



Healthwatch Isle of Wight
Review of the
Recommendations from the Maternity Report
2014

healthwatch
Isle of Wight

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Introduction

Healthwatch is an independent consumer watchdog for all aspects of publicly funded Health and Social Care. Healthwatch Isle of Wight was established in April 2013 and is part of the Healthwatch network across all local authority areas in England. The Health and Social Care Act 2012 was responsible for the instigation of Healthwatch, replacing the Local Involvement Networks (LINks). Healthwatch England provides support and reporting mechanisms and is a sub-committee of the Care Quality Commission.

Healthwatch Isle of Wight initially identified maternity as an issue due to a strong set of feedback received, this was prioritised and engagement work took place between October 2014 and March 2015 to further investigate the issue. Thirty six outreach sessions in Childrens Centres and Parent and Toddler Group were undertaken, resulting in over 200 individual pieces of feedback. In addition, a survey was launched and elicited almost a further 200 responses. As a result of the strength of this piece of work Healthwatch Isle of Wight was awarded the outstanding achievement award for stakeholder engagement at the 2014 Healthwatch England Annual Conference.

The report made 5 recommendations based on the feedback it had received.

1. More ante-natal work should be done with those who have had previous babies to ensure they feel confident about becoming parents again, specifically:
 - Updates on current practice and options available during pregnancy and labour
 - Pro-active support around breastfeeding and the networks available.
 - Consistent midwifery support throughout pregnancy
 2. A clear pathway should be developed to ensure Tongue Ties are better understood and able to be diagnosed. This should include the incorporation of a routine check for tongue tie and communication to parents about why each stage of the pathway exists
 3. Specialised breastfeeding support around positioning and attachment is needed for those who have had a tongue tied baby.
 4. The UNICEF Breastfeeding Initiative, BFI should be fully supported by all agencies with a clearly monitored action plan. This includes that all relevant clinical staff and Childrens Centre staff should have been released to take part in the 2 day training by the end of March 2015
 5. St Mary's Hospital should implement a policy immediately which requires the express consent of mothers with babies in the Neo Natal Intensive Care Unit (NICU) for their babies to be fed with formula.
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This review

Healthwatch IW carried out this review to ensure that the action plan published by those responsible for actions from the recommendations have been completed see Figure 1. Also so the experience of mothers affected by the issues addressed in the recommendations had improved.

Healthwatch IW intended to review during February 2015, however, due to the re-commissioning of Children's Centres as Integrated Early Help Centres and the subsequent change of provider this was delayed until the summer months.

Healthwatch IW outreach visited a much smaller number of services than for the initial report, due to capacity issues, this review taking place alongside other work plan priorities, However, it was able to obtain a meaningful 'snap-shot' of parents perception of maternity and allied services. We tried to only speak to parents who had given birth in the past year in order not to confuse with the original findings. Those parents that had given feedback for the original report and had given birth again subsequently gave particularly useful feedback as they could reflect on 'before' and 'after' the report experiences.

In addition, all those named in the resulting action plan have been contacted to provide any updates or additional information.

Since the publication of the report, Healthwatch IW has been a participant in the re-instigation of the Maternity Services Liaison Committee, now known as Maternity Matters Isle of Wight and the Breastfeeding Friendly Initiative, in order to support the development of work designed to address the recommendations from the report.

In addition, where we perceived gaps in information or feedback on particular issues, we have conducted a small amount of mystery shopping, telephoning service providers, but revealing our identity when challenged. We have also looked at information available on-line and how easy it is to access it.



Acknowledgements

Healthwatch Isle of Wight is grateful for its voluntary sector colleagues who have facilitated access to parents through their services

It would also like to thank those commissioners and providers responsible for taking actions resulting from our initial report, and for keeping us informed on those actions.

As with all our work, to be meaningful and effect real change for those affected by services, we are dependent on full and frank feedback from members of the public, in this case mothers, fathers and extended families of babies born on the Isle of Wight – to these people our sincerest thanks, especially where very negative experiences have meant talking to us has been distressing.

Figure 1 IW Maternity Report 2014 - Response Plan

Recommendation 1	Actions	Outcome Measure	By whom	By when
More antenatal work should be done with those who have had previous babies	<ul style="list-style-type: none"> Updates on current practice and options available during pregnancy and labour Pro-active support around breastfeeding and the networks available. Community Clinics in place and all areas to have drop in facilities at these clinics to gain valuable breast feeding advice, support or signposting as identified Consistent midwifery support throughout pregnancy Health needs assessment carried out at 16 weeks with all information shared with named health visitor at this point. Parent craft education available for all women to access across the island. Review with Public Health what other sources of education could be made available Maternity Services Liaison Committee reinstated 	<ul style="list-style-type: none"> Ensuring women feel confident about becoming parents again Linking in with children's centres and action plan around Baby Friendly Initiative (BFI) progression with public Health The named midwife is in place within the bookings and stated in notes as per Department of Health (DH) maternity matters 2007 Audit of notes for contacts made within each midwifery team Current situation benchmarked against birth and beyond 	<p>Lead: Annie Hunter</p> <p>Others: Ongoing identified MLC, Public Health</p>	<ul style="list-style-type: none"> In place since January 2014 Records in conjunction with health visitors and midwifery have formulated new parentcraft education starts Sept 15 to cascade out in all CC settings. This will be open to all prospective parents Already in place To be completed by December 2014 To be completed by March 2015 September 2015 MSLC commenced
Recommendation 2	<p>A clear pathway should be developed to ensure Tongue Ties are better understood and able to be diagnosed</p> <ul style="list-style-type: none"> Incorporation of a routine check for tongue tie Communication to parents about why each stage of pathway exists Clarification of pathway for all healthcare professionals e.g. GP's, Health Visitors, Community Midwives etc. Women are able to drop in at any of the new community clinics across the Isle of Wight to access advice from Children Centre Staff, Midwives and Health Visitors 	<ul style="list-style-type: none"> Recorded in Examination of Newborn (EON) process. New maternity notes will have additional box to tick to indicate if tongue tie is seen An updated patient information leaflet is given to all parents and dialogue within the discharge process provided to ensure the GP, Health Visitor and Community Midwife team are all informed once diagnosis in EON and to be identified 	<p>Lead: Annie Hunter, Mr Tasca, Neonatal Services</p> <p>Others: Health Care Professionals</p>	<ul style="list-style-type: none"> Already in place Already in place Already in place Already in place
Recommendation 3	<p>Specialised breastfeeding support around positioning and attachment is needed for those who have a tongue tie baby</p> <ul style="list-style-type: none"> Mothers with babies who have tongue need to be seen and supported by someone with Baby Friendly Initiative (BFI) accredited training in breastfeeding. 	<ul style="list-style-type: none"> All children's centres to have members of staff BFI trained with some children's centres employing a lactation consultant All children's centres to offer Breastfeeding support at least twice a week Local referral pathway developed to enable additional support within the maternity service 	<p>Lead: Eleanor Bell</p> <p>Others: Rachael Hayes, Annie Hunter</p>	<ul style="list-style-type: none"> Already in place Already in place Sept 14
Recommendation 4	<p>Baby Friendly Initiation (BFI) work should be fully supported by all agencies with a clearly monitored Action Plan</p> <ul style="list-style-type: none"> Ensure all relevant clinical staff and children's centre staff have been released to take part in the two day Baby Friendly Initiative training 	<ul style="list-style-type: none"> Action plan in place with tracker. All staff to have completed training. Education rolled out and co-ordinated through the breast feeding co-ordinator with multidisciplinary training days covering children's centre staff, health visitors, maternity staff and Neonatal Intensive Care Unit staff 	<p>Lead:</p> <p>Others:</p>	<ul style="list-style-type: none"> To be completed by March 2016 On track
Recommendation 5	<p>Implement policy which requires the express consent of Mothers on NICU for their babies to be fed using a bottle</p> <ul style="list-style-type: none"> Implement Policy. Form to be devised to put in notes as a formal audit trail to ensure signed consent. CQUIN in place for neonates above 34 weeks to be offered expressed breast milk 	<ul style="list-style-type: none"> Consent for babies to be bottle fed to be obtained from all mothers whose babies are in Neonatal Intensive Care Unit (NICU) Care Quality Indicator assurance reporting (CQUIN) 	<p>Lead: NICU Lead Sister</p> <p>Others:</p>	<ul style="list-style-type: none"> Already in place Ongoing monitoring of CQUIN 1.04.13 for year

Findings

Recommendation 1

More ante-natal work should be done with those who have had previous babies to ensure they feel confident about becoming parents again, specifically:

- Updates on current practice and options available during pregnancy and labour
- Pro-active support around breastfeeding and the networks available.
- Consistent midwifery support throughout pregnancy

Excerpt from Response Plan

Actions	Outcome Measure
<ul style="list-style-type: none">- Updates on current practice and options available during pregnancy and labour- Pro-active support around breastfeeding and the networks available. Community Clinics in place in all areas to have drop in facilities at these clinics to gain valuable breastfeeding advice, support or signposting identified- Consistent midwifery support throughout pregnancy- Health needs assessed carried out at 16 weeks with all information shared with named health visitor at this point- Parent Craft education available for all women to access across the island. A review with Public Health what other sources of information could be made available- Maternity Services Liaison Committee reinstated	<ul style="list-style-type: none">- Ensuring that women feel confident about becoming parents again- Linking with Children's Centres and action plan around BFI progression with Public Health- The named midwife is in place within bookings and stated per Department of Health Maternity Matters 2007- Audit of notes for contacts made within each midwifery team- Current situation benchmarked against birth and beyond

We are advised by leads accountable for these actions, that they are all completed.

What we found:

One of the most important issues we discovered in our previous report was that poor previous birth experiences were causing a great deal of anxiety and fear in women contemplating or expecting another baby. Whilst we accept that effective Parent Craft and Ante-Natal Classes would go some way to addressing their concerns, many more parents needed a one-to-one session with a Supervisor of Midwives (SoM) to understand what had happened to create such negative experience. From our previous discussions with SoM we became aware that that this service is offered, and our feedback tells us that when the service is used it is much appreciated by parents.

However there are three issues potentially affecting it. The first issue is that for this review we received a great deal of feedback about the lack of consistency in midwifery, with many mothers telling us that due to the rotation they never had the opportunity to build a relationship with their midwife, hence these parents could be unlikely to disclose their distress and hence be referred for a One-to-one.

Secondly, as result of the Morecambe Bay report¹, the role of the SoM is now under review and is likely to change. We retain our unease that the needs of these mothers will still not be fully met. This is reinforced by feedback that we received shortly after the end of our last report, where a mother suffered from Post-Traumatic Stress Disorder (PTSD), following a traumatic birth experience. Her concerns and anxieties were not fully addressed by the department or the PALS service, she tried to escalate her complaint to the Parliamentary Health Ombudsmen (PHO). However, as she was unable to initiate a complaint until after she had received therapy to help her deal with the trauma she had experienced timescales had been exceeded and she has no further avenues to address her concerns. The whole experience has had a devastating effect on her life.

'Mother had a previous premature birth, which made her anxious during this pregnancy, wanted to discuss with midwife, but midwife refused. Mother then approached the SoM who was very helpful'.

Contrary to the response plan we found that Breastfeeding support is not provided through the Community Clinics. We have surmised that Community Clinics were named as at the time of the production of the Response Plan, as this may have been envisaged at the time of writing, due to the forthcoming changes to the Childrens Centres becoming Integrated Early Help Centres. We found that although the response plan stated that there would be support available across all the Childrens Centres at least twice a week (see Recommendation 3 - Response Plan) this was not the case. Since the report was published and the response plan compiled, a new provider has taken over the running of all the Children Centres, now renamed Integrated Early Help Centres to reflect their new role. The newly published (August 2015) Breastfeeding Support Timetable on wightchyps advises contacting centres direct for support, so we rang all the centres asking about specific sessions and support, not revealing that we were Healthwatch unless we were asked.

What we found was a mixed picture with no centre offering support on a twice weekly basis. Centres working within the same localities signposted to others in their locality. However, some only offered support on an alternate week basis with others in their locality and one could find no breastfeeding support on their updated autumn diary. Some stated that all staff were BFI trained so could offer support on the phone or in person, but there seemed to be no consistency across the localities.

Ante-natal and Parent Craft Classes: Ante-natal and Parent Craft Classes: Where women reported attending ante-natal classes they were regarded as useful, particularly sessions on pain relief, breastfeeding and tours of the unit. We understand that due to privacy, tours of the unit are likely to end but will be replaced by a virtual tour through a DVD. One mother told us, that when she went into labour she tried to gain admission to the ward through the wrong door, she said that it wouldn't have happened if she had had a tour of the unit as part of ante-natal education.

However, other women reported that they were not aware of any ante-natal classes or parent-craft education in their area. One told us that she had attended a breastfeeding class which she found very good, but, was told there was no other ante-natal education available.

We sought clarification in this area and failed to find any information on publicly funded ante-natal or parent craft classes through internet searching. We were advised that a new Island-wide programme was due to be launched during September 15. Also that there is an event planned for expectant parents and with babies up to 100 days due to held in November. Further that signposting to these courses was done by the relevant health professional and not more widely through the internet. With many people now reaching for their smartphone as a first step to finding information and support, we would recommend that parent craft classes are made more publicly known through Wightchyps

Consistent midwifery support was an important issue identified in our previous work and continued to be during this review. We were advised that the rotation of midwives between the unit and the community was undergoing change in our discussions with the Head of Midwifery, after our first report and that this would take some years to get the right balance. At the time of the first report the rotation was on a quarterly basis, this has now changed to a bi-weekly basis. Mothers told us;

'I never saw the same midwife twice, this affected continuity of care; I couldn't build up a relationship or ask questions' several comments were received that echoed this sentiment.

'Midwife spent a lot of time complaining about her work and particularly the rotation between community and the ward, midwife seemed very anxious, I was very reluctant to ask her any questions or share my own concerns.'

'I became aware the midwives were unhappy with the current rotation'

'Midwife would only make vague appointments, only give a day, not even a morning or afternoon. This became a source of anxiety and frustration'

A friend of an expectant father told us that he is frequently approached for advice, saying that the midwife 'doesn't speak our language', over-use of technical terms which are not understood'

Mother of a second or subsequent baby, said she had seen lots of different midwives, and misses the continuity as she has to keep explaining herself. She would like to make a birth plan, including a water birth, but this hasn't been discussed, she is confused on what the options are and how often she should be seen.

Mother of second baby told us that she had seen lots of different midwives, but that they were all good, and that the care was 'light touch'.

Expectant mother reports good continuity of service, she has a student midwife so always sees the same one'

Second time mother reports she has received a good service with both babies.

This continues to be a mixed picture and clearly not meeting the needs of the majority of parents that we spoke to. We would suggest that the reinstated Maternity Services Liaison Committee continue the dialogue they began with parents through the IW Breastfeeding Support Group and BabyTalk Isle of Wight Facebook page, and that senior management review the service based on the feedback received regularly to achieve the best 'fit' for Isle of Wight parents to be.



Recommendation 2

A clear pathway should be developed to ensure Tongue Ties are better understood and able to be diagnosed. This should include the incorporation of a routine check for tongue tie and communication to parents about why each stage of the pathway exists.

Recommendation 3

Specialised breastfeeding support around positioning and attachment is needed for those who have had a tongue tied baby

Excerpt from Response Plan

<p>Actions: Recommendation 2</p> <ul style="list-style-type: none">- Incorporation of a routine check for tongue tie- Communication to parents about why each stage of pathway exists- Clarification of pathway for all healthcare professionals e.g. GP's, Health Visitors, Community Midwives etc.- Women are able to drop in at any of the new Community Clinics to access advice from Childrens Centre staff, Midwives and Health Visitors	<p>Outcome Measure: Recommendation 2</p> <ul style="list-style-type: none">- Recorded in Examination of New-born (EON) process. New maternity notes will have an additional box to indicate if a tongue tie seen- An updated patient information leaflet is given to all parents and dialogue within the discharge process provided to ensure the GP, Health Visitor and Community Midwife team are all informed once diagnosis in EON and to be identified
<p>Actions : Recommendation 3</p> <ul style="list-style-type: none">• Mothers with babies who have tongue need to be seen and supported by someone with Baby Friendly Initiative (BFI) accredited training in breastfeeding.	<p>Outcome Measure: Recommendation 3</p> <ul style="list-style-type: none">• All children's centres to have members of staff BFI trained with some children's centres employing a lactation consultant• All children's centres to offer Breastfeeding support at least twice a week• Local referral pathway developed to enable additional support within the maternity service

We are advised by leads accountable for these actions, that they are all completed.

What we found

Undetected tongue ties and subsequent feeding problems was the major issue uncovered by the first report. We were therefore, delighted to find that we received no negative feedback upon conducting the review. One second time mother told us that she needed lots of support with breastfeeding the first time and that this had not been forthcoming, and that as a result of a tongue tie, this child lost weight as it was undetected, she was pleased to tell us that with her subsequent child, there was a

routine check for tongue tie with advice to go back if there was a problem. A Health Visitor commented that the pathway was much clearer and that previously she had to refer to Southampton or the independent Lactation Consultant. This made us very confident that this issue has been absolutely addressed.

However, as noted above for Recommendation 1, breastfeeding support appears patchy in the Early Help Centres and there is some confusion on what the 'offer' of breastfeeding support is. Healthwatch IW would recommend that the BFI Steering Group revisit this issue and provide clarity, especially to those who deliver the services.

Recommendation 4

The UNICEF Breastfeeding Initiative, BFI should be fully supported by all agencies with a clearly monitored action plan. This includes that all relevant clinical staff and Childrens Centre staff should have been released to take part in the 2 day training by the end of March 2015

Excerpt from Response Plan

Actions	Outcome Measure
<ul style="list-style-type: none"> • Ensure all relevant clinical staff and children's centre staff have been released to take part in the two day Baby Friendly Initiative training 	<ul style="list-style-type: none"> • Action plan in place with tracker. All staff to have completed training. Education rolled out and co-ordinated through the breast feeding co-ordinator with multidisciplinary training days covering children's centre staff, health visitors, maternity staff and Neonatal Intensive Care Unit staff

We are advised by the leads accountable that the actions are largely completed, but the Key Performance Indicator (see above) is 80% not 100%, with 67% currently achieved. We are further advised that the completion date of March 16 will prove challenging due to off duty constraints and pressures/ staff numbers making this an ongoing process.

What we found:

Following the publication of our first report we were invited attend the Breastfeeding Friendly Initiative e steering Group. A multi-agency partnership with the aim of gaining the full Unicef Baby Friendly Initiative

<http://www.unicef.org.uk/babyfriendly/>

We were also attended the launch of the Breastfeeding Peer Mentors in March, a group of volunteer breastfeeding mums who provide support to others within the Children Centres. Feedback regarding supporting breastfeeding and feeding generally was much more positive during the review.

'Breastfeeding support so much better this time around' - mother of second or subsequent baby.

Really good support from Rachel Price and the Breastfriends group'

Another parent told us; 'I chose to bottle-feed and was well supported to do so, and not pressurised to breastfeed as previously'.

However, another told that having initially chosen to bottle-feed, she then reflected that breastfeeding would have been preferred, but this didn't seem to be an option.

Where negative feedback was given, this again related to the post-natal ward, was mainly concerned with the lack of staff time to support initiation of breastfeeding. The 2014 report made several recommendations about provision of breastfeeding support, so we were disappointed to hear that some women still encountered poor support.

A parent told us that they were not given support with breastfeeding after giving birth and that this prevented them for establishing breastfeeding. Further that as the baby had not been properly checked on discharge, the child was later readmitted as an emergency.

Another told us that they had initially decided to bottle-feed, after giving birth they reflected that they would have liked to breastfeed, but that this option was not discussed with them. One parent told us that as night staff were so 'pushed' they encouraged bottle feeding as it was less time consuming than supporting breastfeeding.

Other mothers reported more positive experiences. These were particularly in regard to breastfeeding support and care provided by Health Care assistants with personal care.

Although this is again a mixed picture, based on the feedback we have received, we can safely assume that improvements foreseen on the ante-natal ward have not yet taken effect.

We would also reiterate the issue about the apparent 'confusion' on what the breastfeeding offer is across the Children's Centres, although we are encouraged by the very positive feedback received about the Centres.

NICE Public Health Guidance (PH11) Maternal and Child Nutrition published in March 2008, Recommendation 7ⁱⁱ, states that the implementation of a structured programme that encourages breastfeeding using BFI as a minimum standard, and that the programme should be subject to external evaluation.

We would therefore recommend that some urgency and additional resource is given to achieving the BFI accreditation to ensure that all mothers are enabled to feed successfully, in both hospital and the community, whatever method they choose.

Recommendation 5

St Mary's Hospital should implement a policy immediately which requires the express consent of mothers with babies in the Neo Natal Intensive Care Unit (NICU) for their babies to be fed with formula.

Excerpt from Action Plan

Actions	Outcome Measures
<ul style="list-style-type: none">• Implement Policy. Form to be devised to put in notes as a formal audit trail to ensure signed consent.• CQUIN in place for neonates above 34 weeks to be offered expressed breast milk	<ul style="list-style-type: none">• Consent for babies to be bottle fed to be obtained from all mothers whose babies are in Neonatal Intensive Care Unit (NICU)• Care Quality Indicator assurance reporting (CQUIN)

We are advised from the leads accountable that all actions are completed.

What we found

As our outreach was limited for this review, we talked to no parents who had their babies admitted to NICU, they average at 251 per year. However, through our regular programme of outreach we will monitor feedback received on this issue together with feedback received via our dedicated phone line and website.



Other issues:

Post Natal Ward

In our original research, many mothers told us that they felt that the post-natal ward was understaffed, particularly at night time. When we discussed this issue with senior managers we were told that systems were now underway to address this, and that the situation should improve. We regret to report that this situation remains, with mothers telling us that the ward remained short staffed, one told us that office staff were responding to call bells, due to the lack of staff. Mothers told us that this was a particular issue during the night and that the lack of contact with staff left them feeling lonely and vulnerable.

Another told us that due to a change of shift and subsequent handover, a drug round was not completed for 4 hours, leaving her in pain during that period. Another told us of their wish to remain in hospital longer than two days after a planned caesarean section (CS), but was told this was not allowed. NHS Choicesⁱⁱⁱ state that hospital stays after a CS are between 3-4 days.

Health Visitors

For many years the Health Visiting Service has been acknowledged to be understaffed, it is now at full capacity and the commissioning of the service will move the IW Public Health Department during the autumn of 2015.

We received only positive feedback about Health Visitors, with second, or subsequent mothers finding the service much better than previously, particularly welcomed was the opportunity to build the relationship with the Health Visitor prior to the birth of a child.



Ante-Natal Care

During this review we received several pieces of feedback regarding ante-natal care which were distressing to mothers to be, at least one subsequently went on to complain.

An ante-natal appointment at the hospital was found to be very rushed, due to lack of staff, the midwife covering two lists. First question asked was where the expectant mother wanted to have her baby without any discussion about possible options, she felt pushed to answer questions quickly. The way in which scans, tests and possible negative adverse outcomes were discussed were felt to be scaremongering, and could be delivered in a more sensitive and less dramatic way minimising causing unnecessary anxiety. This mother thought there were clear training issues that needed addressing. We received other feedback which reiterated the experiences of the above.

Another expectant mother receiving her care through community midwives and shared many of the same concerns. This mother reported that staffing issues meant there were many unsafe practices. In addition she notes that she has Symphysis Pubis Dysfunction (SPD) and a referral to Physiotherapy should have been made, the midwife clearly forgot, and this mother spent some months of her pregnancy in unnecessary pain. Incidentally, we received feedback that was positive about physiotherapy for SPD for a mother who had to wear a girdle for previous pregnancies.

More than one mother felt that ante-natal appointments were rushed and just for 'ticking boxes' with options for birth never discussed.

For a working mother to be, the majority of appointments were cancelled or rescheduled with minimum notice, which impacted on her work.

An ongoing theme was lack of continuity of care, seeing lots of different professionals. For some women this was not an issue, but others found it really impacted on them. One said:

'Two different midwives, a student and an HCA, no chance to build a trusting, supportive relationship'.



Conclusion

Overall there was more positive feedback for maternity services, including Health Visitors and Children's Centres than there was negative. We received all positive feedback regarding labour and the Supervisors of Midwives – one told a mother to contact Healthwatch with their concerns, which are now reflected in this report.

There is also a significant amount of negative feedback, several of whom contacted Healthwatch independently, not knowing we were conducting a review. Much of this related to the current rotation of midwives and lack of continuity of care in the community. Issues resulting from the post-natal ward being understaffed remain.

We retain our unease around the role of Parent Craft in addressing concerns from previous negative birth experiences and clarity is needed on the future of the SoM role particularly in debriefing parents and how this services is accessed.

The 2014 CQC report^{iv} found that whilst Maternity was 'good' being well planned and organised. Midwifery numbers were below national recommendations, and that staff worked flexibly to ensure there were adequate numbers. In view of this and the comments made about the 'rotation' outlined again below, we would like to see that greater prioritisation is made to ensure adequate staffing across the service

'Midwife spent a lot of time complaining about her work and particularly the rotation between community and the ward, midwife seemed very anxious, I was very reluctant to ask her any questions or share my own concerns.'

'I became aware the midwives were unhappy with the current rotation'

It is clear that great strides have been taken around breastfeeding support and the diagnosis, treatment and specialised feeding support for babies with tongue tie, but there is more to do.

Recommendations

1. Ensure effective access to parents with a poor birth experience to the Supervisors of Midwives (SoM) and clarity on who will provide this role, if SoM are to be disestablished. – Head of Midwifery.
2. Provide further clarity on the 'offer' of breastfeeding support - BFI Steering Group.
3. Evaluate and review content of parent craft education regularly, ensure information about classes is made widely available – Head of Midwifery, Health Visitors, Public Health, Barnardos.
4. Continual review of the rotation of midwives and its impacts on continuity of service – Head of Midwifery, Maternity Services Liaison Committee.
5. Review staffing levels on post-natal ward – Head of Midwifery.
6. Increased impetus and resource to achieve BFI status, noting that NICE made this a minimum recommendation 7 years ago – BFI steering group.
7. Review and revise staff training, particularly in delivering sensitive messages in both the community and within clinics. – Head of Midwifery.

References

ⁱ Morecambe Bay Report -

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/408480/47487_MBI_Accessible_v0.1.pdf

ⁱⁱ NICE Public Health Guidance (PH11) Maternal and Child Nutrition published in March 2008, Recommendation 7 - <http://www.nice.org.uk/guidance/ph11/chapter/1-recommendations>

ⁱⁱⁱ NHS Choices - <http://www.nhs.uk/Conditions/Caesarean-section/Pages/Introduction.aspx>

^{iv} 2014 CQC Report - <http://www.cqc.org.uk/provider/R1F/inspection-summary#overall>



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