



**Maternity Services
Liaison Committee**
*Reading, Wokingham &
West Berkshire Areas*

Reading, Wokingham and West Berkshire Areas

Maternity Services Liaison Committee

Annual Report March 2011.

**Sarah Curtis
MSLC Chair**



Report objectives

The purpose of this report is to highlight the activity of the Maternity Services Liaison Committee over the past twelve months and set priorities for 2011/2012.

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1.0 Aims of the MSLC

In accordance with the *National Guidelines for Maternity Services Liaison Committees*. (Department of Health, 2006) ('The *National Guidelines*'), the aims and objectives of the Reading, Wokingham and West Berkshire Areas Maternity Services Liaison Committee ('MSLC') are:

- i. The MSLC will advise the Primary Care Trust commissioning maternity care and other commissioners on all aspects of maternity services provided for its residents, 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 Healthcare Commission
 - Service specifications for maternity service contracts
 - Public and Patient 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

- ii. The MSLC aims to ensure that maternity service commissioners and the provider units take account of the views of women and families using the service.

These aims have provided a good framework for the work undertaken in 2010/11. In 2011/2012, the members intend to adopt formal terms of reference to continue to support the work undertaken and achieved; a summary of the model terms of reference for MSLC's that is recommended by the Department of Health is being prepared for presentation to the committee in 2011 as a basis for this work



2.0 Membership of the MSLC

The committee involves both professionals and parents. It includes:

- NHS midwives, supervisors of midwives and doctors involved in Maternity Services
- Representatives from the local Primary Care Trust.
- Parents from the local community.
- Members of voluntary groups who offer services to expectant and new parents, such as the National Childbirth Trust, Lamaze, hypnobirthing, homebirth groups and doulas.

Please see appendix 1 for a list of current members.

A lay member chairs the committee and it meets quarterly. Over the last eight months, the lay membership of the committee has increased and now constitutes half of the committee.

As national policy on commissioning maternity services is moving towards commissioning by General Practitioners ('GPs'), it is hoped that it will be possible to recruit a GP, as recommended by the *National Guidelines*.

The current Chair of the committee was appointed in July 2010.

Lay Representatives are volunteers and are paid out of pocket expenses (including childcare and travel costs).

The Chair is paid an honorarium for her work.

3.0 The User Forum

A user forum is gradually being developed to inform the work of the MSLC and to contribute to MSLC projects. The current members of the forum are the lay members of the MSLC.

The current purpose of the forum is to ensure that Service User Representatives who serve on the MSLC can meet regularly in between committee meetings, as a way to provide them and the chair with information, progress reports and any necessary support. It is hoped that in the future the group will grow to include User Forum Members whose contribution will support and inform the work of the MSLC.



4.0 Achievements in 2010/2011.

4.1 GP Surgery Mystery Shop. *Harps Chhokar. (MSLC Chair until July 2010)*

An Access to Maternity Services event on 7th November 2008 facilitated by the South Central Strategic Health Authority, looked at the correlation between late booking and poorer outcomes for women and their babies.

Following the event, a mystery shopper exercise was completed by Portsmouth and South East Hampshire MSLC to establish what advice women are currently given by GP receptionists when they call to advise they are pregnant.

This exercise was then repeated in Reading, Wokingham and West Berkshire. 74 GP surgeries were telephoned to establish whether women were given the choice of seeing their GP or the midwife. The results of the survey are detailed in Table 1, below.

Offered an appointment to see the GP	34
Offered an appointment to see the Midwife	29
Offered an appointment to see Nurse	0
Given the option to see either the MW or their GP	7
Unavailable	4
	74

Table 1: Results of MSLC GP Surgery Mystery Shop.

The results of this have been taken forward into the Maternity Review, which was commissioned in 2010, and recommendations put forward as of September 2010. The current MSLC Chair (since July 2010) has been involved in the work to meet the targets set by the review and this has included becoming a member of the Maternity Pathways Working Group. Currently the group is reviewing the report *Maternity Services: review of late bookings* completed by Sarah Payne, Public Health Specialist Registrar. The report highlights that the MSLC area -Reading, Wokingham and West Berkshire, Reading - had the highest proportion of women booking late for pregnancy care in the South Central NHS region.

Developing a clear pathway/ algorithm for professionals to work to and ensuring that all women who use the maternity services have their needs met is one of the objectives of the Review. This includes reviewing the process of booking and the work remains ongoing.



4.2 Recruitment for MSLC

Sarah Curtis. (MSLC Chair)

In July 2010 the MSLC had very few Service User Representatives It was felt that this was a key priority and we have since recruited 6 members.

To facilitate this, it was felt that awareness of the Reading, Wokingham and West Berkshire Areas Maternity Services Liaison Committee needed to be raised. A leaflet and poster (see Appendix 2) have been designed and we are currently developing a webpage on the Royal Berkshire Foundation Trust's website. It is anticipated that there will be links both from the maternity pages of the Royal Berkshire Foundation Trust's website as well as Berkshire West Primary Care Trust website.

The MSLC has kept the same email address, but to make the committee more accessible, a postal address is being arranged.

4.3 The Maternity Review.

Sarah Curtis. (MSLC Chair)

The Maternity Review was a thorough review of the entire maternity service in Reading, Wokingham and West Berkshire Areas. The previous MSLC Chair, Harps Chhokar, was involved in the review and the current Chair has taken over working on the recommendations and actions that have come out of the review. The Chair has become a member of the Maternity Implementation Group looking at developing maternity services. The Review actions highlighted some areas for the MSLC to work on. This includes ensuring continued effective engagement with service users including women from disadvantaged and marginalised groups.

The MSLC has discussed the Review recommendations, which were informed by MSLC advice, and intends to continue working to begin engagement with these groups. As of January 2011, a pilot Satellite group has been trialled. See Appendix 3 for the review. It is hoped that this is a model of engagement that can be used with a variety of different groups, including those that include parents from disadvantaged and marginalised groups, as well as ensuring good communication was maintained with all other service users This project remains in its infancy and it is anticipated that the MSLC will develop and maintain a programme of such sessions. This is to ensure that regular feedback and suggestions for service improvement are obtained as well as ensuring effective communication with service users.

In addition, the Maternity Review has asked the Committee to review all the information provided by the Royal Berkshire Foundation Trust to pregnant women and their families and identify any gaps. This work currently is ongoing.



4.4 Birth Environment Audit. ***(Committee Members)***

The last Birth Environment audit was carried out in April 2010 and March 2011. Please see Appendix 4 for the assessment grid and both reports.

4.5 Postnatal Telephone Line Review. ***Sarah Frost (Committee Member)***

A MSLC Service User Representative reviewed the value of the postnatal telephone line. It had 22 calls in 1 month of generally less than 5 minutes duration. The question raised was “ is there sufficient time spent by staff on the helpline to justify disbanding it?” Following the review of the calls, it was felt that women needed somewhere to call if they had a query and it was decided that women should be given the telephone number of the ward they were on.

4.6 Redecoration of MLU on Marsh Ward. ***Karen Mitchell and Lisa Ramsay (Committee Members)***

There are two Midwife Led Unit Rooms for birth on Marsh Ward. The MSLC Service User Representatives have been involved in the redecoration of the two rooms, providing input into the layout and colour. The rooms are now redecorated and provide a more homely feel to the hospital’s birthing environment.

The Royal Berkshire Hospital is working towards opening a separate Midwife Led Unit. This is a project that the Committee is very keen to see progress and the Service User Representatives are very enthusiastic about being involved in.



4.7 Stork Fund. ***Sarah Curtis (MSLC Chair)***

The Stork Fund is a charity set up to raise money for the Royal Berkshire Foundation Trust's maternity unit. The MSLC has become involved in raising money for the Stork Fund and facilitated a link between the Fund and the local NCT branch that has led to some successful fundraising. It was arranged that at a NCT sale, a hamper be raffled to benefit both the Stork Fund and the NCT. This was successful and raised £60.00 for the Stork Fund. Further partnership work between the Fund and the NCT is in progress. The committee is also looking at running a pamper evening and raffling more Hampers. The MSLC is supportive of this link and is pleased to have generated the contacts that have created it.

4.8 Hospital DVD – “Your Journey to Parenthood”. ***(Committee Members)***

The previous Chair, Harps Chhokar, was involved in the development of the DVD. The committee was asked to provide comments and feedback. The Committee discussed at length the value of hospital tours and whether the DVD could replace them. The committee decided to support the hospital in cancelling tours so that the money spent could be given to further support for breast-feeding.

4.9 Additional issues discussed by the MSLC in 2010/11.

- Normal birth rate in the maternity unit and the proposed *Normal Birth Care Pathway* guideline for the unit.
- Maternity care in Children's Centres.
- Staffing and Capacity.
- Maternity charter for attitudes and behaviour.
- National Maternity Survey 2010.
- Homebirth rates.
- Complaints.
- Feedback from parents.

Copies of Minutes of all MSLC meetings held in 2010//11 are held by the Chair and by the Berkshire West Primary Care Trust.



5.0 2010/11: The Year in Review

From the perspective of the Chair it has been an eventful and valuable year. This report has demonstrated the increasing activity of the Reading, Wokingham and West Berkshire Areas Maternity Services Liaison Committee.

Membership has increased throughout the year. This has been substantially beneficial to the committee in helping with the workload as well as providing different perspectives as we work to monitor and improve local maternity services.

The Maternity Review, 2010/2011 has seen all the members of the committee occupied with a variety of projects from developing information and evaluating systems to beginning to grow the collection of feedback from parents by visiting a variety of groups and venues in the community.

The increasing awareness of the MSLC will hopefully come with not only feedback collection visits, but also the leaflets and posters. This should facilitate diverse feedback and improvement strategies, as well as recruit members to the Service User Forum.

The other projects that the MSLC has advised on or been involved in, such as the redecoration of the Midwifery Led Unit, the development of the DVD, linking up with the Stork Fund and reviewing services like the Postnatal Telephone Line have all been constructive and beneficial to the maternity services. Within the Maternity Review, both Berkshire West PCT and the Royal Berkshire Hospitals Foundation Trust recognised the benefits of the MSLC and confirmed their support for it. It is therefore anticipated in 2011/2012 that the committee will continue build on the contribution made in 2010/2011.

6.0 Objectives for 2011/12

- Facilitate a good working relationship between all members of the committee.
- Develop the collection of feedback from parents and the Service User Forum, for support the work of the committee.
- Obtain feedback about postnatal care and review the care (including breastfeeding support) given to mothers following birth within the Royal Berkshire Hospital.
- Adopt formal terms of reference for the MSLC.
- Service User Representative to continue to work with the Health Professional Members to meet the recommendations of the Maternity Review that relate to the MSLC, and generally to monitor implementation of the Review recommendations.
- Continue with the Birth Environment Audits.



- Continue to comment of information provided to parents, policy documents and protocols in the MSLC area.
- Maintain liaison with other groups including the Storks Fund and build liaisons with other hospital groups, e.g. the parent support group within the Special Care Baby Unit (Buscot Ward)
- Monitor progress towards opening of the separately managed Midwife Led Unit.



7.0 Acknowledgements

The Chair would like to take this opportunity to acknowledge all the time and commitment given by all members of the committee.

Firstly thank you must go to Harps Chhokar, the previous Chair, who made a significant contribution to the Committee and the maternity services during her time as Chair.

Secondly thanks must go to all the Service User Representatives who have given time and become considerably involved in the activities of the Reading, Wokingham and West Berkshire Areas Maternity Services Liaison Committee. It has been a very busy time, and the support and contribution that they have provided has been invaluable.

Finally, the Committee depends on the effort and support of the professional staff at Berkshire West PCT and the Royal Berkshire Hospital Foundation Trust. The Chair would like to recognise their important collaboration and encouragement with appreciation.

Thank you for all your efforts.

8.0 References

Department of Health (2006) *National Guidelines for Maternity Services Liaison Committees*. Pg. 22.



9.0 Appendices

Appendix 1: Membership List

Sarah Curtis	Chair / Service User Rep
Sarah Frost	Service User Rep
Jen Townsend	Service User Rep
Lisa Ramsey	Service User Rep
Claire Bushell	Service User Rep
Catherine Williams	Service User Rep
Karen Mitchell	Service User Rep
Shelley Smith	Service User Rep
Louis Angelopoulos	Obstetrician
Gill Valentine	Head of Midwifery
Sally Murray	Care Group Commissioning Manager – Children and Young People
Barbara Hutchens	Operations Manager
Jane Siddall	Obstetrician
Kathryn Nash	Trainee Consultant Midwife
Annette Weavers	Consultant Midwife
Louise Webb	Supervisor of Midwives



Appendix 2: MSLC Leaflet and Poster Reading, Wokingham and West Berkshire



**Maternity Services
Liaison Committee**
*Reading, Wokingham &
West Berkshire Areas*

**A team dedicated to improving your
maternity care.**

At the quarterly meetings, the members
discuss a wide range of
Maternity issues and make suggestions
for improvements.

You can be involved if you are a parent in
Reading, Wokingham and West Berkshire
Areas.

**Mums and Dads
are welcome!**



**Would you like to help improve the
local maternity services?**

Contact the Maternity Services
Liaison Committee:
westberksmaternity@live.co.uk
or send your details and comments to:

**We have been involved
in:**

- Improving and developing services to promote Normal Birth
- Developing the maternity DVD
- Raising money for the Royal Berkshire Hospital's Stork fund

NHS
Berkshire West


Royal Berkshire NHS
NHS Foundation Trust

(POSTER)



At the quarterly MSLC meetings, the members discuss a wide range of issues. These can vary from the practical issues of ward visiting times, through to reviewing hospital policies on induction and caesarean section.


Parent Members are invited to discuss the maternity service and make suggestions for improvements. In between meetings, parent members need to find out about the experiences of other parents, so that these can be represented at the next meeting.




If you would like to be more involved please contact us either by email:

westberksmaternity@live.co.uk

or send your details and comments to:






Maternity Services Liaison Committee
Reading, Wokingham & West Berkshire Areas


A team dedicated to improving your maternity care.

Would you like to help improve the local maternity services?

Contact the Maternity Services Liaison Committee.



NHS Berkshire West

Royal Berkshire 
NHS Foundation Trust


What is the Maternity Services Liaison Committee?

The Committee is a team of individuals involved in improving and developing local maternity services. It aims to ensure that the views of local parents are taken into account.

Who is involved in the Committee?

The committee involves both professionals and parents. It includes:

- NHS midwives, supervisors of midwives and doctors involved in Maternity Services.
- Representatives from the local Primary Care Trust.
- Parents from the local community.
- Members of voluntary groups who offer services to new parents and their babies, such as the National Childbirth Trust, Lamaze, Doula's and Homebirth groups.




Can you be involved?

Yes! You can be involved if you are a parent living in Reading, Wokingham and West Berkshire Areas. Mums and dads welcome!

We would be interested in your views about:

- Parent-craft classes
- Community maternity care.
- Care given in labour.
- Postnatal care and feeding support.
- Other areas of care given to you that you feel are important and how they can be improved.

Your feedback will be used to further develop and improve the Maternity Services in Reading, Wokingham and West Berkshire Areas.



What is included in Maternity Services?

Maternity Services include:

- Antenatal Care: Care given by midwives and obstetricians (doctors specialising in pregnancy and birth) at appointments and scans performed within the hospital setting before the birth.
- Care given during birth whether at home or in Hospital.
- Postnatal (after the birth) support offered by midwives to new parents and their babies.

(LEAFLET)



Appendix 3: Collecting feedback: report on pilot session.

Group attended: NCT postnatal group, Greyfriars Church Centre, Reading

Date: 28 January 2010

Facilitator: Catherine Williams, MSLC service user representative

1. Summary & reflection on pilot session.
2. I liked/was happy with....(comments from parents)
3. I didn't like/was unhappy with....(comments from parents)
4. Any improvements you would suggest (comments from parents)
5. Approach to session

1. Summary

	Number of comments (written by parents on 'post it' notes)	Theme (if any)	Note also
I liked/was happy with....	12 comments about Royal Berkshire Hospital unit / area community services (1 on Wallingford).	These mothers valued friendly, personal care that they received. Two comments note value of one-to-one care.	1 comment on difficulties getting hold of community team 1 comment expressing concern about general standard of breastfeeding support.
I didn't like/was unhappy with....	13	No strong theme – comments cover pre-booking to postnatal experience.	3 comments about getting appointments/ how to make appointments.
Any improvements you would suggest?	7	No strong theme. 6 relate to postnatal matters.	



Group included approximately 12 babies – very new to just beginning crawling.
Around 12 mums and one dad contributed.

It is important to stress that parents who wanted to talk to the facilitator were as keen to share positive experiences as less happy ones and that there is an overlap between 'I didn't like/was unhappy with...' and the suggestions for improvement. Often the first category seemed to inform a second, positive suggestion in the 'suggestions' category.

Reflection

The session worked well and as a pilot suggests that we could use this approach with other groups.

The key advantages of this approach are:

- reasonably convenient for parents - the facilitator visits their group (and can help with writing down their comments, if they wish)
- the feedback is free form with no questionnaire to fill in, so they can comment as much/little as they like
- The visit may raise awareness of the MSLC (particularly once the leaflet is published and can be handed out).

The session gave us data from which themes can be drawn. If feedback can be collected from further sessions, this will add to our understanding of the experience of using local maternity services.

Possible disadvantages of this method include the possibility that lots of comments from just one person could skew the results. The facilitator needs to be aware of this. In this case, the maximum number of comments from any one person is thought to have been four, spread across the three categories.



2. I liked/was happy with....

- ❖ Advice and patience of staff
- ❖ Had my first child at Wallingford maternity hospital – Wonderful breastfeeding support
- ❖ Excellent prenatal care from Midwife & support. Thank you. Lynda
- ❖ NHS community mid-wife for home birth were fantastic but were v.v. difficult to get hold of. We had to call our midwife's mobile as RBH line didn't know what to do. June 2010
- ❖ Baby born April 2010 – forceps after induction...Vey happy with care @ RBH. I was induced Friday 10 am. Delivered Sunday 4.30 am long labour.
- ❖ I was an emergency admission + treated really well. I was given one on one care as soon as treatment/induction started.
- ❖ Hospital midwife was lovely & once eventually taken to a delivery room she didn't leave until the baby was born.
- ❖ Excellent delivery room. Marvellous midwife – thank you again. Hazel. *[baby born] 08/10*
- ❖ Friendly staff made us feel welcome. Baby born October 2010.
- ❖ In general, overall care and attention was good. The RBH were fantastic and I felt at ease whilst in hospital recovering.
- ❖ Good care in Marsh ward – helped breast feed but I was in for 1 week. Others in and out without help.
- ❖ Excellent after care in Marsh Ward *[baby born] 08/10*
- ❖ Baby born 7.1.11 & Baby born 2.12.10 *[two mothers commenting in one note]* Midwife came out to see us next day after we were discharged from hospital even though it was Sunday. Visit was v. helpful and reassuring. Number & variety of baby clinics in Reading – every day of the week.



3. I didn't like/was unhappy with....

- ❖ GP surgery unable to give advanced appointments for the midwife. Unable to make the appointment when leaving the surgery so have to remember to call at a later date.
- ❖ There needs to be more support in early pregnancy and help with severe morning sickness. Didn't see my midwife until 16 weeks. I think you need to see the midwife more frequently.
- ❖ On speaking to other Mums, the information given and some processes are not standard. Appts and clinics are offered at different times, booklets + handouts are different for everyone.
- ❖ Miserable rude lady for scanning at R. Berkshire
- ❖ Baby born Apr '10. Would be good to know induction may not be a quick process.
- ❖ Need more advice on what to do in prolonged early labour from midwives on the delivery suite admissions line. 'Have a bath and take paracetamol' isn't helpful after 60 hours of 5 min contractions!
- ❖ Sent home from hospital after initial assessment during labour & then had to rush back 2 hours later and nearly delivered in a car. Inconsistency of breastfeeding advice from midwives post pregnancy.
- ❖ Whilst in established labour I had to wait nearly 2 hours in a busy hospital (Royal Berks) waiting room – not very private & no gas and air!
- ❖ Sometimes had to wait a long time – over 1 hour – for someone to come – more resourcing (March Ward October 2010)
- ❖ Approach for healthcare assistants with breastfeeding could be more gentle – did feel abrupt and intrusive ('I see you want to breastfeed' – baby lifted up and plonked on! Could put people off) [dictated to facilitator]
- ❖ No breast milk bank at RBH.
- ❖ I have been told that breastfeeding support at the RBH stops after 6 weeks? Not ideal.
- ❖ Unstandardised postnatal care. I only had opportunity to attend 2 classes whereas in other Reading boroughs they had 6.



4. Any improvements you would suggest?

- ❖ Inform parents more frequently of progress in day assessment room. [*baby born*] 08/10
- ❖ Opportunity for a 'chat' session in hospital (good opportunity to meet mums esp as can get lonely after visiting hours)
- ❖ Quicker discharge from hospital. Too long to get baby checked + signed off – esp. for a second time mum who had breastfeeding sorted.
- ❖ Expressed breast milk from donor bank in SCBU. WE had to use formula for 2 feeds as my milk didn't kick in.
- ❖ Standardise HV [*health visitors*] & post natal groups. Make sure every Mum knows about them – I wasn't told and suffered not knowing what to do with new born.
- ❖ More visits from Health Visitor.
- ❖ Improve service for NHS tongue tie – no straight answer. Need to be more concise & quicker to do the procedure.

5. Approach to session:

- Introduced briefly by facilitator of postnatal group
- Knelt on floor with charts in the circle of seated parents & spoke for about 5 minutes
- Drew & put out charts (one between 3 or 4 people – drew an extra chart as became apparent that being able to see a chart seemed to help with thinking/remembering).
- Each chart divided in three – 'smiley face' section, 'sad face' section, 'any suggested improvements?' section.
- Circulated round room with post-its/pencils & then to ask if parents had what they needed/were thinking of things they would like to say – several wanted to talk about their comments. Also thanked parents for their contributions – positive comments received on opportunity to give views in this way.
- Writing comments took 20-25 minutes – collected sheets and laid them on table near door (no obvious place to fix them up on wall for viewing). Thanked parents as they were leaving.



Appendix 4: Birth Environment Audit Grid and Reports.

1. Better Birth Environment audit – Royal Berkshire Hospital Delivery Suite – 22nd April 2010. Harps Chhokar.

This audit of birthing rooms is being conducted across the South Central Strategic Health Authority.

Audit conducted by Judith Tuckey (Delivery Suite Manager), Christine Fielding (Clinical Lead Midwife) and Harps Chhokar (MSLC chair and service user)

To be read in conjunction with the NCT Better Birth Environment audit grid.

Main Labour Room score 11 / 20

This is a large room with the bed in the middle of the room. There is a lot of medical equipment on show – both on worktops and on the wall. Glove boxes have been attached to the wall at eye level, there are no pictures, no fan and no reclining chair for the partner. The room has a very clinical feel.

This room achieved the full 2 marks in only one of the ten areas - Easy access to a toilet.

Areas where the room scored less than the full 2 marks:

- Cleanliness – The bin was full of waste and the floor and windows were unclean. Score 1 / 2
- Decoration – The paintwork in the room is dated and the chair was ripped. Score 0 / 2
- Room Quality – The room had a chair, but there were no pictures, no drink or snack facilities and no access to a small kitchen. Score 1 / 2
- Furnishing – The bed is the main focus of the room and the onus remains on the midwife to push the bed to one side of the room – which is very dependent on which midwife happens to be on duty. The bed itself is comfortable and has controls in order to move sections of it. The chair in the room was hard and plastic and had no reclining ability. Score 1 / 2
- Space – The room is spacious but is taken up by the bed. There is nowhere for women or partners to walk during labour and they are confined to the room itself. There is space to move things around but again, onus remains on the midwife to do this. Score 1 / 2
- Water – The criteria states that there should be access to shower, bath or pool. The room had an ensuite shower and toilet that was clean. The room didn't have a bath or pool. Score 1 / 2



- Privacy – The rooms aren't soundproof and are overlooked by a hospital corridor. The windows have blinds but once again, the onus is on the midwife to close these. The room had a curtain across the door. Score 1 / 2
- Control over light and heat – The room didn't have a fan and the windows do not open. The light switch isn't dimmable but there is a light strip above the bed that can be on or off (although the light from this is quite harsh). Score 0 / 2
- Labour Aids – The room had a ball (which was flat) and a mat on the floor. There was nothing to inform parents that there was the option of a birthing stool. Score 1 / 2

Items discussed

- No CTG machines were present in any of the rooms on DS, which was considered to be excellent. Pinard stethoscopes were visible in all the rooms.
- The room had a CD player and a working PatientLine set.
- The "Nurture of Cuddles" poster was visible and although there were no nice pictures, this one has lovely photos on it so that was something towards making women and their partners no focus on the clinical surroundings.

Action Plan:

- The ongoing maternity review would hopefully enable us to action things to do with the BBE audit
- There are some criteria on the existing BBE audit that are outside of either parent or midwife control (e.g. soundproofing) and so we await the new BBE audit that will be produced.
- The MSLC should get involved in fundraising to raise money for simple things like glowing lights and pictures.
- The MSLC should source furniture from the Teal Collection (for example, <http://teal.co.uk/product.php?rid=46>). This company provides furniture that is comfortable yet passes infection control standards.
- There is some work being done in the department to make the birth environment better and the MSLC should also feed into this.
- A re audit should be carried out in Jan 11.



2. Better Birth Environment audit – Royal Berkshire Hospital Delivery Suite and Marsh Ward– 02 March 2011. Jen Townsend.

Audit carried out by: Sarah Curtis MSLC Chair
Jen Townsend MSLC Member (Service User)

Main Labour Room Score 12/20

Labour Rooms 8, 9 and 10 were viewed as part of this audit with the focus being on room 8.

This was a good-sized room with the bed in the middle of the room. There was a minimal amount of medical equipment on show. The Glove and apron box was mounted on the wall at eye level. The room also had a birth stool, birth ball and small square mat on the floor. These items were next to the bed and clearly visible. There were no pictures on the walls or reclining chair for the birth partner. The room had a clinical feel and is in need of some redecoration.

The room achieved the full 2 marks in 2 of the 10 areas.

Access to the Toilet – The room had an en suite toilet, which was clean.

Score 2/2

Cleanliness – The windows were very dirty and the birth mat on the floor looked in need of a clean. The sheet on the bed also had some staining on it. While this was most likely 'clean' from the laundry it wasn't very pleasant. The rest of the room looked clean and tidy. The surfaces were clear of equipment and obstructions making cleaning easy.

Score 1/2

Decoration – The paintwork in the room was dated, chipped in places and watermarked in others. There was also significant cracking to the paint round the windows. The cupboards were of a dated style. The room is in need of redecoration and modernisation.

Score 0/2

Room Quality – The room had two chairs, one high back and one low back. There were no pictures, no drink or snack facilities in the room however there was a vending machine in the corridor outside.

Score 1/2



Furnishing – The large multifunction bed is the main focus of the room however it is set in a reclining chair position not presented as a flat bed. It is possible to remove the bottom section of the bed enabling the lady to labour in a sitting up position with her feet supported or can be used as a support while the lady is using the birth ball. The chairs in the room were padded vinyl chairs with no recline feature.

Score 1.5/2

Space – The room is spacious but is taken up by the bed. There isn't much room to walk around in the room however it would be possible to move the bed to one side of the room and have more space on the floor. You would need a larger mat to labour or deliver using the birthing aids or comfortably on the floor.

Score 1/2

Water / Washing Facilities - The room had an ensuite shower (wet room) and toilet. These were clean however the showerhead was broken (this was reported). There was no bath or pool available in the room. The mirror on the wall was also damaged with the silver coming off the back. This is purely aesthetic but would benefit from replacement.

Score 1/2

Privacy – The room has a curtain across the door and blinds at the windows. These were pulled back at the time we saw the room. All rooms are accessed from the main corridor so it is important the curtain is used to maintain privacy. Midwifery led Birth signs are available in the staff area and are placed on the doors of the rooms for ladies that are having a midwifery led delivery. Access to the room for medical staff is then limited for the duration of the delivery unless a medical emergency occurs.

Score 2/2

Control over light and heat – The room does not have air conditioning and the windows do not open. The room felt hot as the sunlight was streaming in through the windows. The lights in the room aren't dimmable but there is a smaller light strip light above the bed and examination lights that can be angled, in some of the rooms. There was a fan on the wall near the bed.

Score 1/2

Labour Aids – The room had a ball, birthing stool and a small square mat on the floor. The ball was marked and the mat on the floor was small and didn't look entirely clean. All the aids were clearly visible. (Please see other information)

Score 1.5/2



Other information, findings and items discussed

The staff that we met were fantastic, the midwife who let us in and took us to the manager's office, the second midwife who showed us room 8 and Judith Tuckey (Delivery Suite Manager) were all cheerful, welcoming and proud of the unit.

The 'public' areas of the unit i.e. the corridor and the main reception are very warmly decorated with suitable and homely pictures on the walls. The reception was manned and had a 'Midwife in Charge' picture and name clearly displayed.

The main corridor was kept clear of all obstructions and equipment giving a bright spacious and not overly clinical feel to it. The only equipment in the corridor was the resuscitaire and scales.

The room had no CD player but had a working PatientLine Set.

No CTG machines were present in the rooms, which was considered to be excellent. A Pinard Stethoscope was present and visible.

A poster encouraging alternative positions for labour was on display in the room and clearly visible.

Room 9 did not have a birthing stool but did have 2 birth balls. This is due to there not being enough birthing stools for each room. However it was felt that the use of the stools would be encouraged and it was unlikely that they would all be in use at the same time meaning that one could be sourced from another room if requested / advised.

Room 10 also had a birthing stool and a birth ball clearly visible and laid out on the floor in front of the bed.

The triage line is working very well. There are fewer ladies arriving at the unit in very early labour (1-2cm) meaning there are smaller numbers being sent home again. Feedback is showing that people are finding it very beneficial and reassuring to have a named person on the phone that they are able to call back if they have any questions or their situation changes. More time is being spent with the ladies on the phone too with some calls lasting up to 15 minutes.

Marsh Midwifery Led Unit

Both rooms were in use at the time of the audit so a proper inspection was not possible. One postnatal lady invited us in to have a look at the room, which we accepted, but we did not complete a proper inspection. We did however ask her what her opinion of the room was and she said. "It is lovely, really peaceful and relaxing. I had a very quick labour and am thrilled."



The room we saw was very nicely decorated in neutral colours. It had lovely pictures and a mural on the walls depicting peaceful scenes from nature. There was an attractive film on the windows in a floral design giving privacy and diffusing the light.

Instead of a hospital bed there was a curved mattress against the far wall where the lady was sat with her baby.

The room was ensuite, clean and beautifully presented. The furniture was much more homely with a rocking chair and side tables.

Action Plan

There is an ongoing plan to develop and refurbish the Maternity Unit including the Midwifery Led Unit. The MSLC would like to be involved in the consultation, development and implementation of this program. A review of the plans and the stage of the development will be made in 6 months (September 2011)

There are some criteria on the Better Birth Environment audit that are outside of the parent or midwife control (e.g. Soundproofing and buildings maintenance). These items may be able to be improved as part of the changes being made with the new developments.

The MSLC will continue to be involved in fund raising for the Stork Fund allowing more birth aids to be purchased, improving the facilities currently available.

.Date of next Audit March 2011



Photos taken of the unit during the audit:

Maternity Entrance



Entrance Corridor

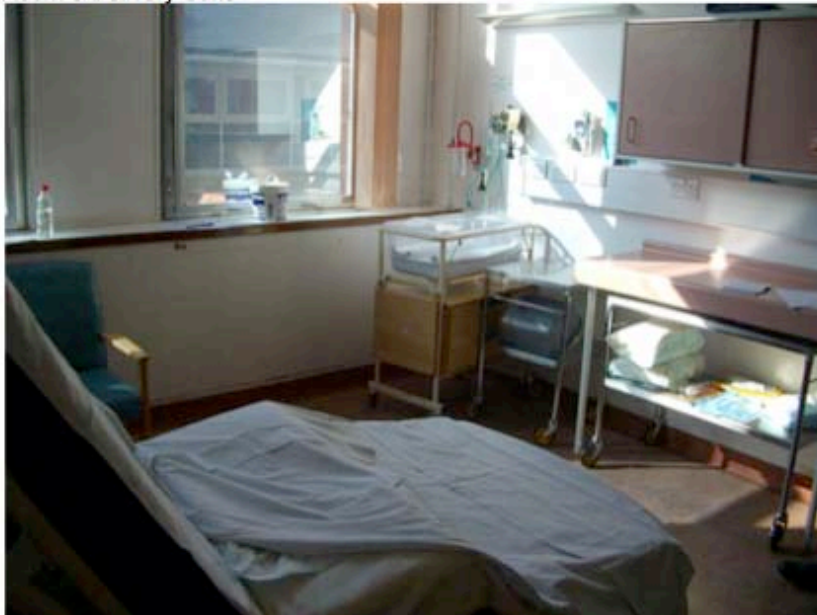




Room 8 Delivery Suite



Room 8 Delivery Suite





Room 8 Birth Aids

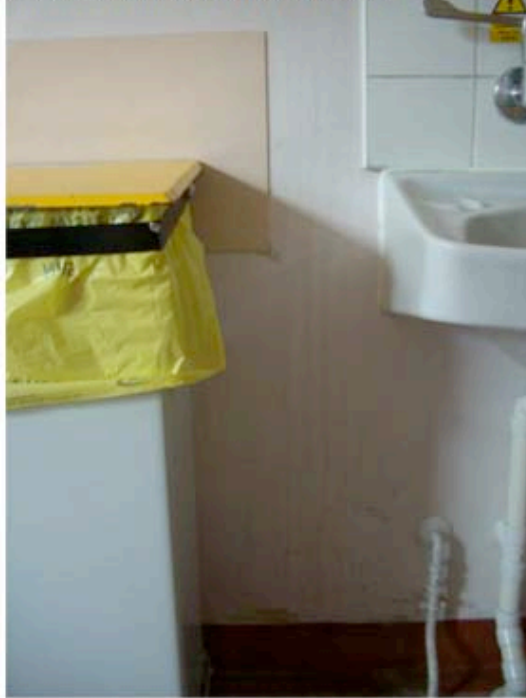


Room 10





Room 8 Sink area watermarks on wall





Room 8 Chipped and scuffed paintwork



Room 8 cracks by window





Delivery Suite Midwifery led care sign



Room 8 Delivery Suite behind bed





Delivery Suite main desk



Marsh Ward notice board





Marsh Midwifery Led Unit pictures, mural and furniture



Marsh Midwifery Let unit





Marsh Midwifery Led Unit window covering

