

Maternity and Neonatal Strategy

Five-year vision for the future
2022-2027



Putting you first

the 1990s, the number of publications on the topic has increased steadily, and the number of authors has grown from 1 to 12.

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This strategy applies to anyone who uses our maternity and neonatal services. Most commonly, this will be cisgender women – women who identify with the sex they were assigned at birth – along with their partners and babies.

People assigned female at birth, including trans men, non-binary people, and intersex people, may also experience pregnancy and childbirth and use these services. This strategy adopts language that reflects and includes all our potential service users.

Introduction

Pregnancy and childbirth can be life changing events for all women, pregnant people, and their families. We can support individuals using our maternity service and their babies through this transition by providing a personalised, positive, and safe experience, with care that reflects their wishes. Pregnancy also represents an opportunity to support individuals to adopt healthy lifestyles and maximise their families' health and wellbeing across their life course.

The aim of the West Suffolk NHS Trust's (WSFT) Maternity and Neonatal Strategy is to provide a clear purpose and direction for the provision and transformation of our maternity service. This strategy aligns with the Trust's overall direction as illustrated by the diagram below and is powered by our Trust values of fairness, inclusivity, respect, safety and teamwork (FIRST). It covers the time period of April 2022 to March 2027.

The strategy has been co-produced with our Maternity and Neonatal Voices Partnership (MNVP) and staff. Engagement to create our key priorities was undertaken throughout 2021. The strategy describes how we will work in partnership with our healthcare organisations, parents-to-be, new parents and other

key stakeholders to provide a world class maternity service giving babies the best start in life. Over the next five years we will continue to collaborate with our MNVP and service users to review our key priorities to ensure they remain in line with any national policy changes to the delivery of maternity services.

The West Suffolk NHS Foundation Trust is one of 40 trusts across the country to receive funding for a new hospital to be built by 2030. This presents a fantastic opportunity and a unique chance to develop a maternity facility that is fit for purpose for future years to come. Obstetricians, midwives and service users are involved to help inform decision-making about the new maternity facility, and this will help to deliver the Maternity and Neonatal Strategy.

The coronavirus pandemic has made it more difficult for some babies to have the best start in life, so we want to balance these inequalities out as we re-set and transform services.

The progress we make against the desired outcomes will be reported through our internal governance processes and ultimately to the Trust Board.

Vision:

To deliver the best quality and safest care for our local community

Ambition: First for patients

- Collaborate to provide seamless care at the right time and in the right place
- Use feedback, learning, research and innovation to improve care and outcomes.

Ambition: First for staff

- Build a positive, inclusive culture that fosters open and honest communication
- Enhance staff wellbeing
- Invest in education, training and workforce development.

Ambition: First for the future

- Make the biggest possible contribution to prevent ill health, increase wellbeing and reduce health inequalities
- Invest in infrastructure, buildings and technology.

Powered by our First Trust Values
Fairness • Inclusivity • Respect • Safety • Teamwork

Our maternity and neonatal services

The Trust is able to support our maternity service users throughout their whole pregnancy, birthing and postnatal journey.

Approximately **2,200** women and pregnant people each year choose to give birth using WSFT services. We offer three choices of place of birth: at the service user's home; in the West Suffolk Hospital's (WSH) Birth Centre and/or consultant-led Labour Suite. In addition, we provide antenatal and postnatal care to around **550** women and pregnant people who choose to give birth at another hospital, mainly The Rosie Maternity Hospital in Cambridge and the Norfolk and Norwich University Hospital. We also provide care during labour for people who choose to have their baby at the WSH from Stowmarket.

The Neonatal Unit at the WSH has 12 cots, including intensive care and high dependency areas, a special care nursery and a transitional care bay on the postnatal ward. We provide care for babies requiring short term intensive care, high dependency care and special care, for sick and preterm infants from 30 weeks gestation onwards, and for twins or multiples from 32 weeks gestation.

Babies come to us for a variety of reasons and stay with us for varying lengths of time ranging from a few hours to weeks. We can also stabilise babies if they must be delivered here below 30 weeks gestation, prior to being transferred to a specialist centre. Each year around **500** babies are admitted to our neonatal unit.

Stephanie, midwife



A recent, newly recruited midwife to the Trust, Stephanie says she could not have had a better start to her career.

Sharing her experiences, Stephanie said: "Everyone has been amazing and made me feel more welcome than I ever could have hoped for.

"I really enjoy being with families and building relationships. I currently work on the Labour Suite and I'm gaining confidence in my own skills and decision making.

"I feel most appreciated at the end of a shift when a senior midwife thanks me and gives me feedback on my performance so that I can continue to learn and develop.

"My goal is to be able to feel confident and comfortable working in all areas and become a well-rounded midwife."

Delivering the strategy

This strategy has six priorities that put people at the centre of decisions, so that all women, pregnant people and their babies and families are listened to and receive the highest quality of care, every time.

These priorities are aligned with the NHS Long Term Plan ambitions and the Trust's strategic ambitions, first for patients, first for staff and first for the future (see previously).

Underpinning the strategy is Family Integrated Care (FICare), which promotes a culture of partnership between families and staff, enabling parents to become confident in the care of their newborn.

To ensure we deliver our vision of giving an excellent maternity service to every woman or pregnant person and their family, our improvement plans must meet their needs. We understand that women and pregnant people need information at the right time, communicated clearly throughout their journey with us.

We will work effectively with service users to coproduce and create high quality, efficient and sustainable maternity services. Where possible we will work closely with the Co-pro team at Healthwatch Suffolk and build on their expertise and knowledge in co-production. Our local MNVP groups will also have a key role in helping us to design, deliver and evaluate our service going forward.

Our strategy is aligned with the vision and recommendations of the following national policy documents as well as the key recommendations from national investigations into maternal and neonatal adverse outcomes:

- [Better Births: Improving outcomes of maternity services in England \(2016\)](#)
- [NHS Maternity Transformation Programme](#)
- [NHS Long Term Plan - maternity and neonatal services \(2019\)](#)
- [NHS England Saving Babies' Lives Version One: A care bundle for reducing stillbirth \(2016\)](#)
- [NHS England Saving Babies' Lives Version Two: A care bundle for reducing perinatal mortality \(2019\)](#)
- [Royal College of Obstetricians & Gynecologists Each Baby Counts 2019](#)
- [Care Quality Commission maternity surveys](#)
- [The Healthcare Safety Investigation Branch \(HSIB\)](#)
- [MBRRACE-UK Saving Lives, Improving Mothers' Care \(2018-20\)](#)
- [MBRRACE-UK Perinatal Mortality Surveillance Report \(2020\)](#)
- [Maternity Incentive Scheme \(NHS Resolution\)](#)
- [Ockenden Report: Emerging findings and recommendations from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust \(2020\)](#)
- [Ockenden Report: Final findings, conclusions and essential actions from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust \(2022\)](#)
- [NHS England Neonatal Critical Care Review \(2019\)](#)
- [NHS England \(2022\) Getting it Right First Time](#)
- [Royal College of Paediatrics and Child Health](#)
- [National Neonatal Audit Programme \(2022\)](#)
- [UNICEF A Call to Action: Protecting Health and Saving Lives \(2016\)](#)
- [Family Integrated Care \(FICare\) - in the care of their infants on neonatal unit \(2020\)](#)

Co-production

Co-production is when people work equally with professionals and decision-makers to design, evaluate and improve health and social care services. It is a meeting of minds coming together to find a shared solution. This approach is built on the principle that those who use a service are best placed to help design it. It means aspiring to be equal partners and co-creators (Healthwatch Suffolk).

Priorities for maternity services

Our vision for maternity and neonatal services

Guided by the Trust's overall vision and three ambitions, we strive for care to be provided by high performing, multi-professional teams, that is based on the needs of women, pregnant people and their families. We continue to develop a maternity service that is well-led within an open culture steered by research and development, continuous learning, best practice and innovation.

1. Embed midwifery continuity of carer



2. Provide personalised care and birth place choice



3. Improve quality and safety



4. Listen to women, pregnant people and their families



5. Build a skilled and multi-professional workforce



6. Reduce inequalities in maternity care



Priorities for maternity services

FIRST FOR PATIENTS

Priority 1: Embed midwifery continuity of carer

The continuity of carer model is a way of delivering maternity care so that women receive dedicated support from the same midwifery team throughout their pregnancy. Our aim is for midwifery continuity of carer (MCoC) to become the default model of care for all women and pregnant people that use our maternity services.

This new way of working will ensure safer care based on a relationship of mutual trust and respect between families and their midwives and obstetricians. What this means in practice is that all eligible people will receive dedicated support from the same midwifery team throughout their pregnancy, labour and after they have had their baby.

We also aim to ensure that 75% of women from ethnic minority groups, and a similar percentage of women from the disadvantaged communities, will receive their maternity care in this way.

The benefits of this model of care for women and pregnant people have been demonstrated by Sandall et al (2016). Those cared for in MCoC models were significantly less likely to have a pre-term birth; experience fetal loss before 24 weeks gestation; require epidural analgesia; require operative delivery and had significantly lower intervention rates. From a midwifery perspective, if MCoC is implemented effectively, it will empower midwives and enable them to manage their own working lives, ultimately leading to better job satisfaction.

Becca receives positive continuity of carer experience

Becca gave birth to her first baby Amelia who was delivered by a planned caesarean birth. She was cared for by Marie, part of the Trust's Icení midwifery continuity of carer team. Becca received all her maternity care from the same midwife throughout her pregnancy, her birth in theatre and after her baby was born.

Becca said: "Marie went above and beyond. She was always there to answer my questions. I felt really nervous when I went into theatre for my caesarean birth. It was so nice to have a friendly face present in a room full of strangers. I felt so much more settled as I really trusted Marie.

"I had known her for nine months, she knew me well and it meant I didn't have to tell my back story every time. Marie knew I was really scared when I went into the theatre and explained everything to me and what to expect.



"She calmed me down and made me feel at ease. After I had Amelia, she came to see me at home and was so supportive to both me and my partner. She was just amazing! Thank you."

Our commitment

We will:

- Scale up our provision of MCoC when safe staffing permits, so that all women and pregnant people will receive MCoC across their maternity journey, with seamless links to specialist care when required. We will focus initially on people from ethnic minority groups and those from disadvantaged communities.
- Continue to put the building blocks in place to develop MCoC teams, including teambuilding, introducing better skills mix within the teams, such as maternity support workers and maternity care assistants, and placing newly qualified midwives in the community as part of our new hybrid preceptorship model. While the recruitment and retention of midwives remains our biggest challenge to the roll out of MCoC we are committed to making it work.
- Offer all women and pregnant people a named midwife to provide and coordinate care. Some may also need a named obstetrician. Care will be planned in partnership with the woman, pregnant person and their family.
- Provide all women and pregnant people with written and verbal information for the contact details of their named midwife.
- Provide all women and pregnant people MCoC during the antenatal and postnatal period and during the intrapartum period by their named midwife or a midwife from the team known to them.
- Offer all women and pregnant people an opportunity to meet the midwives that may be caring for them prior to their labour.
- Ensure the named midwife will be the key coordinator of postnatal care and will aim to provide optimum levels of continuity, including a minimum of three community-based midwifery contacts and the final discharge assessment visit.
- Ensure the named midwife will co-ordinate the transference of care to the GP and health visitor.

Supporting baby Alora and her parents



Arriving safely on 30 December 2022, baby Alora's mum shares that she had "the best experience" using the Trust's maternity services.

Mum Modesta said: "My family and I would like to say a massive thank you to all the staff of West Suffolk Hospital Maternity Unit for all your excellent care, support, compassion and professionalism during my pregnancy. The midwives who delivered our baby were absolutely amazing and really helped me to stay calm and relaxed. Our baby girl was born safely, and we cannot thank you enough!"

Priorities for maternity services

FIRST FOR PATIENTS

Priority 2: Provide personalised care and choice

Personalised care is a core requirement of the National Maternity Service review policy recommendations and NHS Long Term plan.

We aim to provide care which is personal to each families' needs, where they have choice informed by unbiased information. Our service users and their families will be at the centre of everything we do.

We will communicate all elements of choice within the pregnancy and birthing journey, ensuring people are

confident with the decisions they make about the care they receive. Together we will create a personalised plan of care based on individual needs and wishes.

Women and pregnant people will be offered the option to have their baby at home, in the West Suffolk Hospital Birth Centre or Labour Suite.

Our commitment

We will:

- Provide support that is locally available, with access to children's centres, parenting support, social care, and psychological services.
- Involve service users in all decision making about their care, providing evidence-based information to enable them to make informed decisions, including about infant feeding.
- Make women and pregnant people aware of their birth place choices and provide up to date information to enable them to make an informed choice.
- Offer parent education sessions either with midwives or UK Babies, where families will receive information to support birth choices.
- Offer an opportunity to discuss their birth plan in more detail with their midwife or obstetrician at their 36-week appointment.
- Provide information that is accessible and appropriate to the needs of individuals, with access to interpreting services if appropriate so that they can be fully involved in all decisions.
- Give digital access to maternity records by making appropriate digital improvements so that information is more accessible. However, for those who are unable to access digital records we will endeavor to provide these in paper format.
- Support and encourage parents to be on their infant feeding journey in the early post-natal period, including those babies on the neonatal unit.



Priority 3: Improve quality and safety

Improving the quality and safety of our maternity and neonatal services to ensure we provide a high-quality health experience for all women, pregnant people, babies, and families, is important for our service.

We are working with our maternity colleagues to ensure we nurture the conditions for continuous improvement, a safety culture and constant learning.

Our work on quality and safety will align with the commitments of the NHS Long Term Plan, the strategic vision and priorities developed through the national

advisory groups such as Healthcare Safety Investigation Branch, NHS England, Care Quality Commission, and professional organisations such as Royal College of Obstetricians & Gynaecologists, Royal College of Midwives, and National Institute for Health and Care Excellence's (NICE) standards.

We aim to ensure that families are cared for within the most appropriate pathways and by the professionals who best meet their needs. We want to deliver services that are sustainable and provide the best care for everyone, especially those who have complex needs.

Our commitment

We will:

- Ensure our governance system is transparent and trusted by women, pregnant people and their families and staff. We will publish reports on the Trust's website so that information is easily available to the public.
- Listen to the voices of women and pregnant people and involve the MNVP in meetings and groups to discuss quality and safety.
- Build a culture of safety which supports practice development and continuous work to improve patient safety. We will celebrate and learn from success and where further improvement is required, we will review and respond to ensure a culture of learning is embedded within the service. Our service will be overseen by a Trust non-executive Board safety champion who will provide support to ensure this culture is delivered and sustained.
- Continue to share safety information amongst midwifery, neonatal, obstetric staff, governance teams, and Board safety champion and through the Local Maternity and Neonatal System (LMNS) and Trust Safety Forum so that Trust-level safety improvement priorities are quickly identified and acted upon.
- Ensure maximum safety at all times by reducing avoidable harm through delivery of the actions required in the Clinical Negligence Scheme for Trusts (CNST) maternity incentive scheme and by improving the prevention, early recognition and management of deteriorating mother or baby.
- Achieve excellence in maternity care and reduce unwarranted variation by reviewing and acting upon quantitative and qualitative data incorporated into one quality improvement strategy.
- Apply a standardised process of review and shared learning from maternal and perinatal morbidity and mortality, which listens to and takes into consideration the voice of the woman or pregnant person and their family.
- Implement prompt investigations and multi-professional reviews of care provided in the event of a still birth or neonatal death. These will use the national standardised Perinatal Mortality Review Tool (PMRT) developed by Mothers and Babies Reducing Risk through Audits and Confidential Enquiries-UK. We will ensure that all women and pregnant people and their family are listened to, supported, and have an active role in any review if they wish to do so.
- Allocate a named point of contact during investigations and reviews (in the event of stillbirth or neonatal death this will be a bereavement midwife).

Priorities for maternity services

- Provide follow up from the specialist bereavement midwife following a late pregnancy loss over 16 weeks gestation or termination of pregnancy for fetal anomaly. For subsequent pregnancies, care within the Rainbow clinic will be offered.
- Provide everyone who feels they require support after birth with an opportunity to discuss their birth experience with a midwife who is part of our midwifery-run, confidential Birth Reflections service, and to explain what happened without using medical jargon.
- Work in partnership with our maternity and neonatal network to ensure clinical pathways for fetal medicine, maternal medicine, and perinatal mental healthcare are accessible to our local population.
- Ensure we have appropriate staffing levels so that everyone receives individualised and safe care.
- Prioritise leadership development; paying attention to the key role effective leadership has in developing safe, high-quality services.

Supporting baby Theo and his parents

Theo Hopper was born in March 2022 at 26 weeks weighing just 1lb 13oz. He spent 97 days in hospital which was the most challenging time of his parent's lives.

Mum Laura said: "We would like to thank all the staff at the Neonatal Unit at West Suffolk Hospital for their remarkable nurturing support.

"The incredible team were outstanding when Theo had medical issues, but also during the long periods of waiting where they supported us to care for him. There is a family-like feel on the unit which helped us get through the long days.

"We were nervous bringing little Theo home due to his breathing, but the community team gave us confidence through the transition and Theo is now thriving and happy."





Priority 4: Listen to women, pregnant people and their families

If we are to truly create a culture of partnership between families and staff, to design services together with their equal input, we must listen and value all feedback.

Our aim is to enhance and extend the user voice throughout our maternity service, ensuring it is central and integral to service development. We will work with Healthwatch Suffolk and MNVP teams to engage with our service users to ensure we hear what they have to say.

Our commitment

We will:

- Listen to and hear the voices of our services users so that our journey of improvement is co-produced.
- Appoint a senior independent advocate role which reports to both the Trust and the LMNS Boards, as per national guidance.
- Work collaboratively with the MNVP and service users representatives to ensure they are involved and central to our service development improvement programmes.
- Work in partnership with the perinatal mental health care team to consider and improve access to specialist mental health support for fathers/partners who need it.
- Review systems and processes for capturing feedback throughout our service in collaboration with our MNVP, patient experience and engagement team and other user representative groups.
- Provide electronic platforms to capture feedback. Feedback will be collated and analysed and shared at Trust Board level and with our service user partners.
- Use themes arising from feedback and inform priorities and workstreams for co-production with our MNVP partners.

We have:

- Appointed a non-executive director who has oversight of maternity and neonatal services, with specific responsibility for ensuring that family voices across the Trust are represented at Board level. They must work collaboratively with their maternity and neonatal safety champions.
- Appointed a Baby Friendly Guardian to ensure that the voices of our service users are listened to and that support for those breastfeeding is taken seriously.

Priorities for maternity services

FIRST
FOR
STAFF

Priority 5: Build a skilled and multi-professional workforce

Our staff are our most important asset; we are focused on taking good care of our colleagues so they can take good care of our families. Providing opportunities for them to grow and develop with us is crucial.

We aim to create a supportive learning environment and embed a safety culture where staff development is encouraged and fostered. We continue to build a team that reflects the Trust values of fairness, inclusivity, respect, safety and teamwork (FIRST), with the skills and expertise to provide women, birthing people and their families excellence in maternity care.

Our commitment

We will:

- Ensure that staff have the time, training and skills to care for everyone who access our services, in line with the needs and desires of those in our care.
- Develop effective, transformative and compassionate leaders, who support staff to develop the skills necessary to drive improvement, and provide colleagues with positive and constructive feedback to aid their development.
- Identify and support quality improvement leads to oversee the delivery of a learning culture, listening to the views of people using our maternity services and the multi-professional team.
- Develop an open and transparent working environment by continually striving to improve our knowledge through multi-professional learning and team work.
- Create a positive learning environment where staff development is encouraged and the principles of patient safety are embedded within the appropriate education, training and skills development.
- Ensure that our maternity staff training is in line with national policy, recommendations, and reports.
- Workforce training will embed the lessons learned from previous mistakes or things that did not go to plan and celebrate where things have gone well and we will share these amongst other professionals.
- Design a workforce plan which ensures effective and safe recruitment of permanent and temporary staff. Appraisal and workforce patterns will ensure delivery of this strategy and every midwife will have their own set of objectives.
- Ensure that all training supports the delivery of Better Births recommendations and the National Maternity Transformation programme.
- Focus on improving staff experience in order to retain our NHS midwives and undertake a range of actions to help staff feel valued, including developing our approach to compassionate and inclusive leadership, making better use of our data to give useful insight into the experience of staff, including reasons for leaving and offering staff a range of opportunities for flexible working.
- Support and encourage new and existing staff to remain with the Trust, listening to their views and feedback to support ongoing development and improvement of maternity services.
- Support our new international midwives, so that they feel a true sense of belonging in the NHS.
- Provide 80% of midwives, support workers and neonatal staff with up to date training on 'Relationship Building and Breastfeeding' in order to meet Baby Friendly Standards.
- Provide infant feeding support for everyone, including trained volunteer breastfeeding peer supporters who attend the postnatal wards to assist individuals with feeding.

Brave, international midwife

Originally from Zambia, Brave trained as nurse and midwife in 2011. Appointed through the new international recruitment programme set up for local trusts, he joined the midwifery team at West Suffolk Hospital in September 2022. Prior to joining us, he completed his preliminary preparation and exam in English in Zambia and, like all international recruits, worked to complete his objective structured clinical examination (OSCE) at the end of November 2022. This is an assessment of his clinical competence.

Keen to come to the UK to expand his knowledge in all aspects of midwifery practice and progress his career, Brave said: "Within the short period of time I have been here, it is a fantastic place, everyone has been very friendly. I thought the transition was going to be more problematic because we are more paper based back home, but I feel I have adjusted well to



all the new technology and equipment, including electronic record keeping. Everyone has been very helpful; I enjoy working as part of a multidisciplinary team and I love the local area."

Katrina, practice development midwife

As a practice development midwife, Katrina is a key part of the professional midwifery advocate (PMA) service, which nurtures and supports newly qualified and established midwives.

Katrina's focus is to support newly qualified midwives and improve the retention and recruitment of midwives, develop ways to improve their overall wellbeing and help them through any challenges they may face.

Through regular catch-up meetings with them and their team leads, and by giving staff the opportunity to speak candidly, Katrina has identified a set of common themes that her and the team are working to address. This has resulted in more personalised and targeted support to help avoid physical and emotional burnout.



Katrina has also taken on the role of a Freedom To Speak Up champion, meaning she can offer staff greater comfort when they feel the need to raise an issue.

Priorities for maternity services

FIRST FOR
THE
FUTURE

Priority 6: Reduce inequalities in maternity and neonatal care

Women from black, Asian and minority ethnic backgrounds (BAME), and those from disadvantaged backgrounds, are more likely than others to die during birth or within the first year of their baby's life (MBRRACE, 2020).

For example, in comparison to white women, black women were almost five times more likely to die from pregnancy and childbirth related causes, and Asian women were nearly twice as likely. Inequalities in infant mortality rates also exist between white and

ethnic minority groups in England and Wales and those living in our most deprived communities.

We aim to reduce inequalities of outcomes experienced by women and pregnant people from ethnic minority groups and disadvantaged communities by providing targeted, integrated, enhanced support and continuity of carer by named midwives and obstetricians.

Our commitment

We will:

- Deliver specific packages of care for women and pregnant people from ethnic groups and disadvantaged communities, which will be additional to core maternity care offered.
- Provide continuity of carer to improve outcomes for women and birthing people from ethnic minority groups and other vulnerable groups.
- Prioritise the roll out of continuity of carer teams to the most disadvantaged geographical areas i.e., some neighbourhoods in Thetford, Bury St Edmunds, Mildenhall, Newmarket and Haverhill.
- Increase access to evidence-based psychological support and therapy for women experiencing mental health difficulties directly arising from, or related to, their maternity experiences.
- Train all midwifery and maternity staff to help identify and support women and pregnant people who have additional needs and their subsequent referral pathways. This may include, disabled people, people who have a learning disability, refugees, people experiencing homelessness, Gypsy, Roma and Traveller people, and people who do not have English as a first language and need translation services. Training programmes will ensure that clinicians are aware of the additional risks and inequality in outcomes experienced, and pathways to improve outcomes.
- Provide care by specialist teams which will include both voluntary, health and social care partners within the community.
- Develop personalised care plans to meet the social, health and communication needs of service users.
- Develop systems to evaluate people's experience and outcomes from maternity services, ensuring the voices of service users are captured in subsequent service developments.
- Provide bespoke parenthood education to targeted groups.
- Integrate services with our community and voluntary sector partners.
- Reduce health inequalities and enable people to continue breastfeeding following discharge from maternity services through committed breastfeeding support.

Case study: Implementing the new smokefree pathway

Protecting babies from tobacco smoke is one of the best things families can do to give their child a healthy start. We know it can be difficult to stop smoking, but it is never too late to quit.

The benefits of stopping smoking in pregnancy include:

- Reduce the risks of complications in pregnancy and birth
- More likely to have a healthier baby and healthier pregnancy
- Reduce the risk of stillbirth
- Baby is less likely to be born prematurely
- Baby is less likely to be born with a low birth weight
- Reduce the risk of sudden infant death syndrome (SIDS) known as 'cot death'.

The Trust has a higher than average number of women and pregnant people who are still smoking at the time of delivery.

Jackie Coleman, specialist stop smoking midwife for the Trust, shares future plans to support a reduction in parents smoking at time of delivery:

"We are really pleased to have received £70,000 additional funding from the NHS Prevention Programme to support us to implement the new smokefree pathway from early 2023. This means we will be able to recruit additional staff to enhance care for all women and pregnant people who tell us they smoke at their first antenatal appointment with their midwife. It will include increased carbon monoxide monitoring, offering Nicotine Replacement Therapy, and stop smoking support for all the family, as well as a wider health prevention role. We will also offer continued support up to six weeks after the baby has been born, to ensure a smoke free discharge plan is transferred to primary care.

"By implementing this new smokefree pathway, we are aiming to reduce the number of women and pregnant people who have stopped smoking at time of delivery from the current 10% to 6%, to bring us in line with the national average."



How will we measure success?

To measure the progress against this strategy we set out a range of metrics, linked to our overall priorities, that we will endeavour to meet.

First for patients

Priority 1: Embed midwifery continuity of carer

- Ensure every family in West Suffolk sees the same small team of midwives throughout their pregnancy, through labour and after they have given birth – this will require sufficient staff in place to do this safely.
- By 2024, 75% of women from ethnic minority groups and 75% from disadvantaged communities in west Suffolk should receive continuity of care.

Priority 2: Provide personalised care and choice

- Prevent pre-term birth by offering all women at risk the choice to attend a pre-term prevention clinic so that a personalised plan of care can be agreed.
- Roll-out maternity digital care records with the aim of everyone being able to access their maternity notes through their smart phones or other devices by 2024.

Priority 3: Improve quality and safety

- Work towards halving stillbirths, neonatal deaths and brain injuries in west Suffolk by 2025.
- Improve cardiotocography (CTG) monitoring by rolling out face-to-face training and competency assessments for all midwives and doctors who provide care during labour so that 90% of all staff have been fully trained and assessed by June 2023.
- Learn from incidents and liaise monthly with our colleagues throughout the Local Maternity and Neonatal System to share our learning and to learn from others.

Priority 4: Listen to women, pregnant people and their families

- Offer all fathers/partners of women accessing specialist perinatal mental health services, who experience mental health difficulties themselves, an opportunity to access support as required during the perinatal period; monitor referral numbers and increase staff accordingly.
- Aim to maintain a minimum 90% of patients who are likely to recommend our maternity service to friends and family (captured at four points: antenatal care, birth, postnatal ward and postnatal community).

First for staff

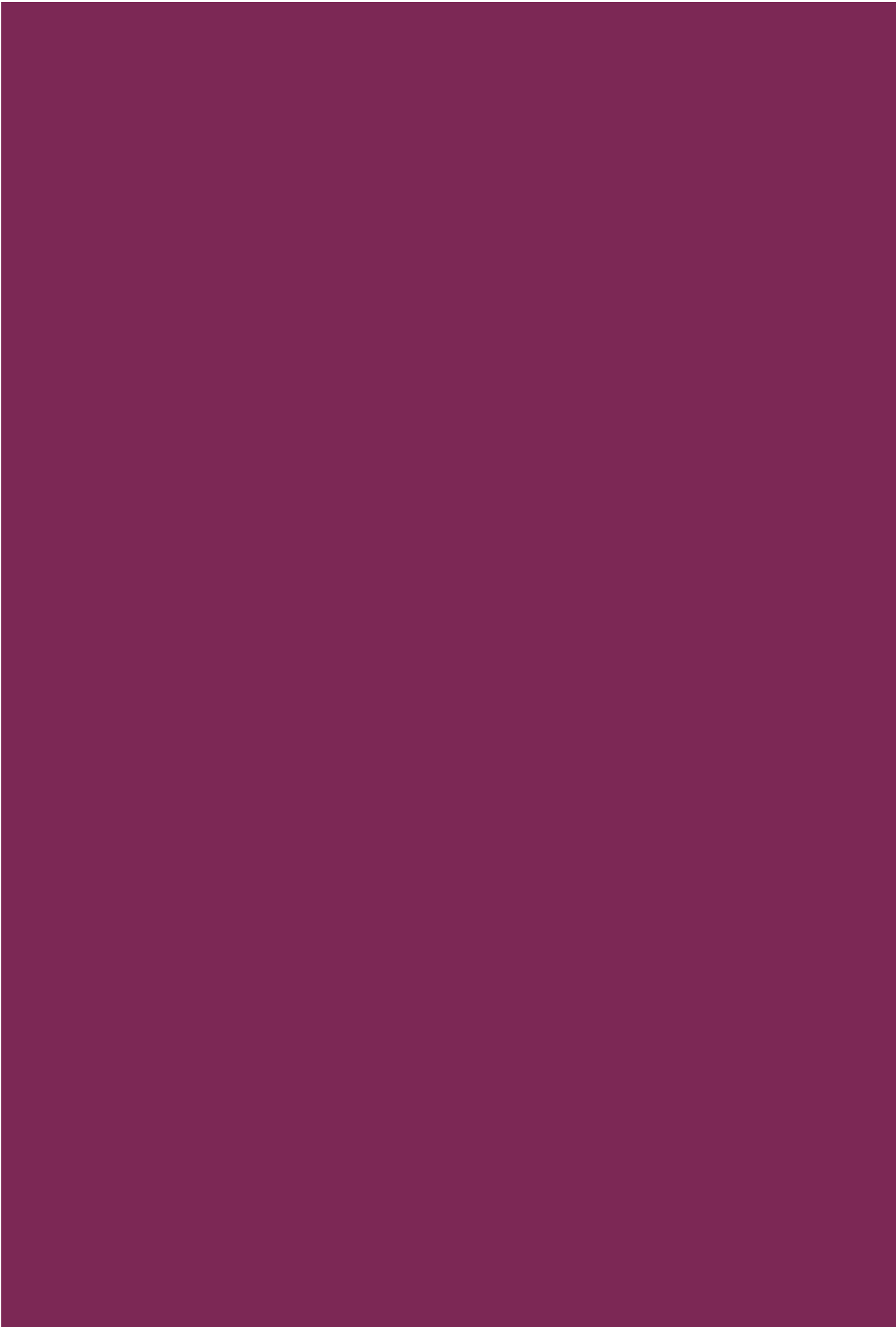
Priority 5: Build a skilled and multi-professional workforce

- Maternity and neonatal services work together to achieve level 2 of the UNICEF Baby Friendly Initiative (BFI) accreditation by the end of 2023.
- 16 midwives recruited through the international recruitment programme by December 2023.
- To strive for those who work together to train together – maintain above 90% of staff compliant for the Practical Obstetric Multi-Disciplinary Training (PROMPT – specific emergency skill training for those caring for pregnant people).

First for the future

Priority 6: Reduce inequalities in maternity and neonatal care

- Improve the quality of perinatal mental health care so that by 2024 all women with moderate/severe perinatal mental health difficulties can have dedicated support in the community.
- Reduce the number of women and pregnant people who have stopped smoking at time of delivery from the current 10% to 6% by end of 2023.



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