

DRAFT Minutes of the Lothian Maternity Voices Partnership meeting held on 16 December 2021 via Microsoft Teams.

In Attendance:

Mathilde Peace	Lay Chair
Justine Craig	Director of Midwifery (Vice Chair)
Lyndsay Baird	Administrative Support
Liz Foster	National Childbirth Trust (NCT)
Laura Goullee	NCT Breastfeeding Buddies
Alison Hagan	NCT
Sau Mei Fong	Minority Ethnic Health Inclusion Service
Sarah Denniston	La Leche League
Victoria Paterson	Lay member
Louise Robertson	Lay member
Susan Taylor	Lay member
Kelly Toms	Lay member
Pauline Smith	Clinical Manager, Obstetrics & Gynaecology
Catriona Grainger	Charge Midwife (ward 211 RIE)
Emma Westall	Charge Midwife (ward 119 RIE)
Donna Swinney	Charge Midwife, Lothian Birth Centre
Hanan Mustafa	Consultant Obstetrician
Edile Murdoch	Consultant Neonatologist
Sue Shade	Clinical Manager, St John's
Emma Jamie	Ward Manager, St John's
Amanda Paton	Charge Midwife, labour Ward St John's
Susan Polland	Charge Midwife, St John's
Andie Hewitt	Parenthood Education Coordinator
Lynn Brown	Community charge midwife
Carrie McIntosh	Community charge midwife
Kate Park	Community charge midwife
Lesley Scott	Community charge midwife
Tracy McGillivray	Health Promotion Service – Team Leader
Garry Luke	Strategic Planning and Modernisation
Karen Ormiston	Assistant Programme Manager

Guests:

Angeline O'Connor	The Pelvic Partnership
Jen Campbell	The Pelvic Partnership

Apologies: Zoe brown, Clair Halliday, Nicola Welsh, Catherine Coales, Jenny Hunter, Emma Cashmore-Gordon, Cat Berry, Sophie Orton, Lynn Rose, Torya Hughes, Carolyn Worlock and Connie McLuckie.

Welcome and Introductions

The Chair welcomed Victoria Paterson, Louise Robertson, Susan Taylor and Kelly Toms who were attending for the first time and were considering joining the MVP as lay members.

She welcomed Angeline O'Connor and Jen Campbell of the Pelvic Partnership who had been invited to present under item 6.

1. Minutes of the Previous Meeting

- 1.1 The minutes of the meeting on 28 October 2021 were accepted as an accurate record.

2. Running Action Note

- 2.1 Baby Feeding Journal – A small test of change is continuing in ward 211 at the RIE. This should be extended to all sites soon. It is hoped that enough feedback will have been gathered for the next meeting of the engagement group due on Friday 7 January 2022 to agree on the final version before its roll-out.

- 2.2 Postnatal Ward Welcome Pack at RIE – This is almost ready with anticipated roll-out at the turn of the year. Mathilde Peace thanked Laura Newbury, Midwife on Ward 211, who has been developing the final version. Pauline Smith indicated that there were still some minor changes to be made such as wording around jaundice symptoms. Victoria Paterson asked for a clearer distinction to be made between birth partners and visitors. Justine Craig agreed that this was needed, especially in light of expected new Covid guidance. Birth partners are allowed on the ward at any time.

- 2.3 Better Birth Group RIE – apologies had been received from Lynn Rose. It was understood that she would keep the MVP informed of any future meetings for this group. She is also meeting with Emma Doubal, Intrapartum Lead, and Sue Shade, Clinical Manager SJH, to reconvene the Pan-Lothian Intrapartum Group. **LR**

- 2.4 Social Media – Karen Ormiston explained that Lothian NHS Maternity Services Facebook page was growing and getting good interaction. The next stage was to hand over editing rights to the midwifery teams. Maria Wood would facilitate this. Garry Luke explained that applications were being made for Twitter and Instagram accounts. Mathilde Peace asked whether the Facebook page could host surveys and was invited to discuss this with Garry Luke. **MP/GL**

- 2.4.1 The recruitment of a Maternity Services Communications Manager is still planned but was dependent on funding.

2.5 Tongue Tie – Justine Craig recognised that waiting times after referral to the Sick Kids for a separation procedure were unacceptable. The main reason is that there is only one clinic per month.

2.5.1 However, new research suggested that the procedure was not always the best solution and that specific support with feeding could be more effective. Pauline Smith will share the research with the MVP. **PS**

2.5.2 Work with the Infant Feeding Advisors is underway to put in place training and see how this support can be provided. It is important to ensure a proper assessment is performed when tongue tie is suspected.

2.6 Continuity Data for Midwifery – Garry Luke asked for this item to be postponed until data has been firmed up. Garry Luke agreed to bring data from the continuity teams and antenatal and postnatal continuity in traditional teams to the February 2022 meeting. **GL**

2.7 Induction update - this item was postponed by Mathilde Peace in agreement with clinical management. Mathilde Peace proposed to set up an MVP focus group in 2022 to look at decision making, processes, women's perspective, and information. Mathilde Peace took an action to set up induction focus group.

MP

3. Any Other Matters

3.1 Birth Trauma MVP Focus Group – The group has met twice and short-term actions have been agreed to support women and staff until a full perinatal mental health service is in place. Service development is progressing at pace with recruitments to the Maternity and Neonatal Psychological Interventions team (MNPI) well underway. The development of the Infant Mental Health Service is also progressing.

3.2 It was noted that there will be a full update from MNPI team at the MVP February meeting.

4. Homebirth Service

4.1 Carrie McIntosh gave an update on the new community midwifery dedicated homebirth team. The team comprises of 4 midwives on the on-call rota. Two more midwives will join in January - one from within Lothian, the other from England.

4.2 The team held a session on Teams for the women on their caseload (22) to allow them to meet with the midwives.

4.3 The plan is to hold a meeting on the last Friday of every month, starting 31st December, which would be open to all women booking a homebirth in Lothian (total of 94 booked to-date, 30 in East Lothian).

4.4 There will be an information session for all maternity staff on 12 January 2022.

4.5 **Homebirths Data (from all midwifery teams, not specific to new Homebirth Team)**

4.5.1 The proportion of homebirths is still very small in Lothian, but on the increase. 0.8% in 2019, 0.9% in 2020 and 1.1% in 2021 (excl. December).

4.5.2 Since 1st October 2021, 27 of the 44 women who had planned a homebirth actually delivered at home. 5 of them were first time mothers. 7 transferred post birth for suturing or due to concerns about mum or baby.

4.5.3 Of the 17 women who did not deliver at home, 10 transferred antenatally for a number of reasons, 7 transferred during labour (mainly for slow progress).

4.5.4 8 homebirths were attended by the Homebirth Team. 7 by the mother's own named midwife. 1 by a student midwife known by the mum.

4.5.5 30% of the women who delivered at home were on consultant-led care. Some women who are medically advised to deliver in hospital choose a homebirth due to their previous experience of birth. Hanan Mustafa stressed the importance of providing support for the midwives taking care of these women in labour and the need for healthcare professionals to work together. The Birth Centre could be offered as an option or the Labour Ward with continuity of care from the Homebirth Team.

Justine Craig stressed the importance of individual care in these specific situations. Women need to feel secure to go to the Labour Ward and need to have choice within that setting. Continuity of carer is expected to help support women in these difficult situations.

4.5.6 Justine Craig said that the data was in line with the choice of place of birth study, including the transfer rates. She suggested data about place of birth collated locally should be published to help women choose.

Mathilde Peace thanked Carrie McIntosh for sharing this information and invited her to come back in 2022 for an update.

5. **OASI Project St John's Hospital – Emma Jamie**

- 5.1 Emma Jamie introduced the background to the OASI Project (Obstetric Anal Sphincter Injury), which is intended to reduce severe perineal injury/ tearing. The project was launched by the RCOG in response to an increase in 3rd/4th degree tears in the UK from 1.8% in 2000 to 5.9% in 2011. St John's Hospital was one of the pilot sites and is now participating in OASI 2.
- 5.2 The OASI care bundle (a grouping of good standard practices) has 4 components: 1. antenatal discussion about OASI project, 2. use of hand to support perineal area and baby's head to facilitate a slow and guided birth (with woman's consent), 3. episiotomy if indicated, 4. systematic examination of the perineum offered to all women even if it appears intact.
- 5.3 Mathilde Peace asked if data from St John's could be shared with the MVP (outcomes and women satisfaction). She also enquired about the information about OASI currently given to women before delivery. Emma Jamie would contact the project lead and forward information.
- 5.4 St John's is the Lothian research site for OASI and will continue to produce validated research with OASI 2 as well as training for new pilot sites.

EJ

The Royal Infirmary are undertaking a Quality Improvement project which includes some of the OASI bundle but with slight differences. This will introduce evidence-based change.

Mathilde Peace thanked Emma Jamie for her presentation.

More information on the OASI Project can be found here:

<https://www.rcog.org.uk/en/guidelines-research-services/audit-quality-improvement/oasi-care-bundle/oasi-background/>

6. The Pelvic Partnership – Angeline O'Connor and Jen Campbell

- 6.1 Angeline O'Connor talked about her own experience of Pelvic Girdle Pain during her two pregnancies and her struggle to find support and treatment. This affected her physically but also impacted on her mental health. She eventually found the Pelvic Partnership charity and finally received help and treatments that work, even though she is still suffering with PGP 4 years on. She is the only current representative of the charity in Scotland and wants more women and healthcare professionals to know about it.
- 6.2 Jen Campbell is the Pelvic Partnership coordinator (and only paid member) and also experienced PGP with her two children. Once she was able to access manual therapy her condition was cured. The charity is driven by women with lived experience of PGP like herself and Angeline.

- 6.3 The key message from the Pelvic Partnership is that PGP is a mechanical joint problem that can be safely treated with hands-on manual therapy. It is a myth that it will go away after birth. Early intervention in pregnancy is key.
- 6.4 The Pelvic Partnership message for women is that early intervention is key and that although pelvic pain is common (one in five women can be affected) it is not normal. The charity also highlights the emotional impact and the huge and significant effect on mental health. The charity has a helpline and support groups.
- 6.5 The charity has produced an eBook with information and self-help tips which is free to download from the website: <https://pelvicpartnership.org.uk/>
- 6.6 Mathilde Peace thanked Angeline and Jen for their presentations (slides attached) and will circulate information through the MVP contacts.
MP
- 6.7 Pauline Smith will mention the charity at the next Monday morning management briefing and organise for information to be passed on to the midwifery teams.
PS

7. Date of Next meeting

- 7.1 The next meeting of the Maternity Voices Partnership is scheduled for 03 February 2022 (10.00 am to 12.00 pm) via Microsoft Teams.
- 7.2 Meeting dates for 2022, on MS Teams, all Thursdays 10am to 12pm.
03 February, 07 April, ~~02 June~~, 25 August, 27 October, and 15 December.

NOTE NEW DATE FOR JUNE: THURSDAY 9TH JUNE DUE TO THE CLASH WITH THE QUEEN'S PLATINUM JUBILEE BANK HOLIDAY

Running Action Note

ACTION NO.	DESCRIPTION	LEAD
2.1	Baby feeding journal update	J. Craig / MP
2.2	Postnatal ward welcome pack update	P. Smith /MP
2.3	Better Birth Group RIE Pan-Lothian Intrapartum group update	L. Rose
2.4	Social Media / use of online surveys	G. Luke / MP
2.5	Share research on tongue-tie	P. Smith
2.6	Best Start Continuity update and data	G. Luke
2.7	Set up focus group on induction	MP
3.1	Perinatal mental health services update	MNPI team
5.3	OASI data and information for women	E. Jamie
6.7	Circulate information about Pelvic Partnership	MP / P. Smith