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A Response to: Maternity Services Strategy for Northern Ireland

Issued by: DHSSPS

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Introduction

1.1. The Women's Support Network (WSN) welcomes the opportunity to respond to this consultation issued by OFMDFM.

1.2 The Women's Support Network (WSN), established in 1989, is a regional organisation that works across all areas of Northern Ireland. It includes in its membership community based women's centres, groups and organisations, with a concentration in disadvantaged areas. WSN is a charitable and feminist organisation, which adopts a community development approach. We provide a range of support and services to 63 community based women's centres, projects and infrastructure groups and 26 associate members drawn from across the community and voluntary sector who support women, families and communities. (see Appendix 1).

1.2. Our members provide a wide range of women-centred front line services across Northern Ireland, including:

- Specialist Advice
- Childcare and Family Support
- Counselling, Support and Advocacy
- Complementary Therapies
- Training & Education
- Health & Wellbeing Programmes
- Personal Development & Employment Support
- Volunteering, Leadership & Empowerment

1.3. WSN aims to achieve social, political and economic justice through the promotion of the autonomous organisation of women. The Network aims to strengthen the collective voice of women's groups and to promote and develop networking opportunities, to enable collective action and to impact upon policy and decision making processes. WSN provides an accessible, feminist, relevant and high quality support service and resource for its member groups. The Network is also an important information resource on issues relevant to community based women's organisations and for other infrastructure groups, nationally and internationally.

1.4. Over the past 30+ years, the community based women's sector has developed a range of front-line services such as childcare, support, advice, and education & training services in response to the needs they identified at a grass roots level. Women's groups continue to meet the particular needs of women and their children living in areas considered to be some of most affected by the conflict, and recognised as some of the most disadvantaged areas across Northern Ireland today.

1.5. Network members are actively engaged with their local communities, cross-community initiatives and regional structures throughout Northern Ireland.

Specific Comments

WSN welcomes the opportunity to respond to the Maternity Strategy for Northern Ireland issued by DHSSPS.

Recommendation 1:

WSN 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.

Community based Women's Centres and groups 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 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.

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

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

Recommendation 3:

WSN 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.

WSN 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.

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. Also, we are unsure if data is currently collected about prospective parents socio-economic status. If this is not the case then this information should be included in the data routinely and collected through the NIMATS system. The purpose of this would be to assess and review the objectives around reducing maternal health inequalities. For example, while

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

we have anecdotal evidence that prospective parents from disadvantaged communities are much less likely to access the parentcraft classes at the maternity hospitals than those from professional backgrounds but the statistical data to support this local knowledge is not available. Until targets are set and thereafter monitored around the reduction of health inequalities, maternity services will be continued to be skewed to those with least need as opposed to those with greatest need.

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?

In the implementation of this recommendation we would urge the Department to encourage the Health Trusts to adopt the widest definition of community settings and not just envisage this as meaning Health Centres or GP surgeries. Evidence from the English Sure Start Children's Centres 'one-stop shop approach'[4] where midwives routinely hold clinics in these Centres show the real benefits of having integrated services on the one site, particularly in the take up rates of women who would normally be considered as 'hard to reach' or reluctant to engage. While we do not have the same model of Children's Centres in NI there are many locations in the community such as Women's, Sure Start and Council Community Centres which would be much more accessible to local people and bring added value such as advice services, adult education and personal development and social supports for vulnerable groups.

[3] Sure Start (2007) – Maternity Services Questionnaire Response
[4] http://www.publications.parliament.uk/pa/cm200910/cmselect/cmchilsch/130/130i.pdf

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.

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:

WSN 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.

In 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, 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.

WSN 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 and a recommendation to reinforce the need for midwives to be the first point of contact for women confirming their pregnancy.

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. For example information should be provided on all the locally available services, including birth at home, birth in a midwife-led unit or in an obstetric unit. 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.

Recommendation 11:

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

Research[5] 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 satisfactory aspect of maternity care they received. This is an extremely important finding as poor postnatal care is needed to ensure the best possible outcomes for both mother and baby.

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

WSN would call for a specialist mother and baby unit to be provided for women who suffer postnatal depression and other illnesses after giving birth. 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.[6] 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.

It should be noted that breastfeeding rates are much lower among young mothers and those living within deprived areas.[7] 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.[8] 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.

WSN 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.

[6] 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
[7] Bolling K, Grant C, Hamlyn B, Thornton A. Infant feeding survey 2005. London: The Information Centre, 2007
[8] Northern Ireland Child Health System 2005-2008. Deprivation deciles calculated using 2005 MDM

Women being sent home the same day, places greater strain on the already over stretched community midwives. Experiences from women who took part in focus groups commented that they 'felt uneasy leaving hospital but had no choice' or 'I felt quite rushed and it was very impersonal.'

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 and women' as an excellent means of distribution.

Recommendation 15:
Communication is vitally important especially for young mums to be. WSN 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

WSN 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. However, recent experience has shown that when strategies are agreed at a Departmental level they do not always result in the required changes on the frontline. We are also concerned about the reality of the Health Trust's being able to deliver the strategy within existing resources particularly in the area of community midwifery (both for antenatal and postnatal services). As discussed previously the shared care model of funding should be reviewed and we would also urge the Department to reconsider the extension of Family Nurse Partnerships to all 5 Trusts and instead invest this money in core services particularly caseload midwifery (or equivalent) to ensure that all families receive the stated complement of maternity and Health Visiting input while having the capacity to target additional needs at the same time. We would also reiterate that the Department needs to consider the existing investments made in early years through their own and other Departments e.g. DE (Sure Start) and DSD (Neighbourhood Renewal) to build on and maximise outcomes around the objective of reducing maternal inequalities.

We would want to see each Trust having to produce an Action Plan which details how they intend to take the Strategy forward including set targets and timescales such as the reduction of maternal health inequalities and Caesarean section rates.

Finally, in regards to providing women-centred care and patient involvement we are disappointed that there is no discussion of the role of Maternity Liaison Committees. Again this is an area where the Department consulted upon and issued guidance to the Trusts but we have yet to see being fully implemented across all Health Trusts. We would hope to see this omission addressed in the final Maternity Strategy.

WSN welcomes the opportunity to respond to this consultation document. Whilst welcoming the draft strategy in principle, we have offered some constructive recommendations as to how it could be improved. We are happy to further discuss this response if required.

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MEMBERSHIP 2011

	Member Group
1	All Ireland Mother's Union
2	An Munia Tober (Travellers)
3	Antrim & Ballymena Women's Aid
4	Ardmonagh Women's Group
5	Ardoyne Women's Group
6	ATLAS Women's Centre
7	Al Nisa Women's Group
8	Ballybeen Women's Centre
9	Ballymurphy Women's Group
10	Belfast & Lisburn Women's Aid
11	Belvoir Women's Improvement Group
12	Carrickfergus Women's Forum
13	Carew II
14	Causeway Women's Aid
15	Chrysalis Women's Centre
16	Clan Mor Women's Group (Sure Start)
17	Derry Well Woman
18	Derry Women's Centre
19	Falls Women's Centre
20	First Steps Women's Group
21	Footprints Women's Centre
22	Foyle Women's Aid
23	Foyle Women's Information Network
24	Granaghant District Women's Group
25	Greenway Women's Centre
26	Kilcooley Women's Centre
27	Lesbian Advocacy Services Initiative
28	Lesbian Line
29	Lenadoon Women's Group
30	Ligoneil Family Centre
31	Link Women's Group
32	Manor Women's Group
33	Markets Women's Group
34	NI Women's Aid Federation
35	NI Women's European Platform
36	Fermanagh Women's Network
37	Newry & Mourne Women
38	Newtownabbey Women's Group
39	Older Women's Network NI
40	Omagh Women's Aid
41	Rape Crisis Centre
42	Rasharkin Women's Group
43	Shankill Women's Centre
44	Strabane & Lifford Women's Centre
45	Strathfoyle Women's Centre
46	The Learning Lodge

47	Voices Women's Group
48	Waterside Women's Centre
49	Windsor Women's Centre
50	Women Connect Project
51	Women into Politics
52	Women's Information Group
53	Women's News
54	Women's TEC
55	Women 2 Gather
56	Women's Resource & Development Agency
57	WISPA (Women in Sport & Physical Activity)
58	Ardcarn Women's Group
59	OIYIN Women's Group
60	Mossley Women's Institute
61	Mount Vernon Women's Group
62	Coole New Opportunities
63	North Belfast Womens Initiative & Support Project
	Associate Members
1.	Ballymena Community Forum
2.	CiNI
3.	Community Relations Forum
4.	East Belfast Community Partnership
5.	Employers for Childcare
6.	HIV Centre (Women's Support Group)
7.	Mencap
8.	National Women's Council of Ireland
9.	Playboard
10.	RNIB (Women's Group)
11.	Good Morning Newtownabbey
12.	Monkstown Community Association
13.	WAVE Trauma Centre
14.	WEA
15.	Parents Advice Centre
16.	Templemore Community Action Group
17.	Gingerbread
18.	Larne Community Development Project
19.	Community First Coaching
20.	Changing Faces
21.	Sands NI
22.	Women's Project Ashton Centre
23.	Women on Track
24.	Matt Talbot Women's Group
25.	Ulster People's College
26.	Council for the Homeless NI