

NHS Forth Valley

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 Forth Valley**. This review visit took place on **17 January 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

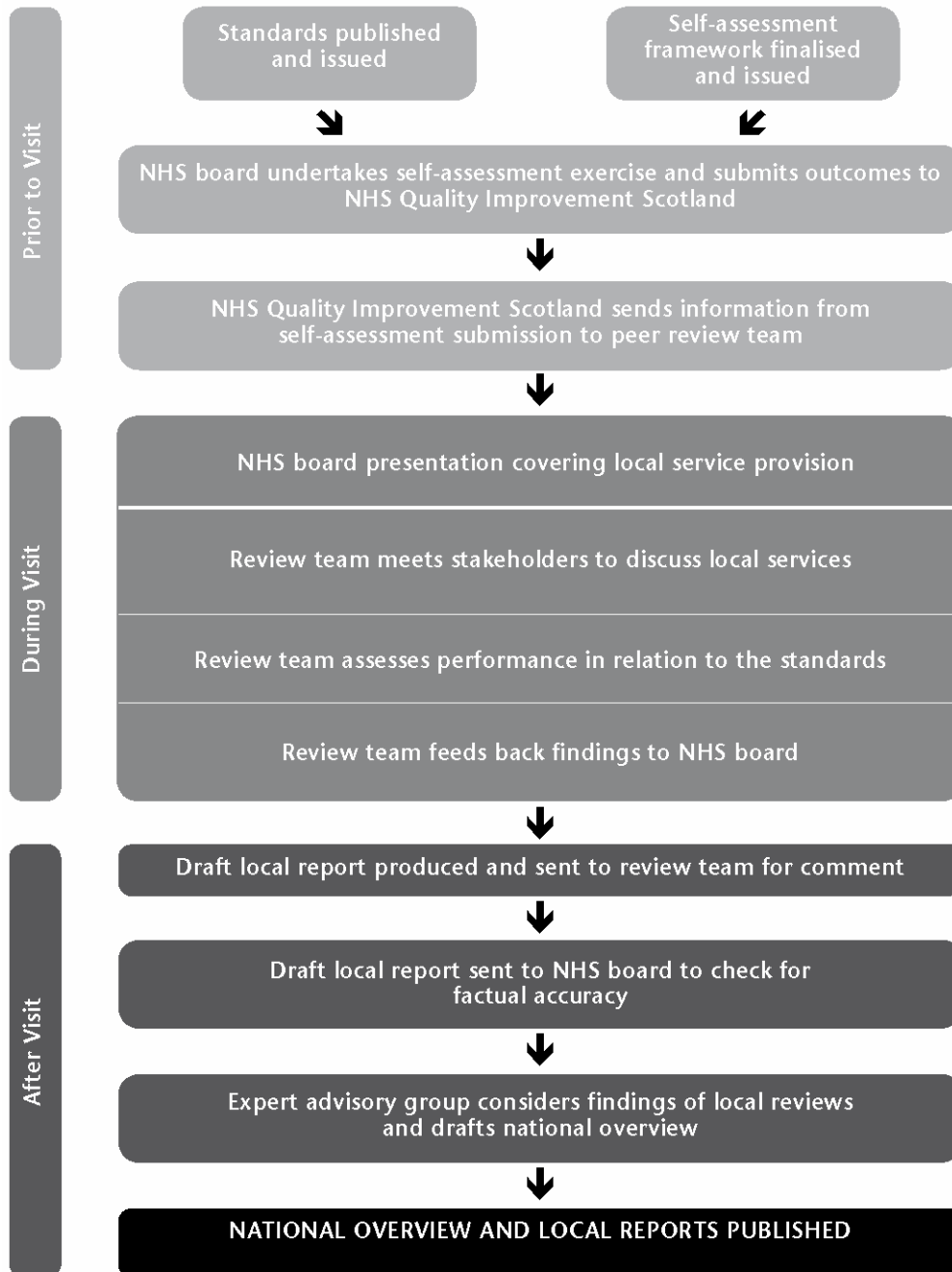
After each review visit, NHS QIS staff, with clinical input as appropriate, draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS board to check for factual accuracy. The local report is published only after all the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

Forth Valley is situated in central Scotland and has a population of around 281,764. While Forth Valley comprises both urban and rural areas, the majority of the population live in urban areas, of which Falkirk and Stirling are the largest. The age structure of the population is similar to the national average, whereas levels of illness and deprivation are relatively low.

Local NHS system and services

Forth Valley 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 Forth Valley.

At the time of the review visit, NHS Forth Valley contained two NHS operating divisions: the Acute Operating Division (acute care services); and the Primary Care Operating 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 Forth Valley (www.show.scot.nhs.uk/nhsfv/index.html).

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

There is one consultant-led maternity unit at Stirling Royal Infirmary which is supported by a community midwifery service, and there is outpatient antenatal clinic provision at both Falkirk & District Royal Infirmary and Stirling Royal Infirmary. The number of births have remained relatively static over the last 5 years as illustrated in the following table.

NHS Forth Valley	Number of births				
	2001	2002	2003	2004	2005
Stirling Royal Infirmary	1,506	1,528	2,160	3,198	3,189
Falkirk & District Royal Infirmary	1,412	1,369	819	0*	0*
Home births	8	7	9	6	14
Other (eg born before arrival)	11	6	9	9	18
Total births	2,937	2,910	2,997	3,213	3,221

*Falkirk & District Royal Infirmary amalgamated to provide one maternity service at Stirling Royal Infirmary.

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 Forth Valley currently provides a consultant-led maternity service at Stirling Royal Infirmary. Outpatient departments are available on-site at both Stirling Royal Infirmary and Falkirk & District Royal Infirmary and provide midwife and consultant antenatal clinics. The service is supported by a regional neonatal specialist service from NHS Greater Glasgow.

There are clear lines of responsibility for the planning and delivery of maternity services and there is a named individual at director level who is responsible for the maternity services at NHS board level.

The review team noted the Board's efforts to redesign its maternity service provision over the past 3 years and its success in achieving integration of the women and children's unit onto the Stirling Royal Infirmary site. A new general hospital, based at Larbert, is due to open in late 2009 which will include a consultant-led maternity service. In the meantime, there are a number of transitional service changes taking place to allow maternity services to be maintained.

Following discussions with staff, it was clear that the Board has a vision of how maternity services will be provided in the future. However, while the review team commended the work undertaken to date on planning for redesign of the new maternity service provision, it encouraged the Board to formalise its proposals into a maternity strategy document ensuring public involvement.

There are robust procedures in place for the recording and reporting of all critical incidents within NHS Forth Valley, and these are monitored and investigated. There is also a good system in place to allow service users to express their views about their experience during pregnancy and childbirth which includes an active website to encourage comments/suggestions. All complaints received are co-ordinated and actioned with feedback provided to those involved.

A priority phone number system is in use to categorise obstetric emergencies that is managed by a medical dispatch centre with each emergency given a different response time to ensure the safe transfer of women during pregnancy, childbirth and with their newborn baby. A good working relationship between the Board and the Scottish Ambulance Service was noted. The review team encouraged the Board to consider formalising the transportation guidelines in place.

Example of a local initiative...

Before developing a best practice recommendation on the management of perineal repairs, NHS Forth Valley undertook a training needs analysis of midwives' skills in relation to this aspect of maternity care. The audit included: information on the labour experience of the individual midwife; their decision for suturing, including skills and technique used; circumstances/reasons why an individual would not suture a perineal tear; and suggestions and ideas of what training/advice would be helpful to improve an individual's competence and knowledge in this area.

Training courses on adult and neonatal resuscitation care are available and offered to all healthcare professionals involved in delivering maternity care; attendance at these courses is mandatory. However, the review team encouraged the Board to consider increasing medical trainees' and consultants' attendance, and a record of training attended to be documented and maintained.

At unit level, there is a named clinical co-ordinator with a special interest in vulnerable women and a clinical team for child protection. Mandatory multidisciplinary training on domestic abuse and issues around child protection is also provided for staff. This increases their understanding and awareness of the impact of domestic abuse on women and children, and highlights the current practice and guidance available. The review team commended the comprehensive protocols in place for the identification of women who are at risk of domestic abuse.

There is rapid access for any woman requiring specialist expertise and intensive care on-site at Stirling Royal Infirmary with 24-hour obstetric epidural and anaesthetic cover. Neonatal intensive care facilities are also available locally with specialist neonatal services provided within NHS Greater Glasgow.

Maintaining staffing levels at 100% occupancy within the neonatal intensive care unit (NICU) and special care baby unit (SCBU) was noted to be a challenge for NHS Forth Valley. It was, however, acknowledged that the equipment used conforms to national guidance.

There is a named midwife for each woman who is responsible for her maternity care plan. This is in addition to the contact details being provided for a team of midwives who work closely with consultants in geographic areas. The team of midwives supports women throughout their pregnancy to ensure continuity of care in the absence of the named midwife being available. All women are supported in their chosen place of delivery and given a detailed explanation of reasons for refusal if their preferred choice cannot be provided because of medical or obstetric complications. Partners and family support is actively encouraged throughout pregnancy and childbirth.

Pre-conception and Very Early Pregnancy

Pre-conception advice and clinics are available to women with a family history of significant illness (eg diabetes, epilepsy, etc), with good access to specialist health professionals if required. There is also a wide range of leaflets and education packages offered which provide information on specific conditions and contact details for further advice and support. Pre-conception management of women with diabetes is based on SIGN Guideline 55: Management of Diabetes.

There are formal arrangements in place for women to self-refer or be referred by a health professional to the early pregnancy assessment service (EPAS). Early pregnancy assessment clinics operate at both hospital sites during working hours on weekdays. Women seen at these clinics are routinely given the first available appointment for an ultrasound scan and are immediately referred for gynaecological review if clinical indications are present. Women receive direct contact telephone numbers for advice out-of-hours if they have any concerns about their pregnancy. The review team noted that there was a good working relationship between the early pregnancy clinics and the day surgery unit.

A full diagnostic scanning service is provided across NHS Forth Valley during normal working hours, Monday–Friday, with most women receiving an ultrasound scan within 24 hours. However, it was noted that this was not always possible due to the limited numbers of available trained ultrasonographers. The review team encouraged the Board to consider increasing the number of ultrasonographers, trained in the use of the ultrasound equipment, to allow a 7-day scanning service to be provided.

Pregnancy

There are a number of midwife teams delivering childbirth and parent education programmes throughout NHS Forth Valley. Each programme follows a similar format, and all outline the main themes and outcomes and endeavor to meet the local needs of women. A maternity unit normality group has a remit to review and standardise all parent education programmes by mid 2006 at which time it is hoped to also produce a DVD on the facilities and maternity services provided by the unit.

Example of a local initiative...

A comprehensive programme of parent education is currently provided to all pregnant women in Corton Vale Prison, and is delivered by a designated midwife team and health visitor on an individual basis. NHS Forth Valley is in the process of planning to offer and deliver a tailored 'drug abuse in pregnancy' education class to all young teenagers and vulnerable women in Corton Vale Prison to ensure that the best possible antenatal care is provided.

Postnatal reunion classes used to be offered throughout NHS Forth Valley, but because of poor attendance, all but one class has been discontinued. Staff are currently considering ways of re-establishing postnatal reunions as more

education-centred sessions where new mothers will receive practical information and guidance on pelvic floor exercises and baby massage techniques, etc.

All women have access to screening services and antenatal diagnostic testing with a good service being provided to women identified as at risk of rhesus disease.

The review team commended the pregnancy risk and needs assessment toolkit used to help identify women who have risk factors that are likely to need additional care and consultation. The flow chart used allows women to move between different levels of care and professionals according to their level of risk.

Childbirth

Women throughout NHS Forth Valley receive one-to-one midwifery care and the team leader reviews one completed maternity record, with details of a delivery, from each midwifery team on a monthly basis. An on-call rota system allows for two trained midwives to be present for planned home births.

There are agreed multidisciplinary protocols in place for the management of key labour practices and there is a process in place for review of these. Current review of all policies is undertaken annually and the Board is considering changing this practice to every 2 years.

Pain management options are discussed with women from an early stage in their pregnancy and they are supported in their choice of pain relief. There is good access to a range of pain management techniques within the unit, which includes oral and intramuscular analgesia and Entonox. The use of a water bath for analgesia is offered and available in the labour ward or women can choose to rent a birthing pool for the delivery of their baby, although the number of women choosing this option was noted to be low. However, it is anticipated that this may change when the new hospital opens with improved on-site provision of static birthing pools.

A pain assessment tool is in use to monitor a woman's level of pain following administration of analgesia. The review team noted as a challenge for the Board the need to consider introducing a pain assessment tool for women who have had an instrumental vaginal delivery.

NHS Forth Valley provides a 24-hour anaesthetic service and complies with the NHS QIS anaesthesia standards and the Royal College of Anaesthetists (RCA) guidelines.

Obstetric emergencies were reported to be managed within a 30-minute period. However, at the time of the visit there were no audit data available to confirm this.

Postnatal and Parenthood

There are procedures in place to ensure that women are assessed immediately after giving birth by their midwife or student midwife under supervision. Postnatal assessments are recorded on a checklist used by the midwife. Women are again reviewed prior to discharge for community care.

There was good evidence of protocols and guidelines in place to support staff in recognising and managing the physical and emotional wellbeing of women in the postnatal period.

Example of a local initiative...

NHS Forth Valley uses a colour-coded chart to monitor a woman's observations during the antenatal and postnatal period which highlight the need for early medical intervention if a woman's chart indicates more than one red or two yellow scores at any one time.

NHS Forth Valley is committed to achieving UNICEF/WHO Baby Friendly status and is actively involved in attaining this award both at acute operating division and community level.

Dedicated time is scheduled for team midwives to discuss and provide women with advice on feeding options for their baby and all are supported in their preferred choice. Breastfeeding is promoted throughout the maternity unit and women are made aware of the local breastfeeding support groups available. Team midwives provide ongoing practical support and advice on management of feeding methods with good communication links for information sharing with health visitors and GPs to ensure optimal care.

Following a birth, all babies are routinely towel dried 'skin to skin' contact with the mother is immediately initiated and early feeding within one hour of birth is encouraged. Babies continue to receive appropriate multidisciplinary care and assessment from birth until 6 weeks post birth with clear guidelines for care of the newborn being followed which includes the recognition of group B streptococcal infection and jaundice.

The review team commended the good team working within NHS Forth Valley to ensure that the transfer of women and their newborn babies from hospital to community care is well planned and managed as quickly and smoothly as possible.

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 Forth Valley

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 is the named individual at NHS Forth Valley Board level with overall responsibility 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

Within NHS Forth Valley, the director of nursing has professional responsibility for maternity services at primary care NHS operating division level. The head of midwifery/general manager has joint responsibility for the maternity services at both acute and primary care level, supported by the director of nursing and the associate medical director.

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, NHS Forth Valley did not have a formal NHS board strategy in place for maternity services. However, it was recognised that discussions and preparatory work is ongoing and the Board has comprehensive plans and arrangements in place to implement this.

Staff reported that over 3 years NHS Forth Valley planned to integrate maternity services at Falkirk District Royal Infirmary and Stirling Royal Infirmary. This is now

in place and two units have been combined. This work has underpinned the proposals for a maternity services strategy. Board staff have been developing and redesigning the maternity services with a view to moving the services to the new general hospital site planned to be opened in Larbert in late 2009. It was reported that staff have had considerable involvement in the plans for the new development. However, the review team considered that while there is a clear vision of how the new maternity services will be provided, it recommended that this work is taken forward with public involvement and encouraged the Board to formalise its plans into a strategy document to be shared with all healthcare professionals and the public.

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

STATUS: Met

NHS Forth Valley reported a challenge in recruiting members of the public to work with the Board in planning the delivery of maternity services in the area. However, it was noted that a multidisciplinary maternity services liaison committee (MSLC) had recently been established with a member of the public acting as interim chairperson. A copy of the draft minutes from this meeting was provided. The Board reported that it hopes to increase user participation on this committee to ensure that all perspectives are covered and users can support each other. In addition, staff reported that they plan to involve members of the public in the design of the labour rooms and other areas of the maternity unit within the new hospital site.

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 Forth Valley

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 found good evidence of critical incident policies and reporting procedures in place within NHS Forth Valley. The unit clinical governance committee is responsible for overseeing the investigation of all incidents within the unit, and the clinical co-ordinator and paediatric consultant investigates and actions neonatal and paediatric incidents at service level. The unit clinical governance committee reports to the divisional clinical governance committee.

Staff reported that all incidents are documented using the IR1 incident reporting form and monitored for trends. The outcomes of incidents are made available to staff on the unit and discussed at the labour ward forum. Several members of clinical and medical staff working on the maternity unit are trained in root cause analysis and all high risk incidents undergo analysis. IR1 form guidelines are currently being revised to develop a unified NHS Forth Valley policy which includes the reporting and investigation of critical incidents. Critical incident reporting policies are amended as appropriate.

The unit risk management team, which has representation from the women and children's unit, meets every 2 months to discuss maternity service incidents. Minutes from these meetings are available to all staff and a report is provided to the unit Board. The review team commended the robust and comprehensive incident reporting and monitoring procedures in place.

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

NHS Forth Valley has recently revised its complaints procedures to include a suggestions facility for maternity services users. There is an active website in use to encourage comments and it is general practice to display posters and make complaints/suggestion forms available throughout the unit. Information is also given

to women which informs them of how and to whom they can express their views at anytime.

The complaints team co-ordinates all responses to formal written complaints received and action plans are implemented with dates to address service issues where necessary. Feedback on the outcome is given to all those involved in the complaint.

In addition, complaints are discussed at unit clinical governance, clinical co-ordinators, divisional governance and unit management Board meetings. Within the maternity unit, a local database records all complaints received to allow trends to be identified, and staff are considering undertaking a 'thank you' audit.

The review team commended the comprehensive detailed complaints procedures in place.

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

There are currently no formal guidelines in place between NHS Forth Valley and the Scottish Ambulance Service for the transportation of women during pregnancy, childbirth and with her newborn baby in the postnatal period. However, staff reported that there is a good working relationship between the Board and the Scottish Ambulance Service. Obstetric emergencies are transported to Stirling Royal Infirmary using a priority phone number system that is managed by a medical dispatch centre. Calls are classified into three categories of emergency, each requiring a different response time. The emergency category is allocated following a series of questions and answers. The review team was also informed that the Scottish Ambulance Service is currently working towards ensuring that a paramedic member of staff is available for the transfer of all obstetric emergencies.

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 review team confirmed, within NHS Forth Valley, women and their babies have access to a network of specialist services. These include: allied health professions (AHPs); anaesthesia and intensive care; imaging; laboratory medicine; medical clinics; neonatology; obstetrics; perinatal pathology; surgery; and psychiatry. Staff are aware

of how and when a referral should be made and there are a variety of protocols in place to support staff with these arrangements.

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

STATUS: Met

The review team was provided with copies of the 'antenatal care pathway following risk assessment at booking' and the 'antenatal care pathway following risk assessment' flow charts which are used throughout NHS Forth Valley to identify women who require specialist referral to a consultant obstetrician or those who can be returned to the community for midwife/GP care.

The review team commended the detail in both of the flow charts used.

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

STATUS: Met

The review team was provided with evidence of audit activity undertaken within NHS Forth Valley confirming an audit system is in place to monitor important aspects of maternity care. In particular, the review team praised the training needs analysis undertaken with midwives prior to developing best practice recommendations regarding perineal repairs. This audit collated information on: the labour experience of individual midwives; their decision for suturing, including skills and techniques used; circumstances when an individual would not personally suture/or reasons why they would leave a perineal tear unsutured; suggestions on what would be considered helpful to improve their suturing skills; and who would be approached for further advice or assistance.

The Board also collects surgical site infections at caesarean sections data, breastfeeding statistics and severe maternal and intrapartum related morbidity rates for inclusion in the multi-centred national 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

Staff reported that in-house study days for midwives on the management of obstetric emergencies and neonatal resuscitation are held monthly. A programme of neonatal resuscitation courses is planned for 2006 and qualified trainers within the unit facilitate these sessions. Nursing staff and midwives also attend newborn life support

(NLS) courses. Adult resuscitation training sessions for all staff are provided by the Acute Operating Division, and attendance by medical and clinical staff is mandatory. At the time of the visit, it was noted that while training courses are available to all staff, the review team would encourage the Board to consider improving medical staff attendance and records of those present to be kept up to date.

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

STATUS: Met

The review team was satisfied that NHS Forth Valley has a clinical risk assessment plan in place for an individual woman that includes a communication strategy and escalating procedures. Staff reported that a generic risk assessment and action plan is completed by the healthcare team for any women identified with an obstetric clinical risk. Care plans are individualised and this information is documented in the woman's handheld maternity record and stored on the local database. An antenatal communication sheet is completed by midwives or medical staff and shared with others involved in the planned management of individual women.

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

The review team commended the comprehensive protocol in place for the identification of women who are at risk of domestic abuse. The current process alerts staff to identify any cause for concern and the woman is informed that information given will be shared with other healthcare professionals to allow her to receive the best care and support available.

Information leaflets on domestic abuse are also available and provided in a range of languages. Support and contact numbers are available to women who are experiencing domestic abuse in various clinics, day care centres and public toilets. A cause for concern folder is used in the labour ward to document and highlight individual women at risk and the reasons for cause for concern of abuse. There is a clinical co-ordinator, with a special interest in vulnerable women in post and a clinical team for child protection available at unit level.

The Board provides combined mandatory multidisciplinary training on domestic abuse and child protection for staff. Training sessions are scheduled to take place for medical staff and midwives in early 2006 and further courses will be available for new staff throughout the year. The review team acknowledged the work undertaken by the Board in addressing domestic abuse throughout the woman's antenatal period,

ensuring that there is at least one clinic visit where she may not be accompanied by her partner.

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

There are facilities available for adults requiring both intensive and high dependency care within NHS Forth Valley, and there is a dedicated anaesthetic rota providing a 24-hour epidural service and anaesthetic cover for obstetrics. All intensive care facilities are available on-site at Stirling Royal Infirmary. Two senior members of staff have completed a high dependency unit (HDU) training course for midwives and further in-house training courses for all midwives are planned for early 2006.

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

Staff reported that there is a process in place to ensure rapid access is available to any women requiring intensive care and specialist expertise. Referral is via direct verbal contact between medical staff.

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 is available on-site at Stirling Royal Infirmary. The hospital provides nine intensive care, eight surgical, four medical high dependency and six coronary care beds.

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 Stirling 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: Not met

Adult intensive care, cardiology services and CT scanning are provided on-site at Stirling Royal Infirmary. However, MRI advanced imaging facilities are not currently available on-site. These are provided via a mobile unit which is based outside Falkirk & District Royal Infirmary. Staff reported that funding has been secured to purchase a new MRI scanner in 2006, which is to operate from the Falkirk & District Royal Infirmary site.

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

STATUS: Met

Within NHS Forth Valley neonatal intensive care provision is given via 15 special, five intensive and two high dependency care cots provided at the neonatal intensive care unit (NICU) in Stirling Royal Infirmary. There is a protocol detailing admission criteria for all postnatal babies. Babies with clear criteria for admission can be admitted before paediatric assessment if the senior midwife is concerned.

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

STATUS: Met

Special care baby facilities are available within the neonatal unit based at Stirling Royal Infirmary. Babies requiring admission to the neonatal unit are transferred in the special transport incubator or a cot depending on their condition. There is a dedicated pager phone number system in use to contact a paediatrician at senior house officer level, and an on-call rota is in place for access to a paediatrician out-of-hours. Staff on labour and postnatal wards are also able to directly contact consultant paediatricians and neonatologists for advice or support if required.

NHS Forth Valley has a protocol in place for paediatricians attending deliveries. The review team was further informed that any baby requiring specialist care, eg cardiology care or specialist facilities not available within the unit would be transferred to the tertiary centre within NHS Greater Glasgow.

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

STATUS: Not met

The Board is not quite meeting this criterion as the staffing levels within the NICU and special care baby unit (SCBU) do not meet the national standards required for 100% occupancy. Staff reported that they had undertaken a benchmarking exercise against the British Association of Perinatal Medicine standards for hospitals providing neonatal intensive care and high dependency care (second edition). The audit highlighted: a shortfall in the number of recommended neonatal trained nursing staff working within the unit; difficulties in providing one-to-one intensive and/or high dependency care if no bank nursing staff was available; maintaining adequate staffing levels to allow protected time for staff to attend meetings; and delivering training sessions was challenging as there is currently no designated nurse trainer responsible for further education and training. However, staff confirmed that equipment used within the neonatal unit complies with national guidelines.

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 Forth Valley

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 Forth Valley are provided with contact details of a named midwife who will lead and plan her contact with the maternity services. The named midwife and contact number is identified on the women's handheld maternity record. In addition, as midwives work as part of a team and each team is attached to a specific consultant in a geographic area, women also receive the names and contact details of the team of midwives responsible for her care and she is aware that, in the absence of her named midwife being available, all those involved in the team can provide support and advice.

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 reported that all women are fully informed of the different options available to enable them to make an informed choice about the chosen place of birth for their baby. Women are informed at the time of booking that NHS Forth Valley offers both hospital and home births. This information is provided by the midwife in both verbal and written form. The woman's choice is documented in her handheld maternity record and she is aware that she can change her mind at anytime. Staff reported that a woman's choice of birth would only be denied if there was an identified medical or obstetric risk factor and this would be clearly explained to the woman. It was also noted that within NHS Forth Valley while home births are offered the requests for these are consistently low.

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

STATUS: Met

The review team was provided with a copy of NHS Forth Valley Acute Operating Division's new policy for consent to treatment, surgery, invasive procedures and visual and audio recording. Staff reported that consent forms are currently under review and the new policy is being implemented.

At present, Board staff obtain written consent for proposed investigations or interventions to be carried out using a general maternity consent form which is also under revision. Signed consent forms are filed in the woman's handheld maternity record and monitored by the midwives during antenatal visits and monthly by team leaders at case review meetings. When verbal consent is required, the review team was informed that staff are aware of the procedure to following when taking this form of consent. The review team encouraged the Board to complete work required to revise the consent forms and recommended prompt implementation.

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

STATUS: Met

Delivery debriefing is available to all women in the postnatal period if requested. Midwives ensure that women who wish to discuss any aspect of their birth experience are offered an appointment with their consultant obstetrician. The Board reported that it plans to undertake a user satisfaction survey of women in the postnatal period. This work is currently under discussion by the MSLC.

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

STATUS: Met

At the time of the visit, it was noted that the Board has a strong commitment to identify staff training needs and it was verbally reported that training in communication skills is to be included in the mandatory midwives study day which is planned for 2006. The Board recognises the need to ensure that elements of ongoing communication skills are incorporated into many of the courses available and that the training provided is attended by all healthcare professionals.

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

STATUS: Met

NHS Forth Valley provided the review team with a copy of its policy for the management and support of women and their partners who lose a baby during pregnancy, or soon after giving birth. A locally produced leaflet 'The Loss of Your Baby' and The Miscarriage Association leaflet 'Acknowledging Pregnancy Loss' are given as supportive information for parents. Both leaflets contain contact details of other voluntary and support organisations. Any woman who miscarries is routinely offered a home visit by a midwife.

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

STATUS: Met

The Board reported that it undertakes an annual audit on information given to women diagnosed with postnatal depression. A copy of the findings from the November 2005 audit was provided to the review team for information. Staff reported that the findings are used as a means of evaluating and changing practice if applicable.

A comments box is provided in the postnatal ward and comments, suggestions and complaints are monitored with changes in practice introduced where necessary. Women are also given the opportunity to comment on all locally produced leaflets via discussions with staff, eg 'Post Caesarean Section', 'Maternity Information and Induction of Labour' leaflets. Feedback is considered and amendments made as necessary. The information is produced in plain language, but not yet available in a format suitable for the visually impaired. Staff also informed the review team that it is envisaged the MSLC will approve all local leaflets in future.

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 Forth Valley

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

Staff working in the maternity unit recognises the importance of involving the partner/family in the care of a woman's pregnancy and childbirth. Birth partners are invited to parent education sessions, ultrasound scan appointments and breastfeeding workshops. Partners are actively involved in the birth plan. There is a wide range of maternity information leaflets available for partners and families including a neonatal information booklet which is provided when a baby is admitted for special care. Although there are dedicated visiting hours within the maternity unit, staff are open and flexible to meet requests for visiting outwith these hours if necessary. There is 24-hour visiting for parents, grandparents and siblings at the NICU.

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 Forth Valley

Essential Criteria

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

STATUS: Met

Women in NHS Forth Valley carry their own maternity record which details events carried out during the antenatal, childbirth and postnatal period. A copy of the individual handheld maternity record was provided to the review team as evidence.

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

There is a manual and electronic system in place to ensure statistics for women and their newborn babies are recorded on the Scottish Morbidity Record (SMR02) form and the General Register Office for Scotland (GROS) is notified. Midwives and medical records staff ensure that a seamless collation of information is carried out.

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 Forth Valley took place shortly after the official launch of the national unified handheld maternity record. The Board reported that it is awaiting further guidance from the Scottish Executive Health Department (SEHD) regarding the availability of an electronic version of the 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 Forth Valley

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 commended the system in place for women to access specific pre-conception services, which is based on the SIGN guideline for diabetes. Currently, diabetic clinics are provided on a weekly basis at both hospital sites within NHS Forth Valley, each with its own specialist clinician, diabetic nurse and dietitian. However, it was noted that it is planned to combine these clinics in March 2006 and develop integrated protocols. Women can self-refer or have GP referral to these clinics. There is also a good range of information leaflets available to women with diabetes who are considering becoming pregnant or have recently had a pregnancy confirmed. These leaflets give details about the attendance at clinics and provide contact details for the diabetic team.

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 review team found evidence of guidelines for the referral of women identified with a personal or family history of significant medical illness. Women identified with a neural tube defect, chromosomal abnormality or other significant illness are referred to the genetic clinic at Yorkhill Hospital, Glasgow, following referral from the GP, obstetrician or paediatrician. Satellite review clinics based at both Falkirk and Stirling hospitals allow genetic follow-up management if required.

Women with epilepsy can be referred for pre-conception advice to an appropriate obstetrician if required. Women with thyroid symptoms are seen at the combined medical clinics.

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 Forth Valley

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

Women who experience complications in early pregnancy can either be referred to the early pregnancy assessment service (EPAS) via their GP or can self-refer. An EPAS is available at both hospital sites within NHS Forth Valley during working hours on weekdays. Women attending these clinics are given an early ultrasound scan appointment or an immediate referral for gynaecological review if necessary. Women who attend the EPAS are given a direct contact number for the gynaecological ward should they require advice out-of-hours and all calls are logged. NHS 24 also provides the contact details for the maternity unit at Stirling Royal Infirmary should this be requested.

Staff reported that leaflets for 'Bleeding in Early Pregnancy' and the 'Early Pregnancy Assessment Service' are being developed and will be available to women once comments are received from the Scottish Miscarriage Association and approved by the public. Within NHS Forth Valley, there is currently no local active miscarriage group, but women can access other voluntary organisations such as the Stillbirth and Neonatal Death Society (SANDS) for support, if required.

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

STATUS: Met

The review team was informed that women with a history of previous early pregnancy complications (pain or bleeding) can self-refer to the EPAS or the gynaecology ward at anytime. Women with a known history of miscarriages or ectopic pregnancy are offered an early ultrasound scan 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 (insufficient evidence)

The review team was satisfied that there are arrangements in place at both hospital sites within NHS Forth Valley to ensure that women who experience early pregnancy complications are cared for in a dedicated area. Women attending the EPAS unit at Stirling and Falkirk hospitals are given early appointments, and those women who require admission are provided with a single room where possible.

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

STATUS: Met

Women who miscarry have access to local conservative, medical and surgical treatment options. The review team was provided with copies of leaflets for the medical and surgical options available to women who miscarry which give some basic information about the procedures and include contact details should a woman experience any complications after treatment. Staff reported that a leaflet on conservative management was under development.

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

STATUS: Not met

NHS Forth Valley offers a full diagnostic scanning service for pregnant women on weekdays during normal working hours. However, staff reported that, while most women do receive an ultrasound scan within 24 hours, this it is not always possible at weekends and on public holidays due to a shortage of trained ultrasonographers within the NHS board area. Currently some medical staff provides this service at weekends.

Whilst it was recognised that it is acceptable for a woman to wait more than 24 hours for a scan, it was acknowledged that adding women to existing scan lists could be difficult and result in an unmanageable workload. The review team recognised the difficulties NHS Forth Valley currently experiences in providing an out-of-hours ultrasound scanning service, but encouraged the Board to increase the number of staff trained in the use of ultrasound equipment and to provide a 7-day scanning service in the future.

Desirable Criterion

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

STATUS: Not met

Telemedicine facilities are available on-site at both Falkirk & District Royal Infirmary and Stirling Royal Infirmary, however, these facilities are not currently used for 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 Forth Valley

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

At the time of the review visit, NHS Forth Valley did not have a formal written syllabus of education in place. The review team was informed that all midwifery teams offer/provide parent education sessions. The Board reported that there are plans to standardise the number and content of the sessions for parent education and this work is currently under development by the maternity unit normality group. It is hoped to have a standardised syllabus of education in place by mid 2006 and the normality group then plan to work on developing a DVD about the services and facilities available within the maternity unit.

All parent education sessions are open to mothers, partners and birthing partners, with individualised sessions offered to teenagers and vulnerable women. One-to-one parent education is also provided to women in Corton Vale Prison by designated midwives and health visitors.

The review team commended the Board on its management of teenage pregnancy and individualised antenatal care provided to women at Corton Vale Prison.

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

STATUS: Not met

Staff reported that currently there is no lead named co-ordinator, with recognised training and responsibility for the education programme, on a service-wide basis. However, there are two designated midwives that have progressed work in this area and provide in-house training to midwife teams to ensure standardisation of the education programmes delivered. At the time of the visit, there were no plans to appoint a named lead co-ordinator to this role.

Desirable Criteria

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

STATUS: Met

The Ready, Steady, Baby book is given to women experiencing their first pregnancy at the initial antenatal booking clinic appointment at the 12th week of pregnancy. The review team noted that if a woman does not attend this appointment, she is followed-up to ensure that she receives a copy of the Ready, Steady, Baby book by week 16 of her pregnancy. Women with previous pregnancies receive a copy of the book if more than 3 years has passed since their last pregnancy, or if they have never received a copy of the book before.

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

STATUS: Not met

All midwifery teams working within NHS Forth Valley used to offer postnatal reunion classes, but because of poor attendance in most areas, these have now been discontinued by all teams with the exception of one postnatal reunion class. Staff reported that they are keen to re-establish postnatal education sessions to provide new mothers with information on baby massage and pelvic floor exercises as well as encouraging valuable peer support from other mothers.

The review team noted as a challenge for the Board the need to provide a postnatal education programme and obtain good involvement of women at these reunions.

Standard 3(b): Standard 3 ~ Pregnancy

Standard Statement

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

NHS Forth Valley

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

NHS Forth Valley offers a full range of antenatal screening and diagnostic testing services to women for the early detection, where possible, of any fetal abnormalities at an early stage of pregnancy.

Women identified at risk of rhesus disease are provided with written information on rhesus negative blood and are given details of the implications and potential need to obtain consent for the administration of prophylactic Anti-D injection if the mother's blood group requires this.

A protocol for administration of routine prophylactic antenatal Anti-D and a locally produced rhesus negative leaflet was provided to the review team for information.

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: Met

The review team was provided with evidence confirming that NHS Forth Valley provides antenatal care that complies with the guidance set out in 'A Framework for Maternity Services in Scotland' including the offer of an anomaly ultrasound scan 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 Forth Valley

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 has a pregnancy risk assessment tool in place which is used to help identify women who have risk factors that are likely to need additional care. There is also a process in place to allow women to move between different levels of care and professionals according to her level of risk. The care provided is tailored to individual needs.

The review team commended the pregnancy risk assessment tool used by the Board.

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

Individual birth plans are discussed during antenatal visits and information on all forms of pain relief is available at parent education sessions. Women are offered a choice of place for the birth of their baby. The chosen option is recorded in the woman's handheld maternity record and she is fully aware that she can change her mind at any stage during her pregnancy. Staff informed the review team that a high percentage of women who initially plan to have a home birth change their decision and opt for a hospital delivery once they get to know the midwifery team.

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: Met

The Board provided the review team with a copy of its protocol for antenatal care. The routine level of antenatal care is nine visits for primigravida and eight visits for multigravida. This practice conforms to the recommendations in 'A Framework for Maternity Services in Scotland'.

Local Report (NHS Forth Valley): Maternity Services – January 2007

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 Forth Valley

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 review team was informed that all women receive individual care from a trained midwife or a trainee midwife under supervision. The review team noted as a strength of the service the monthly team leader review of casenotes for deliveries within the maternity unit. The Board reported that it plans to formally audit the data collected.

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

STATUS: Met

The Board has a formal protocol in place for home births which is used by the midwifery team. The protocol includes: detailed instructions for staff to use when discussing home birth options with women; a home birth risk assessment form; a home birth team leader visit discussion form; and an information sheet outlining the complications that may require a woman to be transferred to hospital for delivery or specialist care. Two trained midwives are always available for home deliveries and a rota system is used to provide this cover.

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 Forth Valley has a wide range of policies in place for the management of: induction of labour; breach presentation vaginal delivery; perineal tear; urgent or scheduled caesarean section; antibiotic prescribing; placenta praevia; syntocinon infusion; thromboprophylaxis post caesarean section; water birth; epidural in labour; fetal monitoring; twin delivery; diabetes in labour; pre-eclampsia; refusal of blood products; haemorrhage; prolapsed cord; rupture of uterus; shoulder dystocia; neonatal and adult resuscitation; retained placenta; and intrauterine death.

Local Report (NHS Forth Valley): Maternity Services – January 2007

The review team noted that some policies were due to be updated. The Board reported that there is a process in place for multidisciplinary development and review of all policies. This is currently undertaken on an annual basis with all policies being reviewed at different stages throughout the year. Staff reported that it is planned to change this practice to review policies every 2 years.

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 Forth Valley

Essential Criteria

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

STATUS: Met

Women are informed about and offered a range of pain management during childbirth and are supported in their choice of pain control. Information on pain relief is provided during parent education sessions, and the anaesthetic department also holds quarterly sessions for women on choices of pain relief available during labour. Additional information is available in the Ready, Steady, Baby book and in the NHS Forth Valley 'Post Caesarean Section' leaflet.

The Board reported that women have access to the following range of pain management techniques available within the unit: oral and intramuscular analgesia and Entonox. Women can use their own transcutaneous electrical nerve stimulation (TENS) machine as required.

The use of water for analgesia is also offered. At the time of the visit, only static baths were available in the labour ward with women having the option to hire their own pool for use either in hospital or for a home birth. The uptake for this form of alternative pain relief was reported to be low, but it was acknowledged that water facilities will also be available on-site in the new hospital.

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

STATUS: Met

There is a pain assessment tool in use within NHS Forth Valley to record a woman's level of pain following administration of intrathecal opiates or patient controlled analgesia. Pain is monitored using a 0–3 score and women have their vital signs closely observed for 24 hours. Women who have had epidural anaesthesia for delivery have their pain recorded on an epidural chart. The review team noted as a

challenge for the Board the need to consider introducing a pain assessment tool for women who have had an instrumental vaginal delivery.

Desirable Criterion

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

STATUS: Met

NHS Forth Valley offers a 24-hour epidural service which is available at Stirling Royal Infirmary. Two anaesthetists provide this service during normal working hours on weekdays. Out-of-hours cover is provided by a resident trainee anaesthetist with a consultant on-call.

Standard 4(c): Standard 4 ~ Childbirth

Standard Statement

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

NHS Forth Valley

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 consultant obstetric anaesthetist responsible for the organisation and management of the anaesthetic service provided within NHS Forth Valley.

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

Board staff reported that there is always a consultant anaesthetist available for childbirth in the labour ward and obstetric theatres. However, it was noted that on occasions the anaesthetist on-call may not always be a consultant with a special interest in obstetrics. The review team recommended that the Board considers providing regular specific obstetric training updates to general anaesthetists covering obstetric theatre.

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 March 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

There is a system in place to ensure that anaesthetic and theatre services respond rapidly to obstetric emergencies. A paging system is used to contact staff immediately and response times were noted to be rapid. The review team encouraged the Board to consider implementing regular testing of the paging phone system to ensure continuous effective working.

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 Board submitted 'decision to delivery time' audit data for December 2005 that confirmed emergency caesarean sections are monitored, and the reason for these and timings are documented. However, the audit presented covered a one month period which was 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

From a recent collection of data, board staff reported that the time from informing the anaesthetist to the start of an emergency operative delivery was no more than 30 minutes. The Board has a system in place to formally audit this.

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 Forth Valley

Essential Criteria

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

STATUS: Met

It was reported to the review team that women are assessed immediately after giving birth by either a trained midwife or a student midwife under supervision. All assessments are documented and a copy of the form used as a standard checklist was provided to the review team as evidence.

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

The Board reported that women are assessed within 24 hours of giving birth and prior to transfer to community care. Assessments are performed by an experienced midwife, and a mother and baby discharge checklist form is completed and filed in the mother's maternity notes.

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

STATUS: Met

The review team found good evidence of protocols and guidelines in place to support staff in recognising and managing the physical and emotional wellbeing of a woman in the postnatal period. In particular, the review team commended the colour-coded chart used for management of postnatal complications which highlighted the need for early medical intervention if a woman's chart indicated more than one red or two yellow scores at any one time.

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

STATUS: Met

Contraception choices are discussed with women on the day of discharge. This is documented on the discharge checklist and electronically recorded on the MATSYS database. The woman's GP is also informed that contraception information has been discussed prior to discharge and each woman receives a copy of the 'After you've had your baby contraceptive choices' leaflet.

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 Forth Valley

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

NHS Forth Valley is committed to achieving UNICEF/WHO Baby Friendly status and is actively involved in achieving this award. A Certificate of Commitment was renewed in July 2005. It was noted that a comprehensive breastfeeding audit was also undertaken at this time which allowed staff to identify compliance with Baby Friendly best practice standards and highlighted areas of strengths and challenges within the service where changes are required. An action plan with timescales is in place to address issues identified as a result of the audit and staff reported that they will continue working towards achieving full Baby Friendly status initially within the Acute Operating Division and subsequently aim to achieve this status at community level.

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 provided with a range of information on choices of feeding methods available for their new baby. Throughout a woman's antenatal care, feeding options are discussed by team midwives on an individual needs basis. The benefits of breastfeeding are discussed and documented, and all women are supported in their preferred choice of feeding for their baby. The information is documented in the woman's maternity notes. In addition, posters raising the awareness of the benefits of breastfeeding to both mother and baby are displayed in all areas of the maternity unit, and women are provided with a list of contact numbers for extra help and support with breastfeeding if required. Women are also encouraged to attend a local breastfeeding support group and there are trained 'peer support mothers' available to provide support and encouragement on breastfeeding management to new mums.

Team midwives provide ongoing practical support and advice to women on the management of feeding. For those women who have had an early discharge from hospital following delivery, it was reported that the community midwife may visit

twice during the day to provide supervision and support if required. There is good communication between team midwives, health visitors and GPs to ensure continuous care.

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

NHS Forth Valley has a named individual identified as infant feeding co-ordinator within the Acute Operating Division responsible for providing education and training to healthcare professionals who support women in their chosen method of feeding. The review team was satisfied that there was education provided to midwives, health visitors, midwife assistants and medical staff. Attendance at training courses and clinical workshops was reported to be good.

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

STATUS: Met

Information on the number of babies admitted due to inadequate nutrition has only recently been collated within the Board. It was reported that since August 2005, three babies had been admitted due to poor weight gain. A re-admission form is used to record the clinical condition of a baby on admission including feeding pattern, weight and other vital signs.

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 Forth Valley

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 babies are delivered in a warm room, the baby is towel dried and 'skin to skin' contact with the mother is immediately initiated and early feeding within one hour of birth encouraged. Additional methods of warming a baby can be provided such as the use of a water bed or a knitted hat worn by the baby. The review team noted that there were guidelines in place to support staff in the management of: neonatal abstinence syndrome; prevention of early onset neonatal group B streptococcal disease; warning signs for the infant at risk of sepsis; and care of hypoglycaemia in the newborn infant in order to minimise the number of infants requiring admission to SCBU.

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

STATUS: Met

The review team found evidence of clear guidelines in place for care and examination of the newborn baby. Immediately following a birth, all babies were reported to be examined by either the midwife or the student midwife under supervision. A midwifery care assessment baby chart is used to record findings.

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 prior to discharge from hospital or within 72 hours of birth by a qualified member of the birth team. At the time of the visit, this assessment was performed by one of three midwives who are qualified in examination of the newborn or a senior house officer. A copy of the schedule for

examination of newborn form, used to record the assessment of the baby, was submitted to the review team.

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

STATUS: Met

Staff reported that daily checks are carried out on all babies both in hospital and the community to identify any early signs of jaundice and/or infection. A warning sign in the unit for the infant at risk of sepsis protocol details the signs and symptoms that require a baby to be referred to a paediatrician and a phototherapy protocol is also used by hospital staff for the ongoing management of babies identified with jaundice. A bilirubinometer is available for use in the hospital setting, however, it is not used in the community where its potential for preventing readmission is greatest. This could, therefore, be a useful tool to further facilitate the postnatal care by community staff in a woman's own home.

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 Forth Valley

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 review team commended the good team working within NHS Forth Valley ensuring that the transfer of women and their newborn babies from hospital to community care is well planned, and managed as quickly and as smoothly as possible.

Prior to a woman's discharge from hospital, the midwife contacts the GP to discuss details of the birth and the woman's postnatal requirements in the community. A postnatal discharge summary letter is also provided which outlines the general wellbeing of the woman and her baby, including the chosen method of feeding at the time of discharge. The health visitor receives a verbal handover from the team midwife with written information being available to support the woman's shared care in the community.

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

STATUS: Met

There are guidelines in place for the transfer and post transfer of women and their newborn babies. Women living in the NHS Forth Valley area carry their own handheld maternity record and are given a discharge letter to share with other health professionals involved in their care. Women living outwith the NHS Forth Valley area receive a discharge letter only.

Appendix 1 – Glossary of abbreviations

Abbreviation

AHP	allied health profession
CHP	community health partnership
EPAS	early pregnancy assessment service
GP	general practitioner
GROS	General Register Office for Scotland
HDU	high dependency unit
IR1	incident reporting form
MSLC	maternity services liaison committee
MRI	magnetic resonance imaging
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
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 Forth Valley was conducted on 17 January 2006.

Review team members

Dr John McClure (Team Leader)

Consultant Anaesthetist, NHS Lothian

Dr Sean Ainsworth

Consultant Neonatologist, NHS Fife

Ms Cathy Harkins

Lead Midwife, NHS Argyll & Clyde

Ms Isobel McInnes

Senior Nurse (Children), NHS Greater Glasgow

Mr John Ramage

Public Partner, Tayside

Mrs Anne Simpson

Public Partner, Tayside

Dr Rennie Urquhart

Consultant Obstetrician, NHS Fife

NHS Quality Improvement Scotland Staff

Mrs Morag Kasmi

Senior Project Officer

Ms Sharon Keane

Project Officer

Mrs Fiona Dagge-Bell (Observer)

Professional Practice Development Officer

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

Appendix 3 – Maternity services project group members

Chair

Dr Jane Magill

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

Project group members

Ms Gill Allan

Sister Midwife, NHS Tayside

Mrs Frances Arnott

Health Visitor, NHS Forth Valley

Ms Irene Barkby

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

Dr Ian Bashford

Senior Medical Officer, Scottish Executive Health Department

Dr Jennifer Bennison

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

Professor Andrew Calder

Consultant Obstetrician, NHS Lothian

Ms Cynthia Clarkson

Lay Representative, National Childbirth Trust

Dr Corinne Love

Consultant Obstetrician, NHS Lothian

Dr John McClure

Consultant Anaesthetist, Royal College of Anaesthetists, NHS Lothian

Ms Dahrlene McMahon

Paramedic, Scottish Ambulance Service

Mrs Mathilde Peace

Lay Representative, Lothian Health Council

Dr Gillian Penney

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

Ms Nancy Robson

Public Partner, Grampian

Ms Joanne Thorpe

Midwifery Team Leader, NHS Argyll & Clyde

Dr Tom L Turner

Consultant Paediatrician, NHS Greater Glasgow

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

Appendix 4 – Timetable of review visits

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

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