



*Reading,
Wokingham &
West Berks*
Maternity Forum
(your 'MSLC')

Reading, Wokingham & West Berkshire Maternity Forum (MSLC)

Annual Report, April 2013- March 2014

Summary and Recommendations

This year the Maternity Forum (the local Maternity Services Liaison Committee – ‘MSLC’) reports to the new GP commissioners, and we welcomed a GP commissioning lead and her colleagues as members of the group ahead of the commissioning changes in April 2013. During the year we have adopted a more easily understood ‘working name’ – ‘Reading, Wokingham & West Berks Maternity Forum (MSLC)’.

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

- feedback on services collected by both the Royal Berkshire Hospital, Reading (‘RBH’) and our Parent Forum
- key indicators such as the normal birth rate and the caesarean birth rate

Presentations made to us have included

- the RBH midwifery team talking about the local VBAC project (vaginal birth after caesarean birth)
- short talks about current research evidence and midwifery projects elsewhere in the country, given by parent representative members
- the Breastfeeding Network, on their local work

Members have worked together on a number of RBH projects, with parent representatives supporting the VBAC project, for example, helping the RBH team to gather women’s views for the project.

Our Parent Forum has continued with feedback collection sessions to listen to new parents, still focusing on Children’s Centres. We plan to do more work to develop the Parent Forum’s Facebook page and to promote the online survey more widely. Feedback from survey responses is included in this report.

These are the Maternity Forum’s recommendations to the Berkshire West Federation of Clinical Commissioning Groups (‘Berks West CCGF’) for the year ahead:

Berks West CCGF should ensure that commissioning is both woman-centred and evidence-based. In commissioning maternity services, Berks West CCGF should:

Woman-centred care and listening to women’s views

- specify that the quality of communication with, and emotional support for, women using the services are key components of care
- look at relevant reviews of research evidence and evidence from practice regarding services models that provide for continuity of care during pregnancy, and during labour and birth; and also consider whether continuity of care from the antenatal period into labour and birth is feasible
- prioritise capacity planning, both now and for the longer term: what model or models of care (supported by the best available research evidence) can address population needs?

- continue to develop ways to listen to and involve women (service users and service user advocates) in service commissioning and design
- pay particular attention to the issues of informed choice: do women have real choices? Do they have the time and information that they need to make choices?

Evidence-based commissioning

- continue to develop and strengthen its awareness of the research evidence that informs public policy, guidelines and clinical practice in midwifery and obstetric care
- promote evidence-based care by ensuring that is commissioning evidence-based, and that key goals and performance indicators are set accordingly

Additional recommendations:

- work with RBH to ensure that all four birthing rooms in the Rushey Birth Centre are staffed and available for use 24 hours every day (see letter, Maternity Forum Chair to RBH, attached to this report)
- review the draft NICE Intrapartum Care Guideline update recommendations, to be published for public consultation on 13 May 2014 (and consider responding to them formally), and following publication of the Guideline in December, to review delivery of services and clinical practice in that context.

The Maternity Forum Chair will share this report and recommendations with the Chief Executive of RBH.

Catherine Williams
Chair, Reading, Wokingham & West Berks Maternity Forum (MSLC)
April 2014

Additional information:

| | |
|---|---|
| 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/Maternity_Forum.htm |
| 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. |
| RBH Maternity Guidelines & Policies | http://www.royalberkshire.nhs.uk/maternity-guidelines-and-policies.htm |

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1. About the Maternity Forum (MSLC)

The Maternity Forum is a Maternity Services Liaison Committee ('MSLC'), an independent working group that looks at how maternity services are working locally. The Committee reports to the commissioners of maternity services – in this area, the 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: a Maternity Forum parent representative member attends hospital maternity clinical governance meetings, and the governance committee receives a copy of the Forum minutes.

The Maternity Forum'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). During the year we have adopted a more easily understood 'working name' – 'Reading, Wokingham & West Berks Maternity Forum (MSLC)'.

The Maternity Forum 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 Maternity Forum

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 2013-14.

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 our posters are placed in a variety of community venues.

| Terms of Ref items & Aims for 2013-14 in 2012-13 report | Activity in 2013-14 |
|---|---|
| 1. General duties under terms of reference: monitoring service commissioning, strategy, progress in implementing national policy/targets etc. | <ul style="list-style-type: none"> • Discussion at quarterly Maternity Forum meetings. • A parent rep (Catherine Williams) attends maternity clinical governance meetings • contact between chair and commissioners/RBH between meetings • A presentation is given in each meeting, by a parent rep, on an aspect of current research evidence in maternity care |
| 2. Develop the collection of feedback from parents, and Parent Forum, to support the work of the Maternity Forum. | <ul style="list-style-type: none"> • Ongoing – parent reps collecting feedback both individually in the community and via our networks (as parents; as maternity service user advocates where reps are doulas, antenatal teachers, and/or trained breastfeeding supporters) and during visits to parent and baby groups on behalf of Maternity Forum; RBH reps reporting on 'Friends & Family Test' results and complaints reports etc. • Facebook page, surveymonkey survey, and blog all online • Recruiting a volunteer (parent rep) to lead on promoting the online survey using Facebook/social media (spring 2014) |
| 3. Continue to comment on information provided to parents and RBH maternity policy/protocol documents | <ul style="list-style-type: none"> • A parent rep (Catherine Williams) receives and comments on draft leaflets before each clinical governance meeting • Volume of papers is such that only selected policies/protocols under review at these meetings are looked at in detail |
| 4. Maintain liaison with other groups/organisations | <ul style="list-style-type: none"> • Liaison with RBH Stork Fund continues (Lisa Ramsey) • Catherine Neil represents Buscot parents • Contact with Healthwatch organisations in our patch, and Health & Wellbeing Boards • A parent rep (Catherine Williams) attends Berkshire West Maternity Task & Finish Group and the Thames Valley Strategic Clinical Network Children & Maternity Steering Group • New associate member groups this year: Breastfeeding Support Network; Reading Homebirth Support Group; |

| | Newbury Homebirth Support Group |
|---|---|
| 5. Pilot 'walking the patch' before Maternity Forum meetings. | <ul style="list-style-type: none"> This has been successful, giving an interesting 'snapshot' of 'experiences of care this week' for each meeting, the diversity of women whose experiences are reported reflecting the diversity of the RBH maternity population. |
| 6. Supporting/commenting on RBH projects | <ul style="list-style-type: none"> Supporting project to improve ultrasound department environment Supporting applications for grants for new equipment or/redecoration of delivery suite birth environment Supporting VBAC project |

4. Our meetings in 2013-14

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;
- complaints received by the maternity unit;
- staffing and capacity updates including details of occasions when the unit is operating at full capacity
- a short talk about a presentation on 'assessment of labour ' heard at a national midwifery conference, and another on the 'working with pain' care model, both given by parent representative members.
- the Breastfeeding Network, on their local work
- the RBH midwifery team talking about the local VBAC project (vaginal birth after caesarean birth)

Copies of Minutes of all Maternity Forum meetings held in 2013/14 are held by the Chair (and copies are received by the Chair of the Maternity Clinical Governance Committee of RBH).

5. Parent Forum

A service user forum works to inform the work of the Maternity Forum and to contribute to Maternity Forum projects. The group provides support to parent representative members and time to discuss Forum work, and also includes some supporters who work with us on collecting feedback from parents. We meet three or four times in the year.

Feedback has been collected at:

- Riverdale Children's Centre, Earley
- Starlings Children's Centre, Twyford

- Reading Community Learning Centre – a pilot session at an educational centre serving the educational and social needs of disadvantaged and socially isolated women in Reading from black and minority ethnic communities
- Mother and baby group in Newbury
- Caversham Children's Centre, Reading
- D:2 centre (adjoining Nomad Children's' Centre), Henley
- On the postnatal wards at RBH – 'walk the patch' sessions, listening to women before each formal Maternity Forum meeting

We also collect feedback online and **82 women have completed our survey** during the period January 2013 to April 2014. Of these, just over 50% were aged 30-34; 62% were replying after having their first baby; and 80% were white British. Home birth accounted for 8% of the sample of births reported on; the Rushey Birth Centre just over 25% and nearly 67% the RBH Delivery Suite.

Mode of birth – spontaneous vaginal birth just under 49%; assisted birth (forceps or ventouse) just over 23%; caesarean birth 28% (see section 6 below for comparison with RBH 2012-13 reported figures).

Most women reported getting the information and advice, physical care and emotional support they needed at all stages of care (see online survey report in Appendix 3)

An example of a report on the feedback collected online is attached at Appendix 4. Themes emerging from the 82 survey responses received are:

- **Emotional support** matters to women, antenatally, in labour and birth, and after the birth;
- **Continuity of care** during pregnancy, and continuity during labour and birth are valued highly;
- **Communication matters** to women - how staff communicate, that they communicate enough information, offer choices and appear to be caring is very important.
- **Women feel uncomfortable** knowing that the maternity service is very busy – it can affect plans (e.g. being told that a planned homebirth will not be possible)

These themes are reflected in the feedback collected during visits to parent and baby groups, and in the feedback that parent reps collect informally in their daily lives (whether as new parents themselves, or as people who work with new parents). How might these themes inform additional feedback collection by RBH, training or service development?

- Women are clearly aware that the service is very busy, and that this can affect the **quality of communication and emotional support**.
- Services might be developed in ways that enhance **continuity of care**
- Some responses, read together, hint at another aspect of communication; **whether informed decision-making by the woman is the reality**, or whether women are 'channelled' along an institutionally determined path. These issues might usefully be explored further.
- **Capacity planning** appears to be an important issue for women (they report to us how they felt: being aware of the hospital being full; staff being under pressure; some women reporting not being able to have a home birth)

6. 2013-14: Chair's Review

Our area: some background and context

The RBH maternity unit continues to be busy, with around 5,600 babies born this year (slightly fewer than each of the last three years, reflecting the national trend - for more detailed information please refer to RBH Maternity Services Reports, available from RBH

At the beginning of our working year, key figures for the maternity service (end of year 2012-13) were:

55.6 % normal births (spontaneous vaginal births – includes medically induced labours, and labour with epidural analgesia)

13.9 % assisted births

25.8 % births by caesarean section (similar to the current national average)

It is pleasing to note that the planned improvements to the environment in the ultrasound department have been completed and that in the period April 2013- March 2014 25% of all births at RBH took place in the Rushey Birth Centre.

Unfortunately, as at April 2014, two of the four rooms in the Rushey Birth Centre have been closed, following advice from the Care Quality Commission, because there are not enough midwives employed to staff them (the staffing needs to include an appropriate skill mix and different seniorities of midwife). This is not a satisfactory situation: see letter in Appendix 5, and our recommendations.

Following the recent visit of the Care Quality Commission to RBH (during which I was interviewed by an inspector) we await the Commission's report with interest, and will review it following publication.

Additional background information to set the Maternity Forum's work in context is provided by the [West Berkshire Joint Strategic Needs Assessment \('WBJNSA'\) and Health & Wellbeing Strategy \('WBHWS'\) 2013](#); the [Wokingham Borough Council Health & Wellbeing Strategy 2013 \('WHWS'\)](#) (see link on page); and the [Reading Joint Strategic Needs Assessment 2013 \('RJSNA'\)](#) and [Reading Health & Wellbeing Strategy 2013-16 \('RHWS'\)](#).

These note:

West Berkshire

- The significant amount of rurality within West Berkshire has considerable implications for the commissioning of services for its residents. Access to services will be a challenge in very rural wards requiring outreach or transport solutions. Those people who do not have access to cars rely on public transport (WBJNSA)
- About 2000 babies are born each year to West Berkshire mothers (note not all will be born at RBH, as mothers from this area access a variety of services including RBH, Basingstoke, and Swindon); the mothers of these babies tend to be older than the national average, with fewer younger new mothers giving birth (WBHWS);
- Although the health and wellbeing of children living in West Berkshire is generally good, one in ten lives in poverty (WBHWS)

Wokingham

- That Wokingham Borough is ranked as one of the best places to live in the country, with good health, employment and education; people enjoy a long life expectancy here.
- There are parts of the community where people do not have such a good quality of health and wellbeing, and identifying and addressing these differences so that these members of the community are not left behind is important.

Reading

- That Reading has a young population, which is ethnically and culturally rich and diverse (the 2011/12 JSNA noted that Reading is the third most ethnically diverse town in the South East)
- The overall population is expected to increase in size.
- That Reading has some very affluent communities alongside some very deprived neighbourhoods.
- A key point in the strategy (Goal Two, Objective 1) is 'Ensure high quality maternity services, family support, childcare and early years education is accessible to all.'

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, as last year, that the service is extremely busy, and staffed by people whose kindness and commitment is appreciated.
- Typically the positive comments about care that we receive outnumber concerns by around two to one. Typical examples include:

'Care in the community has been excellent and the level of support has been great.'

'I received positive encouragement when arriving at RBH in labour "You've done so well to get this far"'

Second time mum was really happy with the outcome this time. She had c-section under general first time around and felt pressured to breastfeed despite not wanting to. This time with new baby she felt supported in her choice to formula feed. 'Very enjoyable experience during labour and birth' [Vaginal Birth After Caesarean].

Very positive experience. The midwives were brilliant. In early waiting they recognised the stage I was at from the sounds I was making – got me into a delivery room. Not offered pain relief as the baby seemed to be coming quickly – I wanted to use the pool. Postnatal care was good. Good support with breastfeeding. (Rushey MLU, Baby born Dec 2012)

'Very positive experience. Iffley Ward - was induced but pain relief was not good enough to cope with strong contractions. This was better on Delivery Suite as had more pain relief options.'

'Rushey Ward [Birth Centre] was brilliant! Midwives were helpful and there was a caring environment'

'Very positive experience! Had the same midwife all the way through, which was great.'

'Sonographer was gentle and supportive following a miscarriage and said "next time we see you we'll have good news!" which lifted my spirits'

- Some parents have less happy experiences – we discuss this in the formal Forum meetings (along with summaries of complaints, and numbers of complaints received) – for example:

'All antenatal appt felt rushed. I didn't feel that well supported as a first time mum and didn't feel my midwife tried to develop any kind of relationship with me. This resulted in me opting to see GP for exams rather than midwife. At 34wk appt I was not given chance to discuss birth plan and notes were made in my folder which were not explained to me....'

'Generally good though was put on back and couldn't turn back over to push - and asked to get on bed not on floor - not what I wanted.'

'Care during c section from theatre staff was great- not so good from surgeon who told me it was like concrete and having trouble getting through while I'm laid there.'

'I arrived at RBH in the early hours and was left alone attached to a monitor which stopped working. It was a horrible frightening three hours or so until my proper midwife came on shift. She was fantastic! However when she went on a break another midwife took over and tried to force drugs on me....'

'Car parking – really difficult' [this comes up often, and is one reason, it seems, why there can be pressure on waiting room areas at RBH – people arrive very early in order to find on-street parking, as the car park has limited capacity.]

Our RBH members are open in discussing where there is room for improvement, and very receptive to feedback from all sources – whether collected by parent and maternity advocate members (e.g. Breastfeeding Network; Reading Homebirth Support Group), by commissioner members, or by RBH, including through the 'Friends and Family Test', which is reported to us.

The themes emerging from the feedback collected by Parent Forum, noted above, are broadly typical in the national context (see for example, [commentary from the Women's Institute on the recent Public Accounts Committee Report](#) into Maternity Services in England).

Making our recommendations

Our Maternity Forum recommendations are based on the feedback from women that we have collected and heard during the year; our understanding of the RBH maternity population as a whole (based on our local knowledge developed over several years of experiencing services, working with and in the service, and the RBH Annual Maternity Report); and our awareness of current research evidence in maternity and relevant health policy and guidance.

7. Recommendations to the Berkshire West Federation of Clinical Commissioning Groups ('Berks West CCGF')

See Summary and Recommendations at the beginning of this report.

8. Work for 2014-15

We aim to:

- continue to
 - work with RBH on midwifery service improvement projects
 - monitor key indicators such as numbers of complaints, staffing and capacity (including diversion periods), normal birth and C-section rates
 - collect feedback on services, focusing on visiting groups/children's centres, aiming to reach a diverse range of parents, and promoting our Facebook page, which links to our Parent Forum's online survey
 - review feedback on services collected by RBH
- recruit more Parent Forum supporters and/or Forum parent representatives
- develop the Parent Forum Facebook page, aiming to use it more actively as a means to collect feedback and parents' views
- develop an 'induction pack' for new parent representatives
- work with the RBH Supervisors of Midwives to run a 'Maternity Voices' evening or weekend 'listening event' in one of our three Forum areas (Reading; Wokingham; West Berkshire)

9. Acknowledgements

The Chair would like to take this opportunity to thank to all the Maternity Forum members (parent representatives, health professionals and commissioners), and those members of Parent Forum who are not members of the formal committee, for their time and commitment. The support given to the Maternity Forum by both the Berkshire West Federation of Clinical Commissioning Groups, to which the Forum reports, and the Royal Berkshire Hospital NHS Foundation Trust is appreciated.

Catherine Williams
Chair, Maternity Forum (MSLC)
April 2014

Appendix 1: Membership List.

| | |
|--------------------|--|
| Emma Cantrell | Parent Representative (standing down spring 2014) |
| Linda Cook | Associate member; Reading Homebirth Support Group |
| Janice Fadden | Parent Rep |
| Katy Hughes | Breastfeeding Network (BfN) rep |
| Helen Sturk | Parent Rep (standing down spring 2014) |
| Jen Townsend | Parent Rep (to January 2014) |
| Karen Mitchell | Parent Rep (Doula, Lamaze) |
| Emma Lofty | Parent Rep (NCT Antenatal Practitioner,) |
| Lindsay Middlemiss | Parent Rep, Newbury Homebirth Support Group (Doula) |
| Catherine Neil | Buscot (neonatal unit) Parent Rep (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 (NCT Antenatal Practitioner, Henley & Twyford) |
| Kirsti Wilson | Parent Rep (to January 2014) |
| Jane Brooks | Project Manager, Wokingham Clinical Commissioning Group (CCG) |
| Helen Hegarty | GP Maternity Lead, Wokingham CCG (for the Berks West Federation of CCGs) |
| Katie Summers | Director of Operations, Wokingham CCG |
| Brian Reid | Consultant Obstetrician & Clinical Director Maternity & Children's Services |
| Linda Rough | Matron for hospital maternity services |
| Jean Sangha | Matron for community and midwifery-led services, |
| Jane Siddall | Consultant Obstetrician |
| Annette Weavers | Consultant Midwife |
| Liz Williams | Supervisor of Midwives (to spring 2014) |
| Gill Valentine | Director of Midwifery, RBH |
| Laura Wallbank | Contact Supervisor of Midwives (joining March /April 2014) |

Appendix 2 – feedback reports an example Collecting feedback on services: parents' voices



Feedback on maternity services collected at
Caversham Children's Centre, Amersham Road, Caversham,
5th November 2013

MSLC Parent Group Reps: Nancy Carter & Catherine Williams

This is a toddler group attended by mums with toddlers aged between 1 and 4 years old. As many of the mothers who attend this group have recently given birth to younger siblings, this was an excellent opportunity to gather feedback from second (and third) time mothers. We asked the mums to tell us what they liked about their maternity services, anything that was maybe not so good - and any suggestions for improvement.

We did a brief and informal introduction to MSLC and how all members (parents, midwives & doctors) work together to review services and make improvements. We explained that any feedback would be anonymous and that their words would be shared with MSLC.

As the mums attending this group had to keep an eye on their babies and toddlers, it was difficult for them to write up their feedback as mums normally would do at these sessions. Instead, we spoke to them on a one-to one basis, taking notes on their behalf and then reading back and clarifying our notes to ensure we were accurately reporting the mothers' experiences.

These were the comments made:

Antenatal care

[July 2013] Antenatal care was good. Saw same midwife pretty much all the time.

[August 2013] Antenatal care was really good.

[September 2013] Community midwife care was good, when you could get hold of her. Had a scare at 14 weeks with a bleed - couldn't get hold of midwife, so had to visit GP who referred her to DAU. At 30 weeks needed support for SPD - difficult to get a response from midwife to discuss this. Mum wasn't advised to get a whooping cough jab and when she contacted the midwife it took a while for her to get back to her. When she could get through to the midwife she was really good. Mum wondered if the lack of response was because she was a second time mum. Initially under consultant

led care due to first baby being large and a difficult delivery. When growth scans showed this pregnancy as being normal sized, mother was switched back to midwife-led care. Nobody contacted her to let her know next steps. Mum contacted the midwife several times over the course of a week, eventually her husband called triage, who arranged a callback. Midwife said there was a problem at Amersham road and that midwives can't get a mobile signal there - could there be an alternative way of contacting midwives at this location?

[February 2013] Antenatal Care was good at the Children's Centre. Antenatal Classes were run by a midwife. All care, antenatally, birth and postnatally was very positive. First experiences of midwives - very good care and the midwives work very hard.

[May 2013] Most antenatal care was carried out in Devon where the mother was living at the start of her pregnancy. She moved to Reading at nearly 9 months and met midwives only twice before the birth. Transfer of note was smooth, but RBH and community midwives always seemed very rushed and busy it was sometimes hard to ask questions and mum felt uncomfortable like she was taking up too much of their time.

[February 2013] The community midwife was brilliant. "I was very lucky to have her. I only saw a different person once or twice - it was brilliant seeing the same person all through pregnancy."

[August 2013] Antenatal care was really good.

Birth

[August 2013] Went into early labour at 33 weeks. Student midwife was giving care for a couple of days before transfer - it felt really good to have an experienced midwife and student caring together. It was fantastic that mother's partner could be there all the time. Mother was transferred to the John Radcliffe Hospital. A midwife accompanied her all the way. Mum thought she'd be left on her own, but she wasn't. After 2 days at JR, mother was permitted to go home, and returned to RBH when SCBU was open. Mother laboured at RBH and needed the CTG throughout labour, which restricted mum's position as there was only one type that could pick up baby's heart rate. Midwives were really encouraging and got mum up and moving around despite the monitor and the drip. Mum was really impressed that they moved her canula into the other hand to suit her preference. At one point an emergency c-section was being considered (but didn't need to happen), the emotional support offered to the dad at this time was really important and welcomed.

[August 2013] Delivery midwife absolutely brilliant - calm and reassuring

[September 2013] Delivery on Rushey Ward was glorious compared to the birth of her first baby. It was beautifully clean and wonderful. Had 1to1 care 95% of the time. Mum laboured and delivered in the birth pool. The unit was quiet so she had lots of time to rest and recover after delivery. Birth was straightforward and low key.

[February 2013] Mother is from Kazakhstan and gave birth to her first baby there. She found giving birth in the UK much less restrictive - mums are given much more and

better quality information (in Kazakhstan she would have been hospitalised for a week and her husband would not have been allowed to be present). Mum arrived at hospital fully dilated, she was put onto a CTG because of very fast progress. She couldn't go to the birth centre and use the pool and was told to hold on and not to push so that they could listen to the heart. After 25 minutes she was told she could push and the baby was born. Dad cut the cord. Her wishes to breastfeed were supported and she wasn't pressured at any point. Parents had done hypnobirthing - the midwife recognised and supported her choices and reassured her.

[July 2013] Midwife came to homebirth without any pain relief although mum had warned that she was labouring quickly - midwife came just to do an assessment. Overall though, homebirth care was good. After a good homebirth experience, mother was transferred in due to a 3rd degree tear. Surgical team were brilliant.

[June 2013] Rushey Ward was brilliant! M/w's were helpful and there was a caring environment.

[March 2013] Mum has delivered 2 babies at the RBH - this time was much better than last time. Last time caused many health problems. Extra green page added to her notes this time. After the first baby, mother suffered a 3rd degree tear and the midwife cried as she left the room. Mum had to return to the hospital 10 days after birth for treatment. The second time round the care was much better. The midwife was really professional. The second labour was quick and very short.

[May 2013] Delivery Suite was really nice. The room was a good size and the decoration was nice.

[February 2013] Mum laboured on the delivery suite, but due to complications had an EMCS. "They did everything they could to help me and my partner and put us at ease."

[August 2013] Midwife on delivery suite was absolutely brilliant, calm and reassuring.

Postnatal care

[August 2013] Baby was transferred to Buscot after birth. Mum described the care on Buscot as "Amazing, nothing bad to say", however, mum was transferred to a bay with 4 other mums with their babies. She shut the curtains and put TV headphones on to shut out the sound of the babies. She wasn't too bothered by this situation, but thinks it could be really distressing for some mums.

[July 2013] Constant disturbance on the ward - couldn't sleep, and when she finally got some rest she was woken to do obs and a WRVS survey. Disturbed by "all the stupid people who do Bounty photos". Discharge was delayed and really stressful - doctor couldn't see her as someone else was in the cubicle. Shocked that she had to leave hospital and go to the Tesco pharmacy for required medication.

[September 2013] Mum asked to stay on the ward for a couple of days for breastfeeding help - that was possible and very helpful.

[February 2013] Stayed overnight for observation due to raised blood pressure. Cared for by people who were lovely and took their time.

[March 2013] Postnatal care from midwife at the Children's Centre was good.

[February 2013] Baby was admitted to Buscot for 2 weeks. The care on Buscot was fantastic. The only negative was that mum was on a postnatal ward away from the baby for a few days and one particular member of staff treated her like she was on some kind of holiday and should be "enjoying herself" away from her baby. Breastfeeding support was outstanding - they always came to get mum as soon as the baby needed feeding. When mum was moved to Buscot the care was fantastic.

[August 2013] Postnatal care was chaotic and disjointed. Had to wait 2 hours for a glass of water.

Thanks to Emma Corp at Caversham Children's Centre for welcoming us to their Fun2Play session.

Nancy Carter, MSLC Parent Group Rep

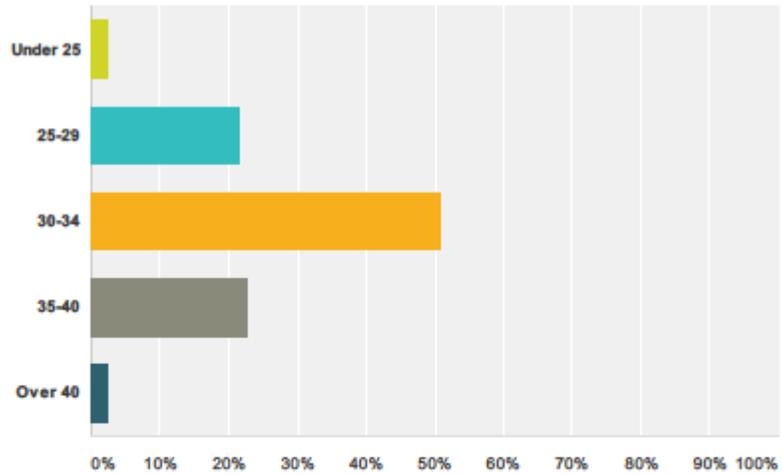
Appendix 3 – online survey – quantitative data

Click anywhere on page 1 of the survey data to view the PDF

MSLC Reading, Wokingham & West Berkshire Areas

Q1 Age in years (at time of birth):

Answered: 79 Skipped: 3



| Answer Choices | Responses |
|----------------|-----------|
| Under 25 | 2.53% 2 |
| 25-29 | 21.52% 17 |
| 30-34 | 50.63% 40 |
| 35-40 | 22.78% 18 |
| Over 40 | 2.53% 2 |
| Total | 79 |

Appendix 4 – summary of feedback collected online: an example



Collecting feedback on services: parents' voices

Feedback on maternity services collected by MSLC Parent Group:
responses to our online survey received January - June 2013

A. What are we reporting on?

Replies to our online survey are summarised here. The births took place in the period January 2012 to April 2013.

We recognise that the maternity service changes and develops over time, so feedback needs to be recent - and we also value and wish to hear the experiences of all parents, so we don't exclude anyone from sharing what happened when their baby was born because it was more than a year ago. We have read (and discussed in an MSLC meeting) the feedback for births between 2007 and 2011. The key themes that emerge from the feedback about births that took place in the period 2007-2011 are the same as those that emerge from the 2012-13 surveys

B. Key Themes

These themes emerged from the survey responses:

- **Emotional support** matters to women, antenatally, in labour and birth, and after the birth;
- **Continuity of care** during pregnancy, and continuity during labour and birth are valued highly;
- **Communication matters** to women - how staff communicate, that they communicate enough information, offer choices and appear to be caring (rather than '*rude and extremely unsympathetic*' as one woman, whose baby was born in December 2012 reported) is very important.

How might these themes inform additional feedback collection, training or service development? Women are clearly aware that the service is very busy, and that this can affect the **quality of communication and emotional support**. A couple of the responses together hint at another aspect of communication; **whether informed decision-making by the woman is the reality**, or whether women are 'channelled' along an institutionally determined path. These issues might usefully be explored further.

C. The survey responses in context

This report provides a snapshot of views about care experiences in 2012 and into the first quarter of 2013. We value all stories and views that are shared with us. We also know that collecting truly representative feedback is difficult to do - we are aware that all methods have limitations, and the picture must include feedback from a range of sources.

The quotations below are drawn from the 15 survey responses that related to births for January 2012 onwards (a further 12 responses were received). MSLC Parent Group members consider this feedback along with:

1. the feedback they collect by visiting parent and baby groups in the community;
2. their experience of talking with parents in their daily lives (whether as parents themselves, or as people who work with parents);
3. feedback about parents' experiences of services that they receive from colleagues who also work with parents (antenatal teachers, doulas, postnatal practitioners and breastfeeding counsellors and peer supporters)
4. feedback collected by the Royal Berkshire Hospital.

Reflecting on information from all of these sources helps all MSLC members - parent reps, healthcare professionals and service commissioners - when feedback from any particular source is presented to the MSLC and discussed by all members at our meetings.

D. The survey responses - summary

The year and month in which the baby was born is given in brackets after each quotation. These extracts from what the women wrote are quoted as written; at least one quotation has been taken from each of the 15 responses, aiming to illustrate the themes that emerged in a representative way.

Antenatal care

Some very positive comments, and a less happy experience. Emotional support is hoped for, and valued when experienced:

'1) local midwife EXCELLENT always had time for me. Supportive emotionally too. Gp support also excellent when I had problems with pregnancy' (July 2012)

'Plenty of support was given during pregnancy and I felt looked after and cared for.' (August 2012)

'2. When I first went to the midwife she wasn't very warming & treated me like I was just a number not an anxious first time pregnant mother-to-be which was very upsetting. I battled to see her when I had a scare and ended up going to a wonderful GP after 2 days of worrying and got the impression she was just interested in my scheduled appointments and that was that. She didn't give me a lot of information, didn't really talk to me about options & I would have been terrified if I hadn't paid to attend an NCT course.' (September 2012)

Care during birth

(a) home

This experience of continuity through pregnancy and birth was rather special for this mother and her partner. It was the only home birth in the set of responses.

'Both this and my first baby were born at home (as planned). In both I had the same midwife through my antenatal and postnatal care, and she was also present at both births. This continuity of care was fantastic and made the whole experience much easier. My partner and I both felt extremely well supported. It meant a lot to us to be able to have the home birth we had planned and felt very supported in this.' (May 2012)

(b) birth centre

The first few comments relate to the midwife-led rooms on Marsh ward, before the Rushey Birth Centre opened in the autumn of 2012.

'The room in the MLU was dirty and there was blood in the bathroom from the previous occupant. The first midwife was lovely but at shift change the new midwives were curt and would not listen when I said I had unbearable hip pain and couldn't stand. They kept ordering me to the bathroom.' (May 2012)

In this woman's experience, communication was also an important theme; her description of her experience of being advised to have a caesarean birth is interesting:

'We had a trainee midwife at the beginning of my labour who was brilliant really helped me to focus.... We went midwife led & that was also a wonderful experience peace claiming and would highly recommend it to anyone.. trying different techniques and the oils really helped me.. after 8 hours and my daughter had gone back to back it was decided that I should have a c section.... between the time of being told about the c section and it happening there was an awful long wait..... and it very much felt like I had been forgotten.... as I wasn't really being monitored... The midwife wasn't really around and was tired hungry and losing patience by this point as I had been in labour for 24hrs. We waited 4 hrs from the time we were told I was going to have the c section and I really didn't want one so this didn't help.... Plus the last midwife I had I didn't feel a connection with as the other 3 I did..... Birth The team we had were very nice and explained every think that was going on during the operation.'
(July 2012)

'Overall, my care was excellent right the way through.' (July 2012)

Here again the issue of informed choice appears - this time the mother makes the point herself:

'During labour I felt swept along an already predetermined path with little information or choice from the midwives or doctors. During labour and postnatal care the nurses were helpful but there was no continuity of care and advice varied greatly between staff. Doctor visits were few and far between, surrounded by a feeling that I should be 'grateful' to be seen by a doctor and for the 5 minutes of time they spent diagnosing me and determining my options.'
(August 2012)

The new Rushey Birth Centre opened in September 2012.

'1. I had a straightforward birth with my second child. 2. I went up to the new maternity ward but was left in a very bare and uncomfortable lounge area whilst I was waiting to be taken to a delivery room. My waters broke here and I was left to clean myself up whilst people were wandering around. 3. I would have liked a bit more tlc. I'm certainly not needy, but did feel a bit lost until I was put into a room.' (September 2012)

'I was very fortunate to see the same midwife throughout my pregnancy and also had the same midwife with me for the birth of my baby. I believe this helped me have a very straight forward birth as this resulted in me being very relaxed, comfortable and confident during the birth.' (September 2012)

'Loved the facilities and new ward. Didn't like the fact I rarely saw same mid wife twice during care.' (December 2012)

These last few comments illustrate how continuity and emotional support (which can, of course, be expressed as part of practical care) are valued.

(c) delivery suite

Some very positive comments, and a less happy experience. Again, emotional support is hoped for, and valued when experienced:

'The midwife who delivered my daughter was amazing. Caring, supportive and allowed me to have the birth I wanted.' (July 2012)

1. The care given to me when I was on the labour ward was amazing - a true testament to how great the NHS can be and how amazing the staff are!When my waters broke it took me 45 mins to get through on the labour number which I found very scary as I didn't know what to do. I then spent the next 36 hours going back & forth to the hospital - I was asked to go in - only to get there, be examined & then told to go home before being told to come back so many hours later. It was exhausting for both myself & my husband and I'm sure there must be a better way to deal with similar situations' (September 2012)

'Communication with parents could be improved. I didn't feel I was listened to in the first stage of labour.' (April 2013)

Care after birth - in the birth setting (home, hospital)

(a) home

See care during birth at home above - a positive experience was reported.

(b) hospital

'The staff during the birth of my baby were fantastic as was the care on Marsh ward.' (April 2013)

'Postnatal care on the ward was terrible and I was pretty much left to it for five days. I wasn't given any information about facilities on the ward, sheets weren't changed, dressing wasn't changed, no help picking baby up despite caesarean. Midwife was rude when being discharged resulting in angry words and tears.' (May 2012)

'I think that the royal berks has a lot of patients to care for and can't cope sometimes with the amount coming through the doors. Maybe there should be

more care assistants that could help with the aftercare after having a baby especially psychical & emotional' (July 2012)

'My second criticism was how busy the ward was after I gave birth, I couldn't get my son latched on to my breast, and yet the ward seemed so busy and understaffed that I felt uncomfortable asking for help. This resulted in me going home, unable to latch my baby on for 3 days until I came back to the breast feeding clinic (which was excellent). But as I said, everything else was excellent.' (July 2012)

Diversion periods - when women arriving in labour may be sent to other hospitals - are a worry to women, understandably. Here the mother feels that there was an effect on the time she was able to spend receiving postnatal care and support:

' 2) the hospital was shut to new admissions when I had my daughter. Therefore discharged 2 hours after giving birth. I had v little Breastfeeding support and as a result had to give up quite early on after lots of problems. Little help once home with this area.' (July 2012)

'When I was transferred to Iffley Ward, I was given a cubicle that did not have any windows, and everyone else in the room kept there curtains closed for the majority of the day, which meant that me and my baby did not get any natural light. This was a problem as my baby had jaundice and I was told that I had to keep her by a window. We were then told that as soon as a bed by a window became free we would be moved, however, we were not and these beds were filled with newcomers.' (August 2012)

Several comments about support with breastfeeding, and generally about the experience of postnatal care:

'I didn't like the fact my husband was sent home at 3am in the morning after being with me for the previous 18 hours in the labour ward with no sleep & very little to eat. New Dads need to be cared for too! And when you are transferred into a ward after giving birth someone should be there to show you how things work (like how to adjust your bed & switch the light on & off) give you a basic run down on what happens in the ward (like what you do with your baby) and answer any questions you have instead of just latching your baby on & then leaving you.' (September 2012)

'I did not liked being rushed with breast feeding, I felt like it was my fault I could not feed, the midwives were good but did not have the time to sit and help, by the second day I felt a burden to keep asking for help as they were all so busy and I just said I was fine and would like to go home however I did get great support with the breast feeding outreach and now I do not give bottles.' (October 2012)

'1. I was very pleased to see that my partner was also looked after and was given a reclining chair so he can stay with me. This was great as we had to spend 3 nights in hospital before the baby was born. 2. Following a long and difficult induction I had to have c section. Midwife stayed with us even her shift finished and another experienced midwife came. It felt this is not only job for the midwives there - they really cared for us and baby. 3. I have rather struggled with the heat on the ward. Felt far too hot. 4. I feel that my problems with constipation could have been prevented if the steps would be taken from time I complained about this being an issue. My other health problems were prioritised (which I understand) - but I ended up having enema, stayed longer in hospital and generally experienced lots of pain and discomfort.' (November 2012)

'I was very upset with the care (or lack) of on marsh ward at rbh I was left without any water, pain relief, without the call bell and unable to move and needing to go to the toilet I got no help and support whilst there. Baby lost 12.5% of birth weight by day 3 and was pushed to formula feed - I didn't and baby quickly put the weight on!' (December 2012)

Care after birth - in the community

First time mothers are often keen to be seen as coping, and being good mothers - of course, it is not unusual to feel overwhelmed or a bit lost, particularly if the woman does not have a strong local network - this mother is honest about how she felt:

'After the birth I feel I had a few issues with breastfeeding but found I was only able to get support by going out and asking and finding it myself. As a first time mum I found this quite difficult.' (September 2012)

Thanks to the mothers who shared their stories with us in the survey. Our thanks too, to the staff of Royal Berkshire Hospital maternity team who support our work collecting and reporting on feedback, and who work with us on the 'MSLC' to understand the picture that emerges of women's experiences of care.

Catherine Williams
MSLC Chair, September 2013.

Appendix 5 - letter (by email) re temporary closure of two rooms in the Rushey Birth Centre - 6 April 2014

To Brian Reid, Consultant Obstetrician, Clinical Director Maternity & Children's Services

Dear Brian

As lay member of the Maternity Clinical Governance Committee, and Chair of the MSLC, I was very concerned to learn on Friday that two of the four Rushey Birth Centre birthing rooms are currently closed.

I am pleased to note that the concerns about use of the corner baths in the rooms are being addressed by means of staff training.

The lack of adequate staffing to permit use of these rooms is, however, very worrying, and I am at a loss to understand how it could be justified in public health terms. I urge you to draw the findings of the Birthplace in England study (main findings: <https://www.npeu.ox.ac.uk/birthplace/results> and BMJ report 2011: <http://www.bmj.com/content/343/bmj.d7400>) to the attention of the Trust Board, explaining the principle of 'analysis by planned place of birth.'

The Birthplace study findings included that:

- For 'low risk' women in this large study (more than 64,000 women) the overall incidence of adverse perinatal outcomes was low (4.3 per 1000, using a composite measure of 'adverse outcomes' including a number of serious and less serious outcomes together with intrapartum stillbirth and early neonatal death)
- Midwifery units appear to be safe for the baby and offer benefits for the mother:
 - For planned births in 'alongside midwifery units' (on the same site as, but separate from, an obstetric unit), like the Birth Centre, there were no significant differences in adverse outcomes for the babies compared with planned birth in an obstetric unit (planned place of birth at start of care in of labour for 'low risk' mothers)
 - Women in the study who planned birth in a midwifery unit had significantly fewer interventions, including substantially fewer intrapartum caesarean sections, and more 'normal births' (significantly fewer instrumental deliveries, and episiotomies, for example) than ('low risk') women who planned birth in an obstetric unit.

I know that the closure of the two rooms is a matter of concern to RBH staff: so many people have worked very hard to make the Birth Centre a reality, and I have shared their delight as its reputation in the community has grown. Here are the words of some mothers I spoke to in a children's centre on Friday morning, who had given birth in the Birth Centre:

'I had a really good experience ...they were with me the whole way until she was born.. they massaged me a lot: that was phenomenal!'

'The lovely midwife ran me a bath and made me a cup of tea [while I was in labour] - couldn't have been better...they did as I asked...I was really listened to'

'I was very impressed...they ran a bath for me and had everything ready for me as I wanted

[before I went into the room]..staying in the room after the birth was good, and relaxing...not too long as they knew I needed to go home [older child at home]

(The benefits of immersion in water during labour are of course well-documented - see RSM practice guideline <http://www.rcm.org.uk/college/policy-practice/evidence-based-guidelines/> - and frequently mentioned by women in feedback that the MSLC collects. It is important that the corner baths in the two rooms should be available to labouring women.)

The Birthplace findings support a local policy of continuing to offer the choice of midwifery-led care in the Birth Centre to all 'low risk' women, and indeed actively promoting that choice. A reduced number of interventions experienced by 'low risk' women (as associated with planning birth in midwifery units in the study), is surely a public health benefit, and likely to result in immediate cost savings too. In addition, the possible long term implications for mother and baby of interventions in birth are not well-researched or fully understood; in that context, policies that are likely to reduce the numbers of avoidable interventions seem wise.

You will, I'm sure, be advising the Board of the current percentage of women who are 'low risk' in the local maternity population, and indeed reminding them of the history of maternity unit closures (Delivery Suite and Birth Centre) for capacity reasons. It is important to have the rooms staffed at a safe level for 24 hour availability and use and reopened as quickly as possible.

I look forward to hearing from you with an update as matters develop.

Regards

Catherine

Catherine Williams

Chair, Reading, Wokingham & West Berks Maternity Forum (MSLC)

NCT Antenatal Practitioner

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