

NHS LANARKSHIRE MATERNITY STRATEGY 2008 - 2013

EXECUTIVE SUMMARY

1. PURPOSE OF REPORT

This short report has been prepared to inform NHS Lanarkshire Board of the intended strategic plan for Maternity Services 2008 – 2013. The strategy document sets out the current service and how this needs to change and develop to reflect National Policy and Contemporary Service Models.

2. INTRODUCTION

2.1 Background

The most recent Maternity Services Strategy produced by NHS Lanarkshire was published in September 1995. Since that strategy was written, a great many changes have taken place in the provision of maternity care within Lanarkshire with concentration of inpatient maternity services at Wishaw General Hospital and increased midwifery input to ante natal care being the most notable. In view of these significant changes and publication of Government Policy documents for maternity services the need for a new Maternity Services Strategy has become clear. This strategy explores demographic data of women who access maternity services, describes current service provision, explains the drivers for change and presents the vision for maternity services in NHS Lanarkshire for the next 5 years.

2.2 Current Service Model

A traditional model of shared care is provided in a number of Consultant, Midwife and GP ante natal clinics in local health centres across Lanarkshire. In addition there are Maternity Day Assessment Centres in Wishaw General Hospital, Hairmyres Hospital, Airdrie and Lanark Health Centres and Early Pregnancy Services in Wishaw, Hairmyres and Airdrie. Inpatient maternity care is provided from 79 beds in Wishaw General Hospital and a small number of women choose to deliver at home. There is also a Level 3 Neonatal service in Wishaw with a total of 29 cots providing intensive, high dependency and special care facilities. This service provides services for babies born in Lanarkshire and also participates in the national cot bureau for neonatal care.

3 DRIVERS FOR CHANGE

3.1 National / Regional Framework

The Framework for Maternity Services (2002), the Expert Group on Acute Maternity Services (2003) and NHS QIS Standards for Maternity Services (2005) set out Government Policy for maternity services in Scotland. These documents describe standards for maternity care which require changes to current service provision. In particular introduction of midwife as the lead professional for low risk women,

introduction of routine CUBS and anomaly scanning and changes to the organisation of early pregnancy services.

Changes to service provision in neighbouring Health Board areas and recommendations from the Ministerial Action Group for Maternity and Neonatal Services may have an impact on maternity and neonatal services in Lanarkshire. It is therefore imperative that NHS Lanarkshire continues to engage in discussions to ensure that services are delivered within a national and regional context.

3.2 Demographic Data

The total number of births to women resident in Lanarkshire has fallen over the past 25 years with a small rise being experienced 4-5 years ago which has been sustained since that time. This is consistent with the trend in Scotland overall. Census information reveals that there is a higher than average proportion of women aged 15-44 years in Lanarkshire within the most deprived groups and that the incidence of low birth weight and premature births is higher in Lanarkshire. The incidence of drug abusing mothers has also risen over the past five years. Obstetric intervention rates are consistent with national trends.

3.3 Workforce

Implementation of Modernising Medical Careers, European Working Time Directives and other professional influences has had a significant impact on workforce planning within maternity and neonatal Services. It is therefore necessary to undertake a detailed review of the medical, midwifery and nursing workforce and to implement new roles to ensure that a sustainable, safe and effective service can be maintained in the future. Within neonatal services it is proposed that the role of Advanced Neonatal Nurse Practitioner (ANNP) is developed. This role will incorporate medical and nursing management of neonates and their families and will support the first receiving medical rota with potential for development to participation in the middle grade rota. Additional Consultant Neonatologist resource will be required for training, supervision and development of these practitioners.

3.4 Health Promotion

The public health challenges of Lanarkshire are particularly important in relation to maternity services. The determinants of health status in adulthood begin in pregnancy and early life. Maternal smoking levels remain resistant to change and there is an increase in the number of mothers who abuse drugs. Breastfeeding rates are low at 37.8% when compared to a national rate of 53.1% at 5-7 days, and 24.86% in Lanarkshire at 6-8 weeks compared to a national rate of 36%. It is therefore necessary to enhance the public health role within maternity services.

4.. FUTURE SERVICE MODEL

Following a review of current services and drivers for change described above the following recommendations are made for future service provision. It should be noted that this strategy has been developed over a period of time. A view has been taken

that recommendations which were not implemented by 1st January 2008 would be included in the strategy. There are therefore some recommendations described within the strategy that have been partially implemented within an agreed financial framework.

4.1 Key Recommendations

Key recommendations within the strategy are:

- To further develop early pregnancy services on the Wishaw site to provide a dedicated service for the diagnosis, medical and surgical management of miscarriage.
- Midwife led care for low risk women should be implemented in line with the Keeping Childbirth Natural and Dynamic (KCND) national programme.
- Scottish Women Held Maternity Records should be implemented and audited in line with recommendations in NHS QIS Maternity Standards
- Respond to CEL published in July 2008 with regard to the implementation of Combined Ultrasound and Biochemical Screening (CUBS) in the first trimester of pregnancy.
- Implement routine Anomaly Scanning in the second trimester of pregnancy.
- Implement and evaluate a triage and assessment area within the maternity unit.
- Implement NHS Lanarkshire breast feeding strategy and achieve full WHO Baby Friendly Status.
- Enhance the public health role of the midwife and involvement of maternity services in strategy development for breast feeding, smoking cessation, substance misuse, domestic abuse and teenage pregnancy.
- Continued implementation of the expansion of the neonatal unit cot base including creation of a transitional care area to ensure that neonatal care can be provided locally for all babies born in NHS Lanarkshire and continued participation in the national cot bureau.
- Develop the workforce in maternity and neonatal services to take account of the impact of Modernising Medical Careers and feedback from the Nursing and Midwifery Workforce and Workload Planning Project.
- Review and strengthen public engagement and involvement in maternity services and engage in national discussion relating to Maternity Services Liaison Committees.

4.2 Financial Framework

The financial framework within which this strategy has been developed is summarised in section 9.5 of this document. It should be noted that funding streams have been identified for all recommendations which require investment.

5. CONCLUSION

This strategy has been developed in partnership with service users, staff representatives and other key stakeholders. It provides a clear vision for maternity services from 2008 -2011 which ensures that NHS Lanarkshire will continue to provide a safe, effective and innovative service to women and their families.

The NHS Lanarkshire Board is asked to;

- Approve the strategy document
- Delegate the authority for implementation to the Acute Divisional Management Team where this can be achieved within existing revenue resource limits
- Call for future progress reports against the key recommendations as summarised in section 9.5.