

NHS Dumfries & Galloway

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 Dumfries & Galloway**. This review visit took place on **29 March 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

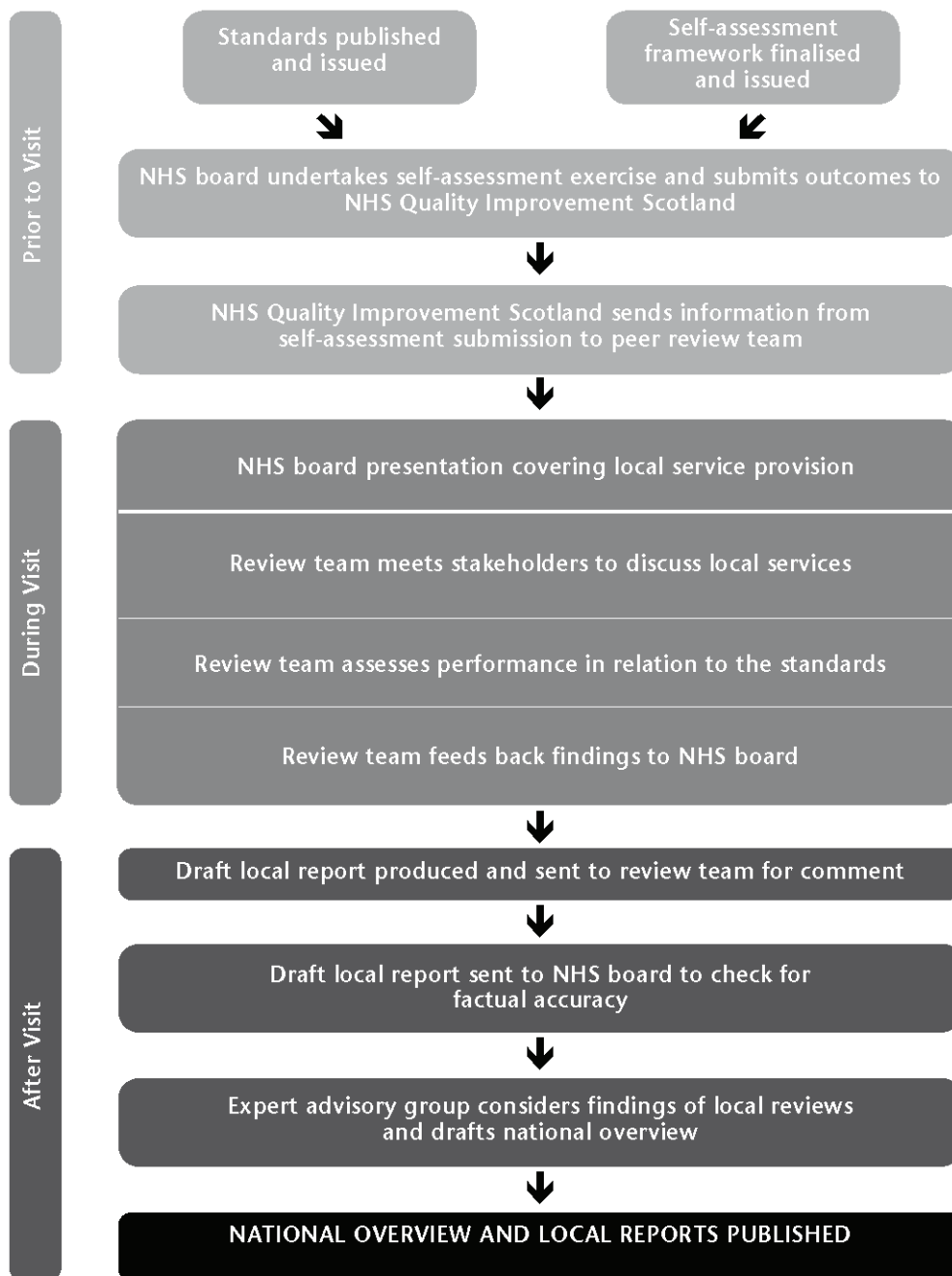
After each review visit, NHS QIS staff, with clinical input as appropriate, draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS board to check for factual accuracy. The local report is published only after all the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

Dumfries & Galloway is situated in south-west Scotland and has a population of around 147,930. The majority of the population live in towns and villages, of which Dumfries is 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, whereas levels of illness and deprivation are relatively low.

Local NHS system and services

Dumfries & Galloway 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 Dumfries & Galloway.

The NHS board has responsibility for the operation of clinical services, and the employment of those delivering these services. NHS Dumfries & Galloway delivers hospital and primary care/community health services. Mental health services are both hospital and community based. There is one community health partnership (CHP), Dumfries & Galloway CHP. A 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.

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 Dumfries & Galloway (www.show.scot.nhs.uk/dghb).

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 Dumfries & Galloway, all maternity services are provided across primary and secondary care settings throughout the NHS board area, with specialist/tertiary services being primarily provided by the regional service within NHS Greater Glasgow.

There are two maternity units: Cresswell Maternity Wing, Dumfries & Galloway Royal Infirmary; and Clenoch Birthing Centre, Garrick Hospital, Stranraer which are supported by an integrated midwifery service. The number of births has remained relatively static over the last 5 years as illustrated in the following table.

NHS Dumfries & Galloway	Number of births				
	2001	2002	2003	2004	2005
Dumfries & Galloway Royal Infirmary	1,189	1,219	1,221	1,308	1,308
Garrick Hospital	71	82	58	88	65
Home births	9	18	14	25	16
Other (eg born before arrival)	14	13	11	17	21
Total births	1,283	1,332	1,304	1,438	1,410

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

There are clear lines of responsibility for maternity services across NHS Dumfries & Galloway. The lead clinician and head of midwifery are responsible for the provision of maternity services at operating level and the director of health services is responsible at NHS Board level. The maternity services provided in NHS Dumfries & Galloway are based on a midwifery model of care. Five integrated midwifery teams cover the whole of the remote and rural regions of the NHS board area, supported by a multidisciplinary group of healthcare professionals at the consultant-led Cresswell Maternity Wing within Dumfries & Galloway Royal Infirmary.

At the time of the visit, there was no NHS Board strategy for the provision of maternity services. A recommendation to reconvene the maternity strategy group is being considered to take development of the maternity services plan forward. The review team encouraged the Board in its establishment of the group and recommended it consider including representation from the allied health professionals (AHPs) in the membership. Although a member of the public is actively involved in supporting the Board to re-establish the maternity services liaison committee (MSLC), recruiting members of the public onto Board groups and committees was noted to be an ongoing challenge for the Board.

Healthcare professionals working in NHS Dumfries & Galloway are aware of the importance of risk assessment and all critical incidents are reported, investigated and analysed, resulting in changes in practice where necessary.

Example of a local initiative...

A multidisciplinary perinatal review group has been developed within NHS Dumfries & Galloway to analyse all cases of intrauterine death, perinatal death or any other adverse perinatal outcome not resulting in infant death. The group is responsible for identifying areas of concern, and recommends and implements changes to practice and communicates findings to the family involved. The woman and her family including the GP and other staff members are invited to attend and participate in discussions concerning individual perinatal incident case review.

Women are actively encouraged to express their views about their pregnancy and childbirth experience and there is a formal process in place to manage compliments/comments and complaints received.

The review team acknowledged the good working relationship between the Board and the Scottish Ambulance Service to ensure the safe transfer of women and their

newborn babies. However, it encouraged the Board to formalise its transportation guidelines for obstetric emergencies.

There are formal arrangements in place to ensure that women and their babies have access to a network of specialist services and all women with identified risk factors are offered assessment by an appropriate consultant. The risk assessment is conducted by the midwives or GPs providing antenatal care who follow the criteria defined by the Expert Group in Acute Maternity Services in Scotland (EGAMS).

Example of a local initiative...

As an effective means of improving inter-professional communication, NHS Dumfries & Galloway uses a co-ordinated system of colour-coded labels and matching alert record sheets to document a woman's potential pregnancy anaesthetic risk factor/s and any possible neonatal complications. The obstetrician and/or midwife are responsible for implementing a notification of risk following a woman's antenatal risk assessment using the appropriate coloured system. The system ensures that individual risks are highlighted at an early stage to all healthcare professionals so that appropriate care can be provided to the woman and/or her newborn baby.

Adult and neonatal resuscitation training is provided by the NHS Board and all healthcare professionals are encouraged to attend. All midwife team leaders working in the Cresswell maternity wing at Dumfries & Galloway Royal Infirmary have undertaken training in advanced life support in obstetrics (ALSO) and a number of other staff members have completed the newborn life support (NLS) course. GPs and practice staff in NHS Dumfries & Galloway and two part-time anaesthetist GPs in Stranraer have attended basic life support training to provide effective support to midwives during emergency deliveries. The review team acknowledged the programme of training available to staff and encouraged the Board to consider recording the course attendance of all healthcare professionals to ensure staff presence is monitored.

The Board has a strategy and procedures in place to guide staff in the management of domestic abuse within the region, and staff are trained to effectively understand and provide support to those affected. Child protection training is also provided and it is mandatory for staff to attend.

Intensive and high dependency care facilities, specialist medical support and advanced imaging services are available on-site at Dumfries & Galloway Royal Infirmary. Women living in the more remote and rural areas of the region are advised to book for delivery in the Cresswell Maternity Wing or another specialist centre depending on their level of obstetric risk.

There is a named midwife for all women who is responsible for the development and delivery of their maternity care plan and women are supported in their chosen place of delivery for the birth of their baby. It was noted, however, that pain relief during labour, in particular the availability of epidural anaesthesia, is not discussed with a

woman until week 28 of her pregnancy by which time she may have already decided her chosen place of birth, and this pain relief service may not be available in her preferred area. The review team encouraged the Board to discuss the availability of pain relief earlier to allow women to make a more informed choice. Partners and family support is actively encouraged throughout pregnancy and childbirth, and there are flexible visiting arrangements in place.

Pre-conception and Very Early Pregnancy

Pre-conception advice and clinics are available to women with a family history of diabetes, epilepsy, neural tube defect, etc, with good access to specialist health professionals if required. Information regarding specific conditions is available on the local intranet and accessible to health practitioners including GPs.

Pre-conception management of women with diabetes is based on SIGN Guideline 55: Management of Diabetes. Women identified with potential genetic risks during pregnancy are referred to specialists at The Queen Mother's Hospital, Glasgow, for consultation and investigation.

There is a system to allow health professionals to refer women to the early pregnancy assessment service (EPAS) within the Cresswell Maternity Wing, which operates during normal working hours on weekdays. Women with a previous history of pregnancy complications are encouraged to directly contact the early pregnancy clinic if they have any concerns about their pregnancy.

The review team observed that policies are in place to support women who miscarry in their choice of management options. Ultrasound scanning is provided during working hours on weekdays with out-of-hours cover provided by consultant radiologists.

Funding has been identified to purchase the equipment required to establish telemedicine links between NHS Greater Glasgow and the new community hospital within NHS Dumfries & Galloway.

Pregnancy

A team of midwives delivers a comprehensive and flexible programme of parent education classes throughout all areas across NHS Dumfries & Galloway and birthing partners are actively encouraged to attend. There is a dedicated health education midwife advisor in post who takes responsibility for the co-ordination of the parent education programme. The review team encouraged the Board to consider auditing feedback received in relation to information provided at parent education classes to ensure individual needs of the local women are being met. Postnatal reunions are mostly organised proactively by groups of women who attend the antenatal classes.

The Ready, Steady, Baby book is provided to all women at the time of confirmation of pregnancy and receipt of this information is noted in the woman's handheld maternity record.

All women have access to screening services and antenatal diagnostic testing, and there are good protocols for the management of women identified as at risk of rhesus disease.

Antenatal risk assessments are performed by a midwife at the time of a woman's initial booking appointment. Continuous assessment throughout the pregnancy following clear pathways allows women to be cared for according to their level of obstetric risk. Routine antenatal care provided across NHS Dumfries & Galloway exceeds the number of visits recommended in 'A Framework for Maternity Services in Scotland'.

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

Childbirth

One-to-one midwifery care is provided for women in established labour and, where possible, the midwife is known to the woman. It is Board policy to have two trained midwives in attendance for planned home births.

Although there are a range of pain management techniques offered to women who deliver in NHS Dumfries & Galloway, epidural analgesia is not provided and the review team encouraged the Board to inform women at an early stage in the birth planning process that those who request this form of pain relief will be required to deliver in a consultant-led hospital that provides this service.

Pain assessment is undertaken post-operatively and a four point scale is used to monitor a woman's pain level which is recorded on a specific integrated observation chart.

Dedicated specialist obstetric anaesthesia sessions are available, however, the number provided is lower than that recommended by 'The Association of Anaesthetists of Great Britain and Ireland and Obstetric Anaesthetists' Association Guidelines for Obstetric Anaesthesia Services (2005)'.

There is a system to ensure that anaesthetic and theatre services respond rapidly to obstetric emergencies, and the review team commended the process used by the Board in monitoring and recording the 'decision to delivery' intervals.

Postnatal and Parenthood

Procedures are in place to ensure that women are assessed immediately after giving birth by their midwife or student midwife under supervision, and, when appropriate, are examined by the obstetrician or anaesthetist if complications during or after delivery had occurred. Women are formally assessed again prior to transfer to the community, and there are detailed guidelines to support staff in the recognition and management of postnatal complications. Postnatal checks are routinely documented and maternity records are checked for completeness.

Contraception advice is provided to women within 2 weeks of childbirth. Women receive an information pack containing various leaflets on methods of contraception available and are made aware that further support or advice on contraception is available from GPs and local family planning clinics.

NHS Dumfries & Galloway maternity services adhere to the ten steps to successful breastfeeding principles and have a draft action plan in place for working towards achieving UNICEF/WHO Baby Friendly status.

Women are provided with information and support in their chosen method of feeding for their baby and there is a wide range of leaflets and local breastfeeding peer support groups available. Two co-ordinators are employed to manage the peer support network and a number of volunteers are actively involved in one-to-one support. The review team commended the breastfeeding support available to women across NHS Dumfries & Galloway.

The Board has a detailed checklist in place for examination of the newborn baby and all babies are examined within 24–48 hours of birth by a member of staff qualified to undertake the clinical examination. There is also ongoing assessment of babies for the recognition of signs and symptoms of infection and jaundice, and guidelines are in place for the management and treatment of these conditions.

There is an integrated system in place to facilitate safe and effective transfer of women and their newborn babies between primary and secondary 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 Dumfries & Galloway

Essential Criteria

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

STATUS: Met

At the time of the review visit, the director of health services was responsible for maternity services.

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

STATUS: Met

At operating division level, the lead clinician and head of midwifery take joint responsibility for NHS Dumfries & Galloway maternity service provision.

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: Not met

At the time of the visit, there was no maternity strategy document available. However, it was noted that in February 2006 the obstetric specialty management team met and agreed that the maternity services strategy group should be reconvened to prepare a document that sets out the NHS Dumfries & Galloway strategy for the provision of maternity services. Initial work on developing a maternity services strategy began in 2003, but was never completed. Staff confirmed that a recommendation to reconvene the group to take this work forward is being considered by the Board. The review team recommended that the Board consider having representation from allied health professions (AHPs) on the new maternity services strategy group.

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

STATUS: Not met

Dumfries and Galloway Council has a public involvement strategy for 2004–2007 which outlines the framework for working in partnership with service users within NHS Dumfries & Galloway. The review team was informed that, as a result of public feedback, designated parking spaces for mothers and their babies have been allocated nearer the Cresswell Maternity Wing within Dumfries & Galloway Royal Infirmary.

A maternity services liaison committee (MSLC) was formed in 1997 and met regularly until 2003 but was disbanded in 2004 due to lack of public involvement. Staff reported that a member of the public has agreed to support the Board with re-establishing the committee, but it was recognised that recruiting public partners is difficult despite various methods of advertising being used. Evidence of public involvement in the development of a breastfeeding strategy, a review of bereavement policy and local standards for supervision of midwives was presented to the review team for information, however, no specific evidence was provided to demonstrate public involvement in the overall planning of all maternity services. The review team recognised the continuing challenge of public involvement for the Board.

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 Dumfries & Galloway

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

Within NHS Dumfries & Galloway, the senior midwifery manager takes responsibility for action planning and management of issues identified as a result of adverse incident reports received and reviewed on a daily basis. The associate director of nursing oversees this activity as part of an integrated system for adverse incident reporting and learning management. The associate director of nursing has the delegated operational responsibility for investigation, co-ordination, reporting and action planning.

A multidisciplinary clinical incident team reviews the maternity services adverse incident reports monthly, and sends copies of minutes and action plans to the quality improvement working group for reporting to the Board. The clinical incident review team assigns corrective/preventative actions which are followed up by the senior midwifery manager. Changes to guidelines and practice are actioned by the policy and practice development midwife who is also a member of the clinical incident review team. A summary of clinical incident details and trends is reported back and discussed with staff twice yearly. Midwife and medical supervisors address any incident-specific individual training needs if necessary.

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

Within NHS Dumfries & Galloway, there is a system in place to enable women to express their views about their pregnancy and childbirth experience. This is actively encouraged through discussion with the attendant midwife or obstetrician in the postnatal period. The outcome of the discussion is documented in the woman's maternity notes or in the medical notes on a complaint record sheet, if necessary.

Informal complaints are managed by the individual healthcare professionals involved in the complaint and are reviewed by the senior midwifery manager who informs

staff of specific learning outcomes. Formal complaints are escalated to the senior manager responsible for quality improvement within NHS Dumfries & Galloway, who has delegated responsibility for investigating and co-ordinating improvement action planning in liaison with senior managers. This senior nurse manager prepares a summary report for the quality improvement working group to assist in the review of quality improvement and the learning outcomes associated with complaints. This quality improvement working group has a majority of public members. Summary reports are also presented to the healthcare governance committee and the NHS Dumfries & Galloway Board.

Printed leaflets describing the complaints procedure are available throughout clinical areas of the hospital and a leaflet 'Your Midwife - How she/he can help you' is also provided to encourage women to contact the supervisors of midwives for advice or to share their views or concerns at any time. An on-call telephone rota system supports this service 24 hours per day. A maternity services booklet was in development at the time of the visit and contains a section on suggestions, comments and complaints.

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 Board reported that, at the time of the review visit, there were no formal written guidelines agreed between NHS Dumfries & Galloway maternity services and the Scottish Ambulance Service. However, staff reported that the Scottish Ambulance Service had been actively involved in the development plans for the new Galloway Community Hospital in Stranraer which is due to open in autumn 2006 and will include the Clenoch Birthing Centre. The Scottish Ambulance Service currently supports the neonatal transport team for the West of Scotland which transfers babies from the Cresswell Maternity Wing and subsequently the Clenoch Birthing Centre to tertiary centres by road or air depending on the individual circumstances.

It was also noted that the Scottish Ambulance Service area ambulance liaison committee has become more active than in previous years and provides a forum to discuss the safe transfer of women and babies during pregnancy, childbirth and in the postnatal period. The review team noted as a challenge for the Board the need to formalise its transportation guidelines with the Scottish Ambulance Service for obstetric emergencies.

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

STATUS: Met

The Board has formal arrangements for women and their babies to access a network of specialist services including: AHPs; anaesthesia and intensive care; imaging; laboratory medicine; medicine; neonatology; obstetrics; surgery; and psychiatry. Specialist services, eg neonatal radiology, medical genetics and perinatal pathology are provided by hospitals in NHS Greater Glasgow. The review team was provided with copies of referral guidelines and forms used.

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

STATUS: Met

Midwife-led care including a midwife assessment of a woman's risk factors for pregnancy complications was introduced into Wigtownshire in 2004 and continues to be used across the region. This risk assessment is conducted by the midwives or GPs undertaking antenatal care using the criteria defined by the Expert Group in Acute Maternity Services in Scotland (EGAMS).

The review team commended the risk assessment system in place which facilitates identification of women with potential anaesthetic risk factors and/or complications and ensures they are reviewed by a consultant anaesthetist. Individual obstetric risks are highlighted to other healthcare professionals involved in the management of a woman's care by way of a colour-coded alert system which uses coloured labels and record sheets for easy identification that are filed in the woman's antenatal record. A specific colour-coded system is also in place for the identification of potential neonatal risks.

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

STATUS: Not met

The Board reported that, although it did not have a robust system in place to monitor important aspects of maternity care, an audit midwife had been seconded as a temporary measure to retrospectively and prospectively audit the birth outcomes of elective and emergency caesarean sections and induction rates. This was in response to the publication of 'NHS Board Variations in Maternity Outcomes - National Services Scotland'. The review team encouraged the Board to continue to support the role of audit as this would provide evidence upon which to base strategy decisions and measure Board compliance with NHS QIS standards.

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The review team acknowledged that the Board contributes to several national multi-centred audits.

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 (insufficient evidence)

Staff reported that all healthcare professionals directly involved in childbirth are required to attend local mandatory training in basic adult cardiopulmonary resuscitation. Midwives attend a half-day course every 2 years and other healthcare staff attend annually.

At the time of the review visit, it was noted that all midwife team leaders working in the Cresswell birthing suite, and almost all of the midwives at the Clenoch Birthing Centre had received training in advanced life support in obstetrics (ALSO). A number of senior midwives, nursing and medical staff have also received training in newborn life support (NLS) and there is an on-call rota to provide 24-hour cover by NLS trained personnel in the Cresswell Maternity Wing. Most of the midwives at the Clenoch Birthing Centre have also received advanced NLS training and attended the Scottish Core Obstetric Teaching and Training in Emergencies course.

A multidisciplinary team provides local obstetric emergency study days every 2 months to ensure that all newly appointed medical staff have the opportunity to attend this training. A Scottish neonatal resuscitation course is also organised and delivered three times a year which is aimed at midwives involved in delivering home births. In addition, GPs and practice staff in NHS Dumfries & Galloway and two part-time anaesthetist GPs in Stranraer have attended a basic life support training course to ensure adequate support is provided to the midwifery team when attending emergency deliveries.

Records of attendance at all the above courses are maintained for midwifery and auxiliary staff by the policy and practice development midwife. The review team encouraged the Board to consider recording course attendance of all professional staff directly involved in childbirth in order to monitor regular attendance.

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

Clinical risk assessment for individual women is conducted by midwives at the time of a woman's first booking visit and their care pathway is managed according to the NHS Dumfries & Galloway antenatal care model which is based on EGAMS criteria. A woman's obstetric risk is continually monitored throughout her pregnancy and

midwives have direct access to specialist consultant advice as required. Quick reference guides are available to assist staff with the identification of a named consultant with a special interest in specific therapeutic areas when necessary.

All staff working within NHS Dumfries & Galloway maternity services are made aware of these guidelines during their induction programme and a clinical assistant acts as a contact advisor for newly appointed medical officers working in the neonatal unit.

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: Met

NHS Dumfries & Galloway has a multi-agency strategy and action plan for 2005–2008 to manage domestic abuse and there are specific guidelines on domestic abuse in pregnancy available within maternity services. Training sessions to increase staff awareness and understanding of domestic abuse are regularly provided for healthcare professionals and it was noted that attendance at child-protection training is mandatory for staff. A list of staff attendance at training courses was provided to the review team.

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 in the Cresswell Maternity Wing. The care is delivered in a single-bedded room. The woman's obstetrician manages the care with support from a team of anaesthetists and midwives who jointly decide if and when it is necessary to transfer a woman to the intensive care unit (ICU) within the main hospital. Midwives working in the Cresswell Maternity Wing receive in-house training on the management of complicated obstetric cases and the care of central venous pressure lines, but do not receive training on specific critical care.

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

Access to adult intensive care facilities is possible within Dumfries & Galloway Royal Infirmary and it was reported to the review team that work was ongoing to develop a

patient data recording chart which would assist the transfer of women from the high dependency area within the Cresswell Maternity Wing to the ICU within the main hospital. It was noted that there is no specific protocol used as guidance to transfer women, but the review team was informed that this process is clinician-led and managed.

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: Met

It was confirmed that adult intensive care facilities and specialist medical support are available on-site at Dumfries & Galloway Royal Infirmary.

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: Not applicable

The maternity unit at Dumfries and Galloway Royal Infirmary is a level 11c consultant-led service which provides full adult intensive care facilities on-site.

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: Met

There are no adult intensive care facilities in the Clenoch Birthing Centre and women with a significant medical or obstetric illness who live in and around Stranraer are advised to deliver in the Cresswell Maternity Wing or a tertiary centre if more appropriate to their required level of care. A decision on the care pathway is agreed following a woman's initial obstetric risk assessment at the time of antenatal booking. This is reviewed at regular obstetric clinics.

Advanced imaging and cardiology services are available on-site at Dumfries & Galloway Royal Infirmary and computerised tomography is planned to be available in the Galloway Community Hospital by October 2006. Access to further advanced imaging such as magnetic resonance imaging (MRI) is available in Carlisle by consultant-to-consultant referral, although no written protocols are in place.

1b.15: Clinical Complications: Neonatal intensive care unit (NICU) facilities are available on-site in level IIc 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

Within NHS Dumfries & Galloway, there are two intensive care/high dependency care cots in the neonatal unit in the Cresswell Maternity Wing.

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

The neonatal unit in the Cresswell maternity wing offers special care and has facilities to provide neonatal intensive care when required. The special care baby unit (SCBU) is adjacent to the labour ward with a rapid access route at all times and good communication was noted between labour ward and neonatal intensive care staff. When tertiary centre, level 1 British Association of Perinatal Medicine (BAPM), neonatal intensive care is required, babies are stabilised and transferred to NHS Greater Glasgow by the west of Scotland neonatal transport team.

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

STATUS: Met

The facilities and equipment provided within the neonatal intensive care unit (NICU) and SCBU conform to the BAPM standards for hospitals providing neonatal intensive and high dependency care.

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 Dumfries & Galloway

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

All women within NHS Dumfries & Galloway have named care providers recorded in their handheld maternity record. Care is led by the booking midwife and organised by midwifery teams which are each associated with a named consultant. There are midwifery teams in: Wigtownshire; Stewartry; Nithsdale (two teams) and Annandale & Eskdale. If a woman chooses to have consultant-led care or requires this as determined by her obstetric risk assessment, this information is recorded in the handheld maternity 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: Not met

Verbal and written information regarding choices of place of birth are made available to women from the time of confirmation of pregnancy onwards. Options available include: home birth; birth in the community midwifery unit, Wigtownshire; birth in the Cresswell Maternity Wing, Dumfries; and birth in hospitals outwith the Board area. Discussion regarding a woman's preferred choice for place of birth for her baby is documented in the handheld maternity record.

Staff reported that information on pain relief, including epidural anaesthesia, is outlined in the Ready, Steady, Baby book received by women at confirmation of their pregnancy. However, it was further reported that pain relief during labour, in particular the availability of epidural pain relief, is not specifically discussed with a woman until the 28 week antenatal visit by which time the woman may already have decided her preferred place of birth and epidural anaesthesia may not be available in the chosen area. It was noted that detailed information regarding pain relief services would be included in the new NHS Dumfries & Galloway maternity services booklet.

Following discussion with staff and from the evidence submitted, the review team concluded that there was an inconsistent approach to informing women across the

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region regarding choices of birth options and pain relief available during labour to allow an individual to make an informed choice about their chosen place of birth for their baby. The review team encouraged the Board to consider prioritising discussing pain relief and the availability of epidural analgesia at an early stage in a woman's pregnancy.

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

STATUS: Met

There is a comprehensive policy for obtaining verbal and written consent to examination or treatment in NHS Dumfries & Galloway. Written consents are routinely required for antenatal blood screening and detailed ultrasound scans as well as surgical procedures. The policy includes specific reference to good practice when undertaking an intimate examination. Verbal consent for all examinations performed is obtained and recorded in the midwifery or medical notes.

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

STATUS: Met

Across NHS Dumfries & Galloway, all women are given the opportunity to reflect on their birth experience and the discussion usually takes place with the midwife who records details of the discussion in the woman's maternity notes. If the woman had an instrumental delivery or emergency caesarean section, she and her partner are invited to discuss their experience with the obstetrician at the postnatal follow-up visit.

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

STATUS: Met

The Board informed the review team that while there is no formal mandatory specific communication skills training course available for maternity services staff within NHS Dumfries & Galloway, communication skills was recognised as being an essential component of other training courses provided. It was also noted that any individual communications skills training needs would be identified as part of a personal development plan and actioned accordingly.

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

STATUS: Met

There are comprehensive guidelines for the management of: pregnancy loss, early pregnancy loss; pre-viable loss; stillbirth; neonatal death; and termination of pregnancy. These guidelines aim to establish best practice for supporting and informing parents bereaved during pregnancy or after childbirth.

The review team was provided with copies of bereavement support information in use across NHS Dumfries & Galloway and commended the work of the bereavement review group.

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

STATUS: Not met (insufficient evidence)

The review team was informed that, although there is no formal process in place for the monitoring and evaluation of information given to women and their partners and family, it was noted that a small study was undertaken on the usefulness of an information leaflet regarding caesarean sections which is given to women at the antenatal clinics. Data are also collated on antenatal breastfeeding information provided and on the quality of the information given to parents of babies who have been admitted to the neonatal unit in the Cresswell Maternity Wing. However, at the time of the visit, data on the outcome of these audits was not available.

The Board reported that the development of a new comments form will be part of the work to be undertaken by the quality improvement working group which includes public representation. The Board also informed the review team that the service was seeking advice and guidance from the Stillbirth and Neonatal Death Society (SANDS) on how to audit individual experiences of pregnancy loss.

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 Dumfries & Galloway

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

NHS Dumfries & Galloway midwives encourage women to involve their partners, family and friends throughout pregnancy and childbirth. This involvement is promoted through using a variety of information leaflets. Parents are encouraged to participate by recording any questions they may have in relation to their pregnancy in the handheld maternity record and to take an active part in leading on their learning requirements.

There is open visiting for partners, women's own children and other agreed family members at the Clenoch Birthing Centre and the Cresswell Maternity Wing. At the Cresswell Maternity Wing there are 'family-friendly' facilities which include en-suite labour, delivery, recovery and postpartum (LDRP) rooms, a twin-bedded family room and a 'quiet room'. In the neonatal unit there is also a family living-room and en-suite bedroom. LDRP rooms are planned for the new Clenoch Birthing Centre in the new Galloway Community Hospital.

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 Dumfries & Galloway

Essential Criteria

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

STATUS: Met

All women are encouraged to keep their own personal unified handheld maternity record. If a woman does not want to keep her own record, the team midwife and/or consultant keep the record. The same maternity record is used Board-wide.

1 e.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

There is a process in place to ensure that the Scottish Morbidity Record 2 (SMR02), Scottish birth record (SBR) and birth notification are completed in line with current standards. There is a designated clerical officer employed within NHS Dumfries & Galloway who has been trained in the completion of these records and is supported by the Information Services Division (ISD) of NHS National Services Scotland. Midwifery and nursing staff complete the SBR and birth notification immediately following delivery.

Desirable Criterion

1 e.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 Dumfries & Galloway 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 Dumfries & Galloway

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

A combined diabetes pre-pregnancy/antenatal clinic is held in the Cresswell Maternity Wing on two mornings per month which is accessible to all women with diabetes in NHS Dumfries & Galloway. This service is based on SIGN Guideline 55: Management of Diabetes and provides a multidisciplinary team approach including dietetic expertise. Information on the pre-conception care available for women with diabetes is also on the NHS Dumfries & Galloway intranet which GP's can access. Information leaflets for women with diabetes planning a pregnancy are widely available.

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: Met

There is a specific clinical guideline for the management of women with epilepsy who are planning a pregnancy. This guideline is available to all healthcare practitioners within NHS Dumfries & Galloway via the intranet. A guideline for the use of folic acid in pregnancy to help reduce fetal neural tube defects is also available on the intranet. Women with a personal or family history of significant illness can be referred by their lead caring physician to a weekly obstetric clinic held in the Cresswell Maternity Wing. NHS Dumfries & Galloway also holds a monthly clinic for those women with a family history of cancer provided by one of the cancer genetics associates from The Queen Mother's Hospital, Glasgow.

Specialists from The Queen Mother's Hospital provide a genetics clinic once a month at Dumfries & Galloway Royal Infirmary. Pregnant women identified with a potential genetic risk are referred for further investigations to The Queen Mother's Hospital.

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 Dumfries & Galloway

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

At the time of the review visit, all healthcare practitioners within NHS Dumfries & Galloway could directly refer women to the early pregnancy assessment clinic which is available in the Cresswell Maternity Wing during normal working hours Monday–Friday. There are reserved scan appointments for the early pregnancy clinic between 9–10am although emergency referrals are seen as required. NHS 24 also provides the contact details for the Cresswell Maternity Wing should this be requested.

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

Women with previous early pregnancy complications are verbally advised to self-refer by contacting the early pregnancy assessment clinic directly if they have any concerns about their pregnancy. Maternity services staff can access the medical records of individual women who have been cared for in Dumfries & Galloway Royal Infirmary which facilitates immediate care and management.

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

STATUS: Not met

Within NHS Dumfries & Galloway there is not a dedicated area distinct from the general gynaecology or antenatal ward for the management of women who have experienced complications in early pregnancy. However, staff reported that measures are in place to ensure that women are cared for in as discreet a manner as possible within the areas to which they are admitted.

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

STATUS: Met

There are three options available to women who miscarry: surgical evacuation; medical management; and expectant management. There is a written protocol for the diagnosis and treatment of women who experience first trimester pregnancy loss and patient information leaflets are available to advise of the options available.

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

STATUS: Met

The review team was informed that there is ready access to an ultrasound screening service during normal working hours from Monday–Friday at the Cresswell Maternity Wing which is supported by three trained ultrasonographers. In addition an out-of-hours service is provided by consultant radiologists.

Desirable Criterion

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

STATUS: Not met

At the time of the review visit, telemedicine was not routinely used throughout NHS Dumfries & Galloway, although funding to purchase the equipment has been identified. A telemedicine link has recently been established in the antenatal area which will be used for scanning and education sessions. A link to the neonatal unit has also been established.

It was reported that in future there may be a possibility of establishing a link to The Queen Mother's Hospital for neonatal scanning. A telemedicine link is also to be established in the new Galloway Community Hospital.

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 Dumfries & Galloway

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 review team noted that there was a comprehensive written syllabus of parent education which outlines the aims, themes and outcomes of the education programme within NHS Dumfries & Galloway. Antenatal classes are delivered by a team of midwives and are available as day and evenings classes. Birthing partners are encouraged to attend education sessions. Staff reported that attendance at parent education classes was low and the review team encouraged the Board to consider undertaking an audit to monitor attendance rates.

The parent education programme allows for flexibility to accommodate the individual needs of the women as identified by their lead carer. It was recognised by the review team that specialised education groups can not always be organised because of the small numbers involved. However, specific needs can be addressed on an ad hoc basis with the resources provided by national initiatives such as smoking cessation. A 'voluntary quit' programme was led by midwives which provided nicotine patches to pregnant women within NHS Dumfries & Galloway with counsellor telephone support. Sure Start, another national initiative, provides for training in the skill of baby massage.

It was also reported that a few local women and a midwife who have had personal experience of giving birth to twin babies are working together to support the antenatal educational needs of women in NHS Dumfries & Galloway who have a multiple pregnancy.

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: Met

There is a dedicated health education midwife advisor who takes responsibility for the co-ordination of the parent education programme. The review team encouraged

the Board to consider formally auditing the evaluation forms completed by women who attend the parent education sessions to ensure individual needs are being met.

Desirable Criteria

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

STATUS: Met

A health promotion pack is given to each woman at the time of confirmation of pregnancy. The pack includes a copy of the Ready, Steady, Baby book and various information leaflets on screening examinations and how to arrange specific blood tests. Receipt of this information is recorded in the handheld maternity record.

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

STATUS: Met

Staff reported that while there is no unified formal postnatal reunion programme delivered across NHS Dumfries & Galloway there is a guidance sheet available for staff on the suggested format for delivery of parent education postnatal reunion sessions which can be adapted according to local needs. It was reported that in general women attending antenatal classes often prefer to arrange their own group reunion to discuss and share experiences and where this is not initiated the midwife will arrange a postnatal education session and invite a health visitor to attend if necessary.

Standard 3(b): Standard 3 ~ Pregnancy

Standard Statement

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

NHS Dumfries & Galloway

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

Within NHS Dumfries & Galloway, women who are identified in the screening programme as being at risk of rhesus disease are managed and treated according to the agreed national programme for antenatal screening. NHS Dumfries & Galloway offers antenatal prophylaxis to all rhesus negative women at 28 and 34 weeks gestation. Administration of the Anti-D injection is recorded in the woman's handheld maternity record. There is also a protocol for the administration of Anti-D within 72 hours of the detection of a potentially sensitising event.

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 NHS Dumfries & Galloway outline of antenatal care is structured to allow flexibility of care across the region. The care and investigation of women who deliver in NHS Dumfries & Galloway varies slightly from the guidance set out in 'A Framework for Maternity Services in Scotland' as the number of antenatal scans offered at specific dates in pregnancy differs from those recommended in the Framework document. An anomaly scan is offered to all women in NHS Dumfries & Galloway at 20 weeks gestation.

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 Dumfries & Galloway

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: Met

Within NHS Dumfries & Galloway, all women are given an initial risk assessment at the time of their first booking appointment to determine their care plan and to ensure that they are managed by a midwife or clinician appropriate for their level of obstetric risk.

There are clear antenatal decision pathways based on continuous risk assessment that acknowledge a woman can move from a low to high obstetric risk depending on her pregnancy complications. The risk criteria are based on recommendations published by EGAMS.

The review team encouraged the Board to consider auditing the risk assessment procedure to ensure that women are receiving appropriate 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

Women are involved in the development of their birth plan and are offered a choice of place for the birth of their baby. The preferred option is documented in the woman's handheld maternity record and ongoing discussion regarding the chosen place of birth is carried out during the woman's antenatal care. Women are informed that they may deliver: at home; Clenoch Birthing Centre; Cresswell Maternity Wing; or in a hospital outwith the NHS board area as determined by their risk assessment or personal preference. Women who choose to deliver at the Clenoch Birthing Centre are informed that paediatric support is not immediately available.

The review team was satisfied that there is a robust system in place for supporting women in their choice of place of birth of their baby, however, it recommended that the Board clearly explains to women at an early stage of the birth planning process

that an epidural service is not provided within NHS Dumfries & Galloway and that those who request epidural anaesthesia will be required to deliver their baby in a consultant-led hospital that provides this service.

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

Routine antenatal care in NHS Dumfries & Galloway is provided via 12 visits for primigravida women and nine visits for multigravida women. This practice exceeds the number of visits recommended in 'A Framework for Maternity Services in Scotland'. The review team recommended the Board considers reviewing the number of antenatal visits currently provided to women.

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 Dumfries & Galloway

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

Staff reported that one-to-one care is provided for women in established labour and, where possible, the midwife will be known to the woman. The Board recognises the need to audit key features of maternity service provision and it is envisaged that this will be easier to undertake with the introduction of the national unified maternity record.

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

STATUS: Met

Staff reported that there are always two trained midwives in attendance for planned home births. A duty rota system within each of the five midwifery teams allow this cover to be provided. Staff reported that occasionally midwives from Cresswell Maternity Wing provide additional on-call cover if required, especially during times of holiday leave etc.

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

STATUS: Met

NHS Dumfries & Galloway has agreed multidisciplinary policies and protocols for the management of all key labour practices. These include: induction of labour; breech presentation; perineal repair, caesarean section; prophylactic antibiotics for caesarean section; placenta praevia; prostaglandins and oxytocin use; management of thromboembolism and thromboprophylaxis; water birth; epidural analgesia (under review); fetal monitoring; management of multiple pregnancy; diabetes; pre-eclampsia and eclampsia; declination of blood products; haemorrhage; prolapsed cord; rupture of the uterus; shoulder dystocia; neonatal resuscitation; adult resuscitation; retained placenta; and intrauterine death.

The written procedures are revised on an ongoing basis when new evidence or national guidelines become available. A multidisciplinary team review the guidelines, and the policy and practice development midwife takes responsibility for their maintenance. The policies are available on the intranet and accessible in guidance folders in each clinical area. Staff are advised of changes to procedures by email with a hard-copy receipt used to acknowledge distribution.

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 Dumfries & Galloway

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: Not met

All women within NHS Dumfries & Galloway are advised that they have access to a range of pain management techniques which includes transcutaneous electrical nerve stimulation (TENS), oral, intramuscular and inhalation analgesia and the use of water for pain relief. Women are informed of these options throughout their pregnancy via discussions with the midwife and the Ready, Steady, Baby book which contains a section on pain relief techniques. At the time of the review visit, epidural analgesia was not available in NHS Dumfries & Galloway and there were plans to offer water as a method of pain relief in the first stage of labour in the new Galloway Community Hospital.

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

STATUS: Met

All women who have a caesarean section delivery have their pain assessed post-operatively according to a four point scale, and ratings are recorded on a specific integrated patient observation chart. This practice was commended by the review team.

Desirable Criterion

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

STATUS: Not met

Although the Cresswell Maternity Wing at Dumfries is a consultant-led maternity unit, epidural analgesia is not provided. Any women requesting/requiring epidural anaesthesia are automatically referred to a consultant-led maternity unit that provides this service.

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Standard 4(c): Standard 4 ~ Childbirth

Standard Statement

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

NHS Dumfries & Galloway

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 Not met

There is a named consultant anaesthetist in Cresswell Maternity Wing responsible for the organisation and management of the anaesthetics service across NHS Dumfries & Galloway including the obstetric anaesthetics service. However, this consultant is not an obstetric anaesthetist.

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: Not met

In the Cresswell Maternity Wing there are two consultant anaesthetic sessions per week dedicated to obstetrics which includes elective caesarean sections and there is an afternoon consultant session for the provision of obstetric pain relief. The review team noted that the number of sessions provided was lower than that recommended by 'The Association of Anaesthetists of Great Britain and Ireland and Obstetric Anaesthetists' Association Guidelines for Obstetric Anaesthesia Services (2005)'. There is not a dedicated obstetric anaesthetic service 24-hours a day; the on-call anaesthetists have other duties in theatre or within the ICU.

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 to follow-up on the NHS QIS anaesthesia review visit in September 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

There is an emergency on-call 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. At the time of the review visit, the current protocol was being reviewed to facilitate staff in allocating an appropriate classification for the level of urgency of the call.

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

STATUS: Met

The review team recognised the work undertaken by the Board in monitoring the 'decision to delivery' intervals and commended the way of recording these data on the theatre checklists.

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 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 Dumfries & Galloway

Essential Criteria

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

STATUS: Met

All women within NHS Dumfries & Galloway are assessed immediately after giving birth by a midwife or student midwife under supervision. An obstetrician or anaesthetist will also examine the woman if complications during or after delivery had occurred. Observations are recorded in the labour and delivery summary sheet and the completeness of this record was reported to be checked but not audited.

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

As part of inpatient postnatal care all women within NHS Dumfries & Galloway are assessed by a midwife prior to transfer to community care. For a woman who delivered at home, the timing of this examination would be tailored to suit individual needs and those of her baby. A postnatal discharge guideline is in use to support staff undertaking patient discharges. All care, observations and advice given to a woman at the time of her discharge are documented in the handheld maternity record.

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

STATUS: Met

The review team noted that there are detailed quick reference guidelines to support staff in the recognition and management of postnatal complications, and midwives undertake ongoing postnatal assessments. Women are provided with direct contact telephone numbers for the Cresswell Maternity Wing, Clenoch Birthing Centre or their midwife for advice at anytime.

The midwife verbally informs women who deliver at home how to recognise signs and symptoms of concern and how to contact the midwife, GP or staff at the Cresswell Maternity Wing at anytime to arrange appropriate care.

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

STATUS: Met

All women who deliver within NHS Dumfries & Galloway receive information on contraception within 2 weeks of childbirth. There is a section in the postnatal care plan for midwives to record the outcome of a one-to-one discussion on family planning with the woman, and further advice and support is provided by the health visitor. All women receive a pack of information leaflets at their first postnatal visit to support them in choosing a preferred method of contraception. Women are also informed that advice on contraception is available from GPs and local family planning clinics.

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 Dumfries & Galloway

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: Not met

NHS Dumfries & Galloway has a breastfeeding policy in place which promotes the positive benefits of breastfeeding. A Certificate of Commitment, awarded to the Cresswell Maternity Wing by UNICEF/WHO in July 2003, has expired.

The Board has a draft action plan that addresses the UNICEF/WHO Ten Steps to Successful Breastfeeding principles and aims to arrange a UNICEF/WHO representative to visit the Board for further advice on how to progress achieving Baby Friendly status. However, at the time of the review visit application for a Certificate of Commitment had not been scheduled.

The review team supported and encouraged the Board in its commitment to achieving Baby Friendly status.

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

Women are supported in their chosen method of feeding for their baby throughout all areas across NHS Dumfries & Galloway. Within the Cresswell Maternity Wing, support and assistance on developing the skills and knowledge required to effectively feed newborn babies is provided by the midwife who encourages feeding within 1 hour of birth. A wide range of local and national leaflets on bottle and breastfeeding methods is also available and provided to women. Staff reported that some of the leaflets have been developed in collaboration with other maternity units that have already received Baby Friendly status. There is a network of peer support breastfeeding groups and breastfeeding-friendly premises available throughout the region. Two co-ordinators are employed to manage this peer support network.

Within the community, a team of midwives provide support to mothers on their chosen method of feeding. Telephone advice is available 24 hours per day and midwives will visit women to provide individual support and encouragement if

necessary. A number of trained volunteers are also actively involved in one-to-one support in the woman's home, group support and telephone support.

The review team commended the accessibility of breastfeeding support to mothers throughout the NHS Board area.

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 a named health education midwife advisor who has responsibility for providing education and training to healthcare professionals responsible for supporting women in their chosen method of feeding. A breastfeeding workshop is conducted regularly which allows for attendance of new senior house officers every 6 months and staff reported that the workshops are well attended. There are also breastfeeding awareness sessions conducted for medical staff, support staff and nursing auxiliaries, and training for paediatric staff and GPs is under development. Comprehensive written support material for self-directed learning is also available within the NHS Dumfries & Galloway infant feeding guidelines for health professionals.

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

STATUS: Met

Data on the number of babies admitted to the neonatal unit with a diagnosis of clinical dehydration are monitored. The figures collated for the past 3 years were provided to the review team for information.

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 Dumfries & Galloway

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 reported that, in order to minimise the number of infants who require re-warming, babies are towel dried and 'skin to skin' contact with the mother is initiated as soon as possible following delivery. Pre-term babies are not immediately dried, but are wrapped in polythene to minimise temperature loss. Breastfeeding is introduced when practicable and cup feeding is encouraged.

The air temperatures in the theatre and birthing suite are continually monitored and sensor-alarmed. 'Hot-cots' are available and used within the maternity wing and birthing suites for babies requiring extra warmth.

Three advanced neonatal nurse practitioners work within the SCBU and are available to provide advice and undertake baby examinations and assessments and this has reduced the number of admissions to the SCBU. Care is taken to ensure that the baby and mother stay together whenever possible. There are two transitional care rooms with facilities for newborn babies in the SCBU/neonatal unit. Babies requiring phototherapy treatment, who are otherwise well, remain with their mothers in the birthing or maternity suites or in one of the transitional rooms.

Thermoregulation training is provided for staff and there are clear guidelines in place for the detection and management of hypoglycaemia.

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 by the attending midwife, neonatal nurse or advanced neonatal nurse practitioner. There is a detailed examination checklist for immediate examination of the newborn baby to support staff undertaking these examinations and all findings/observations are documented.

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

Newborn babies are clinically examined by a member of staff who is qualified in examination of the newborn. Within the Cresswell Maternity Wing, this examination is performed by the paediatrician, an advanced neonatal nurse practitioner or a midwife. The examination normally takes place 24–48 hours after birth. The newborn examination of babies of women, who receive an early discharge from hospital or deliver at home, is conducted by a suitably qualified community midwife or by the woman's GP.

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

STATUS: Met

There are detailed guidelines for the prevention and treatment of early onset neonatal group B streptococcal infection which are based on the woman's and the baby's risk assessments. Babies at risk are observed at least 4-hourly during a 24-hour period or as advised by the examining paediatrician or advanced neonatal nurse practitioner.

Baby jaundice is recognised at routine examinations by the midwife using a visual assessment scale. A guideline is in place to manage jaundice initially using a 'bilibed' phototherapy system in the postnatal ward. Double phototherapy would be provided in the neonatal unit if jaundice was unresponsive with exchange transfusion available if required.

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 Dumfries & Galloway

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

Across NHS Dumfries & Galloway, women carry their own postnatal record which is provided on discharge from hospital to facilitate shared information with other healthcare professionals. A combination of written and verbal communication is used to support the transfer of women and babies into the community and an on-call rota system ensures that the delivery midwife is almost always on duty when a woman is discharged. On the few occasions where this is not possible, the midwife would be informed of a woman's discharge from hospital by telephone.

At the time of the review visit, the SBR postnatal discharge summary was used as a means of transferring information from the midwife to the health visitor and GP. However, this communication path was reported to be unsatisfactory at times, and staff hoped this would be greatly improved with the introduction of the national handheld maternity record.

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

STATUS: Met

Guidelines are in place for NHS Dumfries & Galloway to operate an integrated system for the postnatal discharge of women which ensures the transfer arrangements for women and their newborn babies into the community is effective. The co-ordinator for the newborn screening programme is notified of all babies born to mothers from Dumfries & Galloway so those babies born outwith NHS Dumfries & Galloway can be integrated into the care pathway.

Appendix 1 – Glossary of abbreviations

Abbreviation

AHP	allied health profession
ALSO	advanced life support in obstetrics
BAPM	British Association of Perinatal Medicine
CHP	community health partnership
EGAMS	Expert Group in Acute Maternity Services in Scotland
EPAS	early pregnancy assessment service
GP	general practitioner
GROS	General Register Office for Scotland
ICU	intensive care unit
ISD	Information Services Division
LDRP	labour, delivery, recovery and postpartum
MRI	magnetic resonance imaging
MSLC	maternity services liaison committee
NHS QIS	NHS Quality Improvement Scotland
NICU	neonatal intensive care unit
NLS	newborn life support
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 Dumfries & Galloway was conducted on 29 March 2006.

Review team members

Ms Irene Barkby (Team Leader)

Divisional Director of Nursing, NHS Lanarkshire

Ms Evelyn Forrest

Deputy Service Manager, NHS Lanarkshire

Mrs Mairi Harvey

Public Partner, Argyll & Clyde

Dr Una MacFadyen

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Public Partner, Tayside

NHS Quality Improvement Scotland Staff

Dr Avril MacLennan

Project Officer

Mr Steven Wilson

Team Manager

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

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Dr Ian Bashford

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Dr Jennifer Bennison

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Ms Cynthia Clarkson

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Dr Corinne Love

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

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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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