Maternity Strategy for Northern Ireland Consultation Response

Issued by: DHSSPS

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Women's Centres Regional Partnership (WCRP)

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1.0 Introduction WCRP

1.1 WCRP Vision

"Our vision is of communities where women are recognised and valued as equal partners working towards a future based upon shared values of equality, participation and inclusion."

1.2 WCRP Mission Statement

"To work in partnership to support and strengthen the voice of community based women's organisations"

1.3 Background

The Women's Centres' Regional Partnership (WCRP) is a partnership of four lead regional women's organisations linking with fourteen frontline women's organisations across Northern Ireland to provide support and services to women living in disadvantaged areas.

1.4 The four key lead partners of the Partnership are the Women's Resource and Development Agency (WRDA), Women's Support Network (WSN), Northern Ireland Rural Women's Network (NIRWN) and The Women's Centre, Derry. The fourteen Women's Centres are spread across Northern Ireland with seven from the Greater Belfast and Lisburn area, four in the North West (one of which does not provide childcare), and three in Dungannon, Magherafelt and Craigavon. Together the WCRP seeks to develop and strengthen a regional infrastructure which will support community based women's organisations across Northern Ireland.

1.5 There are four aims to the Partnership encouraging collaborative and strategic work on key areas such as influencing policy, identifying needs and gaps in relation to training, education and childcare services, improving communication on good practice and lessons learnt across the sector, sourcing potential sources of funding, etc.

1.6 The Women's sector has played a key role in building and promoting, social, economic and political change in Northern Ireland. A review carried out in 2001 highlighted that through its infrastructure, comprising regional support organisations, networks, women's centres and local groups engaged in a diverse range of activities, it has made a valuable contribution to promoting equality, social and economic inclusion, peace-building, and the development of the voluntary sector.

1.7 The WCRP tackles women's inequality and disadvantage and supports community development in the most marginalised and disadvantaged communities and works for policy change. The principles of inter dependence, co-operation, participation, representation and good practice is at the heart of the partnership's work.

1.8 The WCRP welcomes the opportunity to comment on the *Maternity Strategy for Northern Ireland* consultation but we would like to express our disappointment that while the Terms of Reference specify that the review will take account of the interfaces between maternity services and neonatal, we feel that the interests of families with premature and sick babies have not been given due consideration within the strategy.

Specific Comments

WCRP welcomes the opportunity to respond to the Maternity Strategy for Northern Ireland issued by DHSSPS. The community based women's sector works with women from areas with high levels of social and economic disadvantage, providing front line services to women, children and families including childcare provision, education and training, family support, health promotion, job skills, advice services and parenting classes.

Recommendation 1:

WCRP very much welcomes the recommendation that the Public Health Agency (PHA) should advise and inform prospective mothers on emerging health messages. However, we recommend that this type of information is not limited to preparation for a physically healthy pregnancy but should also raise awareness about emotional wellbeing and for the preparation needed for becoming a parent.

There is already a level of awareness amongst first time mothers of the impacts alcohol and smoking can have on the foetus but there is very little awareness of the impact stress has on the developing foetus or that bonding and communication can start to develop at the beginning of a pregnancy.

For example, research[1] has shown that infants begin to develop communication skills very early in the pre-natal stage, parents interacting and communicating at this early stage can positively contribute to the development of the unborn child's development of speech, language and communication.

Women's Centres are ideally placed to play a key role in disseminating this type of information as many first time parents take part in health education programmes. We would therefore ask that the PHA works with the

[1] Graven, SN and Browne JV (2008) 'Auditory development in the foetus and infant' Newborn and Infant Nursing Reviews

community based women's sector to ensure these messages are reaching the targeted audience.

Recommendation 2:
Pre-conception care for women with long term conditions is extremely important, cognizance should also be taken that some women may have multiple and complex needs.

WCRP requests further information on how GPs will be monitored to ensure they are proactively giving tailored advice to women.

Recommendation 3:
WCRP are in strong agreement with the recommendation that a woman should be facilitated to make early direct contact with a midwife. However, we have concerns about the lack of community midwives needed to facilitate this, coupled with the existing pressures on community midwifery services since the introduction of the 'same day' discharge of women following childbirth. We would seek clarification how the community midwifery services will be increased in the context of the current 'shared care' model of funding that is currently in operation.

Research[2] conducted by Sure Start showed that a significant number of women from disadvantaged communities only have 5 contacts antenatally with maternity services i.e. confirmation with the GP and 4 scheduled hospital appointments. Worryingly, for those women whose pregnancy is confirmed late this number is further reduced.

WCRP therefore recommends the Department reviews how funding for antenatal care is structured to enable the expansion of community midwifery which will ensure women are able to make early direct contact with a midwife.

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[2] Sure Start (2007) – Maternity Services Questionnaire Response

Recommendation 4:

We fully support this recommendation that each Trust must ensure appropriate access to confirmation of pregnancy scans and the NIMAT System within community settings. However, with the current strain of already stretched resources we welcome confirmation as to when additional resources will be made available for scanning equipment within areas where one is not currently located.

Recommendation 5:

We welcome the recommendation that women with straightforward pregnancies antenatal care will be provided primarily by the midwife in the community. The Sure Start research[3] shows an alarming number (78%) of those questioned were only informed about shared care at the initial appointment with the GP. There was no mention of community midwifery services. If straightforward pregnancy antenatal care is to be provided by the midwife in the community, how will the Department encourage GPs to utilize this service?

Recommendation 6:

It is our view that women with complex obstetric conditions should have care led by a consultant obstetrician. Trusts must ensure access to more specialist services, particularly for women living in rural areas where transport could be an issue. However, it must be recognized that health inequalities still remain amongst women living in areas of social and economic disadvantage. Northern Ireland performs poorly with the rates of death and ill health amongst mothers and their babies, compared with the rest of Europe.

The Department must recognize that these health inequalities must be eliminated and we must see an increase in specialist midwifery services and units as well as a consultant led unit located within each Trust area.

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[3] Sure Start (2007) – Maternity Services Questionnaire Response

Recommendation 7:

While we agree with this recommendation in principle, we would like the Department to ensure that any woman who presents herself to the midwife with a problem, that there is sufficient equipment in place such as pregnancy scanners to allow the midwife to examine the woman properly and relay any fears should it not be necessary for referral to a consultant obstetrician.

Recommendation 8:

WCRP agree that women should be encouraged to take part in antenatal education which is women centred and developed to meet the needs of women and their partners.

However, it should be recognized that anecdotal evidence suggests that some mums to be, especially young mums do not have the confidence to attend the parent classes held in hospitals. A regional survey of Sure Start service users who had had a baby in the previous year and who were dependant on Income Support reported that only 30% of respondents attended any antenatal classes, while attendance in the Belfast area was just 15% of respondents. It was clear from the responses that those parents who did attend antenatal classes (particularly in the Western Trust area) did so at their local Sure Start Centre with Sure Start midwives. It is therefore extremely concerning that the Draft Strategy does not reference Sure Start programmes as a base for targeted antenatal interventions which could and should be built upon. This would be preferable to the Family Nurse Partnership programme which has been mentioned as an example of 'an intensive preventive programme for vulnerable, first time young parents.' We are concerned that this type of programme is a very costly option and one which is unsustainable.

WCRP would advocate for resources to be diverted to both the community based women's sector as well as Sure Start, both of which have developed and delivered successfully a number of health and education initiatives. Due to the location of both Women's Centres and the Sure Start programmes, in areas of social and economic disadvantage, this would ensure those most in need of parenting classes are reached.

Recommendation 9:

We totally agree that women should be supported to make an informed decision about place of birth. However, how will this happen if the woman is not provided with the necessary information to make that choice? We would ask that each Trust develops an action plan to set out exactly how they will disseminate information to mums to be.

Recommendation 10:

If women are to be given extended choice about birth then there must be at least one Consultant Led Unit and Midwife Led Unit within each Trust. Women must be offered the choice and it should be informed. We recommend that the phrase 'the Trust should' be removed and replaced with 'the Trust ***must***' ensure there is both a midwife-led and obstetric unit in every Trust area. Women who might like to try using a midwife led unit for their first birth will often be reassured that if 'something goes wrong' they have immediate access to obstetric services. In subsequent pregnancies there is then a better understanding/reassurance about the benefits of using a midwife led unit.

In relation to rural areas, Co Tyrone has a population of just over 150 000 and yet has no Maternity Hospital Service. Mothers in Tyrone depending on where they live must attend Craigavon Area Hospital, Antrim Area Hospital or, Erne Hospital; Enniskillen. This inevitably has implications for acute and emergency situations particularly when the lack of rural transport provision is taken into account.

There is the potential added difficulty of the patient's local GP surgery and community midwives often being in a different Trust area than closest Maternity hospital. Example: a patient in Cookstown District Council Area will have a GP and Community midwives based in the Northern Health and Social Care Trust but receive her pre natal scans and consultations in the South Tyrone Hospital, Dungannon in the Southern Health and Social Care Trust and deliver her baby in the Craigavon Area Hospital also in the Southern Health and Social Care Trust area. This has the potential to hinder

communication between medical practitioners' impacting on the health and well being of mothers and babies.

Recommendation 11:

We agree that freestanding midwife led units should be developed where there is an assessed need. WCRP believe midwife led units offer a cost-effective, safe and satisfying alternative for women who are experiencing normal pregnancy and childbirth.

Research[4] carried out involving 6 trials of 9000 women highlighted that a home-like setting for giving birth such as a midwife led unit was associated with greater satisfaction with care, lower rates of intrapartum analgesia/anaesthesia, augmented labour, and operative delivery.

We would again reiterate that providing women with information to make an informed choice will be key to ensuring their decision is based on all the facts. Utilising the Women's Centres would provide another vehicle to ensure the dissemination of information to those most in need is established.

Recommendation 12:

We are rather confused over the recommendation for all Trusts to reduce inappropriate variability in practice against comparable units across Northern Ireland, the rest of the UK and Ireland. Page 49 of the Consultation states there is a variation in practice between units but it is not adequately explained and requires further investigation. We believe it would be more appropriate for recommendation 12 to state that further investigations will be carried out to explain the current variations in practice and appropriate measures will be put in place to deal with these variations.

Recommendation 13:

Post natal care is vital for mother and baby. Anecdotal feedback from women who recently gave birth concluded that postnatal care was the least

[4] Hodnett ED. Home-like versus conventional institutional settings for birth (Cochrane Review). In: The Cochrane Library, Issue 3 2002. Oxford

satisfactory aspect of maternity care they received. This is an extremely important finding as good postnatal care is needed to ensure the best possible outcomes for both mother and baby. Therefore WCRP would call for a specialist mother and baby unit to be provided for women who suffer postnatal depression and other illnesses after giving birth. By allowing mothers and babies to remain in the same unit will ensure they both are given the opportunity to develop a secure attachment in a safe environment, the mother can receive treatment and the outcomes for both mother and baby are positive

We also have particular concerns regarding post natal care for young mothers. Young mothers and their babies face higher risks of poor outcomes that can cast a long shadow on their future health and well being, including 60% higher rates of infant mortality, 25% higher rates of low birth weight and three times the rate of postnatal depression.[5] Particular attention must be given to these mothers to ensure they receive the best possible post natal care and advice.

It should be noted that breastfeeding rates are much lower among young mothers and those living within deprived areas.[6] Moreover, figures for Northern Ireland show that breastfeeding rates on discharge from hospital for the most deprived areas are less than half of those for the least deprived.[7] Knowing these figures we are concerned that the Breastfeeding Peer Support Programmes have not been given significant recognition within the strategy. We believe this programme is extremely important as a stand-alone intervention which supports women to breastfeed.

WCRP have further concerns in relation to women being discharged from home so quickly after giving birth. Firstly, if women are being sent home the same day, this places greater strain on the already over stretched community midwives. Experiences from women who took part in focus groups

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[5] Teenage Pregnancy Unit, (2004), *Who Cares? A guide to commissioning and delivering maternity services for young parents*. Department of Health and the Royal College of Midwives
[6] Bolling K, Grant C, Hamlyn B, Thornton A. Infant feeding survey 2005. London: The Information Centre, 2007
[7] Northern Ireland Child Health System 2005-2008. Deprivation deciles calculated using 2005 MDM

commented that they ‘felt uneasy leaving hospital but had no choice’ or ‘I felt quite rushed and it was very impersonal.’

WCRP have further concerns in relation to women being discharged from home so quickly after giving birth. The Draft Strategy states that the timing of discharge from hospital should be based on ‘clinical need’. We believe that it is a mistake to view childbirth in a clinical or medical approach only. Of equal importance to the physical health of the mother and baby are the emotional and social well-being of the family and the formation of a strong attachment between the mother and baby in the first instance. There are many reasons why it might not be appropriate to discharge a mother and baby who are physically well enough to be discharged. The pressure on maternity hospitals to reduce hospital stay times we believe runs contrary to an ethos of providing women centred care and patient choice.

We are pleased that recognition has been given to maternity support workers. It is our view that further resources should go in to developing this service and increasing the number of maternity support workers in the community.

Recommendation 14:
We agree that women should be encouraged to attend their 6 week postnatal appointment. Information on the importance of this appointment could be circulated to Women’s Centres as an excellent means of distribution.

Recommendation 15:
Communication is vitally important especially for young mums to be. WCRP are concerned that the communication styles and attitude of some staff towards young mums is disrespectful and compounds the anxiety they feel during labour. We would encourage additional training for midwives and doctors in communication skills and challenge them to face up to any assumptions they may have about young mums. Speaking with a variety of young mums it is very clear that they take the responsibility of parenthood very seriously; their priority is the needs of their child.

The birth of a child can be a dynamic and empowering experience for women. If childbirth is not treated as normal, then women – especially young mothers – may not feel empowered or may feel extremely anxious about the process. Good, clear and concise communication throughout pregnancy is vital as is listening to the views and concerns of young mums before, during and after labour.

Recommendation 16:
We are in agreement with the recommendation for minimum data sets in order to promote quality improvement. We would, however, seek clarification as to how these will be monitored and would encourage the use of further personal and public involvement focus groups via the Experience Based Design Survey model, which has already been undertaken by the Belfast Health & Social Care Trust. By allowing women the space and time to share and discuss their experience will help to improve and shape maternity services going forward.

Recommendation 17:
We are fully supportive of the NIMAT System and would like to see this reviewed and updated to ensure a coordinated approach to data collection.

Conclusion

WCRP supports the main content of the Draft Maternity Strategy and believes that if it was fully implemented would go a long way to improving services and outcomes for mothers and children. We have offered some constructive recommendations as to how it could be improved. We are happy to further discuss this response if required.

Appendix 1:

Lead Organisations:

NI Rural Women's Network (NIRWN)
15 Molesworth Street
Cookstown
BT80 8NX

The Women's Centre, Derry
Beibhinn House
5 Guildhall Street
Derry
BT48 6BB

Women's Resource and Development Agency (WRDA)
6 Mount Charles
Belfast
BT7 1NZ

Women's Support Network (WSN)
109-113 Royal Avenue
Belfast
BT1 1FF

Partners:

Waterside Women's Centre
170 Spencer Road
Waterside
Derry
BT47 6AH

Foyle Women's Information Network
The Walled City Community Partnership
12-14 The Diamond
Derry~Londonderry
BT48 6HW

The Women's Centre
Beibhinn House
5 Guildhall Street
Derry
BT48 6BB

Strathfoyle Women's Centre
12 Bawnmore Place
Strathfoyle
BT47 6XP

Atlas Women's Centre
81 Sloan Street
Lisburn,
BT27 5AG

Ballybeen Women's Centre
34 Ballybeen Square
Belfast

BT16 2QE

Falls Women's Centre
256 - 258 Falls Road
BELFAST
BT12 6AL

Footprints Women's Centre
84a Colinmill
Poleglass
Dunmurray
BT17 0AR

Greenway Women's Centre
19 Greenway
Cregagh Road
Belfast
BT6 0DT

Windsor Women's Centre
136-144 Broadway
Belfast
BT12 6HY

Shankill Women's Centre
151-157 Shankill Road
Belfast
BT13 1FD

First Steps Women's Centre
21a William Street
Dungannon
Co Tyrone
BT70 1DX

Magherafelt Women's Centre
The Learning Lodge
27-29 Moneymore Road
Magherafelt
BT45 5JE

Chrysalis Women's Centre
520 Burnside
Brownlow, Craigavon
BT65 5DE