

Staffordshire, Shropshire & Black Country  
Newborn and Maternity Network



**SSBCNMN Maternity Group Meeting**  
Thursday 7<sup>th</sup> July 2016 at 10 am  
Stafford Post Graduate Medical Centre, County Hospital, Stafford

**Present:**

Adam Gornall  
Ruth Moore  
Carol Hollington, Labour Ward Matron, Walsall  
Amanda Clayton, Deputy Matron, Dudley  
Anne Mellor - UHNM

**Apologies:**

Geraldine Masson - UHNM  
Simon Cunningham - UHNM  
David Churchill - RWH  
Jo Cookson - SSBCNMN  
Andrea Read – WM Maternity and Newborn Clinical Network  
Fiona Ellis –Shropshire CCG  
Reghi Reddy - Walsall  
Maggie Kennerley - SaTH  
Yvonne O'Conner - Dudley  
Lorna Meer - Dudley

**Minutes of 2<sup>nd</sup> February**

No changes noted at the meeting

**Matters Arising**

None identified at the meeting

**West Midlands Maternity and Newborn Clinical Network (Formerly known as the WM Women and Children's SCN) Update**

Change to the name and remit of the network noted. New manager commences in ? August. Unable to open the link to the Reduced Fetal Movement Infomercial – **RM to feedback to Andrea Read**

**Maternity Sub groups:**

Fetal Medicine Group – This group has not met recently. It was noted that Walsall and Dudley have obstetricians with an interest in FM and refer to BWH. David Churchill and Mark Kilby have been asked by specialised commissioner to draft a paper on FM care pathways in WM to feed into the WM neonatal service review.

Midwife Led Unit Group - met in May. **SC to check with Wendy Cutchie if there are any notes from this meeting to circulate.**

Bereavement Midwives Group – met in May, **SC to email a copy of the meeting notes to CH.** The possibility of a joint annual meeting with SWMMN had been raised at their previous meeting **AG to discuss feasibility with SWMMN**

Obstetric Guidelines Update- the group have almost completed the active process of review and update ready for the publication of the next edition of the guidelines in early 2017. The group is well

supported by midwives however there is only one Obstetrician on the group, this needs to be addressed.  
**AG is attending the next meeting on 21 July.**

**Final Draft Patient Information Leaflet** – This is an amended version of the leaflet that was developed in conjunction with SWMMNN over a six month period requesting feedback from maternity and neonatal colleagues in both network and printed in March 2015 following which adverse comments were received from maternity colleagues in SSBCNMN.

AG has helped with the revised draft leaflet and has piloted it with a number of women attending antenatal clinics in SaTH at around 20 weeks gestation, generally the women found it easy to read and understand. **AG to forward comments received to RM and to also test again with some women and ask what they think the key messages are having read the leaflet. All maternity network group reps to read the leaflet with colleagues and send any comments back to Ruth or Adam regarding changes required by the end of July.** A final version of the leaflet will be circulated ahead of the board meeting in October where the leaflet will be received for approval.

There was discussion about the number of individual leaflets given to women during pregnancy and some Trust's preference to include all information in one pregnancy booklet. The content of the final leaflet can be incorporated into any Trust's individual booklet the next time it is revised. The information needs to be reinforced with women at around their 20 week scan, each maternity service needs to consider how best that can be done and by whom, this will depend on local practices.

### **Maternity Data**

Maternity services dashboards – AG has collated a maternity dashboard based on the common items contained in each Trust's maternity dashboard. AG has shared this with the national maternity dashboard tool developers. **AG to circulate to maternity network group with notes of this meeting.**

HSCIC – Produce a monthly report with the data submitted nationally by maternity services. This is experimental data as not all maternity services submit their data nationally and can be downloaded from:

<http://www.hscic.gov.uk/maternityandchildren/maternityreports>

### **In Utero Transfers**

Presentation on the outcomes from IUT in SSBCNMN – Tracy Vanner was unable to attend but supplied the presentation <https://www.networks.nhs.uk/nhs-networks/staffordshire-shropshire-and-black-country-newborn/documents/documents/in-utero-transfers-at-rwht-uhns-2010-15> which was reviewed at the meeting.

The group identified a need for a discussion between obstetric and neonatal services regarding targeting who gets steroids **AG to discuss with BK to identify a suitable forum for this discussion**

- PPROM Project Update – The universal acceptance by Wolverhampton of women booked at Walsall less than 28 weeks gestation with confirmed PPROM has been implemented into routine practice now following the successful pilot project last year. **AG to arrange a meeting with neonatal and obstetric services from Dudley and Wolverhampton to discuss implementing a similar arrangement for Dudley women.** A similar meeting will be arranged in the future between Telford and Stoke too.

- IUT Exceptions to care pathways - RM discussed the number of IUTs that were exceptions to the neonatal care pathways in 2015/16 and the reasons for these. See attached summary. Many thanks to each maternity service for completing and returning this information to the network, we are the only network in the country that has this level of information currently and is a big help to capture the true missed demand for neonatal care in the network..

### **Recommendations from the National Maternity Service Review**

Each Trust should be reviewing the recommendations and identifying any gaps etc. ***All Trusts to share their gap analysis and action plans against the recommendations, please forward to Ruth***

### **Neonatal Service Review**

A stakeholder event was held on 6<sup>th</sup> July. A findings report is due to be published in Autumn.

### **Mortality Review Update**

The mortality group asked the maternity network group to discuss ascertaining signs of life at birth in extreme preterm deliveries. The group consensus was “this is difficult”, in principle the WHO definition is followed but this is open to individual interpretation and circumstances. The key is to try wherever possible to delegate to senior staff rather than junior midwives and a single person to co-ordinate the communication with the parents,

Various reports were attached to the papers circulated with the agenda.

NHS England Saving Babies Lives A Care Bundle for Reducing Stillbirth – IUGR was considered to be most challenging by the group and not achievable with the current tariff. It was thought a best practice tariff may come in.

Various NICE documents and national reports/communications were also circulated with the papers ahead of this meeting – these are for information only in case group members have not received them through another route.

### **Any Other Business**

KIDS/NTS Single Number Service – Launched 1 July 2016, information has been circulated about the changes to all neonatal and maternity services. ***All maternity colleagues are encouraged to use the single number to locate a cot/bed for all IUTs*** in order that robust information can be collected about the demands of this on maternity services in the region, this will provide the necessary information to support a detailed business case for further service improvements.

CH identified that Walsall CCG has included the Maternity Safety Thermometer as a CQUIN for Walsall this year and asked if any other service had also been given this CQUIN, none of the other services present were aware of this being a CQUIN for their service. The national maternity safety thermometer can be found at;

<https://www.safetythermometer.nhs.uk/>

### **Date and Time of Meetings in 2016**

All meetings commence at 11.30 for 2 hours

Tuesday 27th September – Anne Mellor offered to book the resource room on the MLU at Stafford for this meeting

Tuesday 20th December

RM raised the possibility of using teleconferencing in order to improve participation – AG happy to try this, at the next meeting teleconference can be another way of attending for those unable to attend in person at the meeting venue.