STP aide-mémoire: Maternity

Gateway no. 05360

1. Introduction

Better Births sets out a vision for safe and efficient models of maternity care: safer care, joined up across disciplines, reflecting women's choices and offering continuity of care along the pathway.

Commissioners and providers are asked to work together across areas as local maternity systems (LMS)[1], with the aim of ensuring women, their babies and their families have equitable access to the services they choose and need, as close to home as possible. In particular, the role of the LMS is to:

- Bring together all providers involved in the delivery of maternity and neonatal care, including, for example, the ambulance service and midwifery practices providing NHS care locally;
- Develop a local vision for improved maternity services based on the principles of *Better Births*;
- Co-design services with service users and local communities;
- Put in place the infrastructure needed to support services working together.

LMS should cover a population of between 0.5- 1.5 million. We expect these will align with STP footprints in the vast majority of cases, notwithstanding that some have population sizes outside this range.

2. Success in 2020

- **Personalised care, centred on the woman, her baby and her family**, based on their needs and their decisions, where they have a genuine choice informed by unbiased information.
- **Continuity of carer**, to ensure safe care based on relationships of mutual trust and respect, in line with the woman's decisions.
- **Safer care**, with professionals working together across boundaries to ensure rapid referral and access to the right care in the right place; leadership focussed on a culture of safety across organisations and investigation leading to honest and open discussions and learning when things go wrong.
- **Better postnatal care and perinatal mental healthcare**, to address under provision in these two vital areas.
- **A culture of multi-professional working**, breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies.

Ultimately, success will be measured by improvement in outcomes for women, babies and their families, and services will need to be commissioned to deliver improvements against these outcomes. Four maternity-related measures have been included in the CCG Improvement and Assessment Framework:

- Neonatal mortality and stillbirths;
- Maternal smoking (at time of delivery);
- Women's experience of maternity services;
- Choice in maternity services.

[1] Local maternity systems should also come together through (regional) Clinical Networks to share information, best practice and learning, and plan the commissioning of specialised maternity and neonatal services.

3. How are we aiming to get there?

Personalised care

- **Establish community hubs** – enable women to access care in the community from their midwife and a range of healthcare professionals/ providers.
- **Roll out a personalised care plan** for every woman – developed with her midwife/ health professional, setting out her decisions about her care and reflecting wider health needs.
- **Make unbiased information available and accessible**[2] – to help women make decisions and develop their care plan.
- **Establish mechanisms to empower and enable women to make choices** about their care (based on evaluation of pioneer sites).
- **Provide access for every woman to three types of birthplace**: at home, in a midwifery unit, or in an obstetric unit. LMS ensure supply matches demand, with midwifery units and home birth services commissioned to support any additional demand.
- **Provide access to advice on smoking, alcohol, immunisation, breastfeeding and nutrition**, for every woman and their families before, during and after pregnancy, with referral to relevant services.

Safer care

- **Clinical governance** – shared standards and protocols across LMS, including rapid referral protocols between professionals and across organisations.
- **Designate a board level champion** for maternity services in all providers – they should routinely monitor information about quality, including safety, and take any necessary action.
- **Support a culture of learning and continuous improvement** to maximise quality, improve outcomes and reduce health inequalities – promoted by organisations' boards. Ensure consistency of investigations and share learning through Clinical Networks.
- **Monitor and benchmark outcomes** against a nationally agreed set of indicators.
- **Implement the *Saving Babies' Lives* care bundle** to improve outcomes.

Continuity of carer

- **Provide access to a midwife who is part of a small team** (of 4-6 midwives based in the community) who provides continuity throughout the pregnancy, birth and postnatally.
- **Identify an obstetrician for each team of midwives** – who can get to know and understand their service and advise on issues as appropriate.
- **Enable joined-up care** – so that the woman's midwife liaises closely with obstetric, neonatal and other services, ensuring that they get the care they need in and out of hospital.

Multi-professional working

- Ensure all staff take part in **multi-professional training** as a standard part of their continuing professional development.
- Seek out and release staff to participate in **multi-professional peer review** of services to support and spread learning.
- Invest in the right software, equipment and infrastructure to enable the rollout of **electronic maternity records** to support information sharing and ease the burden of collection.

Better postnatal care and perinatal mental health care

- Provide access for women and their babies to appropriate **perinatal mental health** services (see section B).
- **Improve postnatal care** – provide access for women to their midwife (and, where appropriate, obstetrician) as they require after having had their baby.
- **Ensure a smooth transition** – between midwife, obstetric and neonatal care, and ongoing care in the community from the GP and health visitor.
- Co-produce, with Clinical Networks, pathways of care and protocols for access to **specialised neonatal and paediatric services**.

[2] Implementing the Accessible Information Standard
https://www.england.nhs.uk/ourwork/patients/accessibleinfo/

A range of delivery support will be available to aid implementation:

- **Early adopters**: NHS England will support a small number of LMS to work through solutions for improving maternity services, evaluate them and disseminate the learning.
- **Choice pioneers**: Similarly, NHS England will work with a small number of groups of CCGs to co-develop and test ways of improving choice and personalisation in maternity services.
- **Continuity of carer**: Moving towards this is challenging and NHS England will undertake further analysis of staffing models (and in particular use the early adopter programme to test staffing models). However, it is expected that LMS will use a phased approach to implementation.
- **A set of indicators of the quality of care**: developed with partner organisations and agreed nationally.
- **Clinical Networks**: LMS will be able to draw on clinical advice and expertise from the Clinical Networks.
- **Multi-professional training**: pump-priming funding available.
- **Guidance** to help LMS implement change, including on:
  - Establishing LMS (including clinical governance);
  - Community hubs;
  - Personalised care plans;
  - Continuity of carer.