

Minutes of the Lothian Maternity Voices Partnership meeting held on 28 October 2021 via Microsoft Teams.

In Attendance:

Mathilde Peace	Lay Chair
Justine Craig	Director of Midwifery (Vice Chair)
Katerina Marinitsi	Administrative Support - for Lyndsay Baird
Liz Foster	National Childbirth Trust
Zoe Brown	NCT Breastfeeding Project Coordinator
Sau Mei Fong	Chinese Link worker MEHIS
Jenny Hunter	Breastfeeding Network
Sarah Denniston	La Leche League
Emma Cashmore-Gordon	Aberlour Child Care Trust
Judith Drake	Lay member
Lyndsey Murray	Lay member
Sophie Orton	Lay member
Pauline Smith	Clinical Manager, Obs & Gynae
Lynn Rose	Clinical Midwifery Manager, Obs & Gynae
Catriona Grainger	Charge Midwife (ward 211 RIE)
Donna Swinney	Lothian Birth Centre
Emma Jamie	Ward Manager, St John's
Torya Hughes	Midwife
Andrea Hewitt	Parenthood Education Coordinator
Maria Wood	Clinical manager Community midwifery
Lynn Brown	Community midwife
Carrie McIntosh	Community midwife
Carolyn Worlock	Community Health Visitors, Team Lead
Jillian Mackie	Family Nurse Partnership
Garry Luke	Strategic Planning and Modernisation
Karen Ormiston	Assistant Programme Manager
Connie Mcluckie	Edinburgh Napier University

Guests:

Nicole Giorgi Lay person

Apologies: Kat Prangle, Francesca Dymond, Cat Berry, Julia Iddir, Sunit Rane, Hanan Mustafa, Charlotte Scott, Alison Hagan, Sally Egan, Sue Shade, Emma Westall and Amanda Paton.

Welcome and Introductions

The Chair opened the meeting and explained the reasoning behind changing the name of the group to Lothian Maternity Voices Partnership (MVP). She explained that it was a more descriptive name which is used widely in the UK; currently being used by 3

other active groups in Scotland. It was noted that Lothian would share the same logo as Highland, Grampian and Tayside MVPs.

The Chair then welcomed Lyndsey Murray, lay member, who was attending for the first time.

Mathilde Peace also gave a warm welcome to the midwives and Community Team Leaders attending the meeting. The MVP was very grateful for their interest and input.

1. Minutes of the Previous Meeting

1.1 The minutes of the meeting on 26 August 2021 were accepted as an accurate record.

2. Running Action Note

2.1 Baby Feeding Journal – A small test of change has started in ward 211 at the RIE. This should be extended to all sites soon. To give time to collect feedback, the next meeting of the engagement group has been scheduled for 3rd December at 1pm (the 5th November meeting is cancelled).

2.2 Better Birth Group RIE - Amanda Paton was currently on secondment at St John's Hospital. Lynn Rose 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**

2.3 Social Media – Lothian NHS Maternity Services Facebook page was launched successfully in September. To date the page has been viewed by 30 000 people and received 1300 likes. The birth statistics are the most popular post. There has been good feedback and many useful suggestions.

2.3.1 Future plans would include: meeting staff, mothers' and parents' stories, etc.

2.3.2 The Committee discussed recruiting a Communications Manager or having individuals sharing responsibility for the running of the Facebook page.

2.3.3 Sarah Denniston, Zoe Brown and Nicola Welsh agreed recommended that NHS Lothian work with partnership organisations in Lothian to share posts and publish information collectively.

2.3.4 Members noted that there was a Facebook page for Health Visiting and the Family Nurse Partnership. Health Visiting also have an Instagram account and it was agreed that this would be a useful addition to reach different groups of the population.

- 2.3.5 Justine Craig and Mathilde Peace thanked Garry Luke and Karen Ormiston for making this happen and for agreeing to run the page for the first few months.
- 2.4 Homebirth Team – Carrie McIntosh reported that the Team was working very successfully. She explained that the team have daily huddles online and were on-call for all homebirths across Lothian thus taking a lot of pressure off the other community teams. Members noted that they had already attended births at home with two births attended by the named midwife, ensuring continuity of carer.
- 2.4.1 Recruitment to the homebirth team had gone well with 5 midwives recruited (target is 8 Full-Time-Equivalent). Posts would continue to be advertised online and at a stand at the Maternity and Midwifery Festival on 23rd November 2021.
- 2.4.2 The Committee noted that data collecting was in progress and the team would be able to share statistics soon.
- 2.5 The Best Start – Continuity Teams: Aspen and Willow teams were back on call and attending births; feedback received from women had been excellent.
- 2.5.1 Garry Luke was looking at continuity of antenatal / postnatal care for traditional teams. He explained that all midwives have been equipped with laptops and it is possible to collect and monitor data.
- 2.5.2 Garry Luke agreed to bring data from the continuity teams and antenatal and postnatal continuity in traditional teams to the December MVP meeting.

GL

3. Any Other Matters

3.1 Epidural Pumps and New Protocol

- 3.1.1 Lynn Rose explained that although the arrival of the new model of pumps had been delayed, a lot preparation work was being done, including setting up training for all staff across sites.

3.2 Tongue-tie Diagnosis and Referral

- 3.2.1 Referrals to ENT services for separation procedure were being met with lengthy delays with, some babies having to wait over 8 weeks. Sadly, the problem was not new but Members agreed that this was not an acceptable situation.
- 3.2.2 Lynn Brown was concerned that some mothers were having the procedure done privately which introduced a two-tiered service. Carolyn Worlock said

this had been flagged up as a risk. Justine Craig agreed to look into it. The main issue is that this comes under Children and Young People Hospital Services, not maternity. JC

4. MSLC Working Group on Informed Decision Making and Consent

- 4.1 Mathilde Peace updated on progress.
- 4.2 The BRAIN sticker, BRAIN posters and NHS Inform booklet “Consent: It’s your decision” have been ordered and the roll out has started. She reported that Women were being given the BRAIN sticker and booklet at their booking appointment and the posters are displayed across Lothian NHS facilities.
- 4.3 The Committee noted that the working group would meet after the main MVP meeting to discuss evaluation.

5. Induction of Labour

- 5.1 It was noted that Marian Nelson who had offered to give an update was unable to attend.
- 5.2 Pauline Smith said that work was ongoing and there were plans to start an outpatient clinic for induction in the evenings; Women would come in to have the Cook’s balloon inserted and either go home if all was well or be admitted.
- 5.3 Pauline Smith agreed to send the Cook’s balloons’ data to Mathilde Peace for circulation. This item is carried over to the December meeting.

6. Birth Trauma

- 6.1 Before the planned focus on bereavement support, Justine Craig mentioned the current strands of work to increase perinatal mental health support in particular after birth trauma or bereavement. She explained that NHS Lothian were currently recruiting clinical psychologists to the Maternity and Neonatal Psychological Interventions (MNPI) team.
- 6.2 Melanie Gunning, Clinical Psychologist (MNPI team) was setting up a multidisciplinary group to develop a pathway of care and a support group for women who experienced a traumatic birth. She had been in touch with the MVP and many Members expressed interest in joining the group which would start in January 2022.
- 6.3 Mathilde Peace agreed to call for a comprehensive update on the development of enhanced services for perinatal mental health at the February 2022 meeting. MP

6.4 Increase in Birth Trauma

6.4.1 Several Members raised concerns at the notable increase in women needing help for birth trauma. Lynn Brown, Community Midwife, pointed out that some women access private help as they cannot get support in any other way. The help they received was making a big difference but this was creating a two-tiered service and increasing inequality.

6.4.2 Liz Foster, NCT Teacher, noted a massive increase in birth trauma in the last 2 years. She wondered if there was also an increase in women needing hospitalisation to the Mother & Baby Unit.

6.5 Current Support

6.5.1 Zoe Brown, breastfeeding counsellor, asked where they should refer women who show signs of birth trauma. Justine Craig explained that at present women have to see their GP and go through Primary Care in the absence of a formal route for maternity. She recognised there was a massive unmet need, noting that the development of dedicated perinatal support services has to be done in stages (referral pathway and pathway of care, recruitment and training) and sadly this would take some time.

6.6 MVP Action Group

6.6.1 Members agreed that the increase was probably due to a combination of factors. The impact of Covid-19 had significantly impacted services delivery with the addition of masks and protective measures, limits to partners presence, isolation from family and friends, general levels of anxiety and uncertainty, etc.

6.6.2 The Committee noted that most women cited events during labour and lack of support after the birth as the trigger for their symptoms.

6.6.3 Members agreed that it was key to work backwards to avoid trauma happening in the first place where possible.

6.6.4 Mathilde Peace proposed setting up a short-life working group to look at possible actions which could help until the Perinatal Mental Health Support Service is fully up and running. Members suggested looking at preventative measures such as a review of antenatal preparation for labour, managing expectations and birth preferences (birth plan), encouraging pregnant women to join their local what's app groups, better signposting to existing associations, early interventions, etc.

6.6.5 Sau Mei Fong suggested it was important to ask women what would have helped during labour and postnatally.

6.6.6 Garry Luke asked to join the working group. Mathilde Peace would set up the group and pass the details to those members interested in joining the group.

- 6.7 Parenthood Education: Partnership organisations were beginning to hold in-person antenatal classes indoors again. Andie Hewitt explained that the situation was more complex for NHS Lothian classes as accommodation space has been lost to make room for Covid-19-related urgent needs. Efforts were being made to look for solutions in each area, including offering hybrid classes with a combination of online and in-person activities.

7. **Bereavement Support**

- 7.1 NHS Lothian Bereavement Support and National Bereavement Care Pathway.

- 7.2 Lynn Rose gave background to the NBCP and explained there were five core pathway noting that detailed information was available online: <https://www.nbcpscotland.org.uk/>

- 7.3 NHS Lothian was one of 4 pilot sites in Scotland, along with Fife, Grampian and Dumfries & Galloway. The pathways focus on emotional and physical care, communication, care in hospital and at home and follow up in subsequent pregnancies. The programme reaches across all professions that can be in contact with bereaved families. NHS Lothian met a number of the NBCP expectations but there were some areas of improvement too. Quarterly meetings are held which also include funeral directors, spiritual care, mortuary staff, etc.

- 7.4 NHS Lothian have developed strong links with partnership organisations such as SIMBA, CHAS and Held in our Hearts.

- 7.5 Services offered include memory making, information about partnership organisations and there is a family room in each hospital. The family room at St John's is away from the labour ward. The room at RIE is in one of the LW corridors and there are plans to soundproof it. Every effort is made to protect bereaved parents from coming into contact with pregnant women or babies but the layout of the buildings does not always allow it.

- 7.6 Mathilde Peace thanked Lynn Rose for her detailed presentation and for all the work NHS Lothian do to support bereaved families.

7.7 Held in our Hearts

- 7.7.1 Nicola Welsh is the CEO of Held in our Hearts (HIOH) and chairs the national parent group for NBCP Scotland. She gave a presentation on the services and support offered by her organisation. <https://heldinourhearts.org.uk/>

- 7.7.2 The Committee agreed that the slides from the presentation would be circulated with the minutes.

- 7.7.3 It was noted that HIOH has provided holistic care, including free counselling, to bereaved families for 25 years in Lothian and beyond. All staff have lived experience of loss and they offer free support to families in need.
- 7.7.4 In 2020, referrals increased by 12%, counselling by 21% (mostly on Zoom or by phone) and there was a 54% increase in befriending needs. Covid-19 has had a devastating impact due to isolation and lack of traditional family and friends support. In 2020, HIOH provided 2000 counselling sessions to 98 families.
- 7.7.5 The need to connect with other families was obvious during the October Baby Loss Awareness Week when 150 people came to attend the outdoor event in Edinburgh.
- 7.7.6 Nicola Welsh praised NHS Lothian for being flexible during the height of Covid-19 restrictions and for showing compassion in tragic circumstances. She highlighted the continuing issue of delays to obtain post-mortem results, currently over 6 months, sometimes up to 8 months. This is a huge source of distress for families and is due to a shortage of pathologists.
- 7.7.7 Another challenge was the raised awareness of the impact of a loss in early pregnancy (under 13 weeks) and it was becoming difficult to meet these needs. HIOH works closely with the Miscarriage Association.
- 7.7.8 HIOH were working across agencies to try and 'reach in' to parents as many find it very hard to take the first step to look for support.
- 7.7.9 A new service was soon to be introduced, the 'Hospital to Home' support team. Two workers will support families who have suffered a loss before 24 weeks. These parents often feel their loss is not recognised and falls between the current legal definitions of miscarriage and stillbirth. The workers would support these families for a few months and be a central point of contact. This initiative was funded by the Big Lottery and supported by the Scottish Government.
- 7.7.10 Mathilde Peace thanked Nicola Welsh for her presentation. She praised the remarkable work HIOH are doing and their strong partnership with NHS Lothian.

8. Date of Next meeting

- 8.1 The next meeting of the Maternity Voices Partnership is scheduled for 16 December 2021 (10.00 am to 12.00 pm) via Microsoft Teams.
- 8.2 Meeting dates for 2022, on MS Teams, all Thursdays 10am to 12pm.
03 February, 07 April, 02 June, 25 August, 27 October, 15 December.

Running Action Note

See below and next page

ACTION NO.	DESCRIPTION	LEAD
2.1	Baby feeding journal update	JC / MP
2.2	Better Birth Group RIE Pan-Lothian Intrapartum group update	LR
2.3	Social Media update	JC/ GL
2.4	Homebirth Team update and data	JC
2.5	Best Start Continuity update and data	GL
3.2	Tongue-tie referrals delays	JC
5	Induction of Labour update	PS
6	Update on Perinatal Mental Health services: Item for MVP Feb 2022 meeting	MP
6.3	Set up MVP action group on birth trauma	MP