

Some women need extra help in using the health services and would like the service to be more sensitive to their needs, for example women who would like the choice of 'women only' antenatal classes.

Some fathers feel that the NHS needs to be

more supportive to enable them to be involved in antenatal care and birth.

Some women and babies are less likely to be healthy than others. These health inequalities affect fathers too. They are more likely to affect people from poorer backgrounds, those who are very young and people from black and minority ethnic groups. Women who were not born in this country do not always understand how and when to access services when they are pregnant. This can affect the health of the mother and baby.

Unfortunately some babies will die and we understand that we need to improve support for parents in this circumstance.

# 5. How will services change?

## **Care before becoming pregnant**

We will promote care before pregnancy, providing advice for all women on being healthy and planning to have a baby, so that we can help reduce problems during pregnancy and beyond. We will develop and deliver targets to reduce the number of low birth weight babies born to women in our area.

## **Confirming pregnancy, assessment and booking further care**

We will promote the choice of midwife as the first point of contact for pregnant women, rather than automatically seeing their GP when booking their first appointments. Ways of contacting the local midwifery team will be better advertised.

Community midwifery services will

8

increasingly be designed around the needs of the women they serve: this will help to tackle health inequalities in their localities. For example, where rates of breastfeeding are low, we will strengthen support for mothers who want to breastfeed.

Better language support services will be available for women who do not speak English; this includes translation and interpreting as well as access to learning English.

We will promote early contact with a midwife when women become pregnant, so that they can have the benefits of effective antenatal care and support as early as possible.

## **Care during pregnancy**

There will be a wider choice of antenatal

classes. Mothers and fathers will choose the type of class that will help them most. There will be classes designed for teenage parents, refresher classes for second-time parents and more information and advice on coping after the birth.

We hope that different organisations such as the National Childbirth Trust will provide antenatal classes on behalf of the NHS, in addition to NHS antenatal classes.

Midwives will take more time to explain the different choices for where women can give birth. They will explain the new choice of the Cossham Birth Centre, having a home birth and how midwives can help mothers to have a normal birth.

## **Birth**

There will be more **choices** of where to have a baby to help more women to have a **normal birth** in a setting of their choice. We will enable more women to have a home birth. We will work towards the South West England target of 10% of women giving birth at home

The birth centre in Weston will continue and we will open a new birth centre at Cossham. We will build on the successes of Weston and Cossham Birth Centres and develop further birth centres as demand grows so that more women will have the opportunity to give birth with a midwife they know, near their home

The midwife-led unit at Southmead will expand and develop so that more mothers

can enjoy a home-like environment. The midwife-led unit at St Michael's needs to be developed so that it is more home-like and autonomous, and is staffed by midwives dedicated to the unit. We will work towards the South West England target of 30% of women giving birth in units led by midwives. This target includes birth centres and midwife-led units at local hospitals.

Not all of these choices will be recommended for all women. For many women with health problems or complications, care at a consultant-led unit would be recommended. Some women without problems might still choose the consultant-led unit. There will still be a choice of two consultant-led units in Bristol (at Southmead and St Michael's Hospitals) with specialist Neonatal Services on site. St Michael's will continue to provide

care for newborn babies that need surgery.

More women will have one-to-one care from a midwife during labour. This will help to promote normal birth.

Women who develop unexpected problems giving birth at home or at a birth centre, will be rapidly transferred by ambulance to a hospital consultant-led unit. Women who develop unexpected problems at the midwife-led units will move to the adjacent consultant-led units.

Tragically some babies are stillborn or die within the first few weeks of life. We will make a commitment to reduce the number of stillbirths and neonatal deaths through improvements in antenatal care of the middle and later stages of pregnancy in

order to diagnose more accurately where a problem may exist which could lead to the death of a baby.

### **Care for mothers following birth**

Women will be able to choose to have their postnatal care with a midwife at home or at their local clinic or birth centre.

We are developing a strategy to provide more services for women with postnatal depression and other mental health problems during and after pregnancy.

### **Care for babies following birth**

Babies needing specialist care will still be looked after by the Neonatal Services at Southmead or St Michael's Hospitals. Babies who have been born unwell at home or at

birth centres or who develop problems shortly after birth will be transferred by ambulance to the Neonatal Services at Southmead or St Michael's Hospitals. We will ensure that sufficient support is provided to families following the death of a baby. This includes a commitment to providing specialist, easily accessible counselling services to the families.

The new standards that we will be working towards are listed in the appendix at the end of this booklet.



## 6. Making the whole system work well for all

**W**e need to be sensitive and consistent in helping women who are particularly vulnerable, whether they are a teenager, a prisoner, a woman from outside the UK perhaps unable to speak English, a woman who has experienced abuse, physical or mental illness or disability, or a woman who has had a miscarriage or death of her baby. These are only a few examples.

Good practice and excellent services are under way in some localities. We will provide more:

- Maternity support workers to work alongside midwives
- Continuity of midwifery care
- Drug liaison midwives
- Specialist mental health liaison clinics
- Bereavement counsellors and bereavement midwives.

Community midwifery services will increasingly link with other services and organisations sharing a common interest in the welfare of women and their babies. They will be designed around the needs of their locality so that resources can be targeted and used most effectively to tackle health inequalities – for example support to stop smoking is needed much more in some localities than others.

Meeting clinical standards and safety will continue to be fundamentally important as these changes are implemented. Our services will continue to work towards national guidelines and standards and participate in national



patient safety schemes.

Staffing models will meet the needs of the service e.g. one-to-one midwifery care in labour, obstetric consultant cover on labour wards and appropriate staff-to-cot ratio in neonatal intensive care units. Workforce requirements will reflect the known demographic changes and increases in birth rates.

We will endeavour to increase the numbers of midwives in line with appropriately agreed local targets. The development of different birth experiences and new roles will aid recruitment and retention and will support the aims of our maternity services. We will have maternity support workers and consultant midwives.

We will work to ensure that more midwives get to know women during their pregnancies and to be with them when and wherever they give birth. Education and training programmes will ensure that midwives are confident in supporting all types of births e.g. home births and women with complex medical and social needs.

We will provide better support for parents if a baby dies, by offering more staff training on how best to help parents following bereavement and during subsequent pregnancies.

We believe that these changes will help us to meet the vision and objectives of the Review and to give parents and babies the best possible experience of childbirth and the early days of life.

# 7. How will we ensure that these improvements happen?

**W**e will expect to see improved levels of satisfaction expressed by women using the services.

Safety will be fundamental: we will monitor indicators of the health of babies and mothers, and important indicators of how well the services are working. For example, we will closely monitor the time it takes for women who unexpectedly need transfer during labour to reach a consultant-led unit.

We will reconvene a Maternity Services Liaison Committee where lay people and professionals from a range of organisations can continue to maintain and help shape changes.



# 8. You tell us

## What is most important to you?

## What do you think of the changes that we are suggesting?

1. More promotion of the importance of care before becoming pregnant
2. Direct access to a midwife without having to see a GP first
3. Targeting some resources to those with the highest need, for example by improving translation and interpretation services and access to English classes
4. Employing specialist midwives to work with vulnerable women such as teenagers, drug users, etc
5. A wider choice of antenatal classes
6. More choice of where to give birth
7. More women to have a home birth or a birth in a more home-like environment
8. Women to have one-to-one care from a

midwife during labour

9. Women will be able to choose to have postnatal care, individually or in groups at their local health centre rather than at home
10. Improvements to services for women with mental health problems
11. More training for midwives e.g. to help parents following the death or illness of their baby.

## Do you have any other suggestions?

We will be seeking your views between 30 June and 17 October and working hard to get as many people's views as possible. We hope that you will tell us what you think of the changes suggested. You can use the feedback form on page 19, or you can telephone, email or write to the BHSP office as listed on page 16 of this booklet.

# 9. For more information

**T**here is more information available about the Maternity and Newborn Services Review including national standards and guidelines on delivering maternity and newborn services. Further information can also be found on the Bristol Health Services Plan website: [www.avon.nhs.uk/bhsp](http://www.avon.nhs.uk/bhsp)

Please contact the BHSP Office if you would like:

- to get further information
- to talk to someone about maternity services
- to arrange a visit to any of the services described
- to arrange for us to come and talk at your group.

Bristol Health Services Plan  
Freepost BS1 078  
King Square House  
King Square  
Bristol, BS2 8EE

Telephone: **0800 015 5127**  
Email: **bhsp@bristolpct.nhs.uk**  
Minicom: **0117 900 2675**

All responses may be made public, unless you ask us to keep them confidential. We will store and process your information in line with the Data Protection Act.

Please also contact us at the above address if you need further information or information in a different format, e.g. Braille, another language or large print.

# 10. Jargon buster

**Acute trusts** manage hospitals including hospital and community maternity services and ensure that hospitals provide high-quality healthcare, and that they spend their money efficiently. They also decide on a strategy for how the hospital will develop so services can improve. The acute trusts involved in this review are:

- United Bristol Healthcare NHS Trust
- North Bristol NHS Trust
- Weston Area Healthcare NHS Trust.

**Antenatal care:** Professional care provided to a woman and her partner to support them and their baby through the pathway of pregnancy and to help them achieve the best possible health, psychological and social outcomes for the mother, baby and family.

**BHSP:** Bristol Health Services Plan, the NHS

plan for health services in Bristol, North Somerset and South Gloucestershire. It covers both acute and community hospital services.

**Caesarean section:** An operation where the baby is delivered through an incision through the abdominal and uterine walls.

**Consultant:** A doctor who is fully trained in a particular specialty area and has the ultimate responsibility for the clinical care of patients.

**Home birth:** This is usually a planned event where the woman gives birth at home, with care provided by a midwife. Should complications arise, all NHS home birth services are provided within a functioning, swiftly responsive and well understood local network of emergency services and transfer arrangements.

**Involvement:** A method of involving stakeholders in planning or reviewing services.

**Midwife:** A midwife provides advice, care and support for women, their partners and families before pregnancy, during pregnancy and labour and after birth. Modern maternity practices provide a 'woman-centred' approach allowing choice and continuity of care.

The work involves caring for newborns, providing health education and parenting support. Midwives are responsible for newborns for the first 28 days, after which care transfers to a health visitor.

**Neonatology:** A subspecialty of paediatrics that consists of the special care of newborn babies, especially those who are ill or are born prematurely. It is a hospital-based specialty, and is usually practised in neonatal intensive care units.

**NHS South West:** One of ten new Strategic Health Authorities across South West England, created by the merger of the three former Strategic Health Authorities in the region - Avon, Gloucestershire and Wiltshire, Dorset and Somerset and the South West Peninsula.

**Normal birth:** Birth of a baby without induction, without use of instruments, without caesarean section and without epidural, spinal or general anaesthesia

**Primary Care Trust (PCT):** PCTs commission health services for their local population. They can also provide local community health services. The three PCTs involved in this review are Bristol PCT, North Somerset PCT and South Gloucestershire PCT

**Stakeholders:** Those involved in influencing, providing and receiving health services.

# 11. Appendix

The Standard to be achieved		Measure
<b>Choice of antenatal care</b>		
1	Women will know how to refer themselves to local midwifery services as soon as they discover that they are pregnant	100% of women by March 2009
2	All women will be able to access antenatal care in a way that that enables them to build a relationship with their midwives throughout their pregnancy.	Improved results from feedback year on year to March 2011
3	Women will be able to visit the place where they plan to give birth	100% of women offered a visit by March 2009
4	Women and their partners will be able to choose from a wider range of ante natal class types, including women only, young people only, mixed groups	100% of women offered choice by March 2009
<b>Choice of Birth setting</b>		
5	Women are to be able to choose whether they give birth at home, in a birth centre or in a hospital, or to understand and accept any clinical reasons they were advised differently on	100% of women assessed and given appropriate choices by December 2009

The Standard to be achieved		Measure
<b>Making the birth experience as normal as possible</b>		
6	Increase the numbers of babies born at home from current 3%	To achieve 7% to 10% by March 2011
7	Increase the number of babies born in birth centres and midwife units	To achieve 30% by March 2011
8	Reduce the caesarean section rate to a nationally recognised evidence based safe level	Reduce by 1% per year, until the best understood optimum level is achieved
9	Maternity units will be staffed to locally agreed levels. This will include sufficient midwifery or midwifery assistant staff for one to one care in labour. Also at least 98 hours of consultant presence in the delivery unit per week	95% of each target staffing levels to be achieved by December 2009
10	Mothers or babies developing problems that need transport to another unit will be collected by ambulance as quickly as necessary	100% emergencies within 8 minutes by March 2009. 100% other transfers within 30 minutes, by December 2009
<b>Post natal care</b>		
11	Women to be able to have their postnatal care at home or at a clinic	100% of women offered choice by March 2009

<b>The Standard to be achieved</b>		<b>Measure</b>
<b>Post natal care (continued)</b>		
12	Intensive care units for very sick newborn babies to comply with the standards set out by the British Association of Perinatal medicine, by December 2009. This includes one-to-one nursing care and 24 hour resident medical cover for intensive care	95% of each target staffing levels to be achieved by December 2009
13	All parents experiencing the death of their baby will be offered a quiet and private place in hospital for as long as they need. They will also be offered longer term support	100% by December 2009
14	Ensure sufficient newborn intensive care cots to provide for all local babies as well as those brought in from a wider area for specialised care	No refusals by March 2011
<b>Making the system work for all</b>		
15	Women to have started their antenatal care before 12 weeks	90% to 98% by December 2011
16	Prevent low birth weight	3 year rate of low birth weight to be better than rate for England
17	Reduce the high rates of low birth weight in babies born to the most disadvantaged mothers	Downward trend each year in the percentage of babies born at low birth weight to mothers living in the most disadvantaged fifth of households
18	Every woman requiring telephone interpreting services will have access to this 24 hours a day	95% by 2009

# 12. Notes

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## 13. Feedback form

**W**e want you to tell us about the changes we are suggesting to maternity and newborn services in our area. It would be helpful if you could think about the listed changes and questions on page 15 and use the space below to tell us what you think. This self addressed sheet can be torn off and sent Freepost to the BHSP office. If you need more space, remember you can write, phone or email us with your comments at the BHSP office (details on page 16).

**What is most important to you?**

**What do you think of the changes that we are suggesting?**

**Do you have any other suggestions?**

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Bristol Health Services Plan  
Freepost BS1 078  
King Square House  
King Square  
Bristol, BS2 8EE

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tear here

Bristol Health Services Plan  
Freepost BS1 078  
King Square House  
King Square  
Bristol, BS2 8EE

Telephone: **0800 015 5127**  
Email: **[bhsp@bristolpct.nhs.uk](mailto:bhsp@bristolpct.nhs.uk)**  
Minicom: **0117 900 2675**

If you need further copies of this booklet or in another format such as Braille, large print or another language please contact the above address.