1. Purpose
The purpose of this report is to note work undertaken by the Committee in 2008 and highlight identified maternity issues and recommendations to improve the service.

2. Background
During the course of 2008 the MSLC met five times for ordinary business. Additionally a focus day was held in October 2008 (NCT VOICES workshop).

The membership of the group includes a range of health professionals involved with maternity services including the Chief Midwife, Community Midwives, Supervisors of Midwives, Consultant Midwives, Consultant Obstetricians, an Anaesthetist and a Neonatologist. It also has good representation from lay people, with 10 lay members currently attending meetings on a regular basis.

Work Methodology
The MSLC works well as a multidisciplinary forum where all aspects of maternity services are discussed. The remit of the committee is to identify key areas for improvement and make recommendations. The MSLC members, including the voluntary lay members, put a lot of work into the committee, gathering information and listening to the views of the service users and of the professionals before making any recommendation.

Public involvement
There is good representation of user support groups on the MSLC, including AIMS, Birth Resource Centre, NCT, Joint Breastfeeding Initiative, MEHIP and SANDS. There are also 5 lay members, some of them recent users of the service. The MSLC in itself, however, cannot be considered as a representative cross section of the maternity services users in Lothian and is not a focus group. The MSLC’s principal role is to advise on public consultation and monitor what steps are taken to ensure that the views of the service users are taken into consideration. The latest maternity services satisfaction survey (a pilot) took place in 2005.
Influence
The MSLC’s influence is more difficult to ascertain. The committee can only advise and has no authority to implement any of its recommendations which is the responsibility of clinical leads, department heads, service managers and ultimately, NHS Lothian. Part of the MSLC action plan for 2009 (appendix 1) focuses on raising the committee’s profile in NHS Lothian, strengthening its relationship with the Maternity and Neonatal Services Group and developing links with the Community Health Partnerships.

3. Recommendations to Lothian NHS Board

Three areas have been identified by the MSLC as priorities for 2009, namely:

- parenthood education
- one-to-one care in labour
- support for continued breastfeeding

Improvement in these areas will have a direct and immediate positive impact on the health of pregnant women in Lothian, and beyond, of their children and families. The recommendations we make would also greatly enhance the level of satisfaction with maternity services by offering better choice and equity of access. The MSLC’s proposed work to support developments is detailed in the attached action plan for 2009.

The MSLC would greatly value a formal response from the Healthcare Governance and Risk Management Committee regarding the recommendations detailed in this report.
3.1 Parenthood education

This is a recognised health promotion platform and should be part of a co-ordinated multi-agency public health initiative to promote positive parenting. The average attendance toparenthood education classes in Lothian is currently less than 50% of pregnant women, ranging from 40% to 70% according to the area. A survey is currently being undertaken to explore the reasons behind this, with access issues (time and venue of classes) being at the forefront. Classes for specific groups (Dads Only, Teenage Mums, Ethnic Groups, etc...) are only available in certain areas.

Recommendations

- Put in place a defined Parenting Support Structure in Lothian which would include a Strategic Lead linked to the Public Health Department.

- Increase capacity to allow easier access to classes and equal access to a choice of specific classes (Dads Only, Teenage Mums, Ethnic Groups, etc...).

The committee cannot emphasise enough, in this year’s report as previously (see below), that the key to the development of this service is the appointment of a Strategic Lead for Lothian.

MSLC 2005 report:
“The Maternity Services standards (NHS –QIS) require that "a lead named co-ordinator takes responsibility for the parenthood education programme on a service-wide basis""."

MSLC 2006 report:
“The NHS-QIS Maternity Services National Overview states that: “there should be a single syllabus of education throughout Boards for parenthood education classes.””

MSLC 2007 report:
“The MSLC will support the development of a co-ordinated Parenthood Education Programme offered to all women across Lothian, with particular emphasis on equal access to a choice of classes (Dads Only, Teenage Mums, ethnic groups, etc). It is our firm belief, however, that this will only be possible once a Lothian-wide lead co-ordinator has been appointed, as required by NHS-QIS Maternity Services Standards".”
3.2 One-to-one care in labour

Ensuring that each woman in labour receives one-to-one care is at the core of NHS-QIS Maternity Services Standards and of KCND national Initiative -(Keeping Childbirth Natural and Dynamic). It is well documented  that where one-to-one care in labour is in place there is a significantly lower rate of interventions (and hence lower costs) and higher levels of satisfaction, both for women and medical teams. NHS Lothian failed to demonstrate that they were meeting this standard in the 2006 NHS-QIS Peer Review Visit. A 2007 Lothian survey of women’s perception of one-to-one care in labour showed that the women who attended St John’s Hospital (SJH) perceived that the standard was being met at SJH but this was inconclusive for the Simpson’s Centre for Reproductive Health (SCRH) (sample too small).

The MSLC acknowledges that there is a strong commitment from Lothian Maternity services to achieve this standard whilst recognising the increased pressure put on the service by an unprecedented rise in births in Lothian.

The following lines of action have been agreed and are supported by the MSLC:
- Repeat one-to-one care in labour audit in September 2009 to get up-to-date results for both units / ensure agreement on definition of one-to-one care / ensure sample size at SCRH is representative/ link one-to-one care in labour with Patient Safety Initiative.
- Use the new TRAK-Health data base to monitor inductions of labour, caesarean section rates, instrumental deliveries and vaginal births after caesarean section.
- Progress the implementation of the practice changes recommended by the NHS Institute for Innovation and Improvement document – Focus on Caesarean Section – to continue to monitor and reduce caesarean section rates.

Recommendation

- The MSLC recommends that NHS Lothian support the future development of maternity services (as presented in the 2008 Maternity Services Strategy) to address the current capacity issues as a matter of urgency. In particular the creation of a Birth Centre and the upgrading of SJH maternity unit facilities as they will offer wider choice and an enhanced service for women and their families.
3.3 Support for Continued Breastfeeding

The 2005 Lothian satisfaction survey showed that women felt unsupported in their first attempts to breastfeed in the immediate period after birth. Mothers reported not getting the help they needed whilst in hospital and feeling let down. They also reported seeing too many different carers once back home and receiving conflicting advice which eventually led them to stop breastfeeding even though they would have liked to continue to breastfeed for longer. Figures collected in 2007 and 2008 show that, although a good proportion of women do start breastfeeding in Edinburgh, East and Midlothian, there is a significant drop-off rate in the first weeks after birth. Fewer women choose to breastfeed in West Lothian.

These issues have been addressed very successfully in some areas through various multi-agency initiatives led by Community Infant Feeding Advisors. These initiatives, however, will require sustained financial support to maintain successful breastfeeding rates and this work now needs to be extended to all areas of Lothian, in particular areas of deprivation and low rates of breastfeeding. Similarly, there are currently 2 breastfeeding drop-in clinics for mothers who encounter complex problems (one on Tuesdays at SCRH and one on Wednesdays at SJH). The funding of a part-time Infant Feeding Advisor at SJH and opening of the SJH clinic in November 2008 have greatly improved access to this crucial service. A proposal to further extend the breastfeeding clinic service is currently being developed by the Simpson Infant Feeding Advisor, Karla Napier, and is fully supported by the MSLC.

The MSLC believes that the measures listed below must be put in place to enable NHS Lothian to meet the HEAT target of 43.7% exclusively breastfed at 6-8 weeks by March 2011.

Recommendations

- Better co-ordination of local initiatives and extended capacity through the appointment of a Lothian-wide lead co-ordinator role for Infant Feeding Advisors.
- The MSLC fully supports the recommendation that all staff advising women on breastfeeding must undertake the Lothian training in breastfeeding to ensure consistent advice is given to women.
- The MSLC supports the Lothian Infant Feeding Advisors’ business case to extend the provision of drop-in clinics for women who are experiencing problems so that they can receive early intervention to prevent them from stopping breastfeeding.
- The MSLC would like to see the Scottish Government Funding Allocation go exclusively towards the support of the initiatives underlined above.