

Minutes of the Maternity Services Liaison Committee supplementary meeting with lay members held on 30 September 2020 via Microsoft Teams.

In Attendance:

Mathilde Peace	(Chair) Lay Representative
Lyndsay Baird	Committee Administrator
Nicola Welsh	Held in our Hearts (prev. SANDS Lothians)
Sau Mei Fong	Chinese Linkworker, MEHIS
Kirstin Worsley	Breastfeeding Network
Zoe Brown	NCT Breastfeeding Project Coordinator
Sarah Denniston	La Leche League
Daisy Dinwoodie	Pregnancy and Parents Centre
Francesca Dymond	Pregnancy and Parents Centre
Julie Smeaton	Lay Member

Apologies: Liz Foster, NCT; Emma Cashmore-Gordon, Aberlour Perinatal Support Services.

Welcome and Introductions

The Chair welcomed the members to this supplementary meeting organised for the Maternity Services Liaison Committee lay members. The purpose of the meeting being for lay members to feedback on their experience of maternity services since the onset of the COVID-19 pandemic. Members introduced themselves for the benefit of new members present.

The Chair noted the challenges associated with holding mass online meetings; therefore she decided to invite a small group of lay members to identify issues in respect of the impact of COVID-19 on Maternity Services. These issues would be fed back to the Service Managers and Clinical Leads at the Maternity Services Liaison Committee meeting planned for Thursday 29th October 2020.

1. COVID-19 Impact and Information Sharing

- 1.1 Sau Mei Fong noted that a main concern of her service users was accessing information about COVID-19 in another language during their pregnancy. Many of the service users did not have access to the internet or feel confident accessing online systems when their first language was not English.
- 1.2 The Chair will recommend that midwives should hand out the Government guidance on COVID-19 in the relevant language to non-English speakers at clinic appointments. This would go a long way to reassure patients at a time of extreme anxiety. The government guidance can be found on the Lothian Maternity Services website to download and/or print in 7 language and Easy Read. See link below: **MP**

<https://services.nhsllothian.scot/Maternity/TranslatedMaterials/Pages/default.aspx>

- 1.3 The committee agreed that moving services and support online disadvantages those in deprived areas and whose first language is not English. Members recognised that the gap in equalities had been increased as a direct result of COVID-19 and support services moving online. The impact of having to stop in-person Parenthood Education was noticeable. The Chair would seek to discuss this with NHS Lothian service leads.

MP

- 1.4 Sarah Denniston said that La Leche League and other breastfeeding support associations had worked well with NHS Lothian to issue a leaflet advising women of all online breastfeeding drop-in groups and support available in Lothian during the pandemic. This leaflet is available on the website but is difficult to find. It needs relocated to a more obvious page.

MP

- 1.5 Kirstin Worsley advised there was a feeling that women were left to cope on their own, many not receiving the necessary antenatal support. She advised that the Breastfeeding Network had moved all their groups online via Zoom. However, NHS staff are not allowed to use Zoom and this is stretching lay peer supporters resources.

- 1.6 The committee noted increased requests for support due to a lack of basic knowledge on normal baby behaviour i.e. how many times baby will feed in the first 3 to 4 weeks, number of nappies used, sleeping patterns, etc. Members recognised this was a direct result of NHS parent education programme having to be halted.

- 1.7 Zoe Brown advised that some Health Visiting Teams were not aware of the online breastfeeding drop-in groups. She noted that many NHS staff were seeking out the service as a solution to a problem rather than proactively providing the information as an early resource to women. The Chair took an action to request that all staff be made aware of the online breastfeeding drop-in groups and leaflet.

MP

- 1.8 Members welcomed the support of Lucy Hawkins, NHS Lothian, in signposting support services to women and finding solutions for individuals, when needed, at a time of extreme pressure.

- 1.9 Service had changed quickly in light of the pandemic, restricting women's rights. There was a clear absence of communication strategy from NHS Lothian and as a result this had left many families and women stressed by uncertainties. Since the restrictions had been put in place there had been no review of the first set of guidelines or acknowledgement of the effect they were having on women and their families.

The Committee agreed to ask for an urgent review of the COVID-19 communication strategy with the appointment of a nominated coordinator and a central point of information on the website backed up by use of social media. **MP to contact Andie Hewitt and Katy Ruggeri**

- 1.10 The Chair would seek to ensure that policies / clinical guidelines relating to antenatal care, intrapartum and postnatal care are published on the public facing website. There was agreement that women should have the right to know what their options are. **MP**

2. Impact on Antenatal Care

- 2.1 La Leche League had launched their antenatal course Beginning Breastfeeding online. To date 50 families in Lothian had attended the course. Each online live discussion hosted 6 to 8 families. The classes had been successful and it was anticipated that the online service would continue post lockdown.

- 2.2 Francesca Dymond advised the group that the PPC had moved to online classes which were initially successful and well attended but enthusiasm for online classes had dropped during the summer. However, class attendance had begun to pick up again since schools went back and there was hope of some groups moving back to face to face if restrictions eased off.

She noted that there was a lot of anxiety amongst pregnant women about what was going to be allowed?, who would be allowed to stay?, what about doulas?, etc...The lack of clear and timely information had led to rumours which was only making things worse. It would be very useful to have all the information in one place on the website.

- 2.3 The committee discussed accessing early scans for women experiencing bleeding in the early stages of pregnancy, particularly for women in their first pregnancies. Some women had been turned away on the grounds that they had no history of miscarriage. The Chair would feedback the committee's concerns around scan. There were also comments on the restrictions regarding who could accompany women to a scan. **MP**

3. Labour

- 3.1 Members noted that there was continued confusion surrounding who is allowed to attend the birth, whether partners are allowed to stay after birth and the impact this had on "building of family" around birth.
- 3.2 There were concerns that those women whose first language is not English were being disadvantaged. Interpreters employed by the NHS were being counted as one of their allotted supporters during labour.

- 3.3 There was confusion and anxiety around the arrangements for Home Birthing and whether this was possible during the COVID-19 pandemic. Clarification around the regulations for homebirth would be sought. **MP**
- 3.4 There were issues around “mandatory” VEs at triage to determine progress of labour and decide if partners could be allowed in (they can only attend once labour is established?). **MP to seek clarification**

4. Postnatal Care

- 4.1 The Committee said women were acutely aware of the strain on midwives at a time of heightened pressure from COVID-19. Women hesitated before asking for support on PN wards, for example for breastfeeding or baby care. It was noted that this matter had been exacerbated by COVID-19. Members recognised the importance of advice and the ability to seek support from professionals when required, even at times of pressure.
- 4.3 There were concerns that formula top-ups for breastfeeding were introduced in the hospital setting but no advice or plan given at discharge to parents for when they returned home as to whether to continue with supplementation and/ or how to maintain breastfeeding. Women had noticed that advice for the use of nipple shields was increasing without support for the underlying reason for introducing the nipple shield. **MP to raise.**
- 4.4 Health Visiting support had to be curtailed due to COVID-19 and this had a negative impact. PPE was a barrier to establishing relationships. The 6/8 week check was sometimes missed.

5. Breastfeeding

- 5.1 It was noted that La Leche League would continue to run twice weekly breastfeeding meetings in Edinburgh. These classes saw 10 mums in the evening and 5 in the mornings. 10 Mums per week had requested 1 to 1 support. In total 240 mothers were supported over the lockdown period.
- 5.2 BFN had noted increased messaging on social media from mothers. Near Me was activated and the BFN had created an account to offer volunteer appointments. In addition the BFN would soon run a “walk and talk” group; risk assessments in respect of PPE and Hand gel etc. were in progress before the group commenced.
- 5.3 Sarah Denniston, Zoe Brown and Kirstin Worsley took an action to share the list of other languages that were supported by their respective organisations with the Chair, i.e. provision of peer supporters who could speak the

language. The list would be circulated to all members of the group for information.

SD/AB/KW/MP

- 5.4 Kirstin Worsley advised that face-to-face training for new peer supporters had been halted due to COVID-19. However, a move to online training via Zoom had taken place and the training of 10 new peer supporters was completed within the timeframe.

6. Neonatal Care

- 6.1 Members recognised the outstanding support given by the Neonatal Unit for breastfeeding mothers during the lockdown and expressed thanks for their help during a time of extreme pressure.

7. Mental Health

- 7.1 Members noted that at the beginning of the pandemic services were extremely energised and trying to find solutions. However, this positivity was difficult to maintain over time. The pressure on staff and the loss of person to person connection with mothers due to PPE was noted.
- 7.2 Mothers were feeling isolated with the restrictions on seeing family and friends and missed that support. The lack of clear communication and information about service changes had created stress and confusion and given rise to rumours. This had a real knock on effect on the mental health of women.

8. Bereavement

- 8.1 Nicola Welsh noted the challenges associated with being compassionate and meeting bereaved families during the pandemic. She noted that some services provided by Held in our Hearts were beginning to come back to being face to face but acknowledged that there was uncertainty regarding the impact of a second COVID-19 wave.
- 8.2 During the lockdown period Held in our Hearts held 453 counselling sessions via Zoom, 66 telephone counselling sessions. There were 137 Face Time calls, 147 telephone calls and 509 texts and emails provided by befrienders. The charity remained very busy with 98% of clients moving to online support.
- 8.3 The committee discussed the significant delays to paediatric post mortem results and the associated trauma experienced by parents. The crisis in paediatric pathology was recognised following the departure of Dr Meg Evans and periods of absence.
- 8.4 Nicola Welsh explained that approval in principle for a 'compassionate companions' pilot in women's services had been granted by Ms Fiona Mitchell. Funding for the project was the only barrier to the project's progress. This would be challenging to obtain in the current climate. The Chair agreed to

have a one to one phone call with Nicola Welsh to discuss the issues she had raised in more depth. **MP**

- 8.5 Nicola Welsh said there had been examples of good practice to provide individual compassionate care. The committee welcomed this and acknowledged the great length the service had gone to in order to support some families.
- 8.7 Members discussed the impact of isolation during lockdown for bereaved families. Some were showing signs of PTSD. In the past fathers had been able to remove themselves from the family situation and have a bit of space by attending work. Similarly children would attend school or nursery providing much needed space to grieve. This had not been possible during lockdown.

9. Recommendations for NHS Lothian Maternity Services

- 9.1 MP will take a number of recommendations from today to the next MSLC meeting on 29 October which will invite Clinical and Management Leads only.
- 9.2 Paper on proposed recommendations and update on actions is attached.