Maternity Services Liaison Committee (MSLC) Meeting
26th March 2012
10:00 - 12:30
Sussex House Boardroom

Present:
Hannah Sherlock (HS) Chair
Coordinator of NCT Home Birth Group

Service User Reps:
Sarah Barber (SB) Parent representative
Oriana Evans (OE) Parent representative
Tracy Halpin (TH) Parent representative
Fiona Mallett (FM) Parent representative and Doula Member
Sonia Griffiths (SG) Hypno-birthing Practitioner

Service Providers:
Heather Brown (HB) Labour Ward and Obstetrics Lead, RSCH
Jane Cleary (JC) Birth Stories Midwife, BSUH
Dawn Elson (DN) Acting Midwifery Matron, RSCH - left at 11:10
Janet Everest (JE) Infant Feeding Advisor, BSUH
Helen O’Dell (HO) Head of Midwifery, BSUH – left at 11.30
Maggie Rogers (MR) Supervisor of Midwives / Normalising Birth Programme Lead, BSUH – arrived late
Mel Sanders (MS) Midwife, Princess Royal Hospital
Lynda Watson (LW) Breastfeeding Co-ordinator, CYPT
Carol Whiley (CW) Children’s Centre Service Manager – Conway Court, SCT

Service Commissioners:
Kathy Felton (KF) Strategic Commissioner for Maternity and Children’s Services, NHS Sussex - left at 10:40
Jo Rochester (JR) Minute Taker from Clinical Commissioning Group

Apologies:
Pip Andrews (PA) Postnatal Ward Lead Midwife, RSCH
Rose Barden (RB) NCT Antenatal Teacher Representative
Gemma Clifford (GC) Parent representative
Katherine Cotton (KC) Parent representative
Sally Cropper (SC) Doula UK representative
Mo Cleland (MC) Acting Matron for Community Midwives / Lead midwife for MLU, BSUH
Elizabeth Ford (EF) Parent representative
Jo Gatford (JG) Parent representative
Clare Jones (CJ) Breastfeeding Co-ordinator, SCT
Una Nicholson (UN) Parent representative
Chloe Ronaldson (CR) Home Birth Matters Midwife, BSUH
Sarah Watkins (SW) Parent representative
Marion Wilyman (MW) Community Midwife Team Leader – Tarner Centre, BSUH
Lynn Woolley (LW) Deputy Head of Midwifery, BSUH
Welcome and introductions

Introductions were lead by HS

Minutes and matters arising

Minutes from the last meeting held on 6th February 2012 where correct, except for a typing error on the date of the next meeting.

The main action points from the last meeting raised were:
- HS to set up a further meeting with HB around women's experiences of breech birth
- HS to set up a further meeting with CW to discuss ways of creating visibility of the MSLC at the Children’s Centres
- MC to update MSLC on information of the home birthing working group.

Matters arising

Meetings with HB and CW are not yet in the diary
Action: HS to arrange before next MSLC

Home birth:
As MC has sent her apologies, HS will arrange a meeting with her to discuss an MSLC led home birth action group to compliment the midwife led group discussing how to create a robust homebirth service.
Action: HS to meet MC and report back

Awarded funding from City Camp:
HS: MSLC has been awarded funding from City Camp to increase use of social media to engage local parents.

At present the MSLC is putting together postcards and posters to be distributed across the hospitals and community of Brighton and Hove. They will feature the MSLC website details and a text number – the MSLC needs to reach women and partners who may not have access to the internet but could contact the MSLC by text message via their mobile phones.

The MSLC will ensure posters and postcards are distributed within areas of Brighton where we struggle to engage with parents - in particular in Whitehawk, Bevendean and Moulsecoomb. We need to reach potential parent representatives who could become the main point of contact for other parents within those areas.

KF: Currently there are not the resources for the CCG communications team to design the MSLC poster/postcard.

Action: HS to research companies to design poster and postcard and establish budget with KF.
Update from parent representative SB on recent food tasting sessions at RSCH

HS: Due to the commencement of the MSLC’s Walk The Patch’ programme on the labour ward, a food tasting was scheduled.

SB, HS and DE attending food tastings for the food served on postnatal and antenatal wards.

SB also attended a food tasting in Paediatric Children’s Hospital

Food served on postnatal and antenatal wards
On the whole SB was reasonably impressed as it tasted pretty good and was hot. There was a concern though that the food was more like comfort food given to sick people and not appropriate for women on maternity wards. HS and SB felt the food was generally under-seasoned – this is due to the individual being able to season their own food.

SB was concerned that the sole vegetarian option was often cheese based – which is high in saturated fat. Also there was a general over-reliance on dairy sauces.

Brown bread was an option at breakfast but generally wholegrain pasta and rice are not offered. SB was informed that hospital food with too high fibre content tends to make the patient feel full-up. SB was concerned that nuts and oily fish are not given as an option for omega 3 intake.

Puddings – sick people need calories, but too much sugar damages their health. A cold sweets trolley is available but do we need sugary puddings? Need more fruit-based pudding instead.

Food tasting in Paediatric Children’s Hospital
Childrens foods are heated in microwaves and not ideal. SB to research evidence around this further.

Action: HS / SB to summarise findings and recommendations and write to Gary Loughlin – the operations manager for the catering supplier ISS

Updates from BSUH midwives on services

Birth Centre
HO: The location of the Birthing Centre is still under negotiation.

Staffing levels
The service has a current ratio of midwives to women in the service is 1:34 (the Royal College of Midwives recommendation is 1:28).

HS informed the Committee that she has talked to three different parents last week who had contacted the MSLC to tell of their experiences of the impact of midwife shortages last summer. Parents want reassurances from providers and commissioners that this is being looked into.

There was a discussion about what the MSLC could do to influence decision makers to invest in midwives.

DE – we are re-evaluating the way the service is structured to see if there can be improvements.
HS – what about re-evaluating screening all women in area for Gestational Diabetes - not just those with risk factors (as recommended by NICE).

SG: Hypnobirthing has been shown to reduce caesarean – this is money that could be used for midwives.

**Data Collection System**
HO: This is ongoing but it is due to go live and the new stats will be coming out within a couple of months and will feature information from the Normalising Birth dashboard.

**Birthing Pool**
DE: This will be out of action for a short time while the pool is moved.

**‘My Pregnancy Matters’ Website**
HS: the information about the MSLC is still very out of date. Midwife Lisa Jeffrey is leading on the updates.

**Update from Janet Everest on UNICEF Baby Friendly initiative**
JE: Working towards BFI stage 2. Application is being submitted, although the support worker she needs has not been funded. 300 BSUH staff needs to have their basic breastfeeding support skills assessed. A recent audit showed improvement in neonatal skin to skin rates. She has concerns around readmission rates to the Alex for new babies – has had no feedback yet from Alex staff.

JE is confident that she can apply for stage 2 later this year. She is still completing the audit and has collated some figures, but needs to complete it so it is in a presentable form. At the moment the antenatal part of the audit is not so good, but the other parts of the Baby Friendly initiative (BFI) audit are very encouraging:

- support given on postnatal wards
- support to mothers with babies on neonatal unit
- skin-to-skin, help with first and second feed. Not perfect but much better than previous audits. JE is really encouraged by this.

The other big thing for BFI is to get the workbooks done. There are 300 staff that need to complete a workbook and have their basic breastfeeding support skills assessed by a key trainer and that is not happening at the moment.

Needs to ensure that they are getting these workbooks done, but JE thinks it is realistic that they should go to stage 2 by the autumn.

We now have nursery nurses on duty on postnatal ward 24 hours a day. Very good on breast feeding point of view. They are just coming through their induction, orientation and training.

JE feels that there needs to be support given to her for her work and there could be 2 dedicated nurses identified, but realistically this may not be possible due to their hours and their work on the postnatal ward. Also there are no definite hours of support for her post.
**Update from Maggie Rogers on Normalising Birth Programme**

Triage is currently operational over 24 hours and has been in place for 3 months. An audit of effectiveness is on-going and there is a move to go back to more identified team of midwives.

**Update from Jane Cleary on Birth Stories Service**

JC – Birth stories service sees forty women a month. JC reports to Safety and Quality meeting. Will be collating themes for quarterly MSLC/hospital newsletter featuring findings from ‘Parents Voice’ survey and MSLC’s ‘Walk The Patch’. ‘Parents Voice’ will be made available for women who have translation needs. PA is going to set up a box in the postnatal ward so the questionnaires can be posted inside the box privately. This is so MSLC can receive more feedback.

‘Parents Voice’ survey has been updated to be relevant to maternity. This led to problems with data input into BSUH system but upgrade scheduled for April – and findings accessed then.

KF and HS had a meeting recently were there was a discussion on putting together a leaflet funded by CCG which lists the ways for women to get in touch to share their experiences. That will again increase the MSLC’s presence as well.

**Actions:**
DE to keep MSLC informed of disruption to the Birthing Pool room
DE to chase midwife Lisa Jeffrey on new website update – especially MSLC details
HS to collate quotes from parents for HO to pass onto business managers to show impact of under investment in midwives
HS to have one-to-one meetings with HB and HO to discuss MSLC strategy for the next 12 months
HS to write to local MPs about the current situation re midwives and BFI initiative
HS to chase data around readmission rates of newborns to RACH
MSLC to monitor progress of BFI stage 2 application
MSLC to monitor progress of triage
HS to chase ‘Parents Voice’ findings and collate with Birth Stories and Walk The Patch
HS and KF to discuss CCG funded leaflet

**Update from HS on first RSCH ‘Walk the Patch’**

‘Walk the Patch’ has been set up where MSLC members visit the postnatal ward to talk to new parents around their experiences. The first ‘Walk’ was cancelled due to HS sickness but will be rescheduled in April. The MSLC will visit the postnatal ward one month, a community baby group the following month and collate the stories in the final month of the quarter. Will prioritise areas of the city that are harder for the MSLC to reach.

HS has put together a questionnaire/aide memoire taking inspiration from the one set up by the Mid Sussex MSLC. Features open questions and a scoring system. Parent Reps will have copies of questionnaire to gather experiences from parents they meet on an ad hoc basis.

LW asked that the questionnaire features a section on Breastfeeding Peer Support.
Actions:
HS to email questionnaire to MSLC members
HS, JC and LW to work together on quarterly ‘Listening to Parents’ newsletter

Presentation from SG on the benefits of teaching hypnobirthing techniques to midwifery staff

Action: to be rescheduled for future meeting

Update from Parent Representative FM on Doula Week

FM: It is currently Doula Awareness Week. Doula UK has 400 members. There are findings that normal birth and breastfeeding rates are very good. The figures show 70% of women were still breastfeeding after six weeks. This is significantly higher than the national figures from Department of Health. Doula UK has a hardship fund for benefit families.

Action: More information around effectiveness of Doula’s and the hardship fund to be circulated to MSLC members.

Tributes to Parent Representative Clover Szewczuk

MSLC are gathering tributes to compile in a photo album to give to Clover’s family. Following the re-invigoration of the MSLC in 2009/10, Clover was one of the first parent reps to suggest ways to improve services – including improving access for wheelchair users on the maternity ward. The new wheelchair accessible shower is a direct result of her suggestions.

Clover was a very inspirational person many of her colleagues including OE will miss her tremendously. OE has been reading her online blogs. She always made an effort to always attend all of the MSLC meetings, even when it was hard for her.

Actions
HS to talk to HO to arrange for a plaque to be made in Clover’s memory.
HS to contact Conway Court for arrangement of photos of Clover so they can be incorporated in the album.
TH and OE to work on tribute album.

Any other business

JE would like to scrap the ‘personal question’ at the start of the meeting as this delays the start time. HS explained this breaks down a feeling of ‘us and them’ between parent reps and healthcare professionals. LW was concerned that the meeting did not start until 10.20am. HS explained this was due on this occasion to the late arrival of key midwives.

Actions
HS to keep Introductions brief and to discuss midwife attendance with HO.

Dates of next meetings

Normal Birth Group meeting: Thurs 29th March 1.30 - 2.30 pm in Green Room L12 RSCH.
MSLC meeting: Monday 21st May 10:00 - 12:30 at Sussex House