

NHS Tayside

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 Tayside**. This review visit took place on **16 February 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

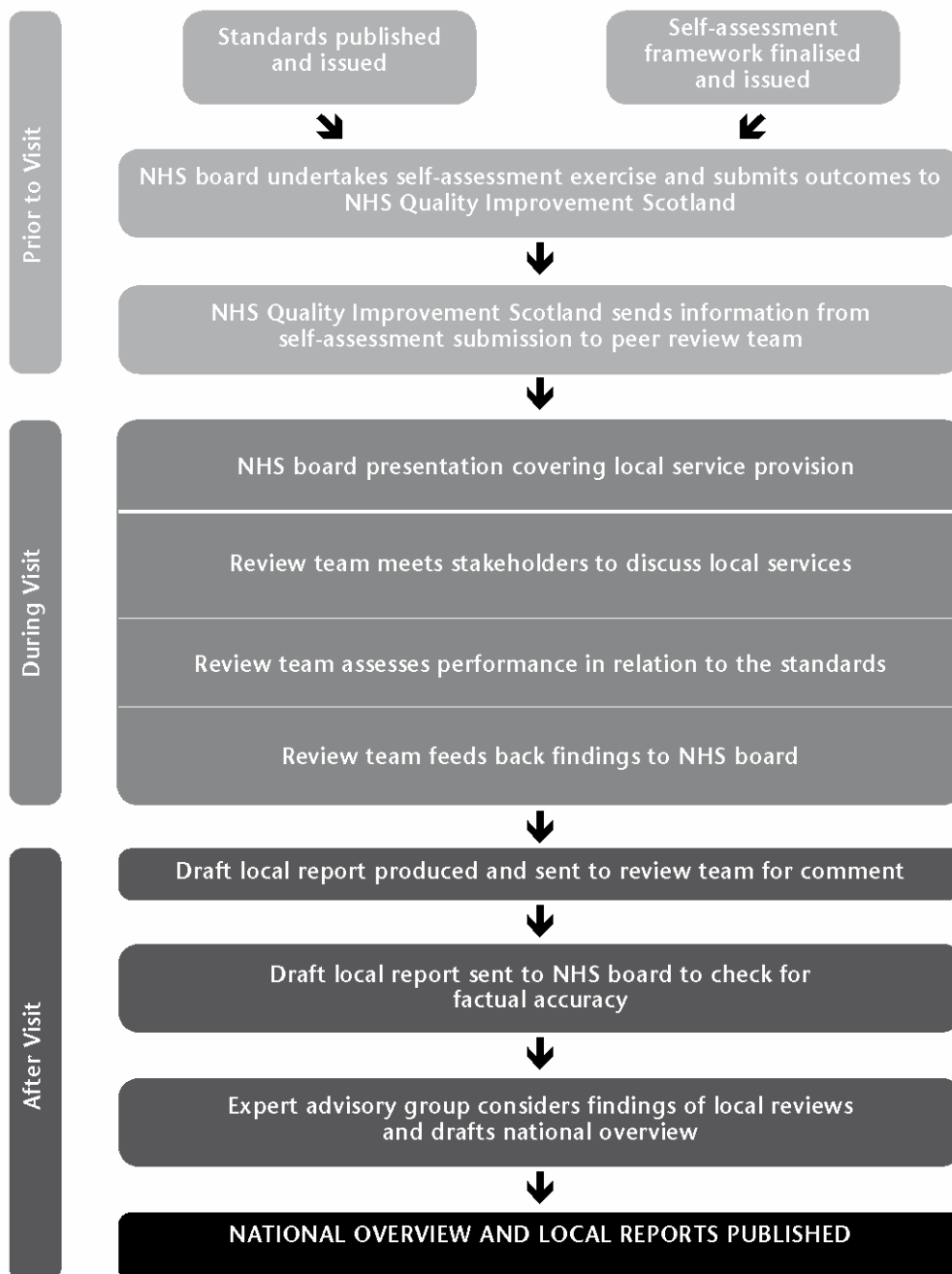
After each review visit, NHS QIS staff, with clinical input as appropriate, draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the NHS board to check for factual accuracy. The local report is published only after all the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

Tayside is situated in the east of Scotland and has a population of around 387,908. Many of the population live in urban areas, of which Dundee and Perth are the largest in the region, although a significant proportion live in rural areas. The proportion of older people in the population is higher than the national average, whereas levels of illness and deprivation are close to the national average.

Local NHS system and services

Tayside 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 Tayside.

At the time of the review visit, NHS Tayside contained two NHS operating divisions: Tayside Acute Services Division (acute care services); and Tayside Primary Care Division (primary care services). There are three community health partnerships (CHPs). Each CHP covers a geographical area and is a way of organising non-acute care where an NHS board maximises its ability to support integration across health services and between these and other agencies such as social services.

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

Further information about the local NHS system can be accessed via the website of NHS Tayside (www.nhstayside.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 Tayside, 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 Ninewells Hospital, Dundee. NHS Greater Glasgow and NHS Lothian also provide care for babies born with some congenital abnormalities.

There are three community maternity units (CMUs) within NHS Tayside based in: Arbroath Infirmary, Montrose Infirmary, and Perth Royal Infirmary. Outpatient facilities are provided by a community midwife team in Whitehills Hospital, Forfar.

The number of births has remained relatively static over the last 5 years in NHS Tayside. In Dundee, the number of births has increased following service redesign

in 2004 when Perth Royal Infirmary became a CMU rather than a consultant-led unit as illustrated in the following table.

NHS Tayside	Number of births				
	2001	2002	2003	2004	2005
Arbroath Infirmary	79	65	74	82	106
Montrose Infirmary	71	47	112	124	155
Ninewells Hospital	2,887	2,886	3,082	3,448	3,828
Perth Royal Infirmary	1,217	1,090	1,088	581	201
Whitehills Hospital	31	4	0	0	0
Home births	4	28	21	10	26
Other (eg born before arrival)	22	24	25	35	38
Total births	4,311	4,144	4,402	4,280	4,354

The services provided in Dundee are available to all women and babies across Tayside and approximately 450 women per year from Fife and Forth Valley also book for pregnancy care in Tayside. (Midwifery care for those women from Fife and Forth Valley is provided largely within their own NHS board area.) High risk women transfer to Ninewells Hospital from all areas of Scotland, mostly due to non-availability of appropriate neonatal services in their own area.

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 Tayside's maternity services are available to all women and babies across the Tayside region, with women from Fife, Forth Valley and further afield receiving care in Tayside if requested. Antenatal care is provided for women in the community with consultant-led clinics being available in Angus, Dundee and Perth & Kinross for women identified as having a high risk pregnancy. Specialist, multi-professional clinics are also available to women living in Tayside and North East Fife.

Clinical responsibility for the planning and delivery of maternity services at Board level is clearly defined. However, at the time of the visit, the communication structure for operational responsibility at Board level was less obvious. The review team recommended that the existing organisation structure be reviewed to simplify the direct lines of operational responsibility for maternity services at Board level.

The maternity services at NHS Tayside have been undergoing a period of redesign over the past 2 years. The public has actively been involved in the restructuring of the maternity service provision within NHS Tayside and work is ongoing to involve members of the public in planning for a CMU to be opened in Dundee in 2008. While there was evidence of several local strategic initiatives in place to provide single system working across NHS Tayside, these were not formalised into a maternity strategy document that outlined how maternity services will be provided and implemented in the future. The review team encouraged the Board to take forward this work, publishing and widely distributing a formal strategy document to both staff and public. The review team recognised that developing and maintaining public involvement in some areas of NHS Tayside is challenging.

There was very good evidence of clinical risk assessment and management of pregnant women, with maternity practice changes being implemented where appropriate. This process also involves women's feedback on the maternity services provided. Clinical risk assessment is initially conducted by midwives and all casenotes are reviewed by a senior obstetrician. In view of the large number of obstetric reviews undertaken in NHS Tayside, the review team encouraged the Board to promote training of senior midwives to take responsibility for risk assessing women, to ensure the appropriate level of care is provided.

Women and their babies have rapid access to a network of specialist services in NHS Tayside. In particular, the Tayside Perinatal Mental Health Integrated Care Pathway, aimed at women who may experience perinatal depression, was commended by the review team.

Training courses on adult and neonatal resuscitation care are readily offered to all health professionals involved in childbirth with further guidance on resuscitation being available in the obstetric anaesthetic handbook. However, it was noted

attendance is not mandatory as some staff groups, eg trainee and consultant medical staff, may not receive regular resuscitation training. The review team recommended the Board encourage all staff to keep an up-to-date record of training attended to ensure maintenance of resuscitation skills are documented.

There are no designated high dependency beds identified within the labour ward of Ninewells Hospital and only a limited number of midwifery staff are trained in high dependency care. This issue is being addressed and beds equipped with monitoring apparatus will be available when the new CMU is opened in Ninewells Hospital in 2008.

Adult and neonatal intensive care facilities are available within Ninewells Hospital and arrangements are in place for transfer of women across Tayside when necessary. All facilities conform to national guidelines.

There was good evidence that all healthcare professionals obtain informed consent for interventions and investigations, and this is clearly documented. The review team suggested the Board consider developing a specific consent form for caesarean section rather than using a generic form used for all interventions.

Women are fully informed about the choices available to them for the place of their baby's birth and are fully supported in their decision. There is close collaboration between midwives and women across the region and this was recognised in 2005 by the Royal College of Midwives which awarded the Montrose CMU a Promotion of Normality Award. The review team congratulated the Montrose CMU on receiving this award.

Example of a local initiative...

Partners are actively encouraged and supported to be involved in pregnancy and childbirth with extensive use across NHS Tayside of written material created in partnership with fathers and the UK's National Information Centre on Fatherhood charity 'Fathers Direct'. The information focuses on helping expectant fathers to support their pregnant partners and supports new fathers in the transition to parenthood. The leaflets developed provide useful information on a variety of pregnancy-related issues such as: understanding labour pains and how a partner can be of support; guidance on paternity leave; and breastfeeding issues etc.

Example of a local initiative...

In Angus, a website (www.birthinangus.org.uk) has been designed and developed by staff and service users to provide direct access to information and links to other related national supporting organisations. The website contains practical information for women planning a birth in Angus who are in a low risk category. Local information includes: steps to make a straightforward birth easy; who's who in Angus; testimonials from women who have delivered in Angus; Get involved, which outlines how members of the public can have input into improving local service provision; Contact a midwife, which includes maps of local areas.

The review team encouraged staff to implement the use of the national handheld maternity record Board-wide as soon as logistically possible.

Pre-conception and Very Early Pregnancy

There are guidelines in place for the pre-conception management of women who have diabetes and are planning a pregnancy. These guidelines are based on SIGN Guideline 55: Management of Diabetes. Women diagnosed with diabetes have their care jointly managed via diabetes pre-pregnancy clinics and multidisciplinary diabetes/antenatal clinics on a weekly basis. All health professionals have access to the NHS Tayside Diabetes Handbook - Diabetes and Women which is available on the Board's Intranet.

Women with personal or family history of significant illness such as epilepsy are well managed prior to conception and there are dedicated pre-conception clinics held in Ninewells Hospital with three consultants with an interest in maternal medical conditions, fetal structural and chromosomal abnormalities and substance abuse/social deprivation.

Any woman who experiences early pregnancy complications can access a dedicated early pregnancy assessment clinic either in Perth or Dundee during normal working hours on weekdays and on a Saturday morning in Perth. Ninewells Hospital is considering re-establishing a Saturday morning clinic. All women are offered ultrasound scanning within 24 hours. The review team commended the Board on its proposal to extend the role of midwives and gynaecological nurses to include obtaining consent for routine surgical procedures and prescribing responsibilities.

Anomaly ultrasound scanning is already available in Perth Royal Infirmary and Ninewells Hospital, and a pilot of telemedicine has been carried out in one of the maternity units in Angus. The Board aims to extend this service to all CMUs within NHS Tayside and the review team commended this initiative and encouraged its introduction as a means of providing more streamlined care for women.

Pregnancy

There is no unified written syllabus of parent education across Tayside outlining the aims, themes and outcomes of the education programme. However, NHS Tayside

has a wide range of formal parent education programmes for childbirth available to women, their partners and extended family. Information is provided on an individual basis where appropriate and all expectant mothers receive both verbal and written information on maternity-related issues such as labour, pain relief, baby care and breastfeeding.

Antenatal education is also provided by a designated midwife in Dundee who attends Avrom House, Dundee an education department resourced initiative for pregnant schoolgirls and mothers of school age, where there is a focus on preparing these young girls to manage parenting skills as well as basic housekeeping and education skills. Avrom House operates during working hours with no residential care provided.

There is no designated person responsible for the co-ordination of the parent education programme on a service-wide basis and the review team encouraged the Board to identify an individual to take the lead on this.

Within NHS Tayside, the Ready, Steady, Baby book is distributed mainly by midwives at the time of a woman's first antenatal booking appointment. This practice varies across the NHS board area region and it was noted that work is currently ongoing to encourage GPs to provide women with a copy of this book at confirmation of pregnancy. The review team recommended that early distribution was preferred and should be encouraged throughout NHS Tayside to ensure consistency in practice.

The review team commended the well-attended postnatal reunions and the additional information provided by Tayside Police Road Safety Unit and social welfare officers who attend some of these sessions to provide guidance on fitting baby car seats and social benefit issues, etc.

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

Women are managed appropriately throughout their pregnancy according to their level of risk and as locally as possible. The review team particularly commended the capacity within Tayside to manage women with a mental health condition or a history of substance misuse.

Childbirth

Midwifery arrangements across NHS Tayside ensure that women receive one-to-one care from a midwife in their chosen place of birth and two trained midwives are always in attendance at planned home births.

Although policies and protocols are in place for the majority of key labour practices and staff have good access to these, the review team noted that they are due for review following the change of service provision in Perth.

During early pregnancy, women receive information on the range of pain management techniques available to them during childbirth which include: relaxation; transcutaneous electrical nerve stimulation (TENS); oral and intramuscular analgesia;

Entonox; and the use of water. Women are supported in their chosen method of pain relief and a pain management tool is used to continually monitor a woman's level of pain.

Within NHS Tayside, there is 24-hour anaesthetic cover provided at Ninewells Hospital. All anaesthesia services conform to current professional standards.

Within NHS Tayside, obstetric emergencies are managed within an acceptable time period and this information is audited.

Postnatal and Parenthood

All women within NHS Tayside are assessed by a midwife immediately after giving birth and there are effective measures in place to identify any complications following anaesthesia. The woman is further examined prior to discharge and given advice on the use of contraception within the first 2 weeks of childbirth.

Women are provided with information on breastfeeding at their booking appointment, and receive further information and have access to peer support from local groups throughout Tayside. There is also an educational programme for all healthcare professionals and medical students to raise awareness of the benefits of breastfeeding. There are two nominated infant feeding advisors in NHS Tayside.

The three CMUs in NHS Tayside have been awarded UNICEF/WHO Baby Friendly status and Ninewells Hospital is actively working towards achieving accreditation.

Procedures are in place to monitor the numbers of babies requiring re-warming or avoidable admission to the special care baby unit (SCBU). All babies are clinically examined immediately following birth and prior to discharge, and there are good communication links to allow ongoing assessment. Home phototherapy is available for the treatment of neonatal jaundice.

The transfer of information about women and their newborn babies between secondary and primary care is streamlined within NHS Tayside.

Example of a local initiative...

In February 2004, NHS Tayside conducted a pilot study which considered the feasibility, acceptability and satisfaction of telephone peer support by experienced breastfeeding mothers to enhance the confidence of breastfeeding mothers in order to increase and sustain the duration of breastfeeding in areas of low uptake. The results of the project have been used to inform further research and planning for breastfeeding support to be considered to allow women and babies to gain the health benefits, enjoy the positive experiences of breastfeeding, and to share this knowledge with friends and relatives.

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 Tayside

Essential Criteria

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

STATUS: Not met

There is no single named individual at NHS Board director level with overall responsibility for maternity services. NHS Tayside's lead officer for maternity services is the director of change and innovation who is responsible for strategic development of the services. Operational issues are raised with the head of midwifery through membership of the NHS Tayside framework for maternity services steering group and with the clinical staff through membership of the women & child health clinical group.

The women and reproductive health directorate is within Tayside Acute Services Division and the directorate of public health is involved in managing the maternity services screening programmes and public health-related issues such as breastfeeding.

The review team recommended that consideration could be given to reviewing the existing organisation structure to provide clearer lines of responsibility for the planning and delivery of maternity services in NHS Tayside.

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

STATUS: Met

NHS Tayside Board reported that lead officers within the community health partnerships (CHPs) have responsibility for planning and delivery of maternity services at primary care NHS operating division level. Within Angus, this is the North East Angus locality manager; the service manager - community nursing officer in Dundee; and the head of nursing and public health for services in Perth & Kinross.

At acute operating division level, there is a named clinical director, a named clinical lead and a head of midwifery who are responsible for delivery of maternity services within the women and reproductive health directorate. They are responsible to the chief executive, the director of nursing and midwifery, and the medical director of Tayside Acute Services Division.

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

NHS Tayside maternity services benchmark themselves against the principles identified in ‘A Framework for Maternity Services in Scotland’ and the ‘Expert Group on Acute Maternity Services: Reference Report’. A review against these national standards is conducted each year by the NHS Tayside framework for maternity services steering group which identifies areas for improvement and forwards the proposals to the Board for consideration. This group also reviews other new national strategy documents, eg ‘Delivering for Health’, and considers local service provision in relation to these. There is also representation at the South East and Tayside Regional Planning Group for Maternity Services.

The review team found evidence of several strategic initiatives in place to ensure equality of service delivery across the region and effective single system working, while maintaining local projects which address local issues, for example a current proposal for a community maternity unit (CMU) to be located in Ninewells Hospital, Dundee. There is, however, no single Board strategic document in place and the review team recommended that all the individual localised plans be consolidated into one formal strategic document which takes into account the longer term implications of workforce planning and clearly sets out a vision of how maternity services will be provided and delivered in the future.

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

STATUS: Met

At the time of the visit, there was good evidence of positive public involvement in the planning of all maternity services across the Tayside region. As an example, the public influenced a service change in Perth allowing women to transfer back to Perth Royal Infirmary for maternity care following the birth of their baby in Ninewells Hospital. Another example is the development of water birth and the recent purchase of a birthing pool in Montrose which is 50% funded from publicly raised funds.

There are maternity service liaison committees (MSLCs) in Angus, Perth & Kinross and Dundee, each with a lay chairperson, however, the Dundee MSLC has not met for some time. MSLC members are involved in the development of the Integrated Women's Clinic in Dundee and the CMUs in Dundee and Perth. Clinical staff are working towards greater public involvement such as setting up focus groups within established mother and baby groups are to be trialled. The review team encouraged continuing public involvement and consultation particularly with the planning for a Dundee CMU.

The continuity of public involvement in MSLCs, particularly in Perth, is fund-dependent, as provision for childcare costs is essential to maintain the membership.

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 Tayside

Essential Criteria

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

STATUS: Met

The review team commended the comprehensive and well-structured process in place across the region for recording, reviewing and learning from clinical and non-clinical adverse incidents within NHS Tayside.

A risk management maternity report is produced annually on all electronically recorded incidents, and all healthcare professionals working within the service are aware of the importance of risk management and take steps to minimise risks where possible.

In Tayside Acute Services Division, incidents are classified according to severity and actions initiated accordingly. All incidents are reviewed by senior clinical staff and details of the incident are verified by review of casenotes and discussion with staff involved. In Tayside Primary Care Division, incident reviews can involve GPs who conduct the review in conjunction with acute services division staff. A root cause analysis is carried out on all major incidents and a report is produced together with a risk alert or risk control plan which is developed within the SMART database system. There is also a system in place for ensuring that reported critical incidents result in change of practice.

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

Women in NHS Tayside are given the opportunity to reflect on their experiences of pregnancy and childbirth, and are given a review form by their community midwife who encourages its completion. Women also receive a copy of the local complaints leaflet which explains the comments, suggestions and complaints procedures in place throughout NHS Tayside. All information provided contains contact details.

Posters are also displayed throughout the maternity unit and provide an opportunity for both service users and the public to express their views.

In Angus, all women are offered the 'Birth Afterthoughts' service which enables women to meet with their midwife to review in detail their casenotes and maternity care received. In Montrose CMU, a comments book is available for all visitors to use.

A patient observation chart is used to monitor and record a woman's experience of pain relief. This information is audited and the findings of reports produced has led to changes in practice, eg from midwife-administered epidural pain relief to patient controlled epidural analgesia.

Copies of all leaflets provided are available in the Ninewells Hospital Health Shop. However, the review team encouraged consideration is given to producing leaflets in a variety of languages to ensure that everyone living in Tayside has access to commenting on the service provided.

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

Ninewells Hospital Neonatal Unit operates within the Northern Region Transport group. Guidelines are in place for emergency and non-emergency transport of women and neonatal babies from CMUs in Perth, Montrose and Arbroath for which the approximate emergency journey times are 20 minutes, 30 minutes and 20 minutes respectively. The review team was advised that these times are achieved in the majority of cases and the ambulance service also meets the standards set by the Scottish Executive for response times in rural and remote rural areas.

Following the service redesign in Perth (from consultant-led to CMU), NHS Tayside has contracted the Scottish Ambulance Service to provide a non-emergency vehicle to transport postnatal women and their babies once a day during weekdays between Ninewells Hospital and Perth Royal Infirmary.

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

STATUS: Met

The review team was informed that there are formal arrangements for women and their babies to access a network of specialist services within the region: allied health professions (AHPs); anaesthesia and intensive care; imaging; laboratory medicine; medicine; neonatology; obstetrics; perinatal pathology; surgery; and psychiatry.

Local referral forms are used to access other health professionals and there was good evidence of clear guidelines in place for the management of specific clinical conditions. However, the Board noted that while there is close working with

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physiotherapists in some areas, the provision of outpatient physiotherapy for women in rural areas could be improved.

Communication with other services outwith NHS Tayside is well established and, where possible, care is provided locally, eg if a fetal cardiac anomaly is found on scanning, a cardiologist from Glasgow or Edinburgh will monitor the woman's care and participate in their care plan. Consultations regarding neonatal surgery take place in Ninewells Hospital or are carried out using telemedicine links to Edinburgh.

The recently piloted Tayside Perinatal Mental Health Integrated Care Pathway (aimed at women who may experience perinatal depression) was commended by the review team and noted to be launched on 14 March 2006. The provision of midwife scanning services within the CMUs and telemedicine links to Ninewells Hospital were also commended.

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

STATUS: Met

All women identified with pregnancy risk factors are offered an assessment by a consultant obstetrician. The Tayside Pregnancy Plan is used by midwives to identify women with risk factors at their initial antenatal pre-booking or booking appointment and in some cases referral to the consultant may be direct from the GP or cardiologist, etc.

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

STATUS: Met

The review team found evidence of a wide range of ongoing audit projects of maternity services throughout NHS Tayside, although no formal audit programme has yet been developed.

The Shared Governance Council - Quality & Clinical Effectiveness Council is currently developing performance indicators on a variety of topics relating to the quality of nursing/midwifery care which will be used to support staff to evaluate their practice and identify areas for practice improvement. The Royal College of Obstetricians and Gynaecologists standard dataset regarding intrapartum and perinatal outcomes is collected across NHS Tayside and there is also contribution to the main national multi-centred audits.

1 b.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)

Training courses in adult, obstetric and neonatal resuscitation and immediate care are available locally and provided every 2-3 months with the majority of midwives having attended an annual refresher course. Board staff reported that Scottish Ambulance Service staff receive an annual assessment in adult life support skills.

The uptake of training courses for trainee medical staff and consultants was noted to be poor. However, it was reported that all anaesthetic trainees have formal resuscitation training. The review team encouraged that consideration be given to ensure that all staff directly involved in childbirth attend regular resuscitation training courses, and that the training and attendance is documented.

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

STATUS: Met

The clinical risk assessment process is driven by the Tayside Pregnancy Plan which recognises that women will move in both directions between low and high risk during the course of their pregnancy. A woman is given a pregnancy risk assessment category following her first antenatal booking appointment; each set of maternity casenotes is reviewed by a senior obstetrician to confirm the risk level.

The maternity care of women identified as low obstetric risk is managed by the community midwives in accordance with the Tayside Pregnancy Plan unless the risk escalates, in which case there is a procedure in place to refer women to specialist care. Communication and shared care of an individual woman is carried out both verbally and via the woman's handheld maternity record.

Women identified as having a significant high obstetric risk pregnancy will routinely be referred to the maternity day assessment unit, consultant antenatal clinic or maternity triage (out-of-hours) as appropriate. Communication of the care plan in these cases is usually by letter, phone call or face-to-face discussion.

Protocols were noted to be in place and being further developed for unborn babies identified with a specific maternal risk.

Due to the large number of antenatal casenotes requiring obstetric risk assessment review, the review team encouraged the Board to consider allowing senior midwives to take on greater responsibility for assigning and confirming an individual's risk assessment where appropriate. This would be in keeping with the philosophy of the Expert Group on Acute Maternity Services in Scotland (EGAMS) which is that the midwife should be in the lead caring role for the woman.

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

Maternity services staff are guided by the 1 in 4, domestic abuse good practice guideline for NHS Tayside (currently only available in English version) and the Scottish Executive's responding to domestic abuse in NHSScotland: guidelines for healthcare workers. NHS Tayside has a strategy in place for staff to use as a guide to supporting women experiencing domestic abuse. There are also clear guidelines for midwives, a training strategy for domestic abuse and good evidence of such training having been delivered. Staff reported that work is ongoing to ensure effective and confidential communication exists between professionals supporting this vulnerable group of women.

The review team noted that staff from the women and reproductive health directorate are represented on the NHS Tayside groups that are tasked with the development and implementation of domestic abuse policies and information.

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: Not met

High dependency beds and monitoring facilities have been identified in the observation room adjacent to the labour ward but, at the time of the visit, were not designated for providing high dependency care. A full complement of designated high dependency trained midwifery staffing is not always available.

It was noted that there are currently 10 high dependency trained midwives working in Ninewells Hospital on a rota system to ensure a suitably qualified midwife is always on duty to provide care for the critically ill obstetric woman and a further six midwives are in training. However, staff reported that the high dependency facilities were not always accessible, particularly at times when the unit is busy due to limited bed capacity in the labour ward.

Staff reported it is anticipated that the provision of a CMU in Ninewells Hospital would relieve the pressure on space in the future so that high dependency facilities will be available at all times.

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

STATUS: Met

There are clearly defined guidelines in place for admission to and discharge of women from the adult intensive care unit (ICU). Referrals for emergency admission to the ICU are made by either a consultant or senior trainee to the ICU consultant or senior registrar. A consultant is always available for consultation and advice.

Copies of updated guidelines are circulated to all grades of medical staff within NHS Tayside.

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

The ICU facilities within Ninewells Hospital are sited several hundred metres along a corridor from the labour ward which provides very quick transfer of women within Ninewells Hospital.

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

STATUS: Not applicable

The maternity unit at Ninewells Hospital is a level III consultant-led service which provides full adult intensive care facilities on-site.

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

STATUS: Met

Arrangements are in place for the transfer of women from across NHS Tayside to Ninewells Hospital should they require advanced imaging and cardiology services on-site. Within Ninewells Hospital there are two vascular/interventional radiology rooms and three interventional radiologists who can provide out-of-hours cover. There is also coronary angiography suite and several cardiologists available within Ninewells Hospital.

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

STATUS: Met

Within NHS Tayside, Ninewells Hospital provides a range of neonatal intensive care facilities via 21 cots available within the unit. These include: four intensive, three high dependency, 10 special and four transitional care cots. Transitional care is also provided in the postnatal areas of Perth Royal Infirmary, Arbroath CMU and Montrose CMU. There is also good communication and effective working for the transfer of babies to the neonatal unit at Edinburgh Royal Infirmary, when necessary.

Criteria for admission to neonatal intensive care are documented and evidence of referral guidelines was provided to the review team prior to the visit.

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

STATUS: Met

Special care baby unit (SCBU) facilities are available within the neonatal intensive care unit (NICU) based at Ninewells Hospital. There are clear guidelines in place for babies requiring admission and transitional care services. The review team noted a range of operational guidelines in place for staff to access support for safe transfer of the newborn infant from community maternity units in Tayside to the neonatal unit in Ninewells Hospital and for the identification of the most appropriate method for transporting the newborn to other regions throughout Scotland.

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

STATUS: Met

The NICU and SCBU facilities conform to the British Association of Perinatal Medicine standards and readmissions to the NICU are audited in compliance with these standards.

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 Tayside

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

Within NHS Tayside, contact details of a named consultant and midwife are identified on individual handheld maternity records with the exception of those women living in Montrose who are provided with a 'business card', which gives contact details of all the midwifery team. In Montrose, continuity of care is offered by a small team of professionals from the beginning of a woman's pregnancy until the first few days of the baby's life. Women are encouraged to telephone the midwives to discuss any issues of concern or questions regarding their care or local maternity services. It was reported that this team approach and use of business card is currently being considered for roll out to other areas because of its success. The review team commended this useful form of presenting information.

The review team also commended the achievement of the Montrose CMU on receiving a Promotion of Normality Award from the Royal College of Midwives which recognised the close collaboration of midwives with mothers to ensure service delivery is meeting local needs.

Staff informed the review team that vulnerable women or those with social/special needs receive individual tailored antenatal care via a designated and appropriately trained specialist midwife.

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, throughout a woman's pregnancy, midwives discuss birth options and maternity services available, and this is documented in their birth plan record. At the time of the visit, it was noted that home births were available across the region. CMUs are available in Montrose, Perth and Arbroath and consultant-led care is available in Dundee. (Water births are currently only available in Montrose

and Perth CMUs, although it is anticipated that this service will be available in Arbroath CMU in the near future.)

Women are given a wide variety of information leaflets outlining the birth choices and maternity services available in all areas across NHS Tayside, including information about the use of epidural anaesthesia for pain relief during labour. Information is also provided on the maternity facilities available outwith NHS Tayside, eg in Aberdeen Royal Infirmary and Forth Park Hospital, Kirkcaldy.

In Angus, women are directed to a local website (www.birthinangus.org.uk) designed and populated by service users and their partners to provide information and support to those who plan a birth in Angus. This local initiative was commended by the review team.

If there are medical/other reasons why a woman's preferred choice of place of birth is not recommended, the reasons why are clearly explained to both the woman and her partner in discussion with the midwife and obstetrician.

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

STATUS: Met

Information concerning any required interventions and investigations (written or verbal) is provided to the woman, if possible, at a time that allows for her to reflect on what has been said before written consent is obtained. An NHS Tayside patient information leaflet on planned caesarean section is available and provided to those women who will undergo this procedure and a generic maternity theatre consent form is used to record consent for all gynaecological and obstetrical procedures. The anaesthetist is also required to sign the consent form to confirm that they have explained the procedure and any anaesthetic requirements/management to the woman and to add any specific additional information discussed at the time of consent.

Board staff reported that verbal consent for epidural analgesia is gained at the time of the request and is only administered following assessment and explanation of the planned procedure and the associated risks being discussed with the woman. An NHS Tayside patient information leaflet regarding the use of epidural anaesthesia during labour is available, but it is not routinely given to all women.

Written consent is obtained for all pregnancy and newborn tests taken as part of the screening programmes which may be obtained by midwives, GPs or obstetricians.

The review team recognised that clear documentation to obtain and record informed consent was being carried out across NHS Tayside, but would encourage the Board to consider introducing a specific consent form for caesarean section procedures which includes associated risks.

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

STATUS: Met

In NHS Tayside, women are given the opportunity to reflect on their experiences of maternity services and given a review form by their community midwife who encourages its completion. They also receive a copy of a leaflet outlining the local comments, suggestions and complaints procedure and the NHS Tayside 'Your Views Matter Tell Us' initiative leaflet/posters. Copies of all leaflets provided are available in the Ninewells Hospital Health Shop. Completed birth review forms received are summarised and actioned where appropriate by the maternity forum group. Feedback is not directly given to the women, but is available on request.

Following childbirth, all women living in Angus are given written information about the 'Birth Afterthoughts' service. This service provides women with an opportunity to meet with a midwife to discuss their birth experience and care received in detail and to raise any unanswered questions. This service can be arranged at anytime.

In Montrose CMU, a comments book is available for all visitors to provide information about their experience or service provided.

Staff reported that any women who have experienced a complex pregnancy, labour, birth or postnatal symptoms are always offered a follow-up appointment with their obstetrician.

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

STATUS: Met

The Board informed the review team that, while there is currently no formal specific communication skills training course available within NHS Tayside, communication skills was recognised as being an essential component of most other training courses which are regularly attended by midwives and consultants, (eg obstetric anaesthesia, breastfeeding, and train the trainer courses).

NHS Tayside Learning and Development Centre is committed to delivering general communication skills courses which are available to staff and can be tailored to meet individual need where appropriate. At the time of the visit, it was noted that a full day training course was due to be available for all staff dealing with sensitive issues, although attendance is not mandatory. The review team was informed any communication skills training would be identified as part of a personal development plan and actioned accordingly.

The review team encouraged the Board to consider implementing mandatory communication skills training for all healthcare professionals to ensure maintenance of specific communication skills required for maternity services.

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

STATUS: Not met

Following discussions with staff, the review team was informed that, at the time of the visit, NHS Tayside did not have a formal written policy in place to support women who experienced an early pregnancy loss. However, current practice confirmed that staff would discuss a pregnancy loss with a woman at the time of her miscarriage and she would be given a copy of the national Miscarriage Association leaflet together with a copy of the letter sent to her GP explaining the follow-up arrangements agreed and the support she may access.

Bereavement guidelines are available within the neonatal unit at Ninewells Hospital and a bereavement counsellor is in post to provide a confidential bereavement service for families in Tayside and North East Fife.

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

STATUS: Met

The Board monitors and evaluates information provided to women. Midwives use a checklist to record what information has been given to women and all information provided is developed with service users' contribution in line with NHS Tayside policy.

At the time of the visit, there was a 3-year research project under way across NHS Tayside to evaluate the relevance and effectiveness of all patient information leaflets given to women during pregnancy and in the early postnatal period. A research project has already been completed titled 'Do mothers recall information about newborn screening programmes?' Other ad hoc audits are also conducted to assess whether women are receiving information leaflets and whether they understand them.

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 Tayside

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 review team was provided with substantial evidence of partner and family involvement in pregnancy and childbirth. Parent education classes for partners are held, and partners are included in discussions and parent education sessions in ward areas or at home whenever possible. The review team commended the use of the leaflets available for partners which are prepared by the UK's National Information Centre on Fatherhood charity, Fathers Direct. Women are encouraged to have their partner present when they agree their birth plan and attend for antenatal screening. A recent change to Ninewells Hospital policy allows women to have up to two birthing partners present during labour. This was previously available in other areas of NHS Tayside.

There is open visiting at any reasonable time for partners and the woman's own children.

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 Tayside

Essential Criteria

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

STATUS: Met

There are two versions of handwritten maternity records in use and staff were reported as being competent and familiar working with both versions. Work is currently ongoing to implement an electronic unified handheld maternity record across NHS Tayside. Electronic records are available in Perth & Kinross and Dundee but not yet implemented in Angus.

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 process in place to ensure that the Scottish Morbidity Record 2 (SMR02), Scottish birth record (SBR) and birth notification are completed in line with current standards. These are produced electronically at Ninewells Hospital and Perth Royal Infirmary by suitably trained staff with secure confidential links for transfer to the Information Services Division (ISD) of NHS National Services Scotland. In Angus, the clinical data for SMR02s are electronically entered into the Compass system and the data are validated within the system before submission to ISD. The SBRs in Angus are also entered manually and coded after data entry.

All births are registered with the General Register Office for Scotland (GROS).

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 Tayside 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 Tayside

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

There is a specific pre-conception service available for all women with diabetes in NHS Tayside which is based on the Scottish Intercollegiate Guidelines Network (SIGN) guideline for diabetes. All women of childbearing age attending hospital diabetes clinics receive an information leaflet detailing advice and means of access to the pre-pregnancy clinics in Dundee, Perth and Angus. There is also an online diabetes handbook available to all healthcare professionals and a proforma available to assist GPs when referring women with diabetes to clinics.

Pre-pregnancy clinics are provided on a weekly basis and are delivered in conjunction with the multidisciplinary diabetes clinics with open access to a consultant obstetrician, consultant physician with an interest in diabetes, a diabetes nurse specialist, diabetes midwife specialist and dietitian. All pregnant women with diabetes living in the NHS Tayside board area deliver in Ninewells Hospital and receive specialist postnatal follow-up as appropriate.

Desirable Criterion

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

STATUS: Met

There are dedicated pre-conception clinics held in Ninewells Hospital for women with a personal or family history of significant illness (eg epilepsy). Three consultants provide this service, each with a specific interest in maternal medical conditions; fetal structural and chromosomal abnormality and substance misuse, maternal infections and general social deprivation. In 2005, a list of individual obstetric and gynaecological consultants' specific interests was circulated to all

Tayside GPs and practice managers, and the Board reported to the review team that a significant amount of effort is made to encourage appropriate referrals.

Ninewells Hospital also provides a weekly clinic where women with complex genetic complications can be seen pre-conceptually.

The review team commended the pre-conception service provided to women with 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 Tayside

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

Staff reported that there are early pregnancy assessment clinics available in Ninewells Hospital and Perth Royal Infirmary. Women in Dundee and Perth & Kinross who experience bleeding and or pain up to 14 weeks gestation are referred to these clinics by either the GP community midwives or medical staff and women can also self-refer if they have any concerns or early pregnancy complication symptoms. The clinics are open during normal working hours, Monday–Friday. Perth clinic is also open on a Saturday morning. Out-of-hours arrangements are in place to ensure women receive appropriate care. Saturday opening was trialled in Dundee for a 10-month period during 2004–2005, but due to a low number of women attending this clinic, it was agreed at the time that it was not feasible to sustain this service.

Staff also reported that women in Angus who have early pregnancy bleeding are given an ultrasound scan by the midwife in the local maternity department and, if appropriate, will be referred to the early pregnancy assessment service (EPAS) at Ninewells Hospital.

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

STATUS: Met

Women who have had a previous miscarriage may self-refer to the EPAS from 7 weeks gestation should they experience any abnormal pregnancy symptoms.

Women who have had three or more miscarriages, women who are over 35 years who have had two consecutive miscarriages of less than 12 weeks gestation and all women with late miscarriages (12–24 weeks gestation) are routinely offered an appointment at the recurrent miscarriage clinic for counselling and investigations. These women can also self-refer to the EPAS following a positive pregnancy test and

are given a card with contact numbers and advised to make an appointment once pregnancy is confirmed.

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

Staff reported that each early pregnancy assessment clinic is in a dedicated area away from the maternity and general gynaecology wards and staffed by specially trained midwives. Women with hyperemesis, and women with ectopic pregnancies or those women who require hospital admission are referred directly to the gynaecology ward. There is a day unit (Nairn Suite) open 5 days a week within Ninewells Hospital which provides care for women with early pregnancy loss/termination. Consent for medical procedures in each clinic is currently obtained by medical staff, however, the review team was informed that the Board plans to extend the midwifery role and is proposing to train midwives and gynaecological nurses to take consent for simple surgical procedures. The Board also plans to introduce midwife-prescribing of treatments in addition to training midwives in fetal anomaly screening in Angus. This consideration was commended by the review team.

Women seen out-of-hours with early pregnancy symptoms are seen in the general gynaecology ward by on-call medical staff.

The review team was advised that women are managed in a sensitive manner and, where possible, contact with mothers and babies is minimised.

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

STATUS: Met

Women who miscarry have three management options available to them: medical, surgical or conservative, although the number of women who choose medical management is low.

The Board reported that an audit of the management of early pregnancy loss in Ninewells Hospital was conducted as part of the Scottish Programme for Clinical Effectiveness in Reproductive Health (SPCERH). The findings identified three specific targets for service development and the introduction of a 7-day service was one of these. The other targets were to increase Chlamydia testing in women less than 25 years of age who are undergoing evacuation of uterus and to increase the uptake of medical management for miscarriage. The Board advised the review team that it is addressing the findings of the audit.

The review team encouraged the Board to consider including counselling support information to be made available in the local patient information leaflets on miscarriage management options.

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

STATUS: Met

There is access within 24 hours to ultrasound facilities with trained staff. The midwives in the early pregnancy assessment clinics are all trained in transabdominal and transvaginal early pregnancy ultrasound and it was reported that most of the care provided at the clinics is given by midwives, with medical support available if required. For those women who require a second opinion, a referral is made to the main ultrasound department at Ninewells Hospital. There is regular contact throughout the day between this department and the clinics to offer emergency appointments in addition to two permanently fixed emergency appointments.

Women who seek advice on early pregnancy complications over a weekend period, and are assessed as not requiring urgent treatment are given an early clinic appointment for ultrasound scanning the following Monday.

Desirable Criterion

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

STATUS: Met

Telemedicine is being used in Forfar for anomaly screening and the Board advised the review team that its introduction in Arbroath and Montrose is being considered. Women who experience bleeding and pain in early pregnancy can be scanned locally and, where abnormality is found, a second opinion can be immediately provided from Ninewells Hospital via the telelink service. If miscarriage is confirmed, arrangements for a woman to be cared for in Ninewells Hospital can be arranged immediately which reduces the need for further attendance at the early pregnancy assessment clinic. The review team commended this local care and recognised that the introduction of telemedicine to all Tayside CMUs was a challenge which should be formalised in the Board maternity services strategy.

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 Tayside

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 is no unified written syllabus of parent education across Tayside outlining the aims, themes and outcomes of the education programme. However, Perth and Montrose do have written aims and objectives for parent education. There is a Tayside pregnancy plan for all childbirth, and parent education classes available in the region and several specific patient information leaflets are in use advising of classes throughout Perth & Kinross, Dundee and Angus. All women have access to either group classes (day and evening) or one-to-one parent education with some specific groups being targeted, eg teenagers and women with learning difficulties. In rural areas of Angus, vulnerable women are identified and given one-to-one education depending on individual circumstances and needs.

In Dundee, there is a council-funded non-residential school, Avrom House for pregnant teenagers and schoolgirls who come out of mainstream education. There is a designated midwife who regularly visits the school and delivers childbirth and parent education skills to support these young women to manage parenting skills.

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

There is currently no named lead co-ordinator with recognised training and development who takes responsibility for the parent education programme on a service-wide basis. It was reported that there are two named leads for parent education and antenatal health education based in Perth and Dundee. The review team encouraged the Board to continue taking forward appointing a designated individual to co-ordinate an education programme for those involved in maternity services in NHS Tayside.

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 provided to women at their first midwifery visit or at the pre-booking appointment, whichever is the earlier, and this is documented in the woman's handheld maternity record. Antenatal booking occurs at different times in different regions and the Board has identified that the Ready, Steady, Baby book could be provided by GPs at confirmation of pregnancy and approximately 20 general practices have agreed to this. Work is continuing to contact practice managers to ensure that a copy of the Ready, Steady, Baby book is given to women as early in her pregnancy as possible.

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

STATUS: Met

Women in Tayside are invited to attend a postnatal reunion which is an open forum for any issues regarding pregnancy care and where information can be shared and discussed. Issues raised are minuted and addressed as appropriate. Postnatal sessions are held in all areas for breastfeeding support, and dates for classes are agreed frequently to ensure all women and their partners can attend a session if they wish. In Forfar, the postnatal group is open to all mothers and other representatives may be requested to attend if issues can be addressed to the group, eg health visitor, Road Safety Officer or a Citizens Advice Advisor.

Standard 3(b): Standard 3 ~ Pregnancy

Standard Statement

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

NHS Tayside

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

All maternity units within NHS Tayside adhere to the agreed national programme for antenatal screening with the exception that Anti-D injection is administered to women who present with early bleeding (between 6–12 weeks gestation). Women who are identified in the screening programme as being at risk of rhesus disease are managed and treated according to an agreed protocol. Women are provided with a card issued by the Scottish National Blood Transfusion Service 'Rhesus Negative and What Does it Mean?', which provides information on rhesus negative blood and details the importance and use of Anti-D during childbirth. NHS Tayside offers antenatal prophylaxis to all rhesus negative women at 28 and 34 weeks gestation. The review team commended NHS Tayside on its comprehensive document 'Administration of Anti-D Immunoglobulin in the Prevention of Haemolytic Diseases of the Newborn'.

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 antenatal care of women in Tayside does largely conform to 'A Framework for Maternity Services in Scotland' guidance with the exception of consistency in providing a pre-booking consultation in all areas. The care plan includes an anomaly scan at 19 weeks for all pregnant women. A copy of the antenatal care plan with scheduled visits for first-time mothers was submitted to the review team as evidence confirming this.

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 Tayside

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

Following a woman's antenatal booking appointment there is a casenote review undertaken by a senior obstetrician. A care plan is then agreed according to the individual's level of risk and, thereafter, there is ongoing assessment and the care plan adjusted between different levels of care according to the Tayside Pregnancy Plan.

The recently piloted Tayside Perinatal Mental Health Integrated Care Pathway was commended by the review team due to be launched on 14 March 2006. In Dundee, a midwife conducts a mental health assessment and, where necessary, will refer, to the Tayside Drug Misuse Service the woman to be seen by a GP specialist or consultant psychiatrist if a drug prescription is required.

Women may also be referred to a specialist midwifery service for advice on pregnancy and may also be seen in their own home by a family centre worker. Women who are substance users have a comprehensive health and social care assessment and receive pregnancy care from specialist midwifery obstetric and social work staff.

The review team noted as a challenge for the Board the need to ensure that midwives take on the role of risk assessment of women in their care in line with 'A Framework for Maternity Services in Scotland'.

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 offered the opportunity to be involved in the development of their birth plan, including their chosen place of birth. This birth plan is developed around 34–36 weeks of gestation and is prepared during a home visit. The development of the birth plan involves other members of the family and the woman is fully aware that she can change her mind at any stage of her pregnancy.

All women who meet the EGAMS criteria are offered a birth in the CMUs in Angus and Perth. In addition, to being offered a delivery in Tayside, women who live on the outskirts or outside Tayside are provided with information regarding neighbouring units such as Aberdeen Royal Infirmary, Forth Park Hospital and Stirling Royal Infirmary.

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 care as laid out in the Tayside Pregnancy Plan includes nine scheduled consultations for primigravida and no more than eight for multigravida. An audit against this performance indicator was carried out in 2005 and for routine cases this was generally met with the exceptions explained by clinical history of high risk or choice of home birth.

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 Tayside

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

Board staff confirmed that one-to-one care is provided for women in established labour. In Ninewells Hospital, women in early labour may be admitted to the antenatal ward or the observation area of the labour suite until a room is available in the labour ward. During this time, a midwife may be responsible for the management of more than one woman. In Perth Royal Infirmary, women are cared for by one of the two experienced midwives on duty and there is another trained midwife on-call. If, from time to time, the unit is very busy, there is an option to transfer women to Ninewells Hospital for one-to-one, care although it was noted that this rarely occurs. In Perth & Kinross and Angus there is 24-hour midwifery cover to provide for one-to-one care.

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

STATUS: Met

The review team was informed that from the woman's 37th/38th week of pregnancy, two trained midwives are on-call each day to ensure that two midwives are present for all planned home births. Further support is also provided from community midwives to ensure unit cover when midwives attend a home birth.

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 Tayside has agreed multidisciplinary policies and protocols in place for the management of all key labour practices. These include: induction of labour; breech presentation; perineal repair; caesarean section; prophylactic antibiotics for caesarean section; placenta praevia; prostaglandins and oxytocin use; management of

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thromboembolism and thromboprophylaxis; water birth; epidural analgesia; fetal monitoring; management of multiple pregnancy; diabetes; pre-eclampsia and eclampsia; declination of blood products; haemorrhage; prolapsed cord; rupture of the uterus; shoulder dystocia; neonatal resuscitation; adult resuscitation; retained placenta; and intrauterine death. These policies and protocols are available in the labour suite and are included in Ninewells Hospital Tayside University Hospitals obstetric anaesthetic handbook. The policies and protocols are due for review following the amalgamation of services. A multidisciplinary group is aiming to complete the review of all protocols within the labour suite by the end of March 2006.

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 Tayside

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

All women have access to the following pain management techniques: relaxation; transcutaneous electrical nerve stimulation (TENS); oral and intramuscular analgesia; inhalation analgesia (Entonox); and the use of water for pain relief. There are static birthing pools in Montrose CMU and Perth Royal Infirmary, and inflatable pools can be hired for use throughout NHS Tayside including private homes. Epidural analgesia is available in Ninewells Hospital.

Information on the management of available pain relief techniques is included in the Ready, Steady, Baby book and there are individual leaflets on each of the methods offered. All women are supported in their choice of pain control. Pain relief is discussed during group and one-to-one parent education sessions in Angus. In Montrose, women are encouraged to believe in their ability to cope with the pain of labour and this subject is covered at length in parent education classes. This approach is recognised by the Promotion of Normality award to Montrose CMU from the Royal College of Midwives.

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

STATUS: Met

Women who have epidural analgesia or an operative delivery assess their pain using a scoring system. These scores are documented in various charts depending on whether the analgesia is patient controlled, epidural or spinal analgesia.

Desirable Criterion

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

STATUS: Met

Epidural analgesia is available at all times within the maternity unit in Ninewells Hospital. This is provided by a group of obstetric anaesthetists available 24 hours per day (ranging from trainee senior house officer level 2 to specialist registrar level 3 and a staff grade) who provide 40 hours cover per week, working on a dedicated rota. The service is also organised to ensure that there is consultant obstetrician and specialist registrar cover available on a 24-hour basis.

Standard 4(c): Standard 4 ~ Childbirth

Standard Statement

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

NHS Tayside

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 named consultant obstetric anaesthetist in Ninewells Hospital with responsibility for the organisation and management of the obstetric 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: Met

The review team was informed that consultant obstetric anaesthetists provide daytime cover for the maternity unit at Ninewells Hospital. Out-of-hours cover is provided by a general anaesthetist rota. The review team commended the Board on its provision of anaesthetic services.

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

STATUS: Met

The review team acknowledged the Board's commitment to comply with the NHS QIS anaesthesia standards and the guidelines issued by the Royal College of Anaesthetists (RCA). The Board has an action plan to follow-up on the NHS QIS anaesthesia review visit in June 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 Board has a good system in place to ensure a rapid response to obstetric emergencies. A 2222 call is used to contact help urgently in addition to a 'fast bleep' system which aims to receive a response within one minute. Staff reported that the bleep system is well maintained and tested three times a day.

These response times are based on recommendations on the provision of anaesthetic services by the Obstetric Anaesthetists Association and Association of Anaesthetists of Great Britain & Ireland. This procedure is documented in the local obstetric anaesthetic handbook and the times have been surveyed for the National Obstetric Anaesthetic Database (2002).

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

STATUS: Met

The information on 'decision to delivery' and perceived urgency are recorded in a commercial electronic recording system. Reports on these data are produced quarterly, however, the classification of caesarean sections available in the electronic record (elective; scheduled; urgent; emergency) does not allow for clear distinction between true life-threatening emergencies and urgent operations.

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

An ongoing audit of the 'decision to delivery' times conducted for this review indicated the response time from informing the anaesthetist to the start of an emergency operative delivery was less than 30 minutes in most urgent/emergency cases.

The Board confirmed that it had used the following classification system for prioritisation, based on NICE clinical guideline 13 (April 2004):

- immediate threat to life of the woman or fetus
- maternal or fetal compromise which is not immediately life threatening
- no maternal or fetal compromise but needs early delivery, and
- delivery timed to suit woman or staff.

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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 Tayside

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 by a midwife in the immediate postnatal period and a record of this examination is included in the intrapartum record. In Dundee and Perth & Kinross, these data are recorded onto PROTOS, an electronic system which can produce specific reports for auditing. The information detailed on a woman's handheld maternity record in Angus is currently manually audited until implementation of the PROTOS system takes place.

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 by a midwife prior to transfer to community care or within 24 hours of giving birth. Whilst in hospital, all women have a daily assessment which includes the day of discharge. This assessment is documented in the midwifery care plan and includes discussion about support groups, infant care and postnatal exercises. Copies of the discharge preparation used by midwives were provided to the review team.

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

STATUS: Met

The Board has comprehensive procedures in place for postnatal care which includes a risk assessment for all women at time of delivery, and any issues are raised and actioned at this time. On discharge from the maternity unit, women are advised to contact the ward or their GP if necessary.

A midwifery care plan details examinations of both mother and baby. There is a procedure in place to arrange postnatal care and visiting for women with a baby in the NICU.

For women who have received anaesthesia or analgesia, a patient observation chart is used to record intrapartum complications and follow-up management. Staff guidance is in place to notify a senior anaesthetist if there are serious complications (eg post-dural puncture headache or apparent neurological damage).

A specific chart has been developed to monitor women following a caesarean section under spinal or epidural anaesthesia and who have had intrathecal or epidural opiates. It incorporates guidance on assessing potential complications and has criteria for discharge from the post operative observation area. The completion of these charts is currently being audited.

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

STATUS: Met

Prior to discharge from Ninewells Hospital, contraception is discussed and all women receive an information leaflet about contraception choices available. This information-giving is documented in the electronic discharge record and further discussion on contraception methods takes place with the community midwife at a follow-up visit in the woman's own home.

In Perth Royal Infirmary, there is a section on the maternity discharge summary to record discussion about family planning.

Women who give birth at home are provided with a copy of the leaflet 'After You've Had Your Baby - Contraception Choices'.

In all areas across NHS Tayside, contraception is normally discussed by the health visitor at their first visit which takes place on day 11 following the birth. If not on the first visit, the discussion will take place within 2–6 weeks of the birth.

Particular care is taken to ensure a discussion about contraception takes place with more vulnerable groups of women and those who abuse substances.

The review team was satisfied that all women Board-wide receive information on options for contraception, but would encourage it to consider implementing consistency where possible.

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 Tayside

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

A key objective in the Breastfeeding Strategy for NHS Tayside is the implementation of the UNICEF/WHO Baby Friendly Initiative in all maternity hospitals and CHPs. The three CMUs in Tayside: Perth, Montrose and Arbroath were awarded UNICEF/WHO Baby Friendly status in 1998 and were re-accredited in 2000 and 2005. Ninewells Hospital is currently working towards achieving Baby Friendly status and is liaising closely with UNICEF/WHO to take this forward. It was also noted that an infant feeding advisor has been appointed in Ninewells Hospital and a Tayside infant feeding strategy group has been established in pursuit of achieving compliance with the Baby Friendly best practice standards. Approval has been agreed to implement the UNICEF/WHO Community Baby Friendly Initiative in all community health practice areas with interested clusters of general practices and health centres. Forfar Maternity Unit is no longer eligible for accreditation as babies are not delivered there, but the Unit complies with the Baby Friendly best practice standards.

The review team supported the Board in its commitment to achieving Baby Friendly accreditation.

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 breastfeeding policy in place which provides information for parents. Compliance with this policy is audited annually together with breastfeeding statistics.

Staff reported that all pregnant women in NHS Tayside are provided with a range of educational information on methods of feeding their baby and support available. An antenatal checklist assists the distribution of this information to women at various stages of her pregnancy. Women are also provided with a breastfeeding 'booking pack' at their first antenatal appointment and midwives continue to discuss the

benefits of breastfeeding with women at both 24 and 28 weeks gestation. All women are actively encouraged to attend a breastfeeding workshop, and are given contact details for local breastfeeding and national support groups. Women are fully supported in their chosen method of feeding by midwives, trained healthcare assistants, the infant feeding advisor and the 'Unmet Needs' project support staff.

The Board informed the review team that, while breastfeeding support is provided across NHS Tayside by midwives and health visitors, it was reported that this service does not meet the needs of women living in all areas of Dundee. A pilot study in 'Unmet Needs' is currently addressing the demand to provide additional breastfeeding staff to offer support and education on breastfeeding management to mothers and their families living in areas of high deprivation that have been identified as requiring further support/advice during the antenatal period and first 6 weeks following childbirth. A further pilot study involved considering the feasibility and acceptability of telephone peer support to increase the duration of breastfeeding in low uptake areas. Results indicated a positive response and the reintroduction of this support is being considered.

Desirable Criteria

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

STATUS: Met

There is a named infant feeding advisor for NHS Tayside (breastfeeding co-ordinator) and another in Ninewells Hospital (infant feeding support midwife). A 2-day breastfeeding training programme is available on a monthly basis to public health nurses, midwives and health visitors. There is also an orientation programme in place for healthcare assistants, new maternity employees, paediatric senior house officers and GPs. These sessions last from 30 minutes to 2 hours and focus on policy issues highlighting the role of support of a woman's chosen method of feeding and the guidelines for care of breastfed babies at risk of hypoglycaemia. Training on breastfeeding for medical students also takes place within Ninewells Hospital. Training attendance of nursing staff is monitored and evaluated, and, to date, staff reported all comments received were positive.

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

STATUS: Met

The Board reported that an IR1 incident reporting form is completed for all babies re-admitted to the maternity unit and these cases are monitored. From the audit data available, it was reported that the number of babies admitted due to inadequate nutrition was low.

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 Tayside

Essential Criteria

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

STATUS: Met

In order to minimise the number of infants who require re-warming, babies are dried and 'skin to skin' contact with the mother is initiated as soon as possible following delivery. Breastfeeding is introduced when practicable.

Babies requiring to go to the preheated resuscitaire are dried, wrapped in a warm towel and fed within an hour according to maternal preference. Hats for babies are available for use in the labour suite and theatre, in addition to warming cabinets for blankets being available in the labour suite and resuscitation area. IR1 forms are used to record all neonatal re-warming incidents and action plans are in place for follow-up management.

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

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

STATUS: Met

All newborn babies are clinically examined by a midwife and/or paediatrician immediately following birth. Midwives in the CMUs are currently being trained to perform a routine examination of the newborn. GPs examine babies born at home.

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

STATUS: Met

All babies are examined prior to discharge from the maternity unit in Ninewells Hospital by a paediatrician or a midwife trained in the examination of the newborn. This examination is usually within 6 hours of discharge using a detailed checklist.

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

STATUS: Met

The routine examination of the newborn baby includes referral pathways for the recognition of group B streptococcal infection and the identification and investigation of jaundice. All infants are assessed for signs of infection both at time of delivery and at routine examination. It was reported that midwives have good communication links with the neonatal unit at Ninewells Hospital and have access to advice if they are concerned about the baby. Babies with identified risk factors requiring blood tests are referred to Ninewells Hospital or the GPs in Angus.

A home phototherapy programme is in place for parents to manage jaundice at home using a Biliblanket (approximately 25 babies a year are treated at home). Otherwise phototherapy is available in the CMUs.

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 Tayside

Essential Criteria

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

STATUS: Met

Across NHS Tayside, the same midwifery documentation is used to ensure that information is relayed appropriately to those providing care to the woman. The woman and baby discharge records are given to the woman to take home. Healthcare professionals attending to the woman can then access these shared records. Details of a woman's discharge are also sent to her GP.

A combination of both verbal and written information is used between community midwife and health visitor to facilitate effective care.

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

STATUS: Met

NHS Tayside has guidelines in place for the transfer of women and their newborn babies. Primary care staff reported to the review team that the communication of the handover of care for mother and baby was streamlined and evidence of documentation used was provided to the review team which confirmed good procedures were in place.

Appendix 1 – Glossary of abbreviations

Abbreviation

AHP	allied health profession
CHP	community health partnership
CMU	community maternity unit
EGAMS	Expert Group in Acute Maternity Services in Scotland
EPAS	early pregnancy assessment service
GP	general practitioner
GROS	General Register Office for Scotland
ICU	intensive care unit
IR1	incident reporting form
ISD	Information Services Division
MSLC	maternity services liaison committee
NHS QIS	NHS Quality Improvement Scotland
NICU	neonatal intensive care unit
RCA	Royal College of Anaesthetists
SBR	Scottish birth record
SCBU	special care baby unit
SEHD	Scottish Executive Health Department
SIGN	Scottish Intercollegiate Guidelines Network
SMR02	Scottish Morbidity Record 2
SPCERH	Scottish Programme for Clinical Effectiveness in Reproductive Health
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 Tayside was conducted on 16 February 2006.

Review team members

Dr John McClure (Team Leader)

Consultant Anaesthetist, NHS Lothian

Mr William Bowes

Public Partner, Lothian

Dr Samuel Ighanesebhor

Chief Operating Officer, NHS Lanarkshire

Dr Hilary MacPherson

Associate Medical Director, NHS Forth Valley

Ms Isobel McInnes

Senior Nurse (Children), NHS Greater Glasgow

Ms Moira McMurdie

Ward Manager, NHS Lanarkshire

Mr Ian Malcolm

Public Partner, Forth Valley

NHS Quality Improvement Scotland Staff

Mrs Morag Kasmi

Senior Project Officer

Ms Sharon Keane

Project Officer

Dr Avril MacLennan

Project 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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NHS Quality Improvement Scotland

Edinburgh Office
Elliott House
8-10 Hillside Crescent
Edinburgh EH7 5EA

Phone: 0131 623 4300
Textphone: 0131 623 4383

Glasgow Office
Delta House
50 West Nile Street
Glasgow G1 2NP

Phone: 0141 225 6999
Textphone: 0141 241 6316

Email: comments@nhshealthquality.org
Website: www.nhshealthquality.org

