

The All Party Parliamentary Group on Maternity held a meeting on the National Service Framework for Children, Young People and Maternity Services on Wednesday 13<sup>th</sup> October.

Julia Drown MP, Joint Chair of the APPG on Maternity, chaired the meeting. The three speakers were:

Heather Mellows, Chair, Maternity Services External Working Group (EWG) & Vice President, Royal College of Obstetricians and Gynaecologists.

Frances Day-Stirk, RCM Director of learning, research and practice development.

Liz Kendall, Director, Maternity Alliance.

Opening the meeting, Heather Mellows described the privilege of working on the Maternity Services EWG. Ms Mellows explained that the Group had taken a 'green field' approach to the Maternity Standard, which involved looking at current standards of care and identifying how they could be improved.

The EWG was composed of five sub-groups, Ms Mellows stated, each with an aim of improving the standard of maternity care and increasing women's access to high quality services. Ms Mellows acknowledged that while the majority of women would experience a low risk pregnancy, it was also necessary to deliver maternity services for pregnant women from disadvantaged backgrounds.

Ms Mellows identified a number of recurring themes in the EWG's work:

1. **Partnership**- The need to promote partnership between pregnant women, their families and healthcare providers.
2. **Normality**- The Maternity Standard would have to promote normality as much as possible.
3. **Information and communication**- The Maternity Standard should help women and their families in their understanding of maternity services.
4. **Access to care**- Helping pregnant women from disadvantaged backgrounds to access maternity care at a much earlier stage.
5. **Education and learning**.

Ms Mellows acknowledged concerns that no money was being provided to help implement the NSF. However, Ms Mellows noted, the NSF was a ten-year plan and it would be necessary to prioritise key improvements. Ms Mellows also noted concerns that the NSF did not contain any targets. It was pointed out however, that the Healthcare Commission was likely to include the NSF in its assessment of PCTs.

Moving on to the implications of the NSF for obstetricians, Ms Mellows told the audience that she welcomed the document. Ms Mellows noted that while some obstetricians would not appreciate the NSF's statements on the care of high-risk women, its recommendations on managed clinical networks would be welcomed.

Ms Mellows expressed concern over the lack of evidence on the benefits of free-standing midwife-led units. Obstetricians' concerns would only be dispelled if data were collected on these sites, the audience was told.

Frances Day-Stirk focused on the impact the NSF would have on midwives. Ms Day-Stirk discussed the opportunities for midwives presented by the new children's centres. Other opportunities for midwives, such as different types of environment and an expansion of community provision, were also considered.

Ms Day-Stirk went on to focus on why midwives left the NHS and the contribution this made to staff shortages. The NSF might be able to attract midwives back into the NHS, Ms Day Stirk suggested, welcoming the big opportunities presented by the new policy.

Liz Kendall (Maternity Alliance) focused on the needs of pregnant women and parents from disadvantaged backgrounds. Ms Kendall highlighted a number of problems, which afflicted children who were born into poverty including higher rates of infant mortality and lower rates of breastfeeding.

Poverty was at the root of inequality, Ms Kendall told the audience, and could affect issues ranging from diet to inequality in access to services. Referring to the needs of pregnant women from disadvantaged backgrounds, Ms Kendall asked whether the NSF met their needs.

The NSF provided a systematic account of why women found it difficult to access services, Ms Kendall noted, adding that its recommendations would make a difference only if they were all delivered. Ms Kendall warned those present however, that the NSF on its own would not reduce inequalities in society. Greater attention had to be paid to the causes of poverty, the speaker stated, highlighting low benefits and the need to focus professional resources on the women that needed it most.

Ms Kendall concluded by discussing the practical issues surrounding the NSF, such as workforce issues and the huge task the NSF presented to NHS commissioners.

In the discussion which followed, members of the audience raised a number of queries and comments about the NSF.

A midwife from a birth centre in Bristol suggested that little in maternity services had changed since Changing Childbirth. Alison Macfarlane, a statistician from City University, highlighted the difficulty in getting comparative data on small maternity units and larger maternity units.

Beverley Beech (Association for Improvements in Maternity Services) suggested that it was safer for pregnant women to have their babies at home than in a large centralised obstetric unit. Tina Harris, a principle lecturer from Leicester also noted that women giving birth in a large maternity unit were more likely to have interventions during labour.

Maggie Thomson, a consultant midwife at the Whittington Hospital, argued that pregnant women did well in midwife-led units because of the philosophy of care provided at these sites. Belinda Phipps, Chief Executive of the National Childbirth Trust, called for a baseline survey on the NSF: such a survey would show how much progress had been made over the ten-year framework of the NSF.

Responding to Ms Phipps' calls for maternity trusts to be established, Julia Drown MP noted that it would be politically very difficult to put forward another NHS reorganisation.

A consultant midwife from Derby stated that obstetricians had to start seeing midwives as partners.

Kate Sallah, Birmingham and Black Country Strategic Health Authority, noted that the NSF did not have clear indicators for progress; without them, it was unclear to PCTs exactly what they should be doing. Dawn Hillier, a midwife, agreed that without specific criteria and targets it would be difficult for SHAs to prioritise the NSF. Another midwife, Lynn Leyshon, noted that the new system of payment by results would get PCTs' attention: a normal birth was half the price of a caesarean birth; any PCT with a high CS rate would incur considerably higher costs.

Brenda Van der Krooy, Independent Midwives Association, argued that the Government needed to offer midwives working patterns that were appropriate for them. Attention was drawn to IMA proposals for self-employed midwives.

For further information about either the NSF or the work of the APPG on Maternity, please contact Susan Solanki at either [s\\_solanki@nct.org.uk](mailto:s_solanki@nct.org.uk) or on 020 8752 2332.