
## Reading, Wokingham and West Berkshire Areas

# Maternity Services Liaison Committee

# Annual Report, April 2012- March 2013

## Summary

This has been a busy year for the MSLC, staying in touch with what is happening in the Royal Berkshire Hospital Maternity Unit ('RBH'), including the new Rushey Midwife-led Unit, and preparing for the transition to new commissioning arrangements.

At our quarterly meetings we have discussed a range of topics including:

- feedback on services collected by both RBH and our MSLC Parent Group
- key indicators such as the normal birth rate and the caesarean birth rate

Presentations made to us have included a short talk about the results of the UK Birthplace cohort study given by a parent representative member, and a visit from a member of the Poppy Team of midwives, who told us about their work supporting vulnerable women.

Members have worked together on a number of RBH projects, with parent representatives supporting preparations for the opening of the Rushey Midwife-led Unit and contributing to the RBH project to extend visiting hours and make it possible for a woman's partner or supporter to stay overnight with her, in certain circumstances.

MSLC Parent Group has increased the number of feedback collection sessions held to listen to new parents, focusing on Children's Centres in Reading. We now have a Facebook page, with a link to the MSLC Parent Group online survey, which we plan to promote in the coming year.

The RBH maternity unit remains very busy. The MSLC team is looking forward to working with the new commissioning team at the Berkshire West Federation of Clinical Commissioning Groups to support the commissioning of services that are evidence-based, take into account the views of local women and their partners, and are structured to ensure that all women have access to community services and birthing facilities that are local to them.

### Additional information:

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|---|---|
| Facebook (MSLC Parent Group) (with link to survey) | https://www.facebook.com/ReadingMSLC |
| Our MSLC web page hosted by RBH | http://www.royalberkshire.nhs.uk/MSLC |
| Blog (MSLC Parent Group) | http://westberksmslc.wordpress.com/ |
| RCM/NCT/RCOG consensus statement | MSLCs consensus statement 2013 |
| MSLCs national website | http://www.chimat.org.uk/mslc (with link to our website) |
| Commissioning resource | Commissioning Maternity Services: a Resource Pack to support Clinical Commissioning Groups published by The NHS Commissioning Board in July 2012. |

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# 1. About the MSLC

The Maternity Services Liaison Committee ('MSLC') is an independent working group that looks at how maternity services are working locally. The Committee reports to the Primary Care Trust. From 1st April 2013, the group will report to the new Berkshire West Federation of Clinical Commissioning Groups (groups of GP practices working together to commission services.)

Formal contact with the Royal Berkshire Hospital Foundation Trust ('RBH') occurs mainly through the clinical governance structure of the hospital: an MSLC parent representative member attends hospital maternity clinical governance meetings, and the governance committee receives a copy of the MSLC minutes.

The MSLC's formal role is to advise the commissioners of maternity care on all aspects of maternity services, including:

- strategy for service.
- progress on implementing the standards and recommendations of the Children's National Service Framework in the area
- lessons from investigations and reviews of maternity services by the Care Quality Commission
- service specifications for maternity service contracts
- public and service user involvement.
- configuration of services.
- quality standards for maternity services and ways of monitoring standards
- clinical governance, audit and guidelines for clinical care
- the consistency in delivery of maternity services and clinical practice across the district, based on reliable research evidence.

The committee operates under the terms of reference set out in the *National Guidelines for Maternity Services Liaison Committees***.** (Department of Health, 2006).

The MSLC aims to ensure that maternity service commissioners and the maternity unit at RBH take into account of the views of women and families using maternity services. At its quarterly formal meetings, this multidisciplinary group (which includes parents, midwives, parent representatives, a commissioner and obstetricians) looks at variety of topics raised by both service user and health professional members.

## 2. Membership of the MSLC

Please see Appendix 1 for a list of current members. A lay member (parent representative) chairs the committee. The current Chair of the committee was appointed in November 2011. The Chair receives an honorarium. Parent representatives are volunteers and are paid out of pocket expenses (including childcare and travel costs).

## 3. Our work in 2012-13.

The work we have done is summarised in the table below. All women booking their care with the RBH maternity team receive a copy of our leaflet, and the posters are placed in a variety of community venues.

| Aims for 2012-13 in 2011-12 report | Activity in 2012-13 |
|---|---|
| 1. General duties under terms of reference: monitoring service commissioning, strategy, progress in implementing national policy/targets etc. | • Discussion at quarterly MSLC meetings.<br>• MSLC chair attends maternity clinical governance meetings<br>• contact between chair and RBH/PCT between meetings<br>• liaison meetings with shadow CCGs in 2012-13 |
| 2. Develop the collection of feedback from parents, and the MSLC Parent Group, to support the work of the committee. | • Ongoing – collecting feedback. Feedback collection questionnaire developed & in use.<br>• MSLC parent Group blog, Facebook page (January 2013) and surveymonkey survey all online |
| 3. Consider how we can support postnatal care (including breastfeeding support) given to mothers following birth within the Royal Berkshire Hospital. | • New volunteer recruited with interest in this area – discussions about developing work with RBH will continue in the 2013-14 year. |
| 4. Continue to comment on information provided to parents, policy documents and protocols in the MSLC area | • Chair receives and comments on draft leaflets before each clinical governance meeting<br>• Maternity Clinical Governance Chair has agreed with Chair addition of a 'questions from lay members' standing item on the maternity clinical governance meeting agenda; questions are raised at those meetings – and MSLC Chair has presented a short item about MSLC |
| 5. Maintain liaison with other groups including the Storks Fund and build liaison with other hospital groups, | • Liaison with Stork Fund continues (Lisa Ramsey)<br>• Catherine Neil represents Buscot parents<br>• Chair attending RBH Patient & Public Involvement Stakeholder group. |
| 6. Monitor progress towards opening of the separately managed Midwife Led Unit. | • Rushey Midwife-led Unit opened in autumn 2012<br>• MSLC Parent Representatives contributed ideas about 'what matters to women' to support the Rushey team in developing their 'statement of team values'<br>• MSLC contacts contributed some low-tech resources (massage instruction cards, 'positions for labour & birth' cards, and birth balls provided by nct antenatal practitioners) and facilitated a donation of £500 towards equipment for mothers to use in labour. |

| | |
|---|---|
| 7. Continue to help with the development of the pilot project to extend visiting hours for partners and the possible extension of this into a pilot project to allow partners to stay overnight (subject to availability of suitable rooms and other necessary conditions) | • Pilot was successful: RBH has now extended visiting hours to 9am-9pm; partner/supporter can stay overnight if there is a clinical need for support (eg induction and in need of pain relief) and a suitable room is available, subject to certain conditions (staying over also possible where no clinical need if a room is available - a fee is charged)<br>• Parent rep has reviewed the relevant 'maternity information leaflet' for parents |
| 8. Continue to carry out annual birth environment audit. | • Not undertaken due to norovirus outbreaks<br>• MSLC Parent Group has discussed 'walking the patch' before meetings (see MSLCs consensus statement) as a better way of approaching this in future. |
| 9. Monitor the impact on parents and families of the decision not to award the RBH neonatal unit 'level 3' status | • We understand that the number of pregnant women referred to the John Radcliffe Hospital for care because their baby may be born prematurely is small. We do not currently collect feedback from women who are referred to other units during pregnancy or from parents of babies who are transferred to other units. |
| 10. Recruit more service user members, as several are unable to continue to volunteer with us into 2012-13 | • 6 new parent reps have joined us, 4 of them from MSLC Parent Group |

## 4. Our meetings in 2012-13

Topics discussed and presentations made to us have included:

- feedback on services collected by parent representative members when they have been out in the community visiting mother and baby groups and working with women (several members are involved in providing antenatal preparation for birth; two are doulas);
- complaints received by the maternity unit;
- staffing and capacity updates including details of occasions when the unit is operating at full capacity
- a presentation from the new 'Poppy Team' - midwives who work with vulnerable women;
- how parents are cared for if, sadly, their baby is stillborn
- policy on eating and drinking in labour
- a presentation by a parent member about the results of the large UK Birthplace cohort study, published in November 2011, which analysed birth outcomes for more than 64,000 women (all with 'low risk' pregnancies) and their babies according to planned place of birth at the start of care in labour
- plans to improve the environment and facilities in the maternity ultrasound department
- future arrangements for commissioning of maternity care

Copies of Minutes of all MLSC meetings held in 2012/13 are held by the Chair and by the Berkshire West Primary Care Trust (NHS Berkshire).

## 5. MSLC Parent Group

A service user forum, the 'MSLC Parent Group', works to inform the work of the MSLC and to contribute to MSLC projects. The group provides support to parent representative members and time to discuss MSLC work, and also includes some supporters who work with us on collecting feedback from parents.

We meet three or four times in the year. We thank the manager of the East Reading Children's Centre for providing us with a room in which to meet. We thank the parents who have given us their feedback, and the staff at the various Children's Centres and at The Warehouse parent and child group for their support.

Feedback has been collected at:

- Pangbourne Children's Centre
- Katesgrove Children's Centre, Reading
- Rupert Square Children's Centre, Reading
- Amersham Road Children's Centre, Reading
- The Warehouse, Reading

We have begun to collect feedback online, and will review this approach in our next report.

## 6. 2012-13: Chair's Review

**Our area: some background and context**

The RBH maternity unit continues to be busy, with around 6,000 babies born this year (as in each of the last three years - for more detailed information please refer to RBH Maternity Services Reports, available on the RBH website.)

Key end of year figures for 2012-2013 were:

59 % normal births (spontaneous vaginal births – includes medically induced labours)
15% assisted births
26% births by caesarean section

The caesarean birth rate remains a little higher than the target rate RBH is currently trying to achieve (23%).

It is pleasing to note that almost all women responding to an on-going RBH maternity survey this year have reported receiving on-to-one care when in established labour; that fewer than a third, typically, say that they were left alone in labour at a time when it worried them; and that almost all report feeling involved in decisions about their care.

Additional background information to set the MSLC's work in context is provided by the Berkshire West Joint Strategic Needs Assessment ('JSNA') for 2012/13
The summary notes:

- the mix of wealthy and very deprived areas across Reading, Wokingham and West Berkshire, and the pattern of ethnic diversity
- that Reading has a young population, which is ethnically diverse – the 2011/12 JSNA noted that Reading is the third most ethnically diverse town in the South East
- that West Berkshire has a mix of suburban and rural areas, and that younger families are moving into an area with a higher proportion of older people (and lower diversity) than the national average
- that Wokingham has many young families amongst an aging population (in which older people are moving into the area).

During this year, the MSLC has responded to consultations on the draft strategies for the Reading Health & Wellbeing Board and the West Berkshire Health & Wellbeing Board – copies in Appendix 3.

**Feedback from parents on maternity services: themes**

Reviewing the feedback that parent representative members have collected from women (and some partners) both in feedback sessions and in the community:

- Overall, parents report that the service is extremely busy, and staffed by people whose kindness and commitment is appreciated.

- Parents are aware that occasionally women are sent to other units to give birth. It is an on-going concern for MSLC that there continue to be 'diversion periods' – times when women may be sent to other hospitals to give birth, and a very small number actually are.

- Typically the positive comments about care that we receive outnumber concerns by at least two to one. Typical examples include:

  *'One mum said: she had a really good experience – helped with breastfeeding. Midwife encouraged use of the pool…Theatre staff were brilliant. The way they talked made her feel confident.'*

  *'Midwife helped me to find good positions during labour and birth and offered aromatherapy massage'*

*'[My baby] was born [spring 2012] on Marsh Ward [previous location of midwife-led service]. I had a fantastic midwife named [name]. I had great support with expressing and breastfeeding while on Marsh Ward'*

*'The delivery suite was really good & the midwives were brilliant…'*

- Some parents do report experiencing attitudes and behaviours when being cared for that they did not like – as MSLC members we know that an RBH-initiated training project is working with staff to create time for reflection on communication when working in a busy environment.

- As in 2011-12, quite a few comments reflecting the pressures on the service - about seeing more than one midwife antenatally, for example, or feeling that staff on the postnatal ward are in a rush.

## 7. Work for 2013-14

We aim to:

- continue to work with RBH on midwifery service improvement projects
- continue to monitor key indicators such as numbers of complaints, staffing and capacity (including diversion periods), normal birth and C-section rates.
- continue collecting feedback on services, focusing on visiting childrens' centres where we hope to reach a more diverse range of parents, and promoting our Facebook page, which links to our online survey (MSLC Parent Group)
- continue to review feedback on services collected by RBH
- develop our work with the participation of our new commissioner members,

## 8. Acknowledgements

The Chair would like to take this opportunity to thank to all the MSLC members (parent representatives, health professionals and commissioners), and those members of MSLC Parent Group who are not members of the formal committee, for their time and commitment. The support given to the MSLC by both Berkshire West Primary Care Trust (now part of NHS Berkshire) and the Royal Berkshire Hospital NHS Foundation Trust is appreciated.

Catherine Williams
MSLC Chair

# Appendix 1: Membership List.

| | |
|---|---|
| Emma Cantrell | Parent Representative (from Spring 2013) |
| Janice Fadden | Parent Rep |
| Helen Sturk | Parent Rep |
| Jen Townsend | Parent Rep (on 'maternity leave' from meetings until spring 2013) |
| Sarah Curtis | Parent Rep (NCT Antenatal Practitioner, Reading – standing down spring 2013) |
| Karen Mitchell | Parent Rep (Doula, Lamaze) |
| Emma Lofty | Parent Rep (NCT Antenatal Practitioner, Reading - from spring 2013) |
| Catherine Neil | Buscot (neonatal unit) Parent Rep<br>(Buscot Parents' Drop-in Leader; NCT Postnatal Practitioner). |
| Lisa Ramsey | Parent Rep (Storks Fund link rep; Doula, Lamaze) |
| Amy White | Parent Rep (NCT Antenatal Practitioner, Newbury area) |
| Catherine Williams | **Chair** / Parent Rep<br>(NCT Antenatal Practitioner, Henley & Twyford) |
| Kirsti Wilson | Parent Rep |
| Helen Willingdale | Twins & Multiples Rep (Associate Member) |
| Dr Stephen Madgwick | West Berkshire CCG Federation Maternity Commissioning Strategic Lead |
| Shairoz Claridge | Berkshire West PCT (then Strategic Planning and Service Redesign Manager (Berkshire), South Central Commissioning Support Unit) |
| Brian Reid | Obstetrician & Clinical Director |
| Linda Rough | Matron for hospital maternity services |
| Jean Sangha | Matron for community and midwifery-led services, |
| Jane Siddall | Obstetrician |
| Annette Weavers | Consultant Midwife |
| Liz Williams | Supervisor of Midwives |
| Gill Valentine | Director of Midwifery, RBH |

# Appendix 2 – feedback reports – an example

# Collecting feedback on services: parents' voices

Maternity Services Liaison Committee
Reading, Wokingham & West Berkshire Areas

## Feedback on maternity services collected at The Warehouse Community Centre, Cumberland Road Reading 14 November 2012

MSLC Parent Group Reps: Maz Wraight, Janice Fadden & Catherine Williams

Around 50 women with babies and pre-schoolers - babies generally aged around 6 months (one or two older babies too). We asked the parents to write on post-its what they liked about their maternity services, anything that was maybe not so good – and any suggestions for improvement. (If asked, we wrote down their words as they spoke and read back to them what we had written)

Talking to women individually or in small groups, we explained that their words would be shared with MSLC; that we look for themes in feedback we collect by going out and visiting groups (rather than looking at individual cases); and a bit about how all MSLC members (parents, midwives & doctors) work together to review services and make improvements. Any details that might identify individuals are omitted below.

**Usually we collect feedback from mothers of babies born in the last year. In this setting we met and talked to some mothers of slightly older children who shared their feedback with us, which is included here. Though we recognise that services develop and change over time, the experiences and views of these parents help to illustrate what matters to women.**

## This is what the women wrote/said:

### What was good:

'*A very good experience in terms of support. Student seemed to be a little bit more confident than the main midwife! Midwife used the word 'scary' of what might happen - this was a little bit strange. Things explained well but not in a reassuring tone. Overall care really good. (Father, first language Arabic, fluent English speaker. Baby newborn.Nov 2012)*

*'Planned c section. They were fantastic. Very reassuring. Placenta praevia meant quite a few visits to hospital. Care was excellent. There was one midwife who was in the day Assessment Unit who was a bit fierce.* [mum gave feedback at the time]. *Because small and early nursery nurses suggested topping up with formula. Mum feels if had been a new mum their approaches could have made*

*her a bit nervous. She did what she thought [not waiting for heel prick if baby hungry].' (baby 5 months, Nov 2012)*

*'Wonderful experience of midwife support. Help getting baby to drink. Good information and ideas.' (baby 18 months, Nov 2012)*

*'Lovely staff at hospital. Appointments with doctor and midwife beforehand.' (child 3 years; Nov 2012)*

*'Same midwife antenatal: good. Saw consultant about shoulder dystocia risk. Placed under unnecessary stress by consultants about induction – i.e. induce because of shoulder dystocia.' (baby 7 months; Nov 2012)*

*'Enjoy be mother. Having time with him.' (English not first language; baby 1 year; Nov 2012)*

*'Lovely midwife – really good experience – telling me exactly what was happening – giving choices. She asked before she touched – quite good in that sense. Midwife wrapped baby up and got her ready to go home – this was quite nice. Midwife allowed time for* [the baby's] *sister to meet baby in hospital as planned so not confusing* [for the sibling]. *One to on*e [care in labour] *great in contrast to last birth (lots of different midwives.' (baby 7 months; Nov 2012)*

*'Very positive feelings about birth after last traumatic birth. Several appointments with professionals before birth to reassure. Anaesthetist present as soon as in labour. Transfer between anaesthetists- good communication.' (baby 8 months; Nov 2012)*

*'C section went well. On ward very little support, Help not forthcoming. Particularly at night.' (child 3 years; Nov 2012)*

*'C section, baby breech. Experienced very nicely. Good aftercare.' (baby 2 years; Nov 2012)*

*'A very positive experience overall. Midwives very helpful and attentive. Needed to stay in 5-6 days and didn't feel a burden to staff.' (baby 2 years; Nov 2012)*

*'Once you're on the labour ward and your midwife is with you they are very polite, understanding, patient and kind. I feel happy, comfortable and supported.' (baby 1 year; mother of 5 babies; Nov 2012)*

*'[I] had SPD – pelvis problem – under consultant [care] – good. Induction booked but left to wait 5 hours for bed. Told to go home and come back but transport was an issue.' (baby 5 months; Nov 2012)*

*'[midwife] is fantastic … Third baby took 45 minutes to birth – didn't have time to call ahead. Quickest service ever on Christmas Day – [short time] on Delivery*

*Suite! I had everything I wanted. They were fantastic. Also antenatal and postnatal care. Home visits good. One [maternity care assistant] was rude – I complained – she didn't come back – they were listening. Also [doctor] is very good and uses common sense – "Ok you know what you are doing – go!"' (baby 10 months; mother of three; Nov 2012)*

*'They take good care of you. Anything you need they try to make it easy. They always ask if you need any help.* [RBH took good care of language needs – offered interpreter – not needed] *(baby 1 year; mother's first language Fulani; Nov 2012)*

*'Positive experience – sections – difficult being bed-bound early on. Breastfeeding help was good. Need help to bath baby.' (child 3 years, Nov 2012)*

*'Very understanding at scans with toddler in tow. English not first language – explained nicely.'*

*'My midwife care was fantastic – stayed with me throughout – no complaints. Felt a bit unsupported by one midwife with breastfeeding but another was fantastic.' (baby 6 months; Nov 2012)*

*'Aftercare very good after traumatic birth. Conversations with midwife and anaesthetist the next day. Month later with midwife.' (child 3 years; Nov 2012)*

*'Second birth midwife really listened. Hypnotherapy before birth – calming CD helped. As a result of the midwife listening, the birth was so much better.' (baby 2 years; Nov 2012)*

**Not so good:**

**{Note: Usually we collect feedback from mothers of babies born in the last year. In this setting we met and talked to some mothers of slightly older children who shared their feedback with us, which is included here. Though we recognise that services develop and change over time, the experiences and views of these parents help to illustrate what matters to women.}**

'*Seen four different midwives – I would prefer to build up a relationship, otherwise so impersonal. Keep getting general information – would like to talk about birthing pool – not raised yet. Would like to be reassured – not getting the answers I need* [mum very understanding about midwives being very busy.]' *(pregnant woman, 35 weeks, Nov 2012)*

*'Very negative about VBAC – had to push for it.' (baby 8 months, Nov 2012)*

*'Partner giving instructions/advice rather than midwife. Midwife uninvolved. Felt really rushed after birth. Change of shifts part way through didn't help. Midwife more interested in paperwork.' (baby 2 years old, Nov 2012)*

*'Miss family support.' (English not first language; baby 1 year; Nov 2012)*

*'Complaint about anaesthetist who did spinal block; didn't listen. Need more training for anaesthetists. Midwife quite negative, Things weren't explained/talked through.' (child 3 years, Nov 2012)*

'[Not a good service] *when you phone in to say you're in labour and ask to come in. There is no wheelchair by entrance of ramp when you're in contraction. Once up in the lift, you can buzz for 20 minutes and no-one will open the door to let you in when you're anxious and in pain. Very distressing.' (mother of 5 babies, Nov 2012)*

**Suggestions for improvement:**

**{Note: Usually we collect feedback from mothers of babies born in the last year. In this setting we met and talked to some mothers of slightly older children who shared their feedback with us, which is included here. Though we recognise that services develop and change over time, the experiences and views of these parents help to illustrate what matters to women.}**

*'Ask nursing staff to remember what it was like to give birth and adjust to new baby – worry, confusion, pain, hormones weepiness etc. & be more sympathetic & understanding.' (baby 2 years old, Nov 2012)*

*'Healthcare professionals must listen to women.' (baby 2 years old, Nov 2012)*

*'Have two midwives to offer team support to each other all the way through [the birth] – helps with communication.' (newborn baby, Nov 2012)*

*'Better cleaning – blood on the floor over two days. Loos shut over a period of several visits – need sorting. Given a half-eaten tray of food in the Day Assessment Unit.' (baby 5 months, Nov 2012)*

*'Six months after traumatic birth when questions arise, no support. Not told anything baby could happen before birth.' (child 3 years old, Nov 2012)*

*'Be more willing to listen to what mums want.' (baby 8 months, Nov 2012)*

*'Midwife appointments – too many for mum with lots of babies and knows what to do. Ask what the mum needs (baby 10 months old, Nov 2012)*

******

Thanks to The Warehouse toddler group team for making us welcome.

MSLC Parent Group Reps

## Appendix 3 - consultation responses

- to Reading Health & Wellbeing Board
- to West Berkshire Health & Wellbeing Board

Catherine Williams
MSLC Chair

Maternity Services Liaison Committee
Reading, Wokingham & West Berkshire Areas

Councillor J. Lovelock
Chair, Reading Health & Wellbeing Board,

12 December 2012

Dear Councillor Lovelock,

**Reading Health and Wellbeing Strategy**

On behalf of the Reading, Wokingham and West Berkshire Areas Maternity Services Liaison Committee (MSLC), thank you for asking us to participate in this consultation. The MSLC is an independent, multi-disciplinary working group that monitors and reviews maternity service provision, and advises on issues relevant to commissioning and service development.

I attach a briefing note explaining our role and work, and a copy of our 2011/2012 annual report. I am the lay chair of the group, in which service users and service user advocates work with midwives, doctors and commissioners.

Our team includes people from evidence-based advocacy organisations such as Lamaze, NCT, and TAMBA – providing you with the opportunity to engage locally with these established and well-respected stakeholders (see '*Engaging Users',* p.6 of '*Commissioning Maternity Services - A Resource Pack to support Clinical Commissioning Groups'*, NHS Commissioning Board, July 2012).

**The Strategy: Goals 2 and 4**

**(a) Breastfeeding and health**

I am pleased that the key role of breastfeeding in population health is recognised in both Goal 2 (*Increase the focus on early years and the whole family to help reduce health inequalities*) and Goal 4 (*Promote health-enabling behaviours & lifestyle tailored to the differing needs of communities*). Clearly the evidence and lessons contained in the UNICEF report 'Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK' (October 2012) and the NHS 'Infant Feeding Survey 2010' (October 2012) need to be considered, and translated into locally appropriate action, in the context of the Reading Joint Strategic Needs Assessment. All mothers need support,

however they decide to feed their babies. Helping to make it possible for more women to decide to breastfeed, and breastfeed for longer, is a concern and a goal that we share with you.

## (b) Maternity services – what matters to women

I am pleased to note that Goal Two in the draft strategy includes a commitment to high quality maternity services, and recognition of the importance of the early years of life, supporting parents and addressing inequalities. At a recent meeting of the MSLC Parent Group (MSLC service user representatives and other volunteers) I asked the group what they wanted me to tell you is important to maternity service users - what they said can be summarised as Continuity, Choice, and Confidence.

### Continuity

- A well-staffed and accessible community midwifery team so that women have an opportunity to get to know their midwife well during pregnancy. The confidence to ask questions, and to think through the choices that pregnancy and birth require us to make is built best in trusting, personal relationships in which a mother feels known and understood.

- Enough midwives in birthing locations (home, birth centre or hospital) to ensure that one-to-one care in established labour is guaranteed – because establishing rapport and a personal relationship with her carers promotes informed decision-making by the mother, normality in birth (whether the birth is complicated or straightforward) and increased satisfaction with the experience – a better start to family life.

### Choice

- All women should have choice in where they have their baby (home birth, birth in a midwife-led unit or birth in an obstetric unit – taking into account their individual circumstances, of course). This reflects one of the 'choice guarantees' specified in Maternity Matters (Department of Health, 2007).

- The opportunity for women to make genuine, informed decisions about their own care, honouring their own beliefs and feelings, while taking into account the advice of their care-givers.

### Confidence

- Women and their partners want to be confident that there are enough birthing locations locally and enough midwives to care for all women safely, and in accordance with women's needs and preferences.

## Improving the strategy

I am pleased that the draft strategy recognises that a child's environment and experiences before, during and after birth can have a lasting impact on health. It is also important to acknowledge that supporting health in the family includes addressing the mental health of a child's parents. The time around the arrival of a new baby is one when both mothers and fathers are vulnerable to depression (see http://www.nct.org.uk/parenting/postnatal-depression ). Where this vulnerability is intensified by other, pre-existing factors and health inequalities, the need for support is even greater. In the context of the complex range of health needs and the diversity in Reading's population, I would like to see supporting good perinatal mental health, for mothers and their partners, incorporated explicitly into 'What we want to see' under Goal 2 in the strategy.

## Looking to the future

The MSLC looks forward to participating in the work of the Health and Wellbeing Board, both as you develop this strategy and from April 2013. Our next formal meeting is on January 21st 2013. We would be pleased to welcome a representative of the Board to join us then to share news about your developing work.

Yours sincerely,

*Catherine Williams*

Catherine Williams
Chair, Reading Wokingham & West Berkshire Areas MSLC

Catherine Williams
MSLC Chair

Maternity Services Liaison Committee
Reading, Wokingham & West Berkshire Areas

Councillor G. Jones, Chair,
West Berkshire Health & Wellbeing Board,

13 December 2012

Dear Councillor Jones,

**West Berkshire Health and Wellbeing Strategy**

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Our team includes people from evidence-based advocacy organisations such as Lamaze, NCT, and TAMBA – providing you with the opportunity to engage locally with these established and well-respected stakeholders (see '*Engaging Users',* p.6 of '*Commissioning Maternity Services - A Resource Pack to support Clinical Commissioning Groups'*, NHS Commissioning Board, July 2012).

**The Strategy**

I note and applaud your over-arching commitment to ensuring that services are of high quality and safe, and that people have a positive experience of care. It is extremely important to reduce inequalities and to address the underlying determinants of health with a strategy that includes both prevention and early intervention. One of the most effective ways to address long term public health is to provide high quality support and services to parents, ideally beginning with preconception care and continuing through pregnancy, birth and the early years.

The strategy contains a commitment to giving every child the best start in life and notes that the health and wellbeing of children in West Berkshire is generally good. There is variation within the district, however, and one in ten children lives in poverty. How might the needs of children starting life in poverty or in vulnerable groups be addressed?

## (c) Breastfeeding and health

On behalf of the MSLC, I recommend to you that the evidence and lessons contained in the UNICEF report 'Preventing disease and saving resources: the potential contribution of increasing breastfeeding rates in the UK' (October 2012) and the NHS 'Infant Feeding Survey 2010' (October 2012) should be considered, and translated into locally appropriate action, in the context of the West Berkshire Joint Strategic Needs Assessment. All mothers need support, however they decide to feed their babies. Helping to make it possible for more women to decide to breastfeed, and breastfeed for longer, is a concern and a goal that we would like to see included in the strategy.

## (d) Maternity services – what matters to women

We would like to see an explicit commitment to ensuring and supporting high quality maternity services, as a very practical way to recognise the importance of the early years of life, support parents and help address inequalities. At a recent meeting of the MSLC Parent Group (MSLC service user representatives and other volunteers) I asked the group what they wanted me to tell you is important to maternity service users - what they said can be summarised as Continuity, Choice, and Confidence.

### Continuity

- A well-staffed and accessible community midwifery team so that women have an opportunity to get to know their midwife well during pregnancy. The confidence to ask questions, and to think through the choices that pregnancy and birth require us to make is built best in trusting, personal relationships in which a mother feels known and understood.

- Enough midwives in birthing locations (home, birth centre or hospital) to ensure that one-to-one care in established labour is guaranteed – because establishing rapport and a personal relationship with her carers promotes informed decision-making by the mother, normality in birth (whether the birth is complicated or straightforward) and increased satisfaction with the experience – a better start to family life.

**Choice**

- All women should have choice in where they have their baby (home birth, birth in a midwife-led unit or birth in an obstetric unit – taking into account their individual circumstances, of course). This reflects one of the 'choice guarantees' specified in Maternity Matters (Department of Health, 2007).

- The opportunity for women to make genuine, informed decisions about their own care, honouring their own beliefs and feelings, while taking into account the advice of their care-givers.

**Confidence**

- Women and their partners want to be confident that there are enough birthing locations locally and enough midwives to care for all women safely, and in accordance with women's needs and preferences. You will see that feedback from service users noted in our 2011-12 Annual Report included the following (page 8):

  *'Women in the Newbury area, where service user representative Claire Bushell has been very active through the year collecting feedback from children's centres, continue to express interest in having a birth centre locally and a wish to have more midwife-led rooms at RBH in the meantime* [the new Rushey Midwife-led Unit has opened since our report was published]*; themes emerging have also included a lack of continuity antenatally (seeing different midwives), wanting more postnatal visits, and disappointment at the withdrawal of antenatal classes in Hungerford (which we have discussed at MSLC).'*

**Looking to the future**

I hope that you will include specific and concrete objectives relating to maternity care and support for breastfeeding in the final version of strategy, based on the suggestions above (ensuring and supporting high quality maternity services; helping to make it possible for more women to decide to breastfeed, and breastfeed for longer).

The MSLC looks forward to participating in the work of the Health and Wellbeing Board, both as you develop this strategy and from April 2013. We would be pleased to welcome a representative of the Board to join us at one of our formal meetings, which are held quarterly, to share news about your work and so that we can explore opportunities for working together.

Yours sincerely,

*Catherine Williams*

Catherine Williams, Chair, Reading Wokingham & West Berkshire Areas MSLC