

NHS Lothian

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 Lothian**. This review visit took place on **1 March 2006**, and details of the visit, including membership of the review team, can be found in Appendix 2.

1.1 How the standards were developed

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

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

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

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

1.2 How the review process works

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

Self-assessment by NHS boards

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

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

External peer review

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

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

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

Assessment categories

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

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

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

1.3 Reports

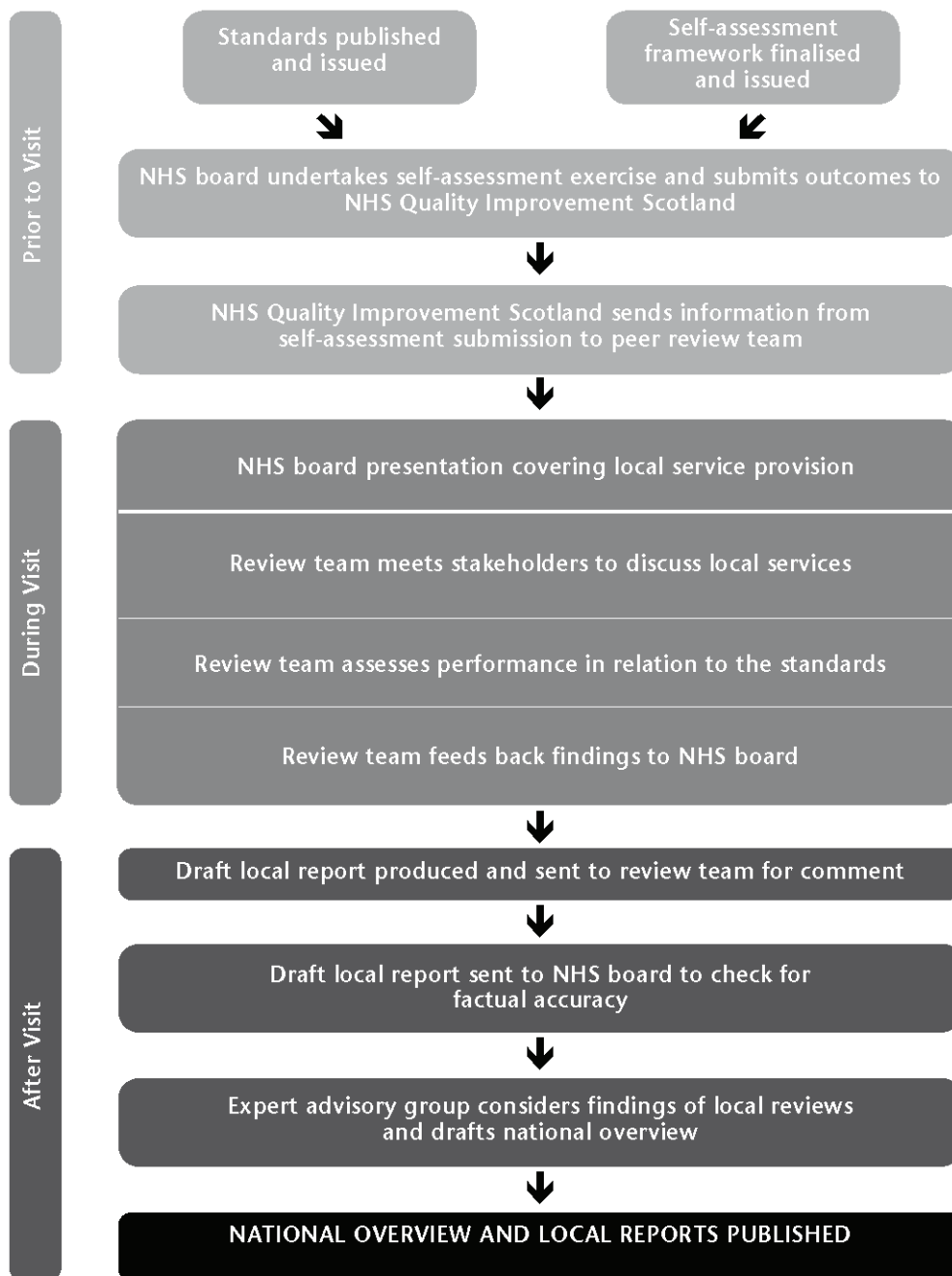
After each review visit, NHS QIS staff, with clinical input as appropriate, draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS board to check for factual accuracy. The local report is published only after all the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

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

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

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

The review process



2 Summary of findings

2.1 Overview of local service provision

Lothian is situated in south-east Scotland and has a population of around 787,504. The majority of the population live in densely populated urban areas, of which Edinburgh followed by Livingston is the largest in the region. The proportion of older people in the population is lower than the national average, as are levels of illness and deprivation.

Local NHS system and services

Lothian 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 Lothian.

At the time of the review visit, NHS Lothian provided acute services through one operating division, the University Hospitals Division. There are five community health partnerships (CHPs) providing primary care. 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 Lothian (www.lothianhealth.scot.nhs.uk).

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 Lothian, 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 Simpson Centre for Reproductive Health (SCRH), Edinburgh.

There are two maternity units: SCRH and St John's Hospital, Livingston which are supported by 11 community midwifery teams. The number of births have remained relatively static over the last 5 years as illustrated in the following table.

NHS Lothian	Number of births				
	2001	2002	2003	2004	2005
Simpson Centre for Reproductive Health	5,910	5,710	5,846	5,810	6,075
St. John's Hospital	2,452	2,506	2,631	2,710	2,768
Home births	82	113	92	112	125
Other (eg born before arrival)	54	59	62	67	86
Total births	8,498	8,388	8,631	8,699	9,054

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 Lothian provides a level III and a level IIc consultant-led maternity service based at the SCRH and St. John's Hospital, respectively. These units previously sat in two separate NHS Trusts, but following the move to single system working with NHS Board re-structuring in 2004, both units provide maternity services for NHS Lothian. The service is also supported by 11 community midwifery teams throughout Edinburgh, east, mid and west Lothian. At the time of the review visit, the Board was in the process of reviewing its plans for the future delivery of maternity services across both sites in accordance with single system working and the principles outlined in 'A Framework for Maternity Services in Scotland'.

There are specific lines of responsibility for the service. The director of planning and the commissioner for women and children's services have joint responsibility for maternity services at NHS Board level and the Board's associate medical director has responsibility for the service at primary care level. The operational responsibility for the service is undertaken by the clinical management team, which includes the chief midwife, clinical director for obstetrics and gynaecology, and service manager.

The review team commended the Board on its involvement of the public in the planning of its maternity services. This is co-ordinated through a maternity services liaison committee (MSLC) which has a wide representation of NHS professional staff and lay members, and advises the Board on all aspects of maternity services throughout NHS Lothian.

The Board has undertaken work with the Scottish Ambulance Service to develop operating procedures to provide an efficient transfer service for maternity services. There is an agreement in place between the Board and the Scottish Ambulance Service to transfer all maternity service patients to the most appropriate NHS Lothian hospital as opposed to undertaking a transfer to the nearest hospital. In addition to the general ambulance service, there is an established regional South East Scotland Neonatal Transfer Service which is initiated to transfer babies between hospitals in Lothian or other NHS board areas as appropriate. The Board has a dedicated member of staff to co-ordinate this area of the service. The neonatal transport team also provides support to other Scottish regional transport teams during periods where there is a high demand on the service. The review team commended the work undertaken by the Board, the Scottish Ambulance Service and the Neonatal Transport Team to develop an efficient operating service on both a local and national level.

The Board has formal arrangements in place for women and babies to access a range of specialist services across both sites and noted the excellent links with the Royal Hospital for Sick Children, Yorkhill, Glasgow, for neonatal babies who require cardiac surgery.

There are systems in place for all women to have a risk assessment throughout their pregnancy. At the time of the review visit, practice varied throughout NHS Lothian and the Board was in the process of reviewing its guidelines for high and low risk community-based antenatal care and risk assessment as part of single system working following NHS Board restructuring.

Example of a local initiative...

The Board has an established day assessment unit which provides fetal and maternal monitoring of high risk pregnancies. Women are seen on an outpatient basis between 8am–4.30pm, Monday–Friday. The unit consists of two rooms each containing two beds with en-suite facilities. The unit operates an appointment system, however, emergency referrals will also be accommodated. The unit is staffed by midwives and clinical support workers who provide a service covering the antenatal high risk clinic and assist with the diagnostic screening service. A senior house officer is also allocated to the unit on a rotational basis. Main sources of referral to this unit can be direct from: the woman in terms of a self-referral; previous attendees for return visits; community midwives or GPs; antenatal clinic; ward areas; the maternity triage service; and other hospitals.

The review team commended the Board's commitment to monitoring a wide range of maternity care activity through comprehensive auditing. The Board reported that audit management is also being reviewed as part of single system working. At the time of the review visit, the Board was reviewing IT systems for maternity services throughout NHS Lothian and a clinical database was being set up at St. John's Hospital to capture clinical data for intrapartum care.

The Board has a policy for the identification of women who are at risk from domestic abuse and provides courses for staff in basic awareness training. The Board has also developed a guide for staff to identify and support women who are at risk of domestic abuse. In addition, the Board is piloting a counselling service for women who wish to seek help for domestic abuse issues. The review team commended the Board's approach to establishing methods to identify domestic abuse and to provide support to those who are at risk.

Example of a local initiative...

The Board has a domestic abuse counsellor in post as part of a pilot process to provide support to women who wish to seek help with a domestic abuse situation. Women who require this service can contact the counsellor directly to self-refer or alternatively they can be referred by their GP or midwife. The counsellor also provides training for staff to support and advise midwives with the identification of domestic abuse issues.

High dependency and adult intensive care facilities are available and the review team commended the excellent level of access for adults who require intensive care

facilities across both sites as a major strength of the service. However, while neonatal intensive care unit (NICU) facilities are on-site at SCRH, at the time of the review visit, these facilities were not available at St. John's Hospital. The Board reported that there is a facility at St. John's Hospital to stabilise babies prior to transfer to specialised NICU facilities at SCRH. Transfer time for a baby from St. John's Hospital to NICU facilities at SCRH can take between 2–4 hours. In addition, the Board highlighted that the unit at SCRH is not currently operating at full capacity due to national clinical resource issues. A manpower review in relation to dependency, cot numbers and design of the unit has recently been finalised and work is progressing on this. The review team acknowledged the lack of specialised clinical resources as a national issue and identified the shortage of NICU staff as a challenge for the Board in terms of local and national demands on this area of the service.

The Board provides an excellent range of information for women to enable them to make informed choices regarding their pregnancy and childbirth. Information on the various options available to women regarding their maternity care in Lothian is provided in a wide range of languages to facilitate the local community. In addition to the information provided during pregnancy, the Board continues to provide comprehensive information after childbirth for parents whose babies require NICU facilities.

Example of a local initiative...

The Board has created a comprehensive, secure website (www.babylink.info/edinburgh) for parents whose babies are receiving care in the neonatal unit at the SCRH. The website has been designed to help parents gain a better understanding of the treatment their baby is receiving and become more involved in the management of their baby's care. There are two main components to the website, the general information pages are accessible by anyone who wishes to view the site, and the second part of the site contains secure pages where parents receive a specific password to access information about how their baby is progressing. Parents are required to give their written permission for their babies details to be included on the website.

There are systems in place to give women an opportunity to reflect on their birth experience both in the hospital setting prior to discharge and again in the community as part of routine postnatal care.

There is a policy for the provision of bereavement care following a pregnancy loss or a neonatal death. The review team commended the quality and content of this information.

Pre-conception and Very Early Pregnancy

There is not a specific pre-conception service for women with diabetes or who have a personal or family history of significant illness. Women with diabetes who require pre-conception services currently have their care managed by their diabetic nurse and consultant obstetrician or through the woman's routine attendance at her diabetic

clinic. While there is not a specific pre-conception service for women, there is an excellent range of information available to women regarding diabetes during pregnancy. There is also an integrated care pathway for pregnant women with diabetes which is used to record the care of the woman throughout her pregnancy.

The Board operates a genetics clinic at both sites for women with a personal or family history of significant illness. This is a combined clinic and includes the provision of a range of specialist services.

There are formal arrangements for women who require to be referred to the early pregnancy assessment service (EPAS) which enables any healthcare professional involved in the woman's care to make a direct referral on behalf of the woman. In addition, there is prompt access to ultrasound facilities at both sites. However, while this service is available 7 days a week at SCRH, it operates 5 days a week at St. John's Hospital. The review team supports the Board in its plans to provide access to ultrasound scanning 7 days a week across both sites.

Pregnancy

There is not a specific syllabus for the provision of antenatal education. There are various programmes of education which provide core topic items to be included in the provision of antenatal education throughout NHS Lothian. The Board reported that while parent education sessions across the Board area are very similar in terms of content and format, it plans to develop one formal syllabus for the education programme. The review team commended the practice in place across both sites to target education to specific groups, for example teenage pregnancies, multiple pregnancies and also for women with learning difficulties.

Example of a local initiative...

In addition to antenatal parent education sessions, the Board also participates in inter-agency working with West Lothian Council's Sure Start project to provide specific antenatal/parenting for expectant fathers. The course is known as dads2b and runs over a 4-week period at St. John's Hospital. Course content includes: fatherhood; baby needs and care; labour; delivery; healthcare; and baby massage.

A postnatal reunion is routinely provided as part of the parent education programme in west Lothian. However, it is only provided in other areas of NHS Lothian subject to women's interest to attend. The review team noted that other postnatal activities are available, for example aquanatal classes and breastfeeding support groups, however, would encourage the Board to re-establish a postnatal reunion as part of the parent education programme throughout NHS Lothian.

The Board's antenatal care and investigation of women is in accordance with national recommendations with the exception of the provision of a 20-week anomaly scan which is currently only provided if a woman's level of risk indicates that a second scan is necessary. The Board has set up a project group to review scanning

requirements and to progress the service towards providing a routine 20-week anomaly scan during 2007.

Example of a local initiative...

The review team commended the level of specialist services in place at NHS Lothian and, in particular, highlighted the Board's provision of coloured imaging scanning as good practice in the investigation and management of placenta praevia.

Childbirth

The review team highlighted the provision of one-to-one care during established stages of labour as a challenge for the service. The Board aims to provide one-to-one care for all women but informed the review team that this is not always possible to achieve. The Board has undertaken a Birthrate Plus Manpower Review in an effort to achieve this for all women and, at the time of the review visit, the findings from this review were being analysed in accordance with single system working.

There are policies for the management of all key labour practices. An established multidisciplinary team is responsible for writing and reviewing policies for this area of the service across both sites. The Board has a system in place to support a home birth service and to ensure that there are two midwives in attendance for all planned births at home.

There is a lead consultant anaesthetist at each site with responsibility for the organisation and management of the specialist anaesthetic service. Information regarding pain management is provided to women and discussed throughout various stages of pregnancy, labour, childbirth and is also followed-up postnatally. The Board provides a full range of pain management techniques and there are procedures in place for all women who have epidural analgesia or an operative delivery to have their pain assessed.

Arrangements are in place across both sites to ensure that anaesthetic and theatre services can respond rapidly to obstetric emergencies. The Board has undertaken an audit for emergency caesarean sections to monitor its arrangements for 'decision to delivery' times and perceived urgencies.

Example of a local initiative...

The delivery suite at SCRH has a dedicated room for women categorised as having a 'high risk' delivery level. This room has theatre facilities in place which eliminates transfer time to the theatre suite in an obstetric emergency.

Postnatal and Parenthood

All women are assessed immediately after giving birth by a member of the birth team and have postnatal assessments as part of daily routine observations whilst in

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hospital. There are procedures in place for the transfer of women and babies to community care as part of the formal discharge process.

The Board has achieved UNICEF/WHO Baby Friendly status at SCRH and is working towards achieving a Certificate of Commitment for the unit at St. John's Hospital.

There is an infant feeding advisor who provides education and training for healthcare professionals who support women in their chosen method of feeding. There is also a system at SCRH to monitor admission rates for babies due to inadequate nutrition. St. John's Hospital monitors all baby admission rates, but at the time of the review visit, the unit did not specifically record the number of admissions due to inadequate nutrition.

There are guidelines in accordance with the Royal College of Obstetricians and Gynaecologists for the prevention of the early onset of neonatal group B streptococcal disease. In addition, all babies are examined daily whilst in hospital and an assessment for jaundice forms part of this examination.

Example of a local initiative...

There is a jaundice and weight loss clinic at SCRH. This clinic is for babies whose conditions are too urgent to be dealt with through a routine outpatient appointment. Referrals are made on a Monday–Friday basis between 8am–6pm by bleeping a neonatal special care registrar. Weekend and out-of-hours cover is provided by a neonatal intensive care registrar.

The Board has an integrated care pathway outlining the practice for the transfer of postnatal care for mothers and babies from the hospital setting to community care. The review team commended practice at both sites for the transfer of this information between secondary and primary care.

3 Detailed findings against the standards

Standard 1(a): Standard 1 ~ Core Principles

Standard Statement

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

NHS Lothian

Essential Criteria

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

STATUS: Met

The director of planning and the commissioner for women and children's services have joint 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 associate medical director has responsibility for maternity services at primary care level. Responsibility for the service at acute operating level is undertaken by: the chief midwife for community/hospital midwifery neonatal nursing services; the head of service and clinical director for women's and children's services; the director of operations, surgical and associated services; and the Board's chief executive.

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 outlined its plans for maternity services in 2000. However, this process was reflected in several documents and was not initially formalised into one strategy document. Since then, maternity services at St. John's Hospital, Livingston and Simpson Centre for Reproductive Health (SCRH), Edinburgh have become part of NHS Lothian as a result of NHS Board re-structuring in 2004. At the time of the

review visit, the Board was in the process of reviewing its plans for the future delivery of maternity services across both sites in accordance with the principles outlined in 'A Framework for Maternity Services in Scotland'.

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

STATUS: Met

The Board involves the public in the planning of maternity services through a maternity services liaison committee (MSLC). This committee is chaired by a lay member and advises the Board on all aspects of maternity services throughout NHS Lothian. Members of the public are also involved in a range of other projects in conjunction with the Board. The review team commended the Board on achieving a high level of public interest in the service, and the commitment and enthusiasm of the members of the public involved.

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 Lothian

Essential Criteria

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

STATUS: Met

The Board reported that each site currently uses a different system to manage critical incidents which reflected practice prior to NHS Board re-structuring and that a new strategy had been devised to have one system in place to reflect single system working. The review team was informed that the new system to be used across both sites would be a DATIX system which has currently been in use at one site for maternity services for over two years. Feedback on the effectiveness of this system has been very positive and the Board plans to establish this throughout NHS Lothian in the next financial year.

The Board has a risk management committee which has developed a comprehensive strategy outlining the vision, objectives and organisational arrangements for managing risk over a 3-year period between 2005–2008. The Board's objectives for risk management are in accordance with national and international guidelines and frameworks, and outline the roles and responsibilities at committee and individual level for the analysis and investigation of critical incidents.

Both sites currently undertake daily 'real-time' IR1 incident reporting on the labour ward, where cases are reviewed over the previous 24-hour period. Incidents are analysed for action and lessons learned, and good practice is noted. Feedback to staff regarding real-time incident reporting is channelled through various forums including: clinical improvement team meetings; perinatal mortality meetings; clinical task group meetings; anaesthetic meetings; and peer review sessions. The review team was provided with an example of how an incident would be reported and the follow-up action/recommendations following analysis and review. The responsibility for the co-ordination of investigation and analysis of incidents is undertaken by the Board's risk management co-ordinator in conjunction with a consultant midwife for intrapartum services and medical obstetric staff.

The review team considered the critical incident management procedures in place across both sites to be comprehensive and robust and commended the Board's commitment to managing critical incidents.

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

Formal procedures are in place to enable women to express their views about their pregnancy and childbirth experience. This information is recorded on a 'Talkback' form and is provided to women to complete and return to their community midwife or directly to the Board's assistant operational manager.

The Board also has formal complaints procedures in both sites which are compliant with national recommendations. Feedback is provided for staff and trends are regularly monitored across both sites by the Board's clinical improvement team. At St. John's Hospital, the complaints audit is reviewed by the local clinical governance steering group which would action any proposed changes to practice. At the SCRH, complaints are investigated and action plans drawn up by appropriate members of staff. Implementation of agreed actions is monitored by the Board's chief midwife.

A maternity service satisfaction survey has been developed with input from the Boards MSLC, consumer groups and staff from the maternity units at St. John's Hospital and SCRH. The review team commended the level of detail covered in the survey from the antenatal stage through to the postnatal period.

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: Met

The Board has undertaken work with the Scottish Ambulance Service to develop procedures for the transfer of women during pregnancy, childbirth and with their babies. Flow charts have been established to outline procedures for obstetric and neonatal emergencies in the community setting as well as for mobilising the neonatal retrieval team.

The review team was informed that there are clear lines of access and instructions for the transfer of mothers and mothers and babies with complications during a home birth. Women are transferred directly to the nearest maternity unit. All babies under 24 hours of age requiring transfer to hospital are taken directly to the SCRH and St. John's Hospital, depending on the location of the baby prior to transfer. Babies over 24 hours old would be taken to the Royal Hospital for Sick Children, Edinburgh. Paramedics are in attendance for all of these transfers as well as a midwife for women who require transfer due to premature labour. The Board has agreed arrangements with the ambulance service to transfer all maternity cases to the hospital where the appropriate level of service is specialised to manage the emergency.

In addition, there is an established regional south-east Scotland neonatal transport service based on national guidelines which transfers all babies between hospitals or for babies whose mothers reside in the south-east regional transport area which includes NHS Lothian, NHS Borders and NHS Fife. This also includes neonatal transfers to and from other NHS board areas, which can be throughout the UK. The Board's neonatal transport team co-ordinator assesses availability of neonatal intensive care unit (NICU) cots locally. If the unit is operating at full capacity, the nearest regional referral unit in NHS Greater Glasgow or NHS Tayside would be contacted directly to locate a NICU cot.

The neonatal transport team provides cover to other Scottish regional transport teams during periods of high pressure on other services. The team also participates in providing training for other staff directly involved in the initial care of newborn infants in the form of specific sessions for paramedic and ambulance technician staff regarding resuscitation training, stabilisation study days, car safety talks in conjunction with the police service etc. In addition, the team aims to develop a module with Napier University, Edinburgh, to establish a formal, recognised education course to combine newborn life support (NLS), transportation, and stabilisation training and techniques.

The review team commended this proactive approach and highlighted the links between the Board, the neonatal transport team and the Scottish Ambulance Service as a major strength in the provision of maternity services on both a local and national level.

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

STATUS: Met

The Board has formal arrangements for women and their babies to access a network of specialist services ranging from: allied health professions (AHPs); anaesthesia and intensive care; imaging; laboratory medicine; medicine; neonatology; obstetrics; perinatal pathology; surgery; and psychiatry.

The Board reported that in addition to the above services, there are excellent links established between Lothian's neonatal services and the Royal Hospital for Sick Children, Yorkhill, Glasgow, for neonates who require surgery.

The review team also commended the Board's work in establishing integrated care pathways and highlighted the work in progress to develop an evidence-based integrated care pathway for perinatal mental health (PNMH) as an excellent initiative which is planned to be in place from the woman's first booking visit and through to the first year postpartum. The pathway has clear guidance on the detection, referral process and also possible interventions for the treatment of PNMH. A referral flow chart for midwives will be included in the pathway. The Board also plans to establish

a four-bedded, mother and baby unit at the St. John's Hospital site to care for women who require this level of service.

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

STATUS: Met

There is a system at each site to ensure that women with risk factors during their pregnancy are offered assessment by a consultant obstetrician.

At SCRH, all women have a risk assessment carried out at their initial booking appointment which determines the professional (midwife or consultant) who will lead their care and support clinical assessment and appropriate referral for the duration of the pregnancy. At the maternity unit at St. John's Hospital, all women are allocated a named consultant obstetrician and a clinic appointment with this consultant where they have a risk assessment undertaken.

Throughout NHS Lothian, women with previous miscarriage risks can self-refer or be referred by their midwife or GP to the Board's early pregnancy assessment unit for an early scan and support.

At the time of the review visit, the Board was in the process of reviewing its guidelines for high and low risk community-based antenatal care and risk assessment as part of single system working following NHS Board re-structuring.

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

STATUS: Met

The review team commended the audits undertaken in both units as part of the Board's commitment to monitoring a wide range of maternity care activity. It would however, recommend that there is an increase in anaesthetic related audit at St. John's Hospital. At SCRH, audits are discussed and results fed back to staff through appropriate team meetings. The Board reported that audit information will be displayed in all maternity clinical areas. At St. John's Hospital, there is a weekly Wednesday morning meeting where audit is discussed and results fed back to all appropriate staff groups.

The Board reported that as with other areas of maternity service practice, audit management is currently being reviewed across both sites as part of single system working. A labour ward database has been developed and was being piloted at the time of the review visit. The Board plans for this system to contribute to the current audit programme of labour ward activity in conjunction with the clinical governance action plan at St. John's Hospital.

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)

There is adult obstetric and neonatal resuscitation training available at both sites. This forms part of induction for all midwifery and medical staff. Mandatory updates are also in place for all groups of staff involved in childbirth. All new paediatric doctors undertake theoretical and practical training in newborn resuscitation and regular resuscitation drills are held throughout the year as part of the junior medical staff teaching programme. Senior medical staff working in the neonatal unit and the labour ward areas have completed NLS courses and the review team was informed that updates for consultant staff occur on an ongoing adhoc basis to ensure skills are kept up to date. The review team was informed that the Board plans to include resuscitation updates as part of consultant staff job plans and appraisals to ensure skills are formally updated.

Advanced life support in obstetrics (ALSO) trainers conduct obstetric emergency study days in each site which include neonatal resuscitation. In addition, simulated emergencies in the form of 'labour ward mock drills' are undertaken 3–4 times a year for all levels of staff involved in the delivery of obstetric and neonatal care. This enables staff to work together to manage and learn lessons from the simulated emergency in order to improve proficiency in real life emergencies.

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 commended the clinical risk assessment process in place for women at both sites. The Board uses 'risk cards' at booking appointments and throughout a woman's pregnancy to identify her level of risk and all women have their care categorised accordingly into midwifery or consultant-led care. At St. John's Hospital, all women have a named consultant and attend a consultant clinic during their pregnancy.

The review team was informed that the Board is currently reviewing its antenatal referral procedures in accordance with single system working. The Board's maternal history taking group is taking work forward in this area. The review team also commended the Board's communication strategy.

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 Board has an NHS Lothian-wide policy for the identification of women who are at risk of domestic abuse. Courses in basic awareness training in domestic abuse are provided for staff and have been well attended by community midwives, ward-based midwives, neonatal nurses, and labour suite staff.

Midwifery staff at SCRH use a checklist of care in the routine antenatal care pathway to explore the possibility of domestic abuse issues. Staff undertake this check at least twice during pregnancy which is audited as part of the integrated care pathway audit process. The Board provides a counselling service for women who wish to seek help for domestic abuse issues. The review team considered the Board's approach to the identification of domestic abuse and support provided to women who require it, to be a major strength of the service.

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 within the obstetric units across both sites. The Board has protocols for the operational management of this area of the service and provides an in-house high dependency training course for midwives.

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 review team commended the Board's excellent level of access for adults who require to be transferred into adult intensive care facilities and highlighted the established links between maternity and intensive care unit (ICU) staff across both sites as a strength of the service.

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

STATUS: Met

Adult intensive care facilities and specialist medical back-up are available on-site at both hospitals. Adult intensive care facilities are situated nearby the maternity units to facilitate patients' transfer between the units.

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

Each of the maternity units in NHS Lothian has full adult intensive care facilities on-site. This criterion was, therefore, considered not applicable to this level of service.

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 applicable

Each of the maternity units in NHS Lothian has full adult intensive care facilities, advanced imaging and cardiology services available on-site. This criterion was, therefore, considered not applicable to this level of service.

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: Not met

NICU facilities are available on-site at SCRH. At the time of the review visit, there was not an NICU facility at St. John's Hospital. However, there are good facilities for the stabilisation of babies and the provision of short-term intensive care (ventilator, blood gas machine etc.) which are put in place until the transport team arrives to transfer the infant from St. John's Hospital to the specialised NICU facility at SCRH. The review team was informed that transfer time can take between 2–4 hours.

The Board also reported that SCRH is unable to utilise all NICU cots due to a shortage of specialist nursing staff. The review team acknowledged the shortage of NICU staff as a national issue, however, highlighted the current situation as a challenge for the Board in terms of local and national demands on this area of the service.

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: Not met

The review team considered the Board not to be meeting this criterion as while special care baby unit (SCBU) facilities are available on-site in both hospitals, there is not a system of rapid access to NICU facilities for infants between St. John's Hospital and SCRH. The Board reported that transfer time can be between 2–4 hours.

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

STATUS: Not met

The review team considered this criterion not to be met as the Board is unable to operate its NICU facility to full capacity because of the national shortage of neonatal nursing staff. The Board undertook a manpower review for the neonatal unit at SCRH in August 2005 in which it highlighted these issues and prepared a summary of recommendations to facilitate current practice.

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 Lothian

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 consultant obstetrician confirmed at their first booking appointment depending on the level of specialist care required. This member of staff will lead and plan the woman's care with the service. The Board also audits this area of the service.

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

STATUS: Met

Women receive a good range of information regarding the services offered by the maternity unit to enable them to make an informed decision regarding their preferred place of birth. The Board's 'Your Baby Your Choice' leaflet outlines the various choices available to women regarding their maternity care in NHS Lothian. The leaflet also invites women to discuss their personal choices with their midwife, GP or consultant obstetrician. Preferred choices for giving birth are also discussed as part of the parent education sessions and in one-to-one consultations with midwives and medical staff. The review team commended the information provided in this leaflet and also its availability in a range of languages which includes: Arabic; Bengali; Chinese; Punjabi; and Urdu. The leaflet was produced in collaboration with Lothian Health Council.

The Board also has a maternity services information leaflet at SCRH. The review team would recommend that this information is reviewed and updated to include details regarding St. John's Hospital in accordance with single system working. The national Ready, Steady, Baby, book is also provided to women to promote informed choice. Women throughout NHS Lothian have a choice to give birth in one of the Board's maternity units or alternatively have their baby at home. Should a situation arise where there are concerns regarding the safety of a woman or her baby in terms

of the woman's chosen place of birth, this would be explained to the woman by her midwife or consultant obstetrician and documented in the care plan.

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

STATUS: Met

The Board has a system, in accordance with its consent procedure, for professionals to obtain informed consent for interventions and investigations. This is documented on a specific form in the woman's maternity record.

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

STATUS: Met

Women, at each site, are given the opportunity to reflect on their birth experience and have a discussion with staff prior to discharge from hospital. Women who have had epidural analgesia will be reviewed by an anaesthetist and all women will have a debriefing session with a midwife prior to discharge. Women who have had an operative delivery will be seen by a consultant obstetrician or senior registrar for a medical review. Details of the review are documented in the casenotes and if the woman is considered suitable for discharge, a stamped discharge notification sheet is filed in the woman's notes to inform midwifery staff that the woman has received a medical review and can be discharged.

Community midwifery staff also give women an opportunity to reflect on their birth experience as part of routine postnatal care. The review team concluded that midwifery and medical staff make every possible effort to ensure that all women have an opportunity to reflect on their birth experience.

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

STATUS: Met

The Board reported that communication skills training is provided for all healthcare professionals and is part of the Board's core induction programme. Communication workshops are open to all healthcare professionals on a voluntary basis and attendance of all staff groups is monitored by the Board's midwife counsellor.

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

STATUS: Met

The Board has a policy for the provision of bereavement care following a pregnancy loss or neonatal death. The review team commended the content and quality of the information provided by the Board for parents who experience an early pregnancy loss or stillbirth. This information contains contact details for a range of support mechanisms. In addition, the Board provides a counselling service for bereaved parents.

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

STATUS: Met

The Board invites parents to respond to a brief questionnaire to monitor and evaluate the suitability and content of information provided. In addition, parents who choose to attend counselling sessions are also asked to complete an evaluation form. Feedback on the service is also obtained through the maternity services survey and the comments, compliments and complaints record system.

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 Lothian

Essential Criterion

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

STATUS: Met

The Board encourages partner involvement throughout all stages of pregnancy and childbirth in accordance with the mother's wishes. Information provided to women throughout her pregnancy is for both the woman and her partner. Partners are also invited to attend antenatal classes as appropriate. Where the woman's partner cannot be present, the Board welcomes another person of the woman's choice to attend antenatal classes, as well as throughout labour and childbirth stages. Visiting times accommodate partners and children between 9am–10.30pm. The Board also has guidelines in place at SCRH for partners who occasionally, in certain circumstances (eg a sick baby or sick partner) may wish to stay in hospital overnight.

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 Lothian

Essential Criteria

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

STATUS: Met

The review team was informed that a handheld maternity record is available for all women throughout NHS Lothian. Records vary between both sites and are currently being reviewed as part of single system working and in conjunction with the launch of the national handheld maternity record.

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

STATUS: Met

The Board has operating systems in place throughout NHS Lothian to ensure that the Scottish Morbidity Record 2 (SMR02), Scottish birth record (SBR) and birth notification General Register Office for Scotland (GROS) is 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 Lothian 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 Lothian

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: Not met

Women with diabetes who require pre-conception services currently have their care managed through their diabetic nurse and consultant obstetrician or through their routine attendance at the diabetic clinic. There is an information leaflet available for women with diabetes who are planning a pregnancy and there is a pre-pregnancy checklist in place for women with diabetes. However, the Board does not have a specific pre-conception service for women with diabetes.

The Board reported that a pre-conception service was piloted over a 3-month period in West Lothian and while it was extensively advertised, it remained unused.

Whilst a specific pre-conception service is not in place, the review team noted the excellent information available for women with diabetes when they become pregnant. There is also a comprehensive integrated care pathway in place for pregnant women with diabetes which is used to record the care of the woman during her pregnancy. It contains details of the woman's GP practice, diabetologist, obstetrician and co-ordinating midwife. In addition, there are integrated care pathways for pregnant women who develop gestational diabetes and for women who have had previous gestational diabetes.

The Board has clinical guidelines for: the management of glycaemic control in women with diabetes during labour and the antenatal period; the management of hypoglycaemia in the antenatal ward; diabetic management for induction or spontaneous labour; diabetic management for elective/emergency caesarean section; and diabetic management notes for induction/spontaneous labour and caesarean section.

Desirable Criterion

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

STATUS: Not met

There are no specific pre-conception services in place for women with a personal or family history of significant illness. However, there is a genetics clinic which is run on a monthly basis at St. John's Hospital and on a weekly basis at the SCRH. This is a combined clinic and includes the provision of a range of services. In addition, there is an integrated care pathway for the management of antenatal care for women with a history of epilepsy.

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 Lothian

Essential Criteria

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

STATUS: Met

The Board has formal arrangements for women who require to be referred to the early pregnancy assessment service (EPAS). These arrangements allow any healthcare professional involved in the woman's care to access the service directly. The review team commended the Board on the organisation of this service across both sites.

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 for referral to the EPAS. At each site, women are seen on the same day as the referral is made or the following morning. Women can refer themselves to the EPAS at St. John's Hospital and SCRH.

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

STATUS: Met

Women who experience early pregnancy complications are cared for in a dedicated area of the gynaecology ward at SCRH. At St. John's Hospital, women are cared for in a dedicated area of the antenatal ward. The review team was informed that efforts are made within the space available for women with early pregnancy complications to avoid contact with patients who are in the ward areas for other forms of treatment and management.

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

STATUS: Met

Women who miscarry have access to surgical, medical and expectant management options.

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

STATUS: Met

The Board provides prompt access (within 24 hours) to ultrasound facilities at both sites. This is available on a 7-day basis at SCRH. At St. John's Hospital, this facility is currently only available Monday–Friday. However, the Board reported that women who would normally access this service at St. John's Hospital during weekdays can access this service at SCRH.

Desirable Criterion

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

STATUS: Not met

The Board reported that telemedicine facilities are not widely used in the provision of maternity services. On some occasions, telemedicine facilities are used to access results from healthcare centres. The review team would encourage the Board to utilise these facilities in its provision of regional working with other NHS Board areas.

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 Lothian

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

There was not one specific syllabus of education in place throughout NHS Lothian for the provision of antenatal parent education sessions. Instead there are a number of programmes which provide core topic items to be included throughout NHS Lothian. The Board reported that while parent education sessions across NHS Lothian are very similar in terms of content and format, it plans to have one formal syllabus in place for the education programme as part of single system working.

While the Board is not currently meeting this criterion, the review team noted the work in place across both sites to target education-related topics to specific groups, for example teenage pregnancies, twin pregnancies and for women with learning difficulties. As well as scheduled classes, parent education sessions can also be provided on a one-to-one basis in specific circumstances.

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

An antenatal midwife is the lead co-ordinator with recognised training and development to take responsibility for the 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 women on confirmation of pregnancy throughout NHS Lothian. Issuing of the book is recorded on the routine antenatal integrated care pathway for all women booked to deliver their baby at SCRH. Women booked to have their babies in West Lothian, receive the book as part of their pre-booking pack issued by their healthcare centre.

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

STATUS: Not met

A postnatal reunion is routinely provided as part of the parent education programme at St. John's Hospital. However, the Board reported that in SCRH, whilst invitations are sent to all women, the reunion will only be scheduled if there is sufficient interest from women to attend. The review team was informed that while specific reunion classes are not routinely offered in this area, other postnatal activities, for example aquanatal classes and breastfeeding support groups are provided for women.

Standard 3(b): Standard 3 ~ Pregnancy

Standard Statement

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

NHS Lothian

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 commended the Board for the management and treatment of all women who are identified in the screening programme as at risk of rhesus disease across both sites.

The Board has a policy in place for prophylactic Anti-D administration. The review team was provided with an information leaflet which is given to women who have a rhesus negative blood group. This explains the administration of antenatal Anti-D injections during and after pregnancy and enables women to make an informed choice.

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 Board's antenatal care and investigation of women is in accordance with national recommendations and guidance with the exception of the provision of a 20-week anomaly scan which at the time of the review visit was only provided if it was considered clinically necessary. The Board reported that a project team has been established to address scanning requirements and that it aims to provide routine 20-week anomaly scanning throughout NHS Lothian from 2007. The review team would recommend that all women are offered an ultrasound scan in both the first and second trimesters of pregnancy.

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 Lothian

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

There is an explicit plan in each site for antenatal care for all women which takes account of risk and acknowledges that women can move in either direction between different levels of care and lead professionals. While the Board meets this criterion, there is a different system in place at each site. In some parts of NHS Lothian, women have a named consultant and are seen at the consultant clinic at least once during their pregnancy regardless of their risk levels. In other areas, women have their risk levels identified by their midwife and will only be referred to consultant-led care if their risk level is appropriate to require that level of service. In situations where women with low risk factors see a consultant, they can be referred back to midwife-led care.

The Board reported that it plans to introduce a category system for risk assessment, based on national recommendations, across both sites in accordance with single system working. The review team considered the Board's provision of coloured imaging scanning as good practice in the investigation and management of placenta praevia.

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

STATUS: Met

Women are encouraged to be involved in the development of their birth plan initially during parent education sessions. At this time information is also provided to women to enable them to make an informed choice regarding their preferred place of birth for their baby. Women who choose not to attend antenatal classes will have their birth plan discussed during antenatal clinic appointments.

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 routine pattern of antenatal care for pregnant women throughout NHS Lothian is in accordance with national recommendations 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 Lothian

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: Not met

The Board reported that whilst it aims to provide one-to-one midwifery care for women during established stages of labour it is not currently achieving this. A Birthrate Plus Manpower Review based on the provision of one-to-one care in labour has been undertaken for both units. The review team was informed that these reports are being analysed with a view to single system working. The review team highlighted the provision of one-to-one care as a challenge for the service and would encourage the Board in its efforts to achieve this in all cases.

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 robust system in place to ensure that there are two midwives in attendance for planned home births. There is a planned home birth pack which is used by the woman, the midwife and the supervisor of midwives to establish, facilitate and record the communication and planning of a home birth. The pack is generated when the home booking is requested and is updated throughout the remainder of the pregnancy.

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

There are policies for the management of: induction of labour; breech presentation; perineal repair; caesarean section; antibiotic prophylaxis in caesarean section; placenta praevia; postaglandins and oxytocin; thromboembolism and thromboprophylaxis; water birth; epidural analgesia; fetal monitoring; twin pregnancy; diabetes;

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

The review team was informed that members of a multidisciplinary team are involved in writing these policies in both sites. The review team noted that there was not a review date on all policies and would recommend that this is included on all policies across both sites.

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 Lothian

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

Information regarding pain management during labour and childbirth is provided to women and discussed throughout all stages of pregnancy and is followed up during labour, childbirth and again, postnatally. Information is provided verbally by midwives during antenatal parent education sessions and is supported by information leaflets. Women have access to a full range of pain management techniques which include: transcutaneous electrical nerve stimulation (TENS); oral analgesia; intramuscular analgesia; Entonox; the use of water in pain relief; and epidural analgesia.

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

STATUS: Met

There are procedures for all women who have epidural analgesia or an operative delivery to have their pain assessed using validated pain assessment tools. The Board provided a selection of charts used for pain assessment across both sites.

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 St. John's Hospital and SCRH. Anaesthetic staff are scheduled on a rota system to ensure that the service is provided with sufficient levels of staff to cover the obstetric service on a 24-hour basis. The review team noted that there is not a separate rota for emergency and elective caesarean sections.

Standard 4(c): Standard 4 ~ Childbirth

Standard Statement

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

NHS Lothian

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 at each site with responsibility for the organisation and management of the specialist anaesthetics service.

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

STATUS: Not met

There are formal arrangements in place at one site to ensure that a dedicated specialist anaesthetic service is available at all times during childbirth. However, whilst arrangements at the other site ensure that this service is available during the day, the overnight anaesthetic service provides anaesthetist cover to all hospital services as required and, therefore, is not dedicated to the obstetric service.

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 November 2004. The review team confirmed from observation of this plan that the Board is meeting this criterion.

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

STATUS: Met

The service is organised across both sites to ensure that anaesthetic and theatre services can respond rapidly to obstetric emergencies. Both units use a 'categorisation of urgency' system which ranges from 1–4. At St. John's Hospital, a 'fast-bleeping' system is used and protocols are in place for emergency obstetric situations. At the SCRH, there is a dedicated theatre to respond to obstetric emergencies.

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

STATUS: Met

The Board has undertaken an audit of emergency caesarean sections to monitor its arrangements for 'decision to delivery' times and perceived urgencies. Emergency caesarean sections are classified into four categories on an ascending scale of urgency.

Desirable Criterion

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

STATUS: Not met

Audit data provided to the review team indicated that the Board is not quite meeting the criterion for the time from informing the anaesthetist to the start of an emergency caesarean section. However, the review team commended the Board's overall achievement in this area as the audit information highlighted that a 30-minute timescale is achieved in most instances.

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 Lothian

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 member of the birth team. This is undertaken by a midwife and/or consultant obstetric and anaesthetic staff according to the woman's individual requirements. All women who have had midwife-led care and who have not developed any complications to increase their risk factors will be assessed by a midwife. All other women are medically reviewed. The review team highlighted the practice in place at one unit to use an 'official stamp system' on the women's casenotes to confirm that a postnatal assessment has been undertaken, and that the woman is considered fit to be discharged. The 'stamp area' also includes a section for the date, signature, printed name and designation of the member of staff who undertook the assessment.

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 by a midwife prior to being transferred to community care or within 24 hours of giving birth. A postnatal discharge pack is used for this process at St. John's Hospital. The pack contains a checklist for staff on information to cover with women and details to be recorded prior to discharge. SCRH has an integrated care pathway for postpartum care for mothers and babies. This includes: daily observation sheets to be completed for mothers and babies; a transfer to care in the community form; a form to cover the period between the woman returning home and the final handover of her care to a health visitor; and information sheets to record infant feeding.

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

STATUS: Met

There are guidelines in place for postnatal care in clinical practice. Women have a postnatal assessment as part of daily routine observations whilst in hospital and are assessed for infection, haemorrhage, and thromboembolism as part of these checks. All women who have had an anaesthetic intervention are also reviewed by a consultant anaesthetist.

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

STATUS: Met

Information on contraception is provided to women as part of routine discharge planning from hospital. This is discussed by midwives and is supported by an information leaflet which outlines the different kinds of contraception available. This information is also provided by community midwives to women who deliver their babies at home.

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 Lothian

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 has achieved UNICEF/WHO Baby Friendly status at SCRH and is working towards achieving a Certificate of Commitment for the unit at St. John's Hospital.

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 Board has a range of national, local and UNICEF/WHO information to support women in their chosen method of feeding. The information provided contains details for bottle feeding and breastfeeding.

Women who choose to bottle feed their babies are provided with information on how to prepare formula milk and sterilise equipment. Women who choose to breastfeed their babies are provided with a wide range of information including positioning and attachment, hand expressing and cup feeding. Hospital midwives spend as much time as possible to assist mothers who wish to breastfeed their babies to ensure feeding is established prior to the mother and baby going home. Support with feeding is also provided in the community through community midwifery and health visitor teams. Information is also provided on breastfeeding support groups and websites.

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 an infant feeding advisor to provide education and training to healthcare professionals who support women in their chosen method of feeding.

The review team was provided with information on breastfeeding workshops and training events at both sites.

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

STATUS: Not met

There is a system in place to monitor admission rates for babies due to inadequate nutrition at SCRH. The Board reported to the review team that, whilst all baby re-admissions are recorded at St. John's Hospital, the unit does not specifically categorise re-admissions due to inadequate nutrition.

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 Lothian

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 uses a number of methods to minimise the number of infants who require re-warming. Room temperatures are set to ensure babies are born in a warm environment. Following birth, the midwife will ensure the baby is dried, wrapped in a towel and, if the baby is small, the midwife will put a hat on the baby's head to prevent heat loss. The midwife will then give the baby to the mother for 'skin to skin' contact.

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

STATUS: Met

The Board has clinical guidelines in place across both units outlining practice to be followed by staff for newborn examination. Babies are examined immediately following birth by a midwife, or a member of the medical team if the baby's condition requires specialist medical intervention. Details of the examination are documented in the baby's record which is signed by the midwife.

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: Not met

NHS Lothian provides a service for all babies to be clinically examined within 72 hours of birth. However, not all women who wish an early discharge (within 6 hours of giving birth) return within 72 hours to have their baby examined. The Board undertook an audit to monitor the number of babies who received a clinical examination prior to discharge from SCRH. The audit highlighted that normally all babies receive a clinical examination prior to discharge with the exception of the babies whose mothers return home following an early discharge. All mothers who

undertake an early discharge from hospital are advised to arrange for their babies to be examined within 72 hours. Some mothers return to SCRH for the examination whilst others will arrange to attend one to the Board's outreach clinics which may result in some babies not receiving their examination within a 72-hour period.

The Board reported that a very small number of GPs will provide this examination in the Lothian, East Lothian and Midlothian areas and that GP practices in West Lothian no longer provide this service. In view of this, all babies born at St. John's Hospital have their examination before they leave the hospital.

A record of the examination is recorded in the baby's record. Mothers who choose to have a GP undertake the examination are given their baby's record for the GP to record the details of the examination. The GP then has to return the baby's record to SCRH.

The review team was informed that the Board is working towards achieving all babies having the examination prior to discharge from hospital by providing examination of the newborn training for midwifery staff.

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

STATUS: Met

The Board observes the Royal College of Obstetricians and Gynaecologists guidance for the prevention of the early onset of neonatal group B streptococcal disease and has protocols and guidelines for the recognition and management of group B streptococcal infection and jaundice.

All babies have a daily examination whilst in hospital and assessment for jaundice forms part of this examination. All babies diagnosed with jaundice within 24 hours of birth are referred to medical staff for observation and treatment.

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 Lothian

Essential Criteria

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

STATUS: Met

There is an established system at both sites to ensure that information on women and their babies is transferred between secondary and primary care. The Board has an integrated care pathway outlining the practice for the transfer of postnatal care for mothers and babies from the hospital setting to community care.

Community midwives in West Lothian telephone the maternity unit at St. John's Hospital daily for information on mothers and babies due to be discharged that day. At SCRH, discharge information is faxed to the community team at the time of discharge from hospital. The woman's GP and health visitor are also informed at this stage. Women are given their care plan plus a delivery summary to give to their GP. Women who have had complications or a caesarean section will have a discharge letter sent to their GP and health visitor.

The review team was provided with copies of the Board's guidelines for: procedures for transfer of well mothers and babies to home; completion of documentation required for transferring mother and baby between secondary and primary care; a baby discharge flow chart plan; as well as a procedure for the return of the baby's record to the maternity unit. The review team commended the robust system in place across both sites.

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

STATUS: Met

There are a range of formal procedures for the transfer and post transfer care for women and their babies as appropriate across both sites.

Appendix 1 – Glossary of abbreviations

Abbreviation

AHP	allied health profession
ALSO	advanced life support in obstetrics
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
NHS QIS	NHS Quality Improvement Scotland
NICU	neonatal intensive care unit
NLS	newborn life support
PNMH	perinatal mental health
RCA	Royal College of Anaesthetists
SBR	Scottish birth record
SCBU	special care baby unit
SCRH	Simpson Centre for Reproductive Health
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 Lothian was conducted on 1 March 2006.

Review team members

Ms Gill Allan (Team Leader)

Sister Midwife, NHS Tayside

Dr Sean Ainsworth

Consultant Neonatologist, NHS Fife

Mrs Geraldine Butcher

Clinical Development Manager, NHS Ayrshire & Arran

Dr Chris Lennox

Consultant Obstetrician and Gynaecologist, NHS Lanarkshire

Dr Willie McClymont

Consultant Anaesthetist, NHS Tayside

Miss Liz Pritchard

Public Partner, Highland

NHS Quality Improvement Scotland Staff

Ms Sharon Keane

Project Officer

Dr Avril MacLennan

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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