

NHS Fife

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 Fife**. This review visit took place on **10 May 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

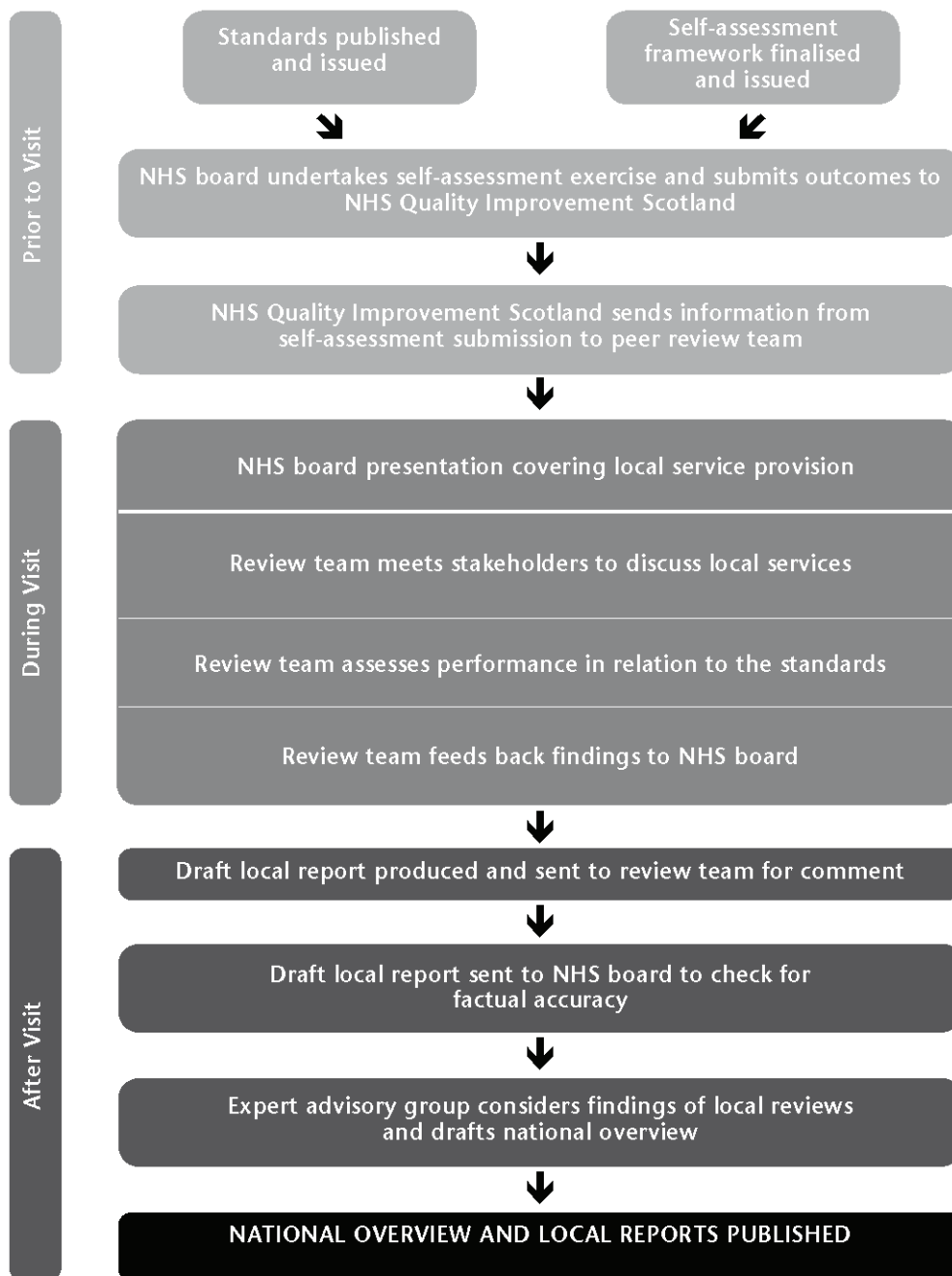
After each review visit, NHS QIS staff, with clinical input as appropriate, draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS board to check for factual accuracy. The local report is published only after all the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

Fife is a relatively small region situated in east-central Scotland and has a population of around 354,519. The majority of the population live in urban areas, of which Dunfermline, Glenrothes and Kirkcaldy are the largest in the region. The age structure of the population is similar to the national average, with levels of illness and deprivation generally near to or below the national average.

Local NHS system and services

Fife 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 Fife.

At the time of the review visit, NHS Fife contained two NHS operating divisions: Fife Acute Hospitals Division (acute care services); and Fife Primary Care Division (primary care services). There are three community health partnerships (CHPs). Each CHP covers a geographical area and is a way of organising non-acute care where an NHS board maximises its ability to support integration across health services and between these and 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 Fife (www.show.scot.nhs.uk/fhb/index.htm).

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 Fife, all maternity services are provided across primary and secondary care settings throughout the NHS board area, with some specialist/tertiary services being provided by the regional service within NHS Lothian.

There is one maternity unit based at Forth Park Hospital, Kirkcaldy, which is supported by a community midwifery service. The number of births have remained relatively static over the last 5 years as illustrated in the following table.

NHS Fife	Number of births				
	2001	2002	2003	2004	2005
Forth Park Hospital	3,058	2,961	3,066	3,118	3,271
Queen Margaret Hospital (emergency deliveries only)	2	2	3	2	0
Home births	47	50	54	52	50
Other (eg born before arrival)	14	16	22	30	14
Total births	3,121	3,029	3,145	3,202	3,335

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

NHS Fife currently provides a consultant-led maternity service. The director of nursing services has responsibility for maternity services at Board level, and the Board's clinical director for woman and children's health has responsibility at both acute and primary care levels.

The review team acknowledged the work undertaken by the Board in planning its provision of maternity services throughout NHS Fife and on its involvement and consultation with members of public on the development of the service. However, it encouraged the Board to formalise its proposals into a focused maternity services strategy.

There are robust procedures for the reporting and recording of all critical incidents within NHS Fife and these are investigated and monitored by the multidisciplinary clinical risk team. There is also a formal system in place to allow women to express their views about their pregnancy and childbirth experience, which involves the midwives carrying out an individual postnatal review with women on the second and tenth day following delivery. General comments on the service are also welcomed through suggestion boxes in ward and sitting room areas. Formal complaints are managed in accordance with the Board's current practice.

The Board has a good working relationship and arrangements in place with the Scottish Ambulance Service for the transfer of women in labour, childbirth and with their newborn baby. However, at the time of the visit, there were no formal locally agreed guidelines between NHS Fife and the Scottish Ambulance Service, and the review encouraged the Board to consider developing a jointly written policy for the safe transfer of women and their babies.

The review team acknowledged the good links in place for regional working in relation to accessing specialist services as required following results of anomaly scanning. Additionally, the review team commended the extensive audit process for fetal anomalies identified prenatally and for comparisons with anomalies detected at neonatal or infant stage. The service also contributes to regional fetal anomaly screening audit.

There is a comprehensive audit system to monitor aspects of maternity care, and the Board contributes to a range of local and national audit programmes.

Example of a local initiative...

At the time of the review process, NHS Fife was one of the few Boards in Scotland teaching newborn life support (NLS) courses. The course is directed by a consultant neonatologist and is scheduled 8–10 times per year. Several hundred attendees throughout NHS Scotland have successfully completed the course. NHS Fife staff, including midwives and medical staff have trained as instructors for this course. In addition to this initiative, an arrangement has been agreed between NHS Fife and the University of Dundee School of Nursing and Midwifery to include the NLS course for all final year midwifery trainees. The review team commended NHS Fife for this achievement.

The review team highlighted the Board's policy for the identification of women who are at risk of domestic abuse as a strength in the provision of maternity care.

Example of a local initiative...

The Board has provided various domestic abuse training courses for staff including: an introduction to domestic abuse; awareness raising; responding to domestic abuse; impact of domestic abuse during pregnancy; children and young people affected by domestic abuse; domestic abuse in minority ethnic groups; and counselling skills. Courses have been organised in association with the Fife Domestic and Sexual Abuse Partnership. The review team commended the Board's multi-agency approach to providing training for staff in domestic abuse issues.

NHS Fife has high dependency facilities and clinical expertise available on-site at Forth Park Hospital and a number of midwives have received formal training qualifications in high dependency care. There are no adult intensive care facilities on-site at Forth Park Hospital. Women who require this level of care are transferred to the intensive care unit (ICU) at Victoria Hospital, Kirkcaldy or Queen Margaret Hospital, Dunfermline. There is a neonatal intensive care unit (NICU) on-site at Forth Park Hospital with clear guidelines for admission to the unit and 24-hour consultant cover. There are 14 special care cots within the neonatal unit.

Women are fully informed of the different options available to enable them to make an informed choice in planning their maternity care and in choosing their preferred place to have their baby which is dependent on their level of obstetric risk.

Example of a local initiative...

Women are offered the option to have continuity of midwifery care where possible throughout their pregnancy. The service will endeavour to provide the same midwife to care for a woman throughout her pregnancy and childbirth where shift patterns allow.

All grades of staff working within the women's and children's directorate at Forth Park Hospital have attended a comprehensive communications skills course, and maternity staff involved in supporting families who have experienced the loss of a child have undertaken additional communication and counselling skills training. The review team commended the Board on the provision of this training.

Example of a local initiative...

The Child Bereavement Trust has awarded a midwife at Forth Park Hospital with a certificate for outstanding bereavement support for services provided to families who have experienced the loss of a child.

NHS Fife maternity staff recognise the important role of partners and family in pregnancy and childbirth and they are encouraged to be involved at all stages of a woman's pregnancy. There are flexible arrangements in place to accommodate open visiting.

Example of a local initiative...

Forth Park Hospital midwife-led unit was awarded a runner up position for better birth environment in 2005 by the National Childbirth Trust (NCT) for providing a birth environment that offers a range of facilities, privacy and control for women, increasing their opportunity for a positive birth experience.

Pre-conception and Very Early Pregnancy

There is a robust pre-conception service available to women in NHS Fife based on SIGN Guideline 55: Management of Diabetes. Women with diabetes who are considering a pregnancy can self-refer to the weekly pre-pregnancy clinic held at Victoria Hospital for pregnancy management and advice. Pre-conception services for women with a personal or family history of other significant illnesses are also available. Referrals for specific dedicated pre-conception appointments can be made by health professionals or by self-referral to the combined obstetric/genetic clinic system.

Example of a local initiative...

The Board has produced an information DVD for women with diabetes who are planning a pregnancy. The DVD provides practical information on: pre-pregnancy preparation; early pregnancy care and management of hypoglycaemic episodes; mid pregnancy care and the reasons why an increase in insulin is necessary; birth; care and management of diabetes in the postnatal period; and breastfeeding advice.

There are formal arrangements in place for referral to the early pregnancy assessment service (EPAS), which allows women with previous early pregnancy

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complications to self-refer. The assessment service operates during normal working hours on weekdays with out-of-hours service provided by the gynaecological ward. There is currently no dedicated area within the hospital to care for women who experience early pregnancy complications, however, staff reported that dedicated facilities are included in the plans for the new hospital expected to be built in 2010.

Ultrasound scanning facilities are available and provided on a 24-hour basis during normal working hours on weekdays. However, the review team noted that providing woman with access to ultrasound scanning over the weekend period was a challenge for the Board.

The Board uses telemedicine facilities for obstetric ultrasound scanning between different hospitals throughout NHS Fife to promote local and regional working in the provision of maternity services.

Example of a local initiative...

NHS Fife and NHS Lothian have established links to provide a 'virtual' clinic for patients with haematological disorders. Patients are given a dedicated appointment time in Fife as well as an appointment at the combined medical clinic in Edinburgh. Having been initially assessed in NHS Fife, the consultation is made by telephone between the consultant in NHS Fife and the consultant in NHS Lothian.

The review team commended this approach to telemedicine working.

Pregnancy

Healthcare professionals working within NHS Fife provide a flexible approach to parent education for women and their partners and families. Classes are tailored to suit specific groups, for example teenage women and those with twin pregnancies, and individual classes are provided for women with special needs. An antenatal class is also held on a Saturday morning for pregnant women who are working and unable to attend scheduled weekday evening classes. However, the review team encouraged the Board to formalise its education programme into a written syllabus to ensure that key topic areas are covered as part of parent education at all classes and that the aims, themes and outcomes of the education programme are outlined as part of this syllabus.

Example of a local initiative...

The Board provides a short educational course for grandparents and close relatives in NHS Fife and bordering Board areas. The course provides information and new parenting skills to support new parents care for their baby.

Community midwives provide women with a copy of the Ready, Steady, Baby book at the time of their first antenatal home booking visit which is undertaken at a very

early stage of a woman's pregnancy. Details of the discussion during the visit and the date of issuing the book are documented in the woman's handheld maternity record. Postnatal reunion classes are provided in all areas across NHS Fife. However, attendance at classes was reported to be low, but other postnatal classes and information sessions on, for example baby massage and breastfeeding, are well attended.

All women have access to screening and antenatal diagnostic testing and there is a comprehensive system to identify and manage women at risk of rhesus disease.

The Board's routine antenatal care and investigation of women is currently outwith the guidance recommended in 'A Framework for Maternity Services in Scotland'. Board staff reported that additional antenatal visits were provided to women who requested a further review.

NHS Fife has a system in place to ensure that antenatal care is provided according to a woman's obstetric risk. The initial risk assessment is undertaken by the midwife and casenotes are reviewed by the consultant obstetrician and the woman's GP is informed of the anticipated pathway of care. Women identified with high risk factors are routinely transferred for consultant-led care, but can be transferred back to midwifery care should risk factors decrease. Throughout NHS Fife, women are offered the opportunity to be involved in the development of a birth plan and an audit is undertaken every 2 months to ensure that details of the discussion are documented.

Childbirth

The review team commended the Board on its continuity of one-to-one care provided for women during the established stages of labour and childbirth. This level of care is audited in the obstetric labour ward and the midwife-led unit. An on-call rota system allows for two trained midwives to be present at all planned home births. The number of home births in NHS Fife was noted to be relatively high.

Agreed multidisciplinary policies for the management of a number of significant labour practices are accessible to all staff. However, the review team would encourage the Board to develop policies for all key practices to include: elective caesarean sections; management of severe pre-eclampsia; management of women who decline blood products; neonatal and adult resuscitation; management of prolapsed cord and rupture of the uterus.

The Board provides women with a wide range of pain management options and complementary therapies during labour and childbirth. Midwives deliver this information during antenatal classes, and details of pain management techniques are also accessible in the Board's coping with labour leaflet and in the national Ready, Steady, Baby book. All women are supported in their preferred choice of pain control. The review team commended the Board on its commitment to train staff in the skills necessary to offer complementary therapies.

Women who receive a general or epidural anaesthetic have their pain levels monitored and recorded, although there is no validated pain assessment tool in place. The review team would encourage the Board to consider developing a pain assessment tool for use Board-wide.

NHS Fife provides a 24-hour specialist anaesthetic service. There is a lead consultant obstetric anaesthetist with responsibility for the organisation and management of the service.

Obstetric emergencies were reported to be rapidly managed (within a 30-minute period) and there is a system to monitor the 'decision to delivery' intervals for caesarean sections. However, at the time of the visit, the review team considered the audit data available to be insufficient to confirm this.

Postnatal and Parenthood

The Board has good arrangements in place to ensure that women receive frequent postnatal examinations for the first hour following childbirth. The examination and assessments are usually performed by the midwife and on occasions medical staff may be involved. Observations are recorded in the woman's postnatal notes. Women receive a further assessment prior to discharge for community care.

Example of a local initiative...

NHS Fife has a dedicated family planning nurse who provides information on family planning in the postnatal wards on a daily basis. Both mothers and fathers are offered contraceptive advice at the woman's bedside. The review team considered this a good practice initiative.

NHS Fife achieved UNICEF/WHO Baby Friendly status in April 2005. Women are informed of the benefits of breastfeeding and supported in sustaining this through the provision of a range of written information and encouragement to attend a local breastfeeding support group if required. Women who chose to bottle feed their babies are also provided with information leaflets on how to prepare milk feeds and sterilisation of baby feeding equipment. Midwives support all women and their partners/families in their preferred choice of feeding method for their baby. There are two infant feeding advisors providing education and training throughout the Board area.

The Board monitors admission rates for babies who require to be admitted to hospital due to inadequate nutrition as part of the maternity unit's clinical risk criteria. There are policies outlining the practice to minimise the number of infants who require re-warming.

Infants born at Forth Park Hospital are clinically examined immediately following birth and prior to discharge. This examination is normally performed by a midwife who has undergone training in examination of the newborn. Babies born at home are either examined by the GP or the mother is invited to attend the hospital to have

her baby clinically examined. There are guidelines for the recognition and management of babies identified with group B streptococcal infection and jaundice. The review team acknowledged the close working relations between primary and secondary care staff to ensure that the transfer of women and their newborn babies into the community is planned and well managed.

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 Fife

Essential Criteria

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

STATUS: Met

The director of nursing services has responsibility for maternity services at NHS 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 clinical director for women and children's health has responsibility for maternity services at both acute and primary care levels. The clinical director is supported in the acute service by the Board's midwifery/nursing manager and the directorate manager for women's and children's health.

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

The Board has undertaken considerable work in the planning of maternity services throughout NHS Fife and has several documents as part of the 'Right for Fife' initiative. However, at the time of the review visit, there was not a formal Board strategy document for the provision of maternity services in NHS Fife.

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 approach to public involvement in the planning of maternity services. Documentation on the Right for Fife initiative has been sent to every household in the NHS Fife area and focus groups have been established to provide input to patient pathways for future services. Consultation involved voluntary and interest groups, for example the National Childbirth Trust (NCT) and the Stillbirth and Neonatal Death Society (SANDS) as well as members of the public who participated in open meetings.

The Board also has an established maternity services liaison committee (MSLC) which consists of multidisciplinary representation from healthcare professionals directly involved in the provision of maternity services throughout NHS Fife as well as representation from the general public. At the time of the review visit, there were two lay representatives on the Board's MSLC, and the Board reported that work has been ongoing to increase the level of public involvement on the committee.

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 Fife

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 review team commended the Board's comprehensive system for reporting, investigating and analysing critical incidents. There is an NHS Fife incident reporting policy and all incidents are reported on the Board's standard IR1 incident reporting form. An additional IR1 form is also completed if the incident is considered critical. All maternity incidents are considered by the Board's clinical risk midwife and reported to the directorate management team. The multidisciplinary clinical risk team is responsible for analysing clinical risks. The review team considered the development of an action plan for all reported risks as an example of good practice. Depending on the nature of the risk, review meetings may be held to determine an action plan and to ensure completion of agreed actions or change in practice. Anonymised cases are also discussed at clinical teaching; medical and midwifery meetings as a learning tool for all staff to promote good practice. The Board also operates a risk register which is reviewed by the clinical risk team and the executive management team on a 6-monthly basis to ensure appropriate follow-up has been initiated for all reported risks.

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 Board invites feedback from women on their pregnancy and birth experience through a variety of ways. A second and tenth day postnatal review is undertaken for all women. Details of the review are recorded in the woman's postnatal care documentation. Hospital midwives normally carry out the second day evaluation prior to the woman and baby being discharged from hospital, and the tenth day evaluation is undertaken by community midwifery staff. In addition to these evaluations, medical staff are involved in discussions with women regarding the care of their babies, in particular for women who have undergone a complex or distressing delivery and where the baby requires further treatment or specialised care.

General comments on the service are welcomed through suggestion boxes in ward and sitting room areas which are reviewed and considered on an ongoing basis.

The Board has a complaints policy for the acute and primary care sectors which outlines the operational procedure to be followed to ensure that guidelines exist for receiving, considering and responding to complaints. It is Board policy, where possible, to resolve all complaints at source. There is a flow chart for the informal patient complaints procedure within the directorate of women and children's health as well as documentation to be completed for all informal complaints. The documentation is formatted to record: the patient's name, address, unit and telephone number; the detail of the complaint; action taken; whether the complainant has been satisfied with the action and if not, the reasons why; referral details; and the name and signature of the member of staff actioning the complaint. Midwifery staff are encouraged to respond positively and attempt to resolve an informal complaint spontaneously where possible, in line with Board policy.

Formal complaints are managed in accordance with the Board's acute division's complaints policy which outlines a 20 working-day response time. Formal complaints are managed and responded to by the Board's lead clinician for women and children's health and the midwifery/nursing manager for women and children's health with support from the Board's director of nursing and chief executive.

At the time of the review visit, the Board was in the process of reviewing its policies for managing complaints in line with community health partnership (CHP) working.

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 has arrangements in place with the Scottish Ambulance Service to transfer all pregnant women in labour or women with a baby less than 48-hours old directly to the maternity unit at Forth Park Hospital, Kirkcaldy regardless of geographical location within NHS Fife Board area. This may involve by-passing other accident and emergency (A&E) units in the NHS Board area. However, the Board considered this necessary to ensure that women and babies are transferred to the hospital which has specialised facilities to provide the appropriate level of care.

In addition to the above arrangements, there is an NHS Fife ambulance policy and an obstetric protocol for in utero transfers as well as a policy for maternal transfers in and out of the Board area. However, while the review team considered there to be good arrangements established between the Board and the Scottish Ambulance Service in the provision of maternity services throughout NHS Fife, it considered that the Board was not quite meeting this criterion as arrangements on how to contact various aspects of the ambulance service were not written down as a

reference list for staff and available in all appropriate clinical areas. The review team acknowledged that long-term staff may be familiar with the local arrangements and processes involved, however, considered the availability of written guidelines particularly important for new and locum members of staff.

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

STATUS: Not met

The Board is not quite meeting this criterion as while there are formal arrangements in place for women to access a wide range of specialist services, the review team did not consider the arrangements in place for adult X-ray services to be ideal. There is currently a portable X-ray machine at Forth Park Hospital, however, pregnant women who require an X-ray may have to be transferred, accompanied by a midwife, to an X-ray facility at Victoria Hospital. The Board reported that on-site X-ray facilities will be available when the maternity unit moves to the Victoria Hospital in 2010.

There are formal referral arrangements for women and their babies to access the following network of specialised services: Allied health professions (AHPs); anaesthesia and intensive care; imaging; laboratory medicine; medicine; neonatology; obstetrics; perinatal pathology; surgery; and psychiatry.

An on-site physiotherapist attends maternity wards on a daily basis and can see women who require physiotherapy instantly without a formal referral. The review team considered this an excellent facility. This service is also accessible to postnatal women in the community, for which there is a formal referral system to the weekly clinic at Forth Park Hospital.

In terms of imaging services, there are formal referral pathways to ensure that two routine ultrasound scans are offered for dating and fetal anomaly screening.

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

STATUS: Met

All women have a risk assessment carried out as part of antenatal care. There is a section of the maternity care risk plan to identify risk factors arising during pregnancy as well as a checklist system to ensure that a complete assessment has been undertaken for every woman. The Board reported that normally women have a risk assessment undertaken by a midwife which is followed-up by a consultant obstetrician. Referral pathways are in place and daily consultant clinics are scheduled to facilitate this process.

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

STATUS: Met

The review team considered the Board to have a good audit system to monitor various aspects of maternity care. Medical audits include: induction of labour; one-to-one midwifery care in labour; caesarean section; fetal medicine project; uro-gynaecology project; planned and actual outcome after one lower uterine segment caesarean section; gynaecology day surgery and antenatal steroids. Midwifery audits include: appointments from booking to 16 weeks; third and fourth degree tears; and wound reviews. The review team commended the range of audit undertaken by both medical and midwifery staff.

There are monthly multidisciplinary audit meetings and an audit plan is drawn up each year. The Board reported that midwifery representation has been invited onto the Board's audit group to promote multidisciplinary working.

In addition to local audits, the Board contributes to a national programme of audit.

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)

The Board provides a variety of training courses in obstetric and newborn life support (NLS) to ensure that all professionals directly involved in childbirth are provided with an opportunity to be competent in adult, obstetric and neonatal resuscitation and immediate care.

The Board provided the review team with a list of all NHS Fife staff who have attended NLS training. The review team commended the Board for the high percentage of midwifery, medical and special care baby unit (SCBU) staff who have undertaken this training. The review team was, however, unable to confirm that all staff directly involved in childbirth throughout NHS Fife had attended appropriate courses or if the frequency of attendance was sufficient to meet this criterion.

Adult life support training is provided by the Board's resuscitation officers and is an annual requirement for all appropriate levels of staff to attend. The Board provides specific sessions for various staff groups, for example consultant staff, and annual attendance at adult life support training is mandatory.

In addition to formal training, the Board organises four in-house best practice sessions per year. Consultant obstetricians and midwives facilitate these sessions. The Board provided the review team with an obstetric emergency scenario which is also scheduled two to three times each year. However, while the Board's provision of training is commendable, the review team considered the evidence provided in

response to this criterion to be insufficient as it did not include a complete list of training for all staff groups.

1 b.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 strategy to identify escalating risk for pregnant women. Women have a risk assessment undertaken antenatally. Risks identified during this period are categorised and, if appropriate, referred to a consultant obstetrician for management. Consultant clinics are operated on a daily basis, Monday–Friday. A woman’s risk level is re-assessed on presentation in labour. The Board provided the review team with examples of how risk is communicated throughout the service.

1 b.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

The review team highlighted the Board’s policy for the identification of women who are at risk of domestic abuse as a major strength in the provision of maternity care. The review team commended the work undertaken by the Board to provide a wide range of training for staff in identifying and caring for women affected by domestic abuse.

The Board has a policy for the care of patients attending hospitals throughout NHS Fife who are at risk of domestic abuse. The policy outlines practice to promote the welfare of all hospital attendees involved in domestic abuse. The directorate of women and children’s health has also developed guidelines specifically relating to women who are affected by domestic abuse.

In addition to providing support for patients affected by domestic abuse, NHS Fife has a human resource domestic abuse policy working group to support Board staff affected by domestic abuse.

The Board provided the review team with a copy of an NHS Fife domestic abuse action plan which identifies priority areas regarding service provision, details of actions required to implement priorities, the lead person(s) responsible for ensuring action has been taken and a timescale by which all actions must be completed.

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 and clinical expertise are available on-site at Forth Park Hospital. The review team commended the high dependency care training provided to staff, in particular, the Higher National Diploma training in high dependency care for midwifery staff which is over a 2-year period. Shorter 3-day high dependency care theory courses are also provided which have a practical attachment to the Board's intensive care unit (ICU) at Victoria Hospital and Queen Margaret Hospital, Dunfermline.

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

The Board has an ICU admission pathway for all women who require admission to intensive care facilities and clinical expertise. The review team did note however, that adult intensive care is not provided on-site at Forth Park Hospital.

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 is not currently provided on-site at Forth Park Hospital. Women who require admission to this facility are transferred to an ICU at Victoria Hospital or the Queen Margaret Hospital.

The review team noted that the on-call consultant anaesthetist for the labour ward at Forth Park Hospital is also the consultant in charge of intensive care facilities out-of-hours. The review team highlighted this practice of having one consultant on-call at one hospital while having ICU responsibility at another hospital as a major challenge for the Board.

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 in place to provide adult intensive care facilities on-site by 2010.

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

Adult intensive care, advanced imaging and cardiology facilities are not available on-site at Forth Park Hospital. Victoria Hospital and Queen Margaret Hospital provide X-ray, CT and MRI scanning facilities to Forth Park Hospital. Additionally, the Board has good regional working arrangements with NHS Greater Glasgow and Clyde and NHS Lothian to transfer pregnant women identified with significant medical or obstetric illness to ensure they are delivered in a unit that can provide these resources on-site. The Board operates within guidelines for the management of medical and surgical emergencies during pregnancy.

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

Neonatal intensive care unit (NICU) facilities are available on-site at Forth Park Hospital and there are guidelines for admission to the unit. The Board reported that neonatal intensive care cots at Forth Park Hospital conform to national recommendations. There are four intensive care and two high dependency cots in the hospital's neonatal unit.

The Board informed the review team that consultant paediatricians, who have a special interest in neonatology, currently provide out-of-hours cover for the neonatal service. However, the Board plans to have 24-hour consultant neonatologist cover in line with national recommendations for units delivering in excess of 3,000 babies a year once facilities are integrated in 2010.

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

SCBU facilities are available on-site at Forth Park Hospital. There are 14 special care cots in the hospital's neonatal unit. The unit is situated close to the maternity unit and there is no time delay in transferring a baby from the maternity ward to SCBU.

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

STATUS: Met

The Board reported that the provision of NICU and SCBU facilities at Forth Park Hospital are measured against national standards and at the time of the review visit, conformed to national guidelines.

The review team was informed that a rolling programme to replace equipment has been introduced. A notification system to highlight reasons for admission to NICU other than maternal illness and the need for neonatal surgery has also been implemented.

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 Fife

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 have a lead midwife or a consultant obstetrician identified according to the level of care required on an individual basis. Women with high risk factors receive consultant-led care while women without risk factors receive midwifery-led care.

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

The Board provides women with a range of information to enable them to make informed decisions regarding their preferred place to have their baby. There is a specific choices leaflet which provides details on the options available to women within NHS Fife. This information is provided to women at their initial booking appointment and is discussed by midwives on a one-to-one basis as well as during parent education sessions. Women are encouraged by midwifery staff to consider this information in preparing their birth plans.

Midwifery staff discuss the information provided with women throughout pregnancy. Women who find it difficult to choose their preferred place of birth for their baby are invited by midwives to visit the maternity unit at Forth Park Hospital. The visit involves a tour of the facilities and further discussion with midwifery staff on options available to enable an informed decision to be made.

The management of a woman's care is organised on an individual basis and recorded in the woman's birth plan which is signed by the midwife and the woman. In situations where a woman will make an informed decision against the advice provided by clinical staff, it is Board policy for staff to support the woman in her final choice. However, detailed notes are made in the woman's casenotes, including a transcript of all verbal communication, action taken and the details of all personnel

informed. Board staff including out-of-hours and the supervisor of midwives would be notified regarding the woman's risk factors and preferred choices.

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

STATUS: Met

There is a system for professionals to obtain informed consent for interventions and investigations in accordance with the Board's operational policy for obtaining consent for procedures. The Board reported that written consent for some investigations (eg surgical and anaesthetic procedures) is obtained, whilst other investigations (eg physical examinations, epidural for labour analgesia) are currently undertaken by verbal authorisation.

Decisions regarding consent for various investigations and procedures during pregnancy and childbirth are formally recorded in the women's handheld maternity record and casenotes.

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

STATUS: Met

There is an established system for women to reflect on their birth experience in the form of a second and tenth day postnatal review. Hospital midwives undertake the second day review. Medical staff will also review patients who have had a complex or difficult delivery and all women who have an anaesthetic intervention during childbirth are seen by an anaesthetist for a follow-up discussion usually within 24 hours of giving birth. Details of all discussions are documented in the woman's notes.

Community midwives undertake the tenth day postnatal review. This provides an opportunity for community midwifery staff to follow-up any specific concerns, and to provide support and advice regarding any issues the woman has regarding the care of herself or her baby once at home. The review team commended the Board for having a structured postnatal review process in place which is reviewed and audited.

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

STATUS: Met

The review team was informed that all grades of staff from the women and children's directorate at Forth Park Hospital have attended a comprehensive communications

skills course involving actors to create various scenarios and role play situations to promote effective communication skills learning.

Communication skills training is also a formal component in the staff induction programme which also includes breaking bad news and communicating in an effective and sensitive manner. The Board reported that maternity staff who are directly involved in having to report loss of life to families have undertaken additional communication and counselling courses. The review team was informed that the counselling course is a part-time evening course scheduled over one year. The review team highlighted the provision of this course as a strength of the Board's maternity service provision.

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

STATUS: Met

The review team considered the Board to have a comprehensive policy and excellent approach to support and inform parents bereaved during pregnancy or soon after childbirth.

In early pregnancy loss situations, parents are supported by the early pregnancy and gynaecology team. Staff follow stillbirth and neonatal death guidelines which direct staff in providing care for parents at the time of stillbirth or neonatal death. Support is also provided through the Board's early pregnancy loss support group which is co-ordinated by the Board's early pregnancy clinic staff nurse and an antenatal clinic sister as well as a volunteer from the Miscarriage Association.

Women who experience a late pregnancy loss are supported by staff in making funeral arrangements and are provided with a range of bereavement information.

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

STATUS: Met

The review team concluded from discussions with staff that information provided throughout pregnancy is evaluated and monitored as part of antenatal and postnatal care. Midwifery and consultant staff review information provided to women during antenatal appointments as part of general care management.

The Board evaluates antenatal parent education classes as well as information provided to women as part of the Board's second and tenth day postnatal check process undertaken by hospital and community midwives.

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 Fife

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

Partner and family involvement is encouraged at all stages throughout pregnancy and childbirth and also in the postnatal period in terms of hospital visiting.

The woman's choice of birth partner is encouraged to attend antenatal education classes. NHS Fife also provides a short refresher course for grandparents and close relatives to update and learn new parenting skills. Midwifery staff discuss the role of the birth partner with women as part of the birth plan process. Women are informed that should they wish, they can have more than one birth partner. There are open visiting times for birth partners at Forth Park Hospital and the Board also provides a waiting area for visitors in line with the maternity unit's policy of having a maximum of two visitors at each bed.

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 Fife

Essential Criteria

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

STATUS: Met

The Board reported that all women have a handheld maternity record and provided the review team with a copy of the record used for all women in NHS Fife.

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 operates a system to ensure that the SMR02, Scottish birth record (SBR) and birth notification are completed for all women and newborn babies in line with current standards.

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 Fife 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 Fife

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

The review team considered the Board to have a robust pre-conception service for women with diabetes. A pre-pregnancy clinic for all women with diabetes who are considering a pregnancy is held at the Victoria Hospital. All women with diabetes are advised of this clinic and can self-refer. The Board informed the review team that this area of the service is well utilised by women with diabetes in NHS Fife.

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

The Board has specific pre-conception services for women with a personal or family history of significant illness. Details of this service were announced at the annual Fife GP symposium to ensure that GPs were made aware of the service. Pre-conception appointments are arranged in accordance with clinical needs and specific dedicated pre-conceptual appointments are scheduled as part of a combined obstetric/genetic clinic system. Referrals to the pre-conception service can be made by a range of healthcare professionals, however, the Board informed the review team that the majority of referrals are made by GPs. Women can also self-refer to this service. This clinic also accepts referrals from clinical genetics at NHS Lothian. The review team commended the regional working between NHS Fife and NHS Lothian.

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 Fife

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

There are formal arrangements for women to be referred to the early pregnancy assessment service (EPAS). The Board reported that referrals can be made through a number of methods including: GP referrals; practice nurse; antenatal clinics; labour ward; community gynaecology clinic; A&E departments; fetal medicine; infertility clinic; community midwives; NHS 24; family planning clinic; and self-referrals.

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

There are formal arrangements in place for referral to the EPAS, which allow women with previous early pregnancy problems to self-refer. Women who have been seen within the early pregnancy clinic either in a previous pregnancy or a present pregnancy can self-refer to this service by telephoning the early pregnancy clinic for an appointment.

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

Women who experience early pregnancy complications are currently cared for in a treatment room for general use. If the room is occupied, a woman will be transferred to a four-bedded ward area until suitable accommodation becomes available. The Board reported that a dedicated area will be provided for this part of the service in the Board's purpose built unit expected in 2010.

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

STATUS: Not met

Women who miscarry have access to two management options, surgical and expectant. At the time of the review visit, a medical management option was not available.

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

STATUS: Not met

Pregnant women have prompt access to ultrasound facilities on a 24-hour, Monday–Friday basis. However, this service is not generally available at weekends and is only provided if there is a registrar or specialist registrar on duty competent in ultrasound scanning. The Board reported that the consultant on-call would be contacted to undertake a detailed scan depending on the outcome of an appropriate assessment.

Desirable Criterion

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

STATUS: Met

The Board uses telemedicine for obstetric ultrasound scanning between different hospitals throughout NHS Fife. This is primarily used for anomaly ultrasound scanning between Queen Margaret Hospital and Forth Park Hospital where consultation on the anomaly scan is required. Real time and stored video clips can be viewed from any personal computer within the hospital settings. The Board informed the review team that it is used to establish the magnitude of an anomaly rather than as a diagnostic tool.

Telemedicine is also used for consulting with other centres and there is an established link to NHS Lothian for babies with suspected cardiac anomalies. NHS Fife records images of these cases and writes them to CD. The CD is then reviewed by paediatric cardiology staff in NHS Lothian and information on the case is feedback to NHS Fife in time for the mother's next appointment which is usually within 5 days. The woman can either be seen in NHS Fife at a combined appointment with cardiology and fetal medicine or in some cases will be seen at the service in NHS Lothian.

Video-conferencing is also used by the Board to enable the direct discussion of individual patient's management with fetal medicine specialists from the Queen Mother's Hospital, Glasgow, and paediatric cardiologists at the Royal Infirmary of Edinburgh and the Royal Hospital for Sick Children, Glasgow.

The review team commended the service for its extensive use of telemedicine to promote local and regional working in the provision of maternity services.

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 Fife

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: Not met

The Board reported that there is not a written syllabus of education that outlines the aims, themes and outcomes of the parent education programme. However, a programme of topics is covered and parent education classes can be targeted for specific groups, for example teenage pregnancies and twin pregnancies. Classes can also be provided on a one-to-one basis, for example pregnant women with learning disabilities. The Board also provides a Saturday morning antenatal class for women who live in Fife but have a long commute to work. Midwifery staff reported that women who commute to work are usually too tired to attend parent education classes during the week.

The review team would recommend that current practice is formalised into an NHS Fife syllabus of education. This would ensure that all midwives would have access to the list of core topics to be covered as part of the parent education programme, but at the same time maintain a flexible approach to antenatal classes to facilitate discussion of topics and issues of interests raised by class members.

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

The Board has a lead co-ordinator with recognised training and development who is responsible for the antenatal parent education programme on a service-wide basis.

Desirable Criteria

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

STATUS: Met

The Board reported that the Ready, Steady, Baby book is provided to all women at their home booking visit by the community midwife. Receipt of the book is recorded on the front of the woman's handheld maternity record. In cases where a woman does not have a home booking appointment, the clinic midwife will give the woman a copy of the book which will also be recorded in the handheld maternity record.

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

STATUS: Met

The review team was informed that postnatal reunion classes are provided throughout NHS Fife. However, the Board informed the review team that classes are not well attended despite encouragement by midwives. The Board reported that other postnatal classes and information sessions, for example baby massage classes and breastfeeding support group sessions, are well attended by new mothers.

Standard 3(b): Standard 3 ~ Pregnancy

Standard Statement

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

NHS Fife

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 review team considered the Board to have a rigorous system for identifying and managing all women at risk of rhesus disease. The Board works with services provided by NHS Lothian and NHS Greater Glasgow and Clyde to deliver this area of the service.

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 antenatal care and investigation of women includes two ultrasound scans, however, the protocol is slightly out of line with the guidance set out in 'A Framework for Maternity Services in Scotland'. At the time of the review visit, the Board provided additional visits over and above the recommended number set out in the guidance. However, the review team acknowledged the good service provided by Board staff in relation to antenatal care and screening.

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 Fife

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

The Board's maternity service is organised to provide all pregnant women with a plan for antenatal care which takes account of risk and acknowledges that women can move between different levels of care and lead professionals.

Pregnant women are provided with a handheld maternity record and are risk assessed by midwifery staff. Details of all risk factors are recorded in the woman's handheld maternity record. Women with high risk factors are transferred to consultant-led care and should their risk factors reduce during pregnancy, the process in place allows a woman to be transferred back to midwife-led care as appropriate. The Board reported that all casenotes are reviewed by a consultant obstetrician after a woman's booking visit and a letter is written to the woman's GP outlining the care pathway that is anticipated for the woman.

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

Pregnant women in NHS Fife are offered an opportunity to be involved in the development of their birth plan and information to facilitate informed choice for their preferred place of birth for their baby.

Midwifery staff discuss the range of childbirth options, from pain relief to place of birth, with women during early pregnancy. This information is also supported by antenatal parent education classes. Discussions and decisions regarding these options are recorded in the woman's casenotes. The review team was informed that casenotes are audited every 2 months to ensure all relevant information has been documented.

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 more than the recommended number of visits for primigravida and 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 Fife

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 it provides one-to-one care for women during established stages of labour and childbirth. The Board audits one-to-one care provided to women in the obstetric labour ward and the midwife-led unit. The review team commended the Board for auditing this practice.

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

STATUS: Met

Two trained midwives are present for each planned home birth. There is an on-call rota to support the planned home birth service. It is Board policy to ensure that one of the midwives in attendance has previous home birth experience.

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: induction of labour; breech presentation; perineal repair; emergency caesarean section, prophylactic antibiotics for caesarean section; placenta praevia; prostaglandins and oxytocin use; management of thromboembolism and thromboprophylaxis; water birth; epidural analgesia; fetal monitoring; management of multiple pregnancy; management of diabetes; management of pre-eclampsia and eclampsia; management of haemorrhage; management of shoulder dystocia; neonatal resuscitation; and intrauterine death.

At the time of the review visit, the Board did not have specific policies for elective caesarean sections; management of severe pre-eclampsia; management of women who decline blood products; adult resuscitation; management of prolapsed cord and rupture of the uterus.

A multidisciplinary team approach is involved in writing and reviewing these policies. The review team would encourage the Board to have policies 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 Fife

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

The Board provides pregnant women with information on a range of pain management techniques available during labour and childbirth. This information is provided in the Board's coping with labour leaflet and in the national Ready, Steady, Baby book. Pain management techniques are discussed as part of the antenatal parent education process.

Anaesthetic classes are also offered for any women who wish to attend, however, the Board informed the review team that attendance has been relatively low.

The Board provides a full range of pain management options and women have access to: transcutaneous electrical nerve stimulation (TENS); oral analgesia; intramuscular analgesia; Entonox; the use of water for pain relief; and epidural analgesia. Women also have access to a range of complementary therapies which the review team highlighted as a strength of the service.

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

STATUS: Not met

The Board reported that women who have a general anaesthetic for a caesarean section have their pain levels assessed post operatively whilst using patient controlled analgesia. Women who have epidural analgesia have their pain levels assessed on an hourly basis using a pain score. However, there is not a validated pain assessment tool.

Desirable Criterion

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

STATUS: Met

Epidural analgesia is available at all times at Forth Park Hospital. The Board reported that there are dedicated consultant anaesthetic sessions for the obstetric service as well as a 24-hour resident on-call trainee anaesthetist rota.

Standard 4(c): Standard 4 ~ Childbirth

Standard Statement

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

NHS Fife

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 with responsibility for the organisation and management of the specialist anaesthetics service. This anaesthetist is also a member of the Board's MSLC and the labour ward forum.

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

The Board has arrangements in place to provide a specialist anaesthetic service on a 24-hour basis at Forth Park Hospital. A bleep system is operated to alert anaesthetic staff to obstetric emergencies.

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 October 2004 and the review team was informed that NHS Fife had a successful RCA review in 2005. 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 Board has a robust system in place to ensure that anaesthetic and theatre services respond rapidly to obstetric emergencies. There is 24-hour dedicated operating department personnel to support obstetric and anaesthetic staff. A bleep system is used to quickly alert anaesthetic staff which is tested on a daily basis and theatre staff are immediately available to ensure a rapid response time to any obstetric emergency.

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 'decision to delivery' intervals. However, the audit presented in response to this criterion covered a 1-month period which the review team considered an insufficient time period to give an overall representation.

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: Met

The Board reported that the time from informing the anaesthetist to the start of an emergency operative delivery does not normally exceed 30 minutes. Where audit data highlighted a period of longer than 30 minutes, the Board reported that these were cases where there was a risk to maternal health.

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 Fife

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 are assessed immediately after giving birth by a midwife with observations being undertaken every 15 minutes for the first hour post-delivery. In some high risk cases, medical staff may also be involved in the postnatal assessment. A record of the examination is documented in the woman's birth plan. Women who deliver their babies at home will have the same observation process undertaken by the midwives in attendance for home birth and will have the details of their examination recorded in the postnatal notes.

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 within 24 hours of giving birth and prior to transfer to community care. Midwifery staff undertake a checklist of observations as part of ongoing assessment to ensure that all women receive a complete and thorough postnatal examination.

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

STATUS: Met

A postnatal care pathway is used as a basis for the ongoing assessment for the recognition of complications. It contains a detailed list of all required checks which are completed daily for each woman. Postnatal review continues as part of routine care provided by community midwives. Women are visited on the day following their transfer home by their community midwife and will be seen on a regular basis for postnatal observation until at least the tenth postnatal day and for longer, if required.

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

STATUS: Met

Condoms and information on contraception are provided to women prior to leaving the postnatal ward as part of the routine discharge process. Information packs are also available in the midwife-led and obstetric units for women who request an early discharge. Contraception is also followed-up by community midwives once the woman is discharged home from hospital.

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 Fife

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

The Board achieved UNICEF/WHO Baby Friendly status in April 2005 and provided the review team with a copy of its confirmation of status letter.

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

The review team considered the Board to provide an excellent range of information to women on their chosen method of feeding. An infant feeding antenatal checklist is completed to ensure that all women are provided with information on the benefits of breastfeeding. The Board audits this information provided to women.

Women who choose to bottle feed their babies are provided with an NHS Fife information leaflet on how to prepare formula milk feeds and sterilise baby feeding equipment. Women who choose to breastfeed their babies are provided with a range of NHS Fife and UNICEF/WHO information. The information includes details of breastfeeding support groups in the local area. One of these support groups is held on a daily basis in the postnatal ward. An infant feeding chart is used to monitor how well a baby is feeding. Postnatal ward staff provide practical support to all women in their chosen method of feeding whilst in hospital. Community midwifery staff continue to provide support once the women and babies are discharged home from hospital.

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

The Board has two infant feeding advisors, one advisor provides education and training to healthcare professionals in the acute setting while the other provides this facility at primary care level.

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

STATUS: Met

The Board monitors admission rates for babies admitted to hospital due to inadequate nutrition. Admissions to the neonatal unit for poor feeding are one of the unit's clinical risk criteria. Numbers of infants admitted to the unit for this reason are regularly reviewed by the Board and details of these admissions are fed back to the hospital's breastfeeding co-ordinator so that additional training can be organised if considered appropriate to prevent any avoidable admissions of this kind to SCBU.

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 Fife

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 policies outlining practice to minimise the number of infants who require re-warming or avoidable admission to SCBU. 'Skin to skin' contact is practised, where the mother wishes, for all babies born without complications. Infants who require resuscitation are transferred into a room where the temperature is maintained at 37 degrees centigrade. Warm towels are used to dry the baby during the resuscitation process. Premature babies are covered in a polythene wrap in accordance with neonatal recommendations and are managed by senior paediatric medical staff. A warming pack can also be used under the baby's towels to supplement the over-head heater in the resuscitaire.

The Board reported that the prevention of heat loss beyond the immediate delivery stage is undertaken by using additional cot blankets as well as under mattress heaters which can also be used in the postnatal ward.

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. The review team was informed that a midwife will undertake this examination in most cases. Babies who required resuscitation are normally examined by a midwife and a member of the medical team. All infants who require admission to SCBU and NICU are examined by the doctor responsible for the admission.

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 born at Forth Park Hospital receive a clinical examination by a member of staff trained in examination of the newborn, prior to being discharged home. The Board reported that this examination is normally carried out within 24 hours of birth.

Babies born at home may be examined by a GP, however, not all GPs provide this service. Alternatively, mothers and babies are invited to attend Forth Park Hospital for the examination to be completed.

The review team acknowledged the Board's commitment to providing ongoing training for midwives in the examination of the newborn.

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

STATUS: Met

The Board has a policy for the management of infants at risk of group B streptococcal infection. Babies identified with group B streptococcal risk factors have their care managed in accordance with the symptoms they present. All babies with risk factors are continuously monitored and antibiotics administered, if required.

A Minolta Air-shields Jaundice Meter is used to assess jaundice levels in babies. This meter is used in the hospital setting and by community midwifery staff. Screening for jaundice is undertaken in accordance with the Board's neonatal guidelines for jaundice.

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 Fife

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

The Board has a system to ensure that information on women and their babies in the postnatal period is collated and transferred between secondary and primary care.

There is a postnatal discharge summary for all women and babies which is in a triplicate format. The summary is photocopied for hospital files. The top copy is then posted first class to the woman's GP, the second and third copies are given to the woman to take home to give to the community midwife on her first visit to the woman's home on the day following discharge. The community midwife updates the summary with any relevant information and passes one copy to the woman's health visitor and sends the final copy to hospital records to complete the process.

In addition to sending GPs a discharge summary, in some instances hospital midwives will also telephone the woman's GP or community midwife/health visitor to provide additional details of women and babies who have experienced complications during delivery or after giving birth to ensure that community care is provided accordingly.

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

STATUS: Met

The Board has formal procedures for the transfer and post transfer of care for woman and babies in NHS Fife.

Appendix 1 – Glossary of abbreviations

Abbreviation

A&E	accident & emergency
AHP	allied health profession
CHP	community health partnership
EPAS	early pregnancy assessment service
GP	general practitioner
GROS	General Register Office for Scotland
ICU	intensive care unit
IR1	incident reporting form
MSLC	maternity services liaison committee
NCT	National Childbirth Trust
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 Fife was conducted on 10 May 2006.

Review team members

Dr Gillian Penney (Team Leader)

Clinical Senior Lecturer and Programme Director, NHS Grampian

Dr Gerry Beattie

Consultant Obstetrician and Gynaecologist, NHS Lothian

Mrs Helen Duncan

Public Partner, Lothian

Ms Muriel Holroyd

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Ms Isobel McInnes

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Dr Alistair Michie

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Ms Anne Paterson

Practice Development Midwife, NHS Forth Valley

NHS Quality Improvement Scotland Staff

Ms Sharon Keane

Project Officer

Mr Steven Wilson

Team Manager

Mrs Fiona Dagge-Bell (Observer)

Professional Practice Development Officer

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

Senior Medical Officer, Scottish Executive Health Department

Dr Jennifer Bennison

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Ms Cynthia Clarkson

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Dr Corinne Love

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Ms Joanne Thorpe

Midwifery Team Leader, NHS Argyll & Clyde

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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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