

2nd Meeting Women and Children's Task and Finish Group

9.30am, Tuesday 31 July 2012 Committee Room 3

Present: Councillor Newall (in the Chair) and Councillor Donoghue.

Officers: Neneh Binning, Democratic Services, Ann Holt, Head of Midwifery, and Cath Vasey, Head of Children and Families, County Durham and Darlington NHS Foundation Trust.

Apologies: Tracy Hardy, Assistant Chief Officer.

1. Notes of first meeting held on Thursday 5th April 2012 - Agreed – That notes be agreed.

2. Antenatal Assessment Pilot –

Ann Holt, Head of Midwifery explained that the work undertaken in University Hospital North Durham (UHND) regarding the Pilot to Develop Pregnancy Assessment Unit. Ms Holt advised that Pregnancy Assessment Units (PAU) have developed over the past 20 years in response to changes in technology and the availability of treatments for complications during pregnancy which have led to a significant reduction in the number of expectant mothers requiring antenatal admissions to hospitals. PAU's enable close monitoring of mothers and babies within an outpatient setting. A number of these units have expanded their role and started to provide a triage facility for women who think they may be in labour in order to alleviate the pressure on the Labour Wards caused by none delivery admissions, causing this number to fall.

The PAU's review and monitor a variety of conditions and therefore take the pressure off not only Labour Wards but also the Antenatal Ward. The Unit in Durham is open from 8am until 8pm Monday to Friday and a limited service is available at a weekend from 8am until 12pm. Conditions managed by this unit are:

- Vaginal Bleeding
- Reduced Foetal Movement
- Abdominal Pain
- Women with Diabetes
- Raised Blood Pressure
- Glucose Tolerance Tests
- Blood Investigations
- Obstetric Cholestasis
- History of Abdominal Trauma
- Suspected Ruptured Membranes
- Twin Pregnancies

Ms Holt explained that over the course of a day many women are admitted to the Labour Ward for non-delivery episodes of care. Often these women perceive that they may be in labour and require examination and assessment prior to a plan of care being developed. The vast majority of these

women attend the Labour Ward for less than two hours. During an Audit carried out over the period June 2011 to September 2011, 62% of women admitted to the Labour Ward for less than three hours are discharged within one and a half hours and 35% are discharged within one hour. Ms Holt stated this to illustrate that it is a significant additional workload for the Labour Ward midwives who are already providing care for women during and immediately following childbirth.

Ms Holt further explained that maternity services are monitored regarding their ability to provide one to one midwifery care for women in established labour. One of the biggest obstacles is the repeated non delivery admissions to the Labour Ward for problems which could be dealt within the PAU. Any reduction in non-delivery admissions will increase the number of women who will experience one to one care from a midwife during labour.

Ms Holt highlighted that a pilot study was undertaken in September 2011 to January 2012, to transfer women who thought they may be in established labour to the PAU rather than be admitted to the Labour Ward. This was undertaken at UHND. In October 2011, there was a significant increase in the number of women attending the PAU which tailed off during November and December, with a slight increase in January 2012. During the Pilot, it was noted that a significant amount of pressure was taken off the Labour Ward although this was difficult to sustain as no additional staff were able to be allocated to the PAU. The model of care within the PAU at UHND continues to support the triage of women who are in early labour but staffing remains a problem.

Darlington Pregnancy Assessment Unit is similar to that at Durham but on a smaller scale and does not offer all the services provided at Durham.

In order to develop and sustain triage services within both units and reduce the number of admissions to hospital during the ante natal period, it will be necessary to

- Increase staffing levels to facilitate increased opening hours and increase the numbers of women whose receive one to one midwifery;
- Train more staff in obstetric sonography; and
- Ensure that the cultural change is maintained.

Members asked for information on the Birth Rate Plus Tool. Ms Holt stated that this study is based upon the Midwives across the board and the study is looking at staffing levels. It is envisaged that the results would be published in October 2010 and would identify any shortfalls and be used to present a Business Case to the Board in order to apply for funding. Members asked if this could be shared to the Task and Finish Group when it becomes available.

In terms of the new ways of working Members asked how expectant mothers reacted. Ms Holt stated that the issues are around the latent phase of labour where there is pain but not established labour. There is an element of judgement call. Some women are confident in going home and coming back. There are some that are not and a cycle of intervention is then put in place and they are not obliged to go home. The offer is always open if an expectant mother cannot cope for them to go back to the unit. The staff aims to be sensitive to individual needs.

Members queried work with women that are smoking during pregnancy. Ms Holt explained that there is a monitoring procedure and brief intervention by testing carbon dioxide levels in the mother and referrals to stop smoking services. However the percentage that does not stop is around 20 – 25% in Darlington. With the technology available signs that women smoke during pregnancy are clearly

evident such as changes in placenta which can be detected in scans. Passive smoking can equally be detected through technology such as scans.

Members also queried how obesity was being tackled in pregnancy. Ms Holt stated that weight loss during pregnancy is not encouraged, but there are referrals to weight management after pregnancies in order to help the mother after birth. Help is also given in educating what foods are good to eat during pregnancies and healthier options. However obesity is being recognised as a growing problem and seen to be causing problems during pregnancy and delivery.

3. Healthy Child Programme Pathway –

Kath Vasey, Head of Children and Families briefed Members on the Healthy Childs Programme Pathway which is being offered to all families in the County. The programme includes screening, assessments, tests and immunisations, developing mental health reviews and guidance for parents to make healthier choices. The programme promotes strong parent and child attachment encouraging socialising and wellbeing in families.

Examples of the programme provision are:

- Providing support to families in health eating and prevention of obesity
- Preventative healthcare
- Prevention of serious communicable diseases
- Protection of community (hence giving babies immunisations as to protect their future)

Ms Vasey highlighted that the programme follows on from the work that midwives do in order to support and promote healthy eating and healthy choices, for example, encouraging breast feeding, early assessment of learning difficulties and growth. Specialist interventions and support can be provided (such as paediatricians or children therapies) for the children and families.

Members queried what happened to the BCG injection programme. Ms Vasey stated that it was a universal programme but now has become a targeted to specific areas programme where there is a high risk of TB.

Ms Vasey further stated that Health Visitors take over from midwives and assess the health needs as the children grow and develop and continue to support the parents and not just the mother. Some family's needs are greater and more complex so the service would be tailored specifically for that family and there will be more intervention and targeted support. There is an element of safeguarding and working with safeguarding teams. The Health Teams and School Nurses work in an integrated way with the Council Officers.

Actions: -

- a) That the Officers be thanked for their attendance at the meeting
- b) That the Democratic Officer arranges a visit to paediatrics, antenatal and maternity services at Darlington Memorial Hospital
- c) That a link be requested from Kath Vasey relating to the underlying document behind the Child Programme Pathway to be then circulated to Members
- d) That the Birth Rate Plus tool be forwarded to Members when it becomes available.