

NHS Ayrshire & Arran

Local Report ~ *January 2007*

Maternity Services

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The maternity services standards apply to specific areas of the service. The clinical standards cover the period of time between confirmation of pregnancy, through until the baby is 6–8 weeks old. The project group developed five standards, covering: core principles; pre-conception and very early pregnancy; pregnancy; childbirth; and postnatal and parenthood. This report presents the findings from the peer review of performance against the standards.

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1 Setting the scene

NHS Quality Improvement Scotland (NHS QIS) was set up by the Scottish Parliament in 2003 to take the lead in improving the quality of care and treatment delivered by NHSScotland. We do this by setting standards and monitoring performance, and by providing NHSScotland with advice, guidance and support on effective clinical practice and service improvements.

About this report

The 'Clinical standards for maternity services' were published in March 2005. These standards are being used to assess the quality of services provided by NHSScotland nationwide.

This report presents the findings from the peer review of **NHS Ayrshire & Arran**. This review visit took place on **7 June 2006**, and details of the visit, including membership of the review team, can be found in Appendix 2.

1.1 How the standards were developed

In June 2002, a maternity services project group was established and chaired by Dr Jane Magill, Director, Robert Clark Centre for Technological Education, University of Glasgow. Membership of the maternity services project group includes both healthcare professionals and members of the public (see Appendix 3).

Members of the maternity services project group are involved in the quality assurance process of:

- developing standards
- reviewing performance against the standards throughout Scotland, using self-assessment and external peer review, and
- reporting the findings from the review.

When developing the maternity services standards, a Scotland-wide consultation process was undertaken. The views of health service staff, women (pre and postnatally), and the public were sought, and all the relevant evidence available at the time was taken into account. Draft standards were also piloted in NHS Highland, NHS Lanarkshire and NHS Lothian in June 2004.

1.2 How the review process works

The review process has two key parts: local self-assessment followed by external peer review. First, each NHS board assesses its own performance against the standards. An external peer review team then further assesses performance, both by considering the self-assessment data and visiting the NHS board to validate this information and discuss related issues. The review process is described in more detail below (see also the flow chart on page 9).

Self-assessment by NHS boards

On receiving the standards, each NHS board assesses its own performance using a framework produced by NHS QIS. This framework includes guidance about the type of evidence (eg guidelines and audit reports) required to allow a proper assessment of performance against the standards to be made.

The NHS board submits the data it has collected for this self-assessment exercise to NHS QIS before the on-site visit, and it is this information that constitutes the main source of written evidence considered by the external peer review team.

External peer review

An external peer review team then visits and speaks with local stakeholders (eg staff, patients and carers) about the services provided. Review teams are multidisciplinary, and include both healthcare professionals and members of the public. All reviewers are trained. Each review team is led by an experienced reviewer, who is responsible for guiding the team in its work and ensuring that team members are in agreement about the assessment reached.

The composition of each team varies, and members have no connection with the NHS board they are reviewing. Both of these factors facilitate the sharing of good practice across NHSScotland, and ensure that each review team assesses performance against the standards rather than make comparisons between one NHS board and another.

At the start of the on-site visit, the review team meets key personnel responsible for the service under review. Reviewers then speak with local stakeholders about the services provided. After these meetings, the team assesses performance against the standards, based on the information gathered during both the self-assessment exercise and the on-site visit. The visit concludes with the team providing feedback on its findings to the NHS board. This includes specific examples of local initiatives drawn to the attention of the review team (recognising that other such examples may exist), together with an indication of any particular challenges.

Assessment categories

Each review team assesses performance using the categories ‘met’, ‘not met’ and ‘not met (insufficient evidence)’, as detailed below.

- **‘Met’** applies where the evidence demonstrates the standard and/or criterion is being attained.
- **‘Not met’** applies where the evidence demonstrates the standard and/or criterion is not being attained.
- **‘Not met (insufficient evidence)’** applies where no evidence is available for the review team, or where the evidence available is insufficient to allow an assessment to be made.

A final category **‘not applicable’** is used where a standard and/or criterion does not apply to the NHS board under review.

1.3 Reports

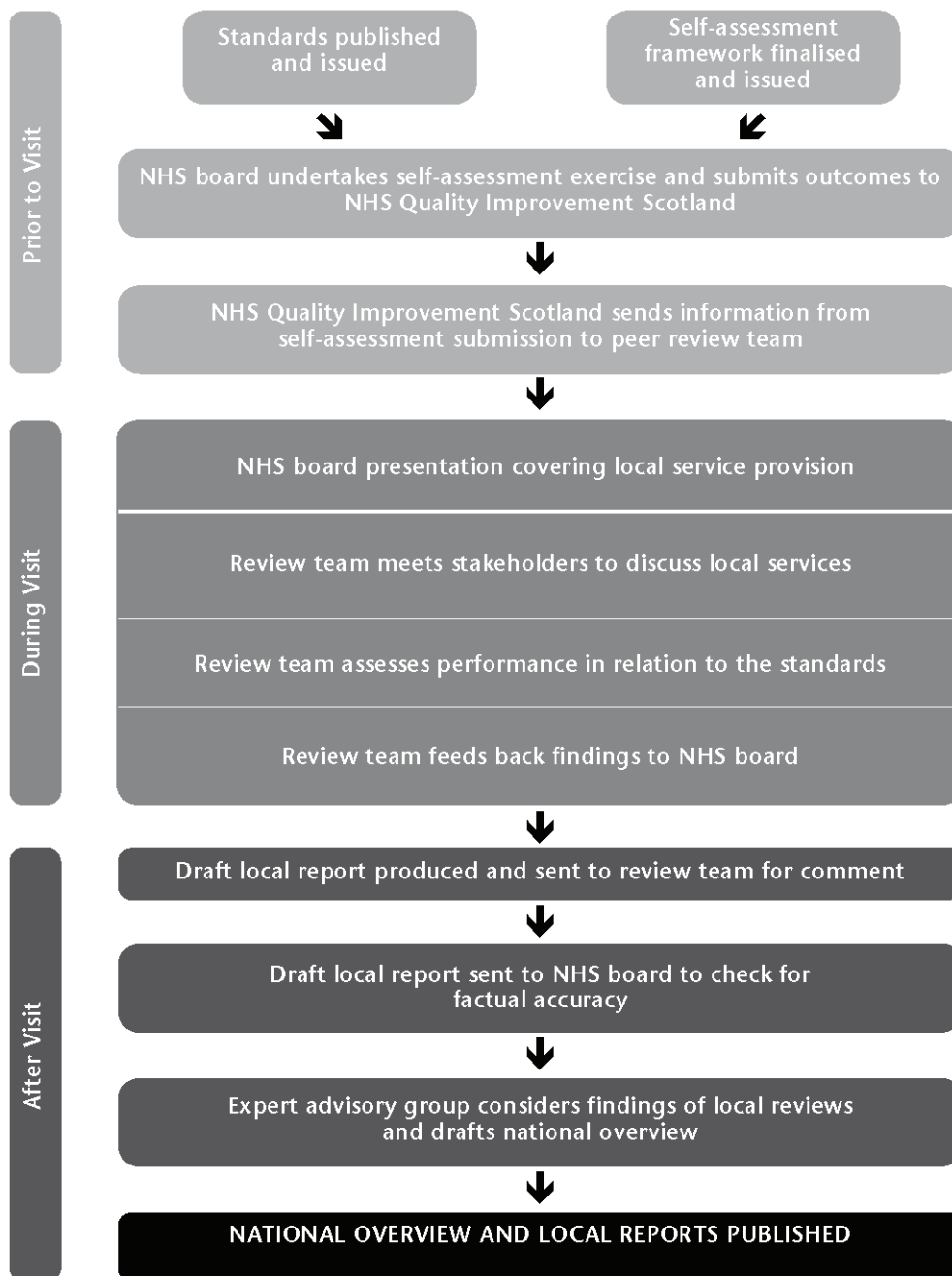
After each review visit, NHS QIS staff, with clinical input as appropriate, draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS board to check for factual accuracy. The local report is published only after all the visits for that topic have been undertaken nationwide.

Once a national review cycle is completed, the expert advisory group convenes to examine review findings and make recommendations. The group then oversees the production of a national overview of service provision across Scotland in relation to the standards. This document includes both a summary of the findings (highlighting examples of local initiatives and challenges for the service) and recommendations for improvement.

Part of the remit of NHS QIS is to report whether the services provided by NHSScotland, both nationally and locally, meet the agreed standards. This does not include reviewing the work of individual healthcare professionals. In achieving this aim, variations in practice (and potential quality) within a service will be encountered and subsequently reported.

Please note – all reports published are available in print format and on the NHS QIS website.

The review process



2 Summary of findings

2.1 Overview of local service provision

Ayrshire & Arran is situated in south-west Scotland and has a population of around 367,590. The majority of the population live in urban areas, of which Ayr and Kilmarnock are the largest in the region, although a significant proportion live in rural areas. The proportion of older people in the population is higher than the national average, as are levels of illness and deprivation.

Local NHS system and services

Ayrshire & Arran NHS Board is responsible for improving the health of the local population and for the delivery of the healthcare required. It provides strategic leadership and has responsibility for the efficient, effective and accountable performance of the NHS in Ayrshire & Arran.

At the time of the review visit, NHS Ayrshire & Arran provided acute and primary care services through a single operating division, Patient Services. There are three community health partnerships (CHPs), covering North, South, and East Ayrshire respectively. Each CHP is a way of organising non-acute care where an NHS board maximises its ability to support integration across health services and with other agencies such as social services. NHS Ayrshire & Arran also has a public health and a corporate department.

The NHS board is also accountable for both continuously improving the quality of health services, and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish (framework of clinical governance).

Further information about the local NHS system can be accessed via the website of NHS Ayrshire & Arran (www.nhsayrshireandarran.com).

Service organisation

Information obtained from a scoping study exercise undertaken in 2005 indicated that there are 15 NHS boards within Scotland that provide maternity services.

In NHS Ayrshire & Arran, all maternity services are provided across primary and secondary care settings throughout the NHS board area, with some specialist services being provided by the regional service within NHS Greater Glasgow and Clyde.

There are two maternity units: Ayrshire Central Hospital, Irvine; and Arran War Memorial Hospital, Isle of Arran, which are supported by a community midwifery service. The number of births has remained static over the last 5 years as illustrated in the following table.

NHS Ayrshire & Arran	Number of births				
	2001	2002	2003	2004	2005
Ayrshire Central Hospital	3,522	3,384	3,440	3,533	3,537
Arran War Memorial Hospital	5	5	8	7	8
Home births	4	13	8	12	11
Other (eg born before arrival)	7	14	11	20	20
Total births	3,538	3,416	3,467	3,572	3,576

2.2 Summary of findings against the standards

A summary of the findings from the review, including examples of local initiatives drawn to the attention of the review team, is presented in this section. A detailed description of performance against the standards/criteria is included in Section 3.

Core Principles

At the time of the visit NHS Ayrshire & Arran provided a consultant-led maternity service at Ayrshire Central Hospital and a midwife-led service at Arran War Memorial Hospital. Both maternity units are supported by a community midwifery service with some regional specialist services provided by NHS Greater Glasgow and Clyde. Ayrshire Central Hospital has an on-site antenatal assessment unit, joint specialist clinics and operates a 7-day early pregnancy assessment unit. Board staff informed the review team that the maternity service is due to be moved to the purpose-built unit at Crosshouse Hospital, Kilmarnock, in August 2006. The Board's chief operating executive has responsibility for the maternity services at Board level and the Board's assistant medical director has responsibility for maternity service at operational level.

NHS Ayrshire & Arran has a clear strategy in place for the provision of maternity services until 2007. The document was developed by a multidisciplinary group with public involvement via the maternity service liaison committee (MSLC). The Board has already undertaken extensive work and planning for the delivery of the maternity service when the unit moves to Crosshouse Hospital. The review team commended the Board on its local public involvement in the planning of maternity services throughout NHS Ayrshire & Arran.

There are formal procedures in place for recording and reporting of all critical incidents within NHS Ayrshire & Arran. Incidents are assessed and monitored by the Board's clinical risk co-ordinator and clinical risk management group, and changes in practice are recommended as appropriate by the clinical effectiveness group. Information and feedback on maternity issues identified are discussed at monthly multidisciplinary maternity staff meetings. A clinical newsletter is also distributed every 3 months to health professionals working in the service. However, because of a high turnover of junior medical staff ensuring effective cascading of information on critical risks was noted as a challenge for the Board.

There are robust procedures in place to allow service users to express their views about their experience during pregnancy and childbirth and the Board undertakes regular satisfaction audits. The review team commended the well co-ordinated complaints system.

There are local agreed guidelines between the Scottish Ambulance Service and Arran War Memorial Hospital for the transfer of women during pregnancy, childbirth and with newborn babies in the postnatal period. However, the review team recommended that the Board implement locally agreed written guidance for the transfer of women pre and postnatally throughout the Ayrshire mainland area.

Training courses on adult and neonatal resuscitation care are available and offered to staff working within the maternity service, however, the Board reported that not all health professionals directly involved in childbirth attend these courses. The review

team encouraged the Board to consider devising a system to ensure that all staff involved in delivering maternity care regularly attend mandatory updates in basic adult, obstetric and neonatal resuscitation and immediate care.

NHS Ayrshire & Arran has a policy in place for the identification of women who are at risk of domestic abuse and there are guidelines for staff on how to respond to domestic abuse cases. However, the review team noted as a challenge for the Board the need to prioritise dedicated time for staff to attend scheduled domestic abuse training courses.

At the time of the visit, adult high dependency care, neonatal intensive care, special baby care and X-ray facilities were provided on-site at Ayrshire Central Hospital. The new purpose-built maternity unit at Crosshouse Hospital will provide neonatal high dependency and intensive care and will have a full diagnostic imaging service. Adult care will be provided in the general hospital attached to the unit at Crosshouse.

Women are provided with a wide range of local and national leaflets to support them in making an informed decision about the chosen place of birth for their baby, and all are supported in their preferred birth option. The review team commended the content of the draft leaflet detailing specific information about choices of birth place available to women in NHS Ayrshire & Arran. Partners and family support is actively encouraged throughout pregnancy and childbirth and the Board operates an open visiting policy for partners.

All women have their midwife and consultant details printed on their maternity record. It was noted, however, that the Board had not yet introduced a unified handheld maternity record for pregnant women and was exploring ways of implementing this.

Pre-conception and Very Early Pregnancy

Pre-conception advice and services are readily accessible and provided to women with diabetes and management is based on SIGN Guideline 55: Management of Diabetes. Local GPs advertise the availability of diabetic pre-conception clinics and practice nurses promote the service. The review team commended the Board's diabetic pre-conception service and highlighted as a challenge for the service the need to introduce specific pre-conception services for women with a family history of other significant illness, for example epilepsy.

There are formal arrangements in place for women who experience early pregnancy complications to be referred or self-refer to the early pregnancy assessment service (EPAS) and there are clear referral pathways to determine the level of care an individual woman requires. There is a dedicated area within the early pregnancy assessment unit where women can be cared for.

NHS Ayrshire & Arran provides a 7-day ultrasound scanning service.

Telemedicine is available and widely used to promote regional working. Teleconferencing facilities are used to facilitate communication between the neonatal unit and the Royal Hospital for Sick Children, Yorkhill, Glasgow. The review team

was informed that additional teleconferencing facilities will be available in the new maternity unit at Crosshouse Hospital.

Pregnancy

Within NHS Ayrshire & Arran, women receive the Ready, Steady, Baby book on confirmation of their pregnancy and further antenatal education is delivered locally according to a core syllabus. This education can be tailored on a one-to-one basis for women and their partners and families who have special needs. The review team encouraged the Board to consider introducing a postnatal reunion to their education programme.

All women have access to screening services and those identified as at risk of rhesus disease are managed according to an agreed protocol. Routine antenatal care includes one visit which is additional to those in the guidance in 'A Framework for Maternity Services in Scotland'.

There is a care plan for women which takes account of their risk assessment and allows for movement between different levels of professional care throughout pregnancy. Their care plan is developed in discussion with their midwife and includes their choice for place of birth of their baby. Women who are initially assessed as requiring consultant-led care are, however, not routinely transferred to midwife-led care when their risk factors reduce.

Childbirth

The Board ensures that women in established labour and during childbirth receive one-to-one midwifery care. Staffing levels are maintained through well-managed duty rotas with additional support available from other maternity staff or midwifery bank staff if required. The review team encouraged the Board to undertake regular audit of the provision of one-to-one midwifery care provided during childbirth. The service has clear guidelines in place for home birth deliveries and two trained midwives are on-call for all planned home births.

There are policies in place for the management of a range of key labour practices accessible to all staff with the exception of agreed guidelines for breech presentation, epidural analgesia, and management of retained placenta and intrauterine death. The review team recommended the Board prioritises agreement of all key policies and ensures these are in place and regularly reviewed by the multidisciplinary group.

Women in NHS Ayrshire & Arran are informed about a range of pain management techniques available during labour and childbirth. All women are supported in their choice of pain relief. The review team commended the high number of water pools available to provide analgesia for women in labour both in hospital and in the community.

NHS Ayrshire & Arran provides a 24-hour anaesthetic service which is achieved through a specialist duty rota covering out-of-hours. There is a lead consultant obstetric anaesthetist for the maternity services.

There is a system in place to respond to obstetric emergencies, however, the review team would encourage the Board to formalise the current practice into a guideline

accessible for all staff. There were no audit data available to confirm that obstetric emergencies are managed within a 30-minute period.

Postnatal and Parenthood

All women in NHS Ayrshire & Arran are assessed immediately after giving birth and prior to discharge. At time of discharge, they also receive information about contraception.

Example of a local initiative...

NHS Ayrshire & Arran provides postnatal women with an information leaflet outlining the Board's sexual and reproductive healthcare service. The leaflet includes a section on family planning and provides details (venues, dates and times) of all the family planning clinics throughout the NHS Board area.

The review team commended the longstanding UNICEF/WHO Baby Friendly accreditation of Ayrshire Central Hospital and the recent commitment of Arran War Memorial Hospital to attain Baby Friendly status. Women in Ayrshire & Arran are fully informed, on a one-to-one basis, of the benefits of breastfeeding and when they do choose a feeding method they are well supported by midwives and health visitors.

Example of a local initiative...

NHS Ayrshire & Arran provides a programme of breastfeeding education to obstetric and paediatric senior house officers and reported a 100% attendance rate. The review team commended this initiative, in particular, as it is normally this staff group who are responsible out-of-hours for any baby admitted to the unit due to inadequate nutrition.

All babies are clinically examined immediately following birth and prior to discharge from hospital within 72 hours of birth. The latter examination is conducted by staff trained in the examination of the newborn, including GPs, and the review team encouraged the Board to carry out its plan to recruit additional advanced neonatal nurse practitioners. Parents are informed of the risks of group B streptococcal infection and protocols are in place for ongoing assessment of this as well as for assessment of jaundice.

There is an established liaison group between health visitors and midwives. The review team noted that this was a good practice method to ensure that information regarding women and their babies is transferred effectively from secondary to primary care.

3 Detailed findings against the standards

Standard 1(a): Standard 1 ~ Core Principles

Standard Statement

Accountability: There are clear lines of responsibility for the planning and delivery of maternity services, with evidence of public involvement.

NHS Ayrshire & Arran

Essential Criteria

1a.1: There is a named individual at NHS Board director level with responsibility for maternity services.

STATUS: Met

The Board's chief operating executive has responsibility for maternity services at NHS Ayrshire & Arran Board level.

1a.2: There is a named clinician at both Primary and Acute NHS Operating Division level with responsibility for maternity services.

STATUS: Met

The Board's assistant medical director has responsibility for maternity services at operational level.

1a.3: There is a current, dated, documented NHS Board strategy, developed by stakeholders, which sets out how maternity services are planned, developed and implemented, in line with Scottish Executive Health Department (SEHD) policies for women-centred care.

STATUS: Met

NHS Ayrshire & Arran has a 5-year strategy (2005-2007) for the provision of maternity services throughout the NHS Board area. The strategy was developed with multidisciplinary staff involvement, including obstetricians, midwives, public health consultants, GPs, paediatricians as well as members of the general public. The review team was informed that the Board has already reviewed sections of the strategy ahead of its formal review date in 2007 in preparation for the planned move from the existing maternity unit to the new purpose-built unit at Crosshouse Hospital, Kilmarnock, in August 2006.

1a.4: There is evidence of a range of public involvement activities in the planning of all maternity services.

STATUS: Met

The review team commended the Board's public involvement strategy. The Board involves members of the public in the planning of maternity services through a maternity services liaison committee (MSLC) which includes representation from Board staff involved in the provision of maternity services as well as lay representation from local support groups including the Stillbirth and Neonatal Death Society (SANDS), and the Ayrshire Miscarriage Support Group. The MSLC meet on a regular basis and the Board provided the review team with a series of minutes from past meetings to highlight the areas of the service in which the committee is involved.

The Board also provided the review team with a copy of its patient focus and public involvement audit which highlighted examples of public involvement in the provision of the local health service.

The provision of a new maternity unit at Crosshouse Hospital has involved extensive planning and preparation by the Board. The review team was provided with evidence of how the Board's project director welcomed and initiated public involvement in the review and design of the new unit.

Standard 1(b): Standard 1 ~ Core Principles

Standard Statement

Risk Management: All healthcare professionals are aware of the importance of risk assessment and management of pregnant women, and take action to minimise avoidable adverse clinical incidents, including during transfer and access to services.

NHS Ayrshire & Arran

Essential Criteria

1b.1: Assessment: There is a system to ensure that all critical incidents are reported, investigated and analysed, resulting in changes in practice, where necessary.

STATUS: Met

The Board has formal strategies in the form of a: clinical governance strategy; risk management strategy and an adverse incident management policy to outline the management of clinical incidents. The Board uses DATIX, a risk management system which provides an electronic IR1 incident reporting and database facility. The electronic system is supported by a formal paper system for maternity staff to use at community operating level and at the maternity unit at Arran War Memorial Hospital, Isle of Arran. The paper system is transferred onto the DATIX system allowing all incidents to be managed by the same process.

Incidents are assessed by the Board's women and children's risk co-ordinator and a clinician working in the relevant area of service where the incident arose.

Multidisciplinary maternity staff meetings are held on a monthly basis where any incidents relating to the maternity service are discussed. Incidents are analysed by the Board's clinical risk management group and actions are reported to the Board's clinical effectiveness group which agrees any changes in practice. There is a formal process for informing staff of these changes. The supervisor of midwives informs midwives based in Arran. In addition, a clinical risk newsletter is distributed every 3 months to obstetricians, midwives, anaesthetists and paediatricians.

The Board informed the review team that the current system works very well with the exception of monitoring ongoing issues and highlighted that this was more to do with staff changes. The Board reported that it planned to undertake a clinical incident review to address this issue. The review team would encourage the Board in its efforts to take this forward and recommended that the Board address this as part of its strategy review.

1b.2: Assessment: A compliments, comments and complaints procedure is in place to enable women to express views about their pregnancy and childbirth experience.

STATUS: Met

The review team considered the Board to have a robust process for receiving compliments, comments and complaints to enable women to express their views about their pregnancy and childbirth experience.

Women are invited to provide feedback in the Board's maternity services information guide which is provided to all pregnant women at their initial booking visit. Posters and leaflets regarding various methods of feedback are provided throughout clinical areas. The Board undertakes satisfaction audits to ensure women are given the opportunity to give their views on the service provided. These audits are analysed by the Board's clinical effectiveness department. Reports are produced and distributed to appropriate staff groups involved in the provision of maternity services for information and discussion as a learning tool for service development.

The Board operates a policy for staff to resolve any complaints made in person at the time they are raised. If this is not possible, an initial acknowledgement is prepared for the complainant within 3 working days. Comments, concerns and verbal complaints are recorded by staff on an 'immediate response form' which is provided to the Board's complaints manager for action. It is Board policy to keep complainants informed of the progress of their complaint and once it has been investigated, they will be informed of the outcome. As well as acknowledging formal complaints within 20 working days, the Board also aims to resolve complaints within this time period.

The review team was informed that in circumstances where a complaint highlights a problem in service provision, a service improvement will be actioned by the Board's service manager.

The review team commended this well co-ordinated system.

1b.3: Assessment: There are local guidelines agreed between the NHS Operating Division and the Scottish Ambulance Service, for the safe transfer of women during pregnancy, childbirth and with her newborn baby in the postnatal period.

STATUS: Not met

The review team concluded from information provided and discussion with Board staff that the system in place between the Board and the Scottish Ambulance Service for the transportation of women during pregnancy, childbirth and with babies in the postnatal period, works relatively well in practice.

Guidelines are in place for the arrangements of this part of the service in Arran. However, at the time of the review visit, there was no specific written arrangement between the Board and the Scottish Ambulance Service for the transfer of women pre and postnatally throughout the Ayrshire mainland area. The review team

highlighted this as a challenge for the Board and would recommend that an instruction guideline for all staff on how to access the various services provided by the Scottish Ambulance Service and neonatal retrieval team is prepared for staff. The review team acknowledged that long-term members of staff will be familiar with the system however, considered it important to have transfer guidelines in place for new and locum staff.

1b.4: Referral: Formal arrangements exist for women and their babies to access a network of specialist services.

STATUS: Not met

There are arrangements for women and their babies to access a range of specialist services which include access to: allied health professions (AHPs); anaesthesia and intensive care; imaging (however, at the time of the review visit, there was no access to interventional radiology); laboratory medicine; neonatology; obstetrics; perinatal pathology; and psychiatry. While women who require specialist medical and surgical services are cared for by these specialties, there are no formal guidelines for referring obstetric women to specialist medical and surgical services. The review team highlighted this as a challenge for the service and would recommend that formal referral guidelines for these areas of the service are established.

1b.5: Referral: All women with risk factors for their pregnancy are offered assessment by a consultant obstetrician.

STATUS: Met

Midwives undertake a risk assessment for all pregnant women as part of routine practice. All women with high risk factors are referred to a consultant obstetrician for further assessment and management. The review team considered the Board to have a very clear, comprehensive referral pathway for this process.

1b.6: Training and Audit: There is an audit system in place to monitor important aspects of maternity care.

STATUS: Met

The Board has an excellent audit system to monitor aspects of maternity care. In addition, the Board participates in a wide range of national audit programmes. The review team highlighted the audit programme undertaken by the Board as a major strength of the maternity service provided by NHS Ayrshire & Arran.

1b.7: Training and Audit: All healthcare professionals directly involved in childbirth are competent in basic adult obstetric, neonatal resuscitation and immediate care.

STATUS: Not met

The Board provides courses in resuscitation, however, reported that not all professionals directly involved in childbirth attend these courses.

Neonatal resuscitation forms part of the annual midwifery update study day. All new clinical and medical staff receive resuscitation training as part of the Board's induction programme. The review team was informed that labour suite staff have prepared a report detailing staff attendance at various training courses. The review team would encourage the Board to devise a system to ensure that all staff directly involved in the provision of maternity services attend courses and regular mandatory updates in basic adult, obstetric and neonatal resuscitation and immediate care.

1b.8: Clinical Complications: A clinical risk assessment process for individual women, including a communications strategy, is in place, which addresses escalating risk.

STATUS: Met

The Board has a risk management strategy and a communications strategy as part of its clinical risk assessment process. The review team was informed that a risk assessment is undertaken for all pregnant women at either their pre-booking or booking appointment. Following the outcome of the risk assessment, a woman will have midwife-led care or will be referred to consultant-led care and management.

1b.9: Clinical Complications: A policy is in place for the identification of women who are at risk of domestic abuse, and staff are trained in assessment, communication skills and support of such women.

STATUS: Not met

The Board has a policy for the identification of domestic abuse. There are also guidelines for staff on how to respond to domestic abuse cases. However, the review team considered the Board to be not quite meeting this criterion as while there is a domestic abuse policy, training for staff had not been provided by the Board at the time of the review visit. The review team was also informed that training for staff on how to support people affected by domestic abuse issues had been placed on hold.

1b.10: Clinical Complications: High dependency facilities and clinical expertise are available within the obstetric unit for all women in level II and level III consultant-led units.

STATUS: Met

High dependency facilities are available on-site at Ayrshire Central Hospital, Irvine. The review team was informed that these facilities will also be available at the new purpose-built maternity unit at Crosshouse Hospital. The review team considered this criterion not to be applicable to the maternity unit at the Arran War Memorial Hospital as the maternity unit is a level Ib unit which is outwith the requirements stated in this criterion.

1b.11: Clinical Complications: There is a defined rapid access route for women to adult intensive care and expertise in all level II and level III consultant-led units.

STATUS: Met

There is a defined route for women to adult intensive care and expertise facilities at Crosshouse Hospital. The Board has formal referral criteria for women who require admission to this level of service.

1b.12: Clinical Complications: Adult intensive care facilities and specialist medical back-up are available on-site in all level IIc and level III consultant-led units.

STATUS: Not met

Adult intensive care facilities and specialist medical back-up are not currently available on-site. However, the review team was informed that these facilities will be provided on-site at the purpose-built maternity unit at Crosshouse Hospital.

1b.13: Clinical Complications: Where full adult intensive care facilities are not currently available on-site in level IIc and level III consultant-led units, a strategy is in place outlining the process and timescale to achieve this.

STATUS: Met

The Board has a strategy to provide full adult intensive care facilities on-site when the maternity unit at Ayrshire Central Hospital transfers to the new unit at Crosshouse Hospital.

1b.14: Clinical Complications: Units that do not have adult intensive care facilities, advanced imaging and cardiology on-site, must have protocols in place for the care of women with significant medical or obstetric illness to ensure that they are delivered in a unit that can provide these resources on-site.

STATUS: Not met

Adult intensive care facilities are not available on-site and there was no formal guideline for women who require this level of service. The Board reported that the management of care is addressed on an individual basis and any woman with a significant medical or obstetric condition are booked to deliver their baby in a maternity unit with appropriate facilities on-site. The review team acknowledged that, while the Board was not meeting this criterion at the time of the review visit, this criterion will be met once the maternity unit relocates to the new site at Crosshouse Hospital where full adult intensive care, cardiology and advanced imaging services will be available on-site.

1b.15: Clinical Complications: Neonatal intensive care unit (NICU) facilities are available on-site in level II and level III consultant-led units. Where NICU facilities are not available on-site, a strategy is in place outlining the process and timescale to achieve this.

STATUS: Met

Neonatal intensive care unit (NICU) facilities are available on-site at the maternity unit at Ayrshire Central Hospital.

1b.16: Clinical Complications: Special care baby unit (SCBU) facilities are available on-site in all level II and level III consultant-led units and there is a defined rapid access route to NICU in all level II and level III consultant-led units.

STATUS: Met

Special care baby unit (SCBU) facilities are available on-site at Ayrshire Central Hospital. The Board has guidelines in place for when the unit reaches optimal levels.

1b.17: Clinical Complications: Where there is provision of NICU and SCBU facilities, these conform to agreed national guidelines.

STATUS: Not met

The Board reported that NICU and SCBU facilities conform to national guidelines where possible with the exception of having the sufficient levels of staffing to operate the units to their maximum running capacity. This was highlighted as a national issue.

Standard 1(c): Standard 1 ~ Core Principles

Standard Statement

Information, Communication and Support: All women are fully informed of the different options available to enable them to take an informed and active role in planning their care, and in the decision-making involved in providing this care. Healthcare professionals are skilled in supporting women in the decision-making process.

NHS Ayrshire & Arran

Essential Criteria

1c.1: There is a named healthcare professional identified for each woman, who leads and plans her contact with maternity services.

STATUS: Met

The names of a midwife and consultant who leads and plans a woman's contact with maternity services are recorded on the handheld maternity record. The review team considered it good practice to have both names printed on the record.

1c.2: Women are provided with information in order to make an informed decision about the chosen place of birth for their baby.

STATUS: Met

Women are provided with a selection of national and local information to enable them to make informed decisions about the chosen place of birth for their baby. At the time of the review visit, the Board was preparing a specific information leaflet on choices of birth places available to women throughout NHS Ayrshire & Arran. The review team commended the information contained in this draft leaflet and also in the leaflets for women who are considering a home birth or having their babies at Arran War Memorial Hospital.

Place of birth options available to women throughout Ayrshire & Arran include: a home birth, the maternity unit at Ayrshire Central Hospital or the community midwifery service based at Arran War Memorial Hospital. The Board reported that some women from Arran choose to deliver their babies in the mainland consultant-led unit whilst others prefer to use the local midwifery-led service.

1c.3: There is evidence that professionals obtain informed consent for interventions and investigations, and this is documented.

STATUS: Met

The Board has drafted a policy for patient information and informed consent, which, at the time of the review visit was being distributed for consultation. The review

team was informed that verbal and written consent is required depending on the procedure or intervention. Verbal consent is undertaken in cases where a physical examination is involved. However, written consent is obtained for all surgical procedures. Both verbal and written consent is documented in the woman's casenotes.

1c.4: All women are given the opportunity to reflect on their birth experience.

STATUS: Not met

The Board reported that it is not routine practice for healthcare professionals to have a debrief discussion with mothers prior to discharge from hospital. The review team was informed that women who have had an operative or instrumental delivery should have an opportunity to speak to medical staff prior to being discharged home from hospital.

1c.5: Training on how to communicate information in an effective and sensitive manner, is provided to all healthcare professionals.

STATUS: Met

Communication skills training is provided by the Board for all staff groups who wish to attend. However, the Board informed the review team that there was not a formal mechanism to ensure that all staff undertake communication skills training. The Board plans to establish a system which will provide accurate information of staff attendances at all training events.

1c.6: There is a policy for supporting and informing parents bereaved during pregnancy, or soon after giving birth.

STATUS: Met

The Board provides a range of support and information for parents who are bereaved during pregnancy or soon after the birth of their baby. Guidelines and protocols, including a bereavement pack assist staff in the care and support they provide to parents who are bereaved due to ectopic pregnancy, miscarriage, late miscarriage and stillbirth. Relevant specific information leaflets are provided which include answers to frequently asked questions as well as contact details for a range of local and national support groups. In addition, the Board's neonatal unit prepares a remembrance pack for parents.

The review team commended the range of information and support available to bereaved parents.

1c.7: Information giving (verbal, written and other media) is monitored and evaluated.

STATUS: Met

The Board undertakes audits to monitor and evaluate the information provided to women.

Standard 1(d): Standard 1 ~ Core Principles

Standard Statement

Partner and Family Involvement: All maternity services and healthcare professionals recognise the important role of the partner/family, and ensure that they are encouraged and supported to be involved in pregnancy and childbirth.

NHS Ayrshire & Arran

Essential Criterion

1d.1: There is evidence that partner/family/friend involvement occurs, (including information provision for partners and families and open/flexible visiting times for partners and children).

STATUS: Met

The Board encourages partners and family to be involved during various stages of pregnancy and childbirth and has produced a partners in pregnancy information leaflet. The leaflet provides information for women and their partners on what is involved in pregnancy and childbirth and how Board staff plan the management of care and provide facilities which the mother is welcome to attend with her partner, for example parent education classes and breastfeeding support groups.

The Board reported that partners, family and friends are encouraged to attend antenatal classes and clinics. A woman's choice of birthing partner is also in attendance for the birth. The Board also operates an open visiting policy for partners.

Standard 1(e): Standard 1 ~ Core Principles

Standard Statement

Record-keeping: A structured and accurate record of all events during the antenatal, childbirth and postnatal periods is maintained for every woman and child (known as a 'unified record').

NHS Ayrshire & Arran

Essential Criteria

1e.1: All women have a unified handheld record.

STATUS: Not met

At the time of the review visit, the Board had not introduced a handheld maternity record for all pregnant women throughout NHS Ayrshire & Arran. The Board reported that it is exploring means of putting this in place for all women.

1e.2: The SMR02, Scottish birth record and birth notification General Register Office for Scotland (GROS), is completed for all women and newborn babies in line with current standards.

STATUS: Met

The Board has a system to ensure that the SMR02, the Scottish birth record (SBR) and the General Register Office for Scotland (GROS) birth notification is completed for all babies. The review team commended the robust system.

Desirable Criterion

1e.3: The national unified handheld record and national electronic record are completed for all women and newborn babies.

STATUS: Not applicable

The review visit to NHS Ayrshire & Arran took place shortly after the official launch of the national unified handheld maternity record. As the review team considered the time between the launch of the national record and this review visit to be insufficient to measure progress in this area, it concluded this criterion was not applicable at this stage of the review process.

Standard 2(a): Standard 2 ~ Pre-conception and Very Early Pregnancy

Standard Statement

Pre-conception Services: All women with a poor obstetric/medical history, a previous poor fetal/maternal outcome, or where there is a family history of significant illness, have access to specific pre-conception services.

NHS Ayrshire & Arran

Essential Criterion

2a.1: There is a specific pre-conception service for women with diabetes which is based on the SIGN guideline for diabetes.

STATUS: Met

Women with diabetes can access specific pre-conception services, based on the SIGN guideline for diabetes. A team runs a combined obstetric diabetic clinic in Ayrshire Central Hospital, which all diabetic women in NHS Ayrshire & Arran attend. The team is led by a consultant obstetrician, a consultant physician and a diabetic liaison nurse specialist. Pregnant women with diabetes can be referred to the combined clinic by their GP, their community midwife or their obstetric consultant. The review team commended the Board's diabetic pre-conception service.

Desirable Criterion

2a.2: There are specific pre-conception services for women with a personal or family history of significant illness (eg epilepsy, neural tube defect, chromosomal abnormality).

STATUS: Not met

The Board reported that there are no specific pre-conception services for women with a personal or family history of significant illness with the exception of a pre-conception service for diabetic women. The review team highlighted this as a challenge for the service.

Standard 2(b): Standard 2 ~ Pre-conception and Very Early Pregnancy

Standard Statement

Early Pregnancy Complications: All women who experience complications in early pregnancy have access to an early pregnancy assessment service.

NHS Ayrshire & Arran

Essential Criteria

2b.1: There are formal arrangements in place for referral to the early pregnancy assessment service, which allows any healthcare professional to access the service directly.

STATUS: Met

The Board has clear referral protocols for women who experience complications in early pregnancy. All women are referred to the early pregnancy assessment service (EPAS). Women can be referred to the EPAS via their GP, midwife or obstetrician. Referral usually occurs via a telephone call direct to the Eglinton Suite (outpatient department within the early pregnancy unit, Ayrshire Central Hospital), but when this facility is closed, telephone calls will be forwarded to the ward area or the acute receiving unit. An information leaflet, 'The Eglinton Early Pregnancy Assessment Suite Leaflet', is provided for women who are referred to EPAS, which provides information regarding their appointment. There is also a clear referral pathway to determine whether the woman is suitable for outpatient or inpatient care. The review team commended the level of care provided by the EPAS.

2b.2: There are formal arrangements in place for referral to the early pregnancy assessment service, which allows women with previous early pregnancy problems to self-refer.

STATUS: Met

The Board reported that women with a history of previous early pregnancy complications can self-refer to the EPAS at any time. Any woman who has attended the early pregnancy unit is given a direct telephone number to contact if they require any further advice. Women with a significant history of early pregnancy complications are advised to present as early as possible for antenatal care in any future pregnancies.

2b.3: Women who experience early pregnancy complications are cared for in a dedicated area distinct from the general gynaecology or antenatal ward.

STATUS: Met

The review team was informed that women who experience early pregnancy complications are cared for within the early pregnancy unit of Ayrshire Central Hospital. The review team commended the availability of a separate, dedicated area for these women.

2b.4: Women who miscarry have access to a choice of management options (surgical/medical/expectant).

STATUS: Met

Women who miscarry are given the option of conservative, medical or surgical management of early pregnancy loss. The review team was provided with copies of leaflets for the medical and surgical options available to women who miscarry, which provide details about the procedures and include contact details should a woman experience any complications or require further support after their treatment.

2b.5: There is prompt access (within 24 hours) to ultrasound facilities with trained staff in secondary and tertiary services.

STATUS: Met

The Board reported that there is access to ultrasound scanning 7-days a week from 9–11am within the Eglinton Suite. Women who attend outwith this time will, wherever possible, have their scan undertaken at Ayrshire Central Hospital's scanning department on the same day. The review team commended the good access to ultrasound scanning facilities.

Desirable Criterion

2b.6: Telemedicine is used to promote regional networking, and to expedite the reporting of results.

STATUS: Met

The Board confirmed that telemedicine is available and used within NHS Ayrshire & Arran. Telephone advice is provided 24 hours a day, 7 days a week. Ayrshire Central Hospital uses teleconferencing facilities to facilitate communication between the neonatal unit and the Royal Hospital for Sick Children. The review team was informed that additional teleconferencing facilities will be available when the maternity unit re-locates to Crosshouse Hospital. The review team commended the telemedicine currently available and encouraged the Board to continue to expand the use of these facilities when they become available at the new site.

Standard 3(a): Standard 3 ~ Pregnancy

Standard Statement

Education Programme: All maternity services provide comprehensive programmes of education for childbirth and parenthood to women and their partners and families.

NHS Ayrshire & Arran

Essential Criteria

3a.1: There is a written syllabus of education that targets specific groups, and is in a user-friendly format. The syllabus outlines the aims, themes and outcomes of the education programme.

STATUS: Met

The Board has a core syllabus of education which outlines the aims, objectives and key themes of the antenatal education programme. The Board reported that it aims to provide antenatal education which is both women and partner led. While antenatal education group sessions are not provided to a range of specific groups, for example teenage pregnancy, one-to-one education sessions are provided instead. The Board would recommend that, where appropriate, antenatal education is organised and provided in group sessions.

The review team was informed that the Board plans to audit antenatal education.

3a.2: There is a lead named co-ordinator, with recognised training and development to undertake the role, who takes responsibility for the programme on a service-wide basis.

STATUS: Not met

At the time of the review visit, the Board did not have a lead co-ordinator to plan and organise a programme of antenatal education.

Desirable Criteria

3a.3: The Ready, Steady, Baby book is provided to all women on confirmation of pregnancy.

STATUS: Met

The review team was informed that the Ready, Steady, Baby book is provided to women on the confirmation of pregnancy. The review team commended the Board for the measures taken to ensure that this is provided to women at the earliest possible opportunity.

3a.4: Parent education programmes include a postnatal reunion.

STATUS: Not met

The Board reported that a postnatal reunion is not routinely provided as part of the parent education programme. The review team would encourage the Board to take this forward.

Standard 3(b): Standard 3 ~ Pregnancy

Standard Statement

Screening Services: All women have access to screening services and antenatal diagnostic testing.

NHS Ayrshire & Arran

Essential Criteria

3b.1: All women who are identified in the screening programme as at risk of rhesus disease are managed and treated according to an agreed protocol.

STATUS: Met

The Board has a system to provide clinical management and care for all women at risk of rhesus disease. Routine blood grouping and antibody checks are undertaken for all women at initial booking appointments and also at 28 and 34 weeks of pregnancy. All women identified as rhesus negative are provided with an information leaflet and discussion regarding their management.

3b.2: The antenatal care and investigation of women conforms to the guidance set out in Table 14, page 40 of A Framework for Maternity Services in Scotland.

STATUS: Not met

The review team considered the antenatal care and investigation of women and noted that it includes an anomaly scan at a 20–22 week stage of pregnancy, which is just over the recommended guidance set out in ‘A Framework for Maternity Services in Scotland’. The Board currently provides one additional appointment at 25 weeks which also takes the number of visits to again above the national recommendation.

Standard 3(c): Standard 3 ~ Pregnancy

Standard Statement

Antenatal Care: All maternity services provide antenatal care delivered by a network of professionals, such that each woman is managed by a midwife, GP or obstetrician according to her level of risk, and as locally as possible.

NHS Ayrshire & Arran

Essential Criteria

3c.1: Each maternity service has an explicit plan for antenatal care for all women, taking account of risk, which acknowledges that women can move in either direction between different levels of care and lead professionals.

STATUS: Not met

There is a comprehensive system for antenatal care and risk assessment for all women. A risk assessment is undertaken for each woman by their midwife at the booking visit. Depending on the outcome of the risk assessment, women will either be managed by midwifery-led or consultant-led care in accordance with individual risk factors. However, while the review team considered the Board to have a robust risk assessment process, it considered the Board as not meeting this criterion. The review team was informed that women, who are initially identified as being high risk and subsequently transferred to consultant-led care, tend to stay in this level of care after their risk factors reduce rather than being transferred to midwifery-led care.

3c.2: Women are offered the opportunity to be involved in the development of their birth plan, including the chosen place of birth of their baby.

STATUS: Met

All women are provided with a birth plan and are encouraged to be involved with their midwife in the development of the plan. Information is provided to women regarding a range of options from pain relief to place of birth. This information is discussed between women and their midwives during pregnancy. Midwifery staff confirm details for women's birth plans at approximately 34–36 weeks of pregnancy.

A quality assurance audit highlighted that most women had a birth plan which was discussed with a community midwife and a labour ward midwife.

The Board reported that the majority of women throughout Ayrshire & Arran give birth at Ayrshire Central Hospital. Women from Arran tend to choose either the mainland maternity unit at Ayrshire Central Hospital or Arran War Memorial Hospital and some women deliver their babies in neighbouring NHS board areas.

The Board informed the review team that while the option of having a home birth is not routinely offered, requests for this service will be supported.

3c.3: The routine pattern of antenatal care for pregnant women is no more than nine visits for a primigravida and eight visits for a multigravida.

STATUS: Not met

The routine pattern of antenatal care for pregnant women is slightly outwith the national recommendations. At the time of the review visit, the Board provided 10 visits for primigravida and nine visits for multigravida.

Standard 4(a): Standard 4 ~ Childbirth

Standard Statement

Care Planning and Birth: All women receive an agreed plan of care throughout labour in line with current professional standards consistent with their risk assessment and their chosen place for childbirth.

NHS Ayrshire & Arran

Essential Criteria

4a.1: Each woman receives one-to-one midwifery care during established labour and childbirth by a trained midwife, or trainee midwife under supervision.

STATUS: Met

The Board reported that throughout NHS Ayrshire & Arran women receive individual care from a trained midwife or a trainee under supervision during established stages of labour and childbirth. To ensure adequate staffing levels are maintained during times of peak activity within the service, additional support can be obtained from other maternity staff or midwifery bank staff are utilised.

The review team noted the quality assurance audit undertaken in 2004 which confirmed a high level of satisfaction of the midwifery care provided in the delivery suite; however, it encouraged the Board to audit the provision of one-to-one midwifery care provided during childbirth.

4a.2: For planned home births there is a minimum of two trained professionals present, one of whom is a midwife.

STATUS: Met

There are two trained midwives on-call for all planned home births and there are clear guidelines for home birth deliveries and on use of the birthing pool. A copy of the duty rota was provided to the review team.

4a.3: There are agreed multidisciplinary, evidence-based policies for the management of all key labour practices, when care deviates from the norm.

STATUS: Not met

There are agreed multidisciplinary policies for the management of the following key labour practices across the Board area: induction of labour; perineal repair; emergency caesarean section, prophylactic antibiotics for caesarean section; placenta praevia; prostaglandins and oxytocin use; management of thromboembolism and thromboprophylaxis; water birth; fetal monitoring; management of multiple

pregnancy; management of diabetes; management of pre-eclampsia and eclampsia; management of women who decline blood products; management of haemorrhage; management of prolapsed cord; management of rupture of the uterus; management of shoulder dystocia; neonatal and adult resuscitation; and intrauterine death.

The review team acknowledged the policies developed by Arran War Memorial Hospital for the management of: perineal repairs; thromboembolism prophylaxis; deep vein thrombosis/pulmonary thromboembolism and the puerperium; normal labour; severe pre-eclampsia and eclampsia in antenatal and postnatal women; pregnant women who refuse blood transfusion; obstetric/postpartum and antepartum haemorrhage; umbilical cord prolapse; and retained placenta.

At the time of the review visit, the Board did not have agreed policies for breech presentation, epidural analgesia, and management of retained placenta. A multidisciplinary approach is used to review and update policies, however, it was reported that making arrangements for the group to meet and take this work forward on a regular basis was not always easy due to other work commitments. The review team encouraged the Board to prioritise dedicated multidisciplinary review of all policies and to ensure that there are up-to-date guidelines for the management of all key labour practices.

Standard 4(b): Standard 4 ~ Childbirth

Standard Statement

Pain Management: All women, regardless of their specific location, are informed about, and offered the range of pain management techniques during childbirth, and are supported in their choice of pain control.

NHS Ayrshire & Arran

Essential Criteria

4b.1: All women receive information about, and have access to, a range of pain management techniques which include: transcutaneous electrical nerve stimulation (TENS); oral and intramuscular analgesia; inhalational analgesia; and the use of water for pain relief. Epidural analgesia is available in consultant-led units.

STATUS: Met

Women are provided with information regarding pain management techniques available during childbirth, and all are supported in their choice of pain control.

The information is provided verbally via discussions with the midwife at parent education classes and during individual birth planning sessions. Written information on pain relief is also contained within the Ready, Steady, Baby book which is given to all pregnant women and there are a variety of other leaflets available on epidural analgesia, non epidural pain relief in labour, including the use of water for pain relief, and support and flexible position options available for labour and delivery. The community midwives provide women with information on the use and availability of transcutaneous electrical nerve stimulation (TENS) machines. Information on pain management in labour is accessible to all staff on the local Intranet.

The review team commended the high number of water pools available to provide analgesia for women in labour both in hospital and in the community.

4b.2: All women, who have epidural analgesia or an operative delivery, have their pain assessed using a pain assessment tool.

STATUS: Met

A validated pain scoring chart is used across NHS Ayrshire & Arran to record a woman's level of pain following epidural analgesia for delivery or an operative childbirth. Pain is monitored using a 0–3 pain score and action taken in accordance with the guidance provided in the maternity analgesia guidelines flow chart.

Desirable Criterion

4b.3: Epidural analgesia is available at all times in consultant-led units.

STATUS: Met

An anaesthetic department consultant on-call duty rota allows epidural analgesia to be available at all times within Ayrshire Central Hospital.

Standard 4(c): Standard 4 ~ Childbirth

Standard Statement

Anaesthesia: During childbirth all women have access to anaesthesia that conforms to current professional standards.

NHS Ayrshire & Arran

Essential Criteria

4c.1: There is a lead consultant obstetric anaesthetist with responsibility for the organisation and management of the specialist anaesthetics service within consultant-led units.

STATUS: Met

There is a lead consultant obstetric anaesthetist responsible for the organisation and management of the specialist anaesthetic service provided within NHS Ayrshire & Arran.

4c.2: Arrangements are in place in consultant-led units, to ensure that a specialist anaesthetic service is available at all times during childbirth.

STATUS: Met

There are two consultant anaesthetists on duty to provide this service during normal working hours. A resident duty anaesthetist covers the service out-of-hours including weekends with a second on-call consultant available for further support if required out-of-hours. The Board reported that the out-of-hours anaesthetic service works well in relation to the demand on the service. However, the service is more stretched during working hours in terms of having sufficient levels of clinical staff to support anaesthetic services.

4c.3: All specialist anaesthetic services comply with NHS QIS anaesthesia standards and Royal College of Anaesthetists (RCA) guidelines.

STATUS: Met

The review team acknowledged the Board's commitment to comply with the NHS QIS anaesthesia standards and the guidelines issued by the Royal College of Anaesthetists (RCA). The Board has an action plan in place to follow-up on the NHS QIS anaesthesia review visit in December 2004. The review team confirmed from observation of this plan that the Board is meeting this criterion.

4c.4: There is a system in place to ensure that anaesthetic and theatre services respond rapidly to obstetric emergencies and expedite delivery in the event of maternal or fetal compromise.

STATUS: Met

The review team was provided with a written statement of the current system in place to respond to obstetric emergencies, which described a robust process that included using the emergency paging system to initiate immediate contact, detailed the communication responsibilities of individuals, and the information and arrangements that require to be addressed.

4c.5: There is a system in place to ensure that 'decision to delivery' intervals and perceived urgency are monitored.

STATUS: Not met (insufficient evidence)

The review team acknowledged that the Board has a system in place to monitor the 'decision to delivery' intervals. However, the review team noted as a challenge for the Board the need to formalise its current processes and to undertake an audit of the interval times for emergency caesarean sections to demonstrate its effectiveness.

Desirable Criterion

4c.6: The time from informing the anaesthetist to the start of an emergency operative delivery should not normally exceed 30 minutes except if there is a risk to maternal health.

STATUS: Not met

At the time of the review visit, data on the time from informing the anaesthetist to time of start of an emergency delivery were not being audited.

Standard 5(a): Standard 5 ~ Postnatal and Parenthood

Standard Statement

Care of Women: All women receive appropriate care and assessment from giving birth to the 6-week postnatal check.

NHS Ayrshire & Arran

Essential Criteria

5a.1: All women are assessed immediately after giving birth by a suitably qualified member of the birth team.

STATUS: Met

It is Board policy to assess all women immediately after giving birth. Details of the assessment are recorded in the woman's casenotes. Midwifery staff, anaesthetists and obstetricians undertake this assessment as appropriate to the level of intervention the women has received to give birth. The review team commended this approach.

5a.2: All women are assessed prior to transfer to community care and/or within 24 hours of giving birth, by a midwife.

STATUS: Met

All women are assessed prior to being discharged home from hospital or within 24 hours of giving birth. A postnatal discharge checklist is used to ensure all observations have been undertaken for mother and baby prior to discharge.

5a.3: There is ongoing assessment for the recognition of complications, eg infection, haemorrhage, thromboembolism and anaesthetic problems.

STATUS: Met

Ongoing assessment for the recognition of complications is undertaken as part of routine postnatal observations. Specific post operative checks are undertaken for all women who have had a caesarean section delivery. A postnatal assessment chart is used to record observations and is divided into various categories to ensure a thorough assessment process is in place for all postnatal women. Community midwives continue to carry out postnatal checks for women once they have been discharged home from hospital.

5a.4: Women receive information on contraception within 2 weeks of childbirth.

STATUS: Met

Information on contraception is provided to women as part of the postnatal process. This information is followed-up and discussed by health visitors who offer written and verbal information on all available and suitable contraception, based on individual needs. Contraception is further addressed by health visitors at a baby's 6-week developmental check appointment.

Standard 5(b): Standard 5 ~ Postnatal and Parenthood

Standard Statement

Infant Feeding: Maternity services promote, support and sustain breastfeeding. Women are informed of its benefits, while being supported in their chosen mode of feeding.

NHS Ayrshire & Arran

Essential Criteria

5b.1: There is evidence that the maternity service adheres to the principles of, or is working towards, the UNICEF/WHO Baby Friendly status.

STATUS: Met

Ayrshire Central Hospital has been accredited with UNICEF/WHO Baby Friendly status for over 7 years. Arran War Memorial Hospital has recently received a UNICEF/WHO Baby Friendly Certificate of Commitment. The review team highlighted this achievement as a strength in the Board's provision of maternity services.

5b.2: Women are provided with readily accessible information and support in their chosen method of feeding, including access to peer support groups.

STATUS: Met

Information on infant feeding is provided to all women during the antenatal period to facilitate informed choice.

The Board has a breastfeeding policy which includes a checklist of health benefits to be discussed with women. All antenatal women are offered a discussion about the benefits of breastfeeding on a one-to-one basis with a midwife. Information leaflets are provided to support these discussions. Additional information on breastfeeding support groups is also provided to women.

Women who have made an informed choice to bottle feed their babies are provided with information leaflets and support from midwifery staff regarding the preparation and storage of formula milk and sterilising equipment.

Infant feeding support is continued by community midwives and health visitors when mothers and their babies are discharged from hospital. Daily community midwife home visits are provided for any women whose baby has difficulty establishing feeding. The Board reported that all postnatal women are provided with a telephone contact number for a health visitor who will be able to provide advice and support as required.

Desirable Criteria

5b.3: Each NHS Board area has an infant feeding advisor to provide education and training to healthcare professionals who support women in their chosen method of feeding.

STATUS: Met

There is an infant feeding co-ordinator who has responsibility for infant feeding policy and practice within NHS Ayrshire & Arran. The infant feeding co-ordinator contributes to the antenatal education programme and maintains a record of staff attendance at all infant feeding education programmes.

5b.4: Admission rates for babies due to inadequate nutrition are monitored.

STATUS: Met

The Board monitors admission rates for babies due to inadequate nutrition. Babies would be admitted to either NICU or a paediatric ward. There is a system to analyse these admissions to establish if any could have been potentially avoided.

Standard 5(c): Standard 5 ~ Postnatal and Parenthood

Standard Statement

Care of Babies: All babies receive appropriate care and assessment from birth until 6 weeks post birth.

NHS Ayrshire & Arran

Essential Criteria

5c.1: Steps are taken to minimise the number of infants who require re-warming or avoidable admission to SCBU.

STATUS: Met

The Board has guidelines for the prevention of heat loss in infants at Ayrshire Central Hospital and at the Arran War Memorial Hospital. The Board promotes 'skin to skin' contact for newly born babies. Information on the benefits of 'skin to skin' practice is discussed with women as part of the antenatal education programme. All mothers, including women who deliver their babies by caesarean section are encouraged to have 'skin to skin' contact with their babies to facilitate heat exchange and maintain temperature. Following birth, all babies are dried prior to initiating 'skin to skin' contact.

Women who have planned to deliver their baby by caesarean section are asked to bring a hat that the baby can wear immediately after birth. Premature babies are covered in a polythene wrap to reduce heat loss.

5c.2: All babies are clinically examined immediately following birth by a suitably qualified member of the birth team.

STATUS: Met

All babies are clinically examined immediately following birth in accordance with the Board's delivery suite checklist. Once completed, each check on this list is initialled by staff. Details are also recorded in the casenotes. This assessment is normally undertaken by midwifery staff, however, at Ayrshire Central Hospital, medical staff will also undertake an assessment for all babies who had complicated deliveries. At Arran War Memorial Hospital, GPs will undertake an additional assessment for babies whose delivery they have attended.

5c.3: All babies are clinically examined prior to discharge from hospital and/or within 72 hours of birth, by a suitably qualified healthcare professional.

STATUS: Met

All babies are examined within 72 hours of birth or prior to discharge by a member of staff trained in undertaking examination of the newborn. At Ayrshire Central Hospital, this is undertaken by midwives and paediatricians, with advanced neonatal nurse practitioners undertaking the examination out-of-hours. At Arran War Memorial Hospital, the examination is undertaken by a GP. For home births, this may be undertaken by a GP or alternatively, the baby can have the examination at Ayrshire Central Hospital.

The review team commended the Board's forward planning of neonatal services by making provisions to increase the number of advanced neonatal nurse practitioners.

5c.4: There is ongoing assessment, including recognition of group B streptococcal infection and jaundice.

STATUS: Met

The Board has a protocol for the recognition and management of group B streptococcal infection as well as an information leaflet for parents. The Board informed the review team that screening for group B streptococcal infection is undertaken routinely where women present with potential pre-labour spontaneous rupture of membranes.

The Board has guidelines for the management of neonatal jaundice including a clinical pathway to care for a jaundiced baby. Regular assessment of a baby's eyes and skin colour are also observed for indications of jaundice as part of routine midwifery care. An icterometer is used to assist visual assessment for jaundice in caucasian babies and skin indentation and sclera colour is observed in non-caucasian babies.

Standard 5(d): Standard 5 ~ Postnatal and Parenthood

Standard Statement

Transfer Standard: The transfer of women and their newborn babies into the community is planned to facilitate continuing effective care.

NHS Ayrshire & Arran

Essential Criteria

5d.1: A system is established to ensure that information on women and their babies in the postnatal period is collated and transferred between secondary and primary care in a reliable, timely and secure manner.

STATUS: Met

There is a comprehensive system to ensure that information on women and babies is collated and transferred between secondary and primary care. A postnatal discharge letter is generated for all women and babies which is in duplicate format and transferred between primary and secondary care. There is also a multiple copy, colour-coded neonatal unit discharge form. The white copy is sent to the baby's GP, the blue copy to the health visitor, the pink copy to the home care team, the yellow copy is filed with medical records and a final green copy is given to the parents.

There are good communication links between staff at Ayrshire Central Hospital and Arran War Memorial Hospital regarding the transfer of women and babies from the acute service in Irvine to the community service in Arran. The review team commended the Board's midwifery/health visitor liaison group which meets every 2 months to promote efficient communication and update all midwifery teams on changes in professional practice.

5d.2: Guidelines for transfer and post transfer care are in place.

STATUS: Met

The Board has formal guidelines in place for the transfer and post transfer care of woman and babies.

Appendix 1 – Glossary of abbreviations

Abbreviation

AHP	allied health profession
CHP	community health partnership
EPAS	early pregnancy assessment service
GP	general practitioner
GROS	General Register Office for Scotland
IR1	incident reporting form
MSLC	maternity services liaison committee
NHS QIS	NHS Quality Improvement Scotland
NICU	neonatal intensive care unit
RCA	Royal College of Anaesthetists
SANDS	Stillbirth and Neonatal Death Society
SBR	Scottish birth record
SCBU	special care baby unit
SEHD	Scottish Executive Health Department
SIGN	Scottish Intercollegiate Guidelines Network
SMR02	Scottish Morbidity Record 2
TENS	transcutaneous electrical nerve stimulation
UNICEF/WHO	United Nations Children’s Fund/World Health Organisation

Appendix 2 – Details of review visit

The review visit to NHS Ayrshire & Arran was conducted on 7 June 2006.

Review team members

Dr Drew Smith (Team Leader)

Consultant Anaesthetist, NHS Greater Glasgow and Clyde

Dr Peter Fowle

Consultant Paediatrician & Clinical Team Leader, NHS Tayside

Dr Corinne Love

Consultant Obstetrician, NHS Lothian

Ms Helen Macguire

Public Partner, Forth Valley

Ms Stella MacPherson

Public Partner, Dumfries & Galloway

Ms Isobel McInnes

Senior Nurse (Children), NHS Greater Glasgow and Clyde

Mrs Susan Stewart

Women & Children's Manager, NHS Lothian

NHS Quality Improvement Scotland Staff

Mrs Morag Kasmi

Senior Project Officer

Ms Sharon Keane

Project Officer

Mrs Fiona Dagge-Bell (Observer)

Professional Practice Development Officer

Mr Alan Ketchen (Observer)

Project Administrator

During the visit, members of the review team met with local health service personnel including anaesthetists, health visitors, midwives, neonatologists, obstetricians, paediatricians, paramedics, AHPs and GPs.

Appendix 3 – Maternity services project group members

Chair

Dr Jane Magill

Director, Robert Clark Centre for Technological Education, University of Glasgow

Project group members

Ms Gill Allan

Sister Midwife, NHS Tayside

Mrs Frances Arnott

Health Visitor, NHS Forth Valley

Ms Irene Barkby

LSA Midwifery Officer/Divisional Nurse Director – Acute, NHS Lanarkshire

Dr Ian Bashford

Senior Medical Officer, Scottish Executive Health Department

Dr Jennifer Bennison

Deputy Chair (Policy), Royal College of General Practitioners (Scotland)

Professor Andrew Calder

Consultant Obstetrician, NHS Lothian

Ms Cynthia Clarkson

Lay Representative, National Childbirth Trust

Dr Corinne Love

Consultant Obstetrician, NHS Lothian

Dr John McClure

Consultant Anaesthetist, Royal College of Anaesthetists, NHS Lothian

Ms Dahrlene McMahon

Paramedic, Scottish Ambulance Service

Mrs Mathilde Peace

Lay Representative, Lothian Health Council

Dr Gillian Penney

Clinical Senior Lecturer & Programme Director, Scottish Programme for Clinical Effectiveness in Reproductive Health, NHS Grampian

Ms Nancy Robson

Public Partner, Grampian

Ms Joanne Thorpe

Midwifery Team Leader, NHS Argyll & Clyde

Dr Tom L Turner

Consultant Paediatrician, NHS Greater Glasgow

Support from NHS QIS was provided by **Ms Jan Warner** (Director of Performance Assessment and Practice Development), **Mr Steven Wilson** (Team Manager), **Mrs Morag Kasmi** (Senior Project Officer), **Ms Sharon Keane** (Project Officer), **Dr Avril MacLennan** (Project Officer) and **Mrs Lorraine Inglis** (Project Administrator).

Appendix 4 – Timetable of review visits

Organisation reviewed	Visit date(s)
NHS Argyll & Clyde	20 June 2006
NHS Ayrshire & Arran	7 June 2006
NHS Borders	19 April 2006
NHS Dumfries & Galloway	29 March 2006
NHS Fife	10 May 2006
NHS Forth Valley	17 January 2006
NHS Grampian	27 April 2006
NHS Greater Glasgow	25 May 2006
NHS Highland	16 March 2006
NHS Lanarkshire	2 February 2006
NHS Lothian	1 March 2006
NHS Tayside	16 February 2006
NHS Orkney	22 November 2005
NHS Shetland	8 November 2005
NHS Western Isles	6 December 2005

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