

Rotherham Maternity Services

Health Select Committee Meeting – 9th March 2023

Sarah Petty – Head of Midwifery and Nursing

Background



South Yorkshire and Bassetlaw Geographical Footprint

Maternity services are a key part of the healthcare system in South Yorkshire. Supporting women and birthing people from pre-conception to pregnancy, through birth and in to early parenthood. In 2022, 15,476 babies were born in South Yorkshire and Bassetlaw.

During 2022 –

2958 women booked for maternity care under Rotherham Maternity Services

2569 women birthed under Rotherham Maternity Services

4.8% of households in Rotherham are deprived in at least **3 out of 4 dimensions** (education, employment, health, housing) ([Ons.gov.uk/census/maps](https://ons.gov.uk/census/maps))

Maternity Service

Maternity Service includes:

- Community teams reconfigured as part of a maternity transformation in Dec 2022
- Greenoaks / Early Pregnancy Assessment Unit
- Labour Ward
- Wharnccliffe (antenatal and postnatal) with conceptual transitional care pathways.
- Antenatal Day Unit & Triage
- Specialist Midwives
- 14 birthing rooms, all with en-suite facilities
- Newly refurbished bereavement suite
- A birthing pool
- An antenatal and postnatal ward
- An enhanced Maternity Care room on the labour ward
- Homebirth Service
- ITU care in Labour
- Specialist Care Baby Unit – Level 2
- 24 hour consultants are available
- 24 hour epidural service
- Midwives who specialise in a range of areas from teenage pregnancy to diabetes to maternal mental health

Workforce

- 114 WTE midwives funded establishment
- 30 WTE support workers funded establishment
- 27.88 WTE medical staff funded establishment

Background

The maternity transformation project was in response to both feedback from staff and women and pregnant people regarding their experience of the existing continuity of carer model.

Following Ockenden (March 2022) Ruth May, Chief Nursing Officer for England recommended:

“Local midwifery and obstetric leaders should focus on retention and growth of the workforce, and develop plans that will work locally taking account of local populations, current staffing, more specialised models of care required by some women and current ways of working supporting the whole maternity team to work to their strengths. We hope this will enable your services to improve in line with the evidence, at a pace that is right.”

Background

Maternity Transformation at TRFT

Labour ward coordination	Case/Field	K/24	by Team	Community/Outreach Team
A 07A	A 12	L 24	A 30	A 22A
B 08	B 16	B 30	B 37.5	B 28.5A
C 07B	C 12	C 30	C 37.5	C 22A
D 08	D 16	D 30	D 30	D 18
E 08	E 16	E 30	E 37.5	E 30
F 02	F 10	F 24	F 30	F 27.5
G 24	G 24	G 24	G 30	G 30
H 24	H 24	H 24	H 30	H 30
I 08	I 16	I 37.5	I 37.5	Total 4.07 WTE
	J 16	J 30		
		V 30	Total 7.86 WTE	Capacity 800 women
Total 15.16 WTE			Total 14.64 WTE	

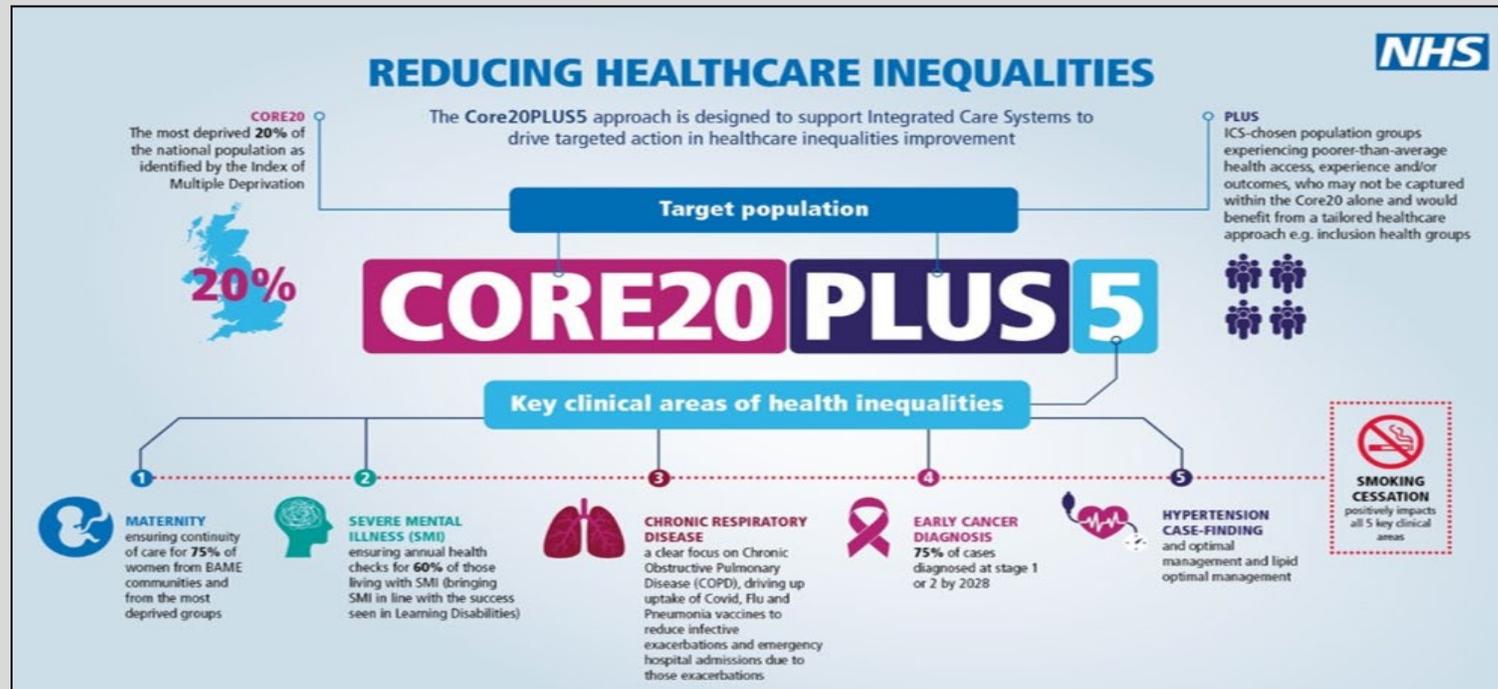
Team 1	Team 2	Team 3	Team 4
Community	Community	Community	Community
A 18	B 30	A 30	A 37.5
B 07.5	B 30	B 30	B 37.5
C 18	C 30	C 30	C 37.5
D 30	D 30	D 37.5	D 37.5
E 07.5	E 37.5	E 37.5	F 24
F 07.5	F 37.5	F 35.5A	F 30
G 22.5	G 30	G 30	G 30
H 30	H 30	H 30	H 24
Total 7.12 WTE	Total 6.8 WTE	Total 7.37 WTE	Total 7.04 WTE
Capacity 800 people	Capacity 800 people	Capacity 770 people	Capacity 800 people

Labour Care	Labour Care	Labour Care	Labour Care
1 06	1 06	1 07.5	1 06
1 07.5	1 06	1 07.5	1 06
1 08	1 08	1 07.5	1 08
1 07.5	1 07	1 07	1 07.5
1 08	1 08	1 08	1 08
1 24	1 24	1 24	1 24
Total 9.83 WTE	Total 9.28 WTE	Total 9.48 WTE	Total 9.4 WTE

Total capacity based on WTE 1128 pregnant people	Case Team	by Team	Labour Ward Coordinators	10.1 - 68 + 1.2 WTE in low team MCO
12.1 WTE required for 3700 bookings per year	For 1 on Ward/On days every day For 1 on Ward/Off on night every day	For 1x MCO every day 1x 24 every day 1x 37.5 every night	For 1 every day Monday - Friday For 2 on days Saturday and Sunday For 2 on every night	16.7 required forward - 1.2 = 15.5 required
Average amount of women who live and birth in Northern 2020	For a Band 8 or 9 midwife on labour ward Mon - Fri (24/24) on day/night and holidays = 16.24 WTE (24/24) = 16.19 WTE (21.5/24)	= 6.72 WTE (24/24) = 6.1 WTE (21.5/24)	= 7.58 WTE (24/24) = 6.8 WTE (20.5/24)	15.7 - 16.24 = 0.54 WTE required
				4.8 WTE left in the recovery pot

Background

In 2021 NHS England published the Core20PLUS5 to reduce health inequalities at national and system level.



Core20PLUS5 SYB: Clinical Areas of Focus

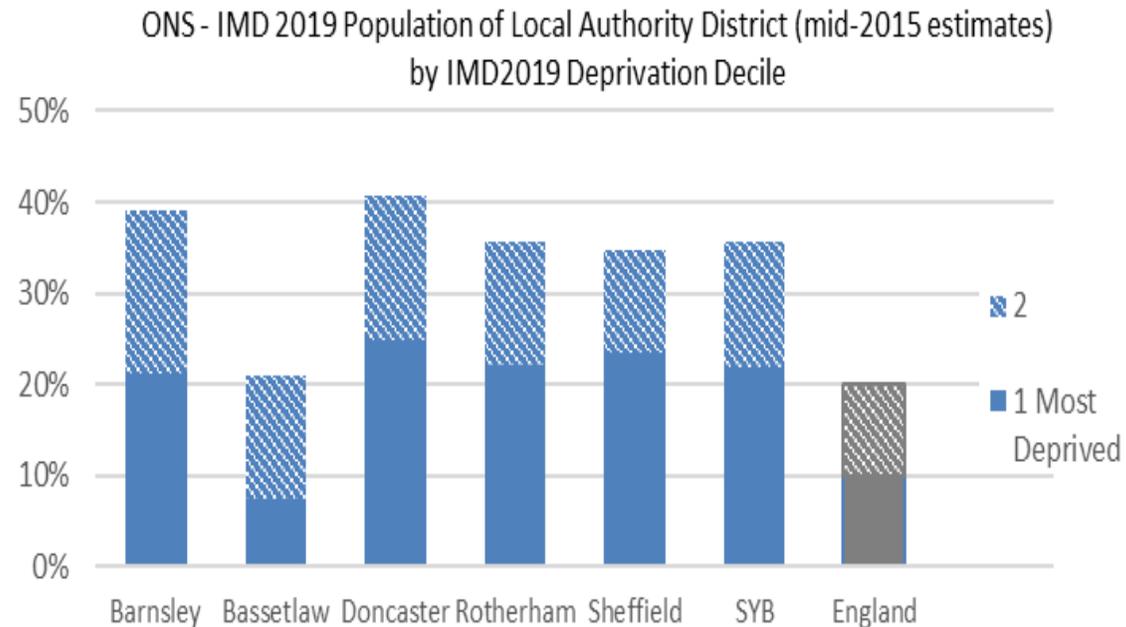
- Continuity of Carer, focusing on deprived areas and BAME communities
- Mental Health
- Obesity / Diabetes
- Hypertension
- Smoking in Pregnancy

Specialist Midwife Roles

- Vulnerabilities
- Perinatal Mental Health
- Maternal Mental Health
- Teenage Pregnancy
- Named Midwife for Safeguarding
- Smoking Cessation Team
- Bereavement
- Diabetes

Core20PLUS5 SYB: Deprivation

CORE20
37.7%
(~6000 births out of
~16600)

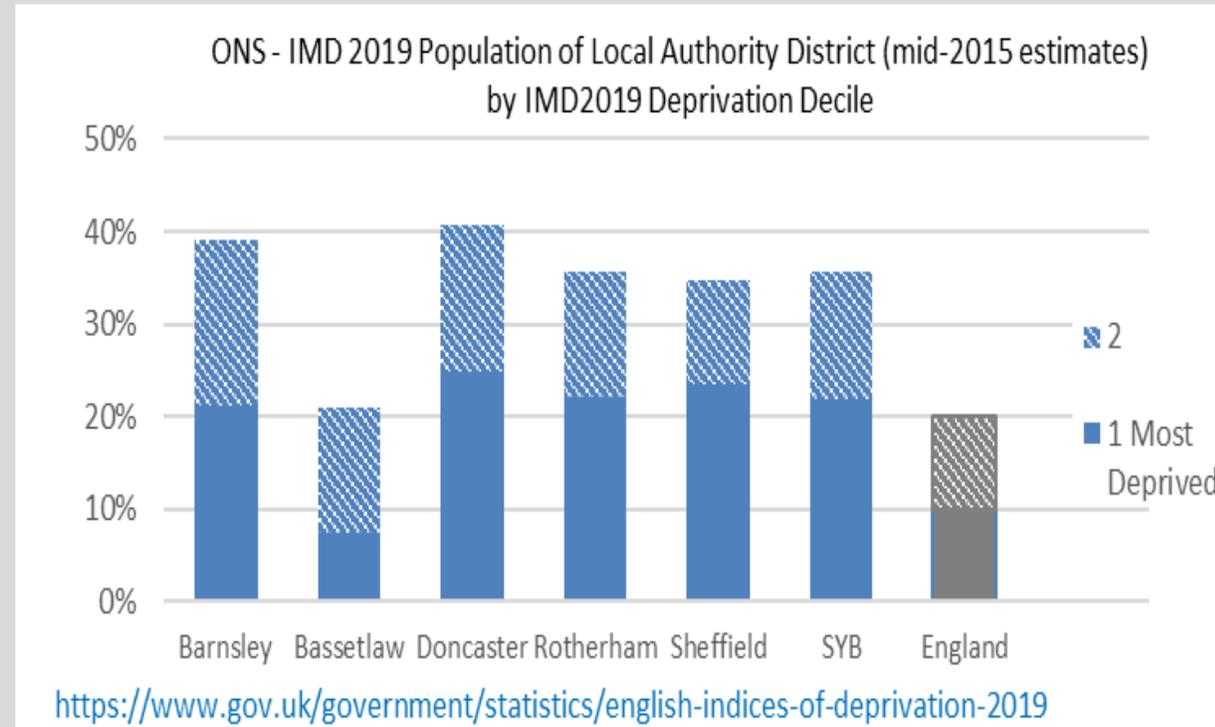


<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

37.7% of SYB Population live in areas that are within the most deprived 20% nationally. Assuming the same ration to births, would equate to just over 6000 of the 16000 births annually.

Core20PLUS5 SYB: Minority Ethnic Women

CORE20
37.7%
(~6000 births out of
~16600)



37.7% of SYB Population live in areas that are within the most deprived 20% nationally. Assuming the same ration to births, would equate to just over 6000 of the 16000 births annually.

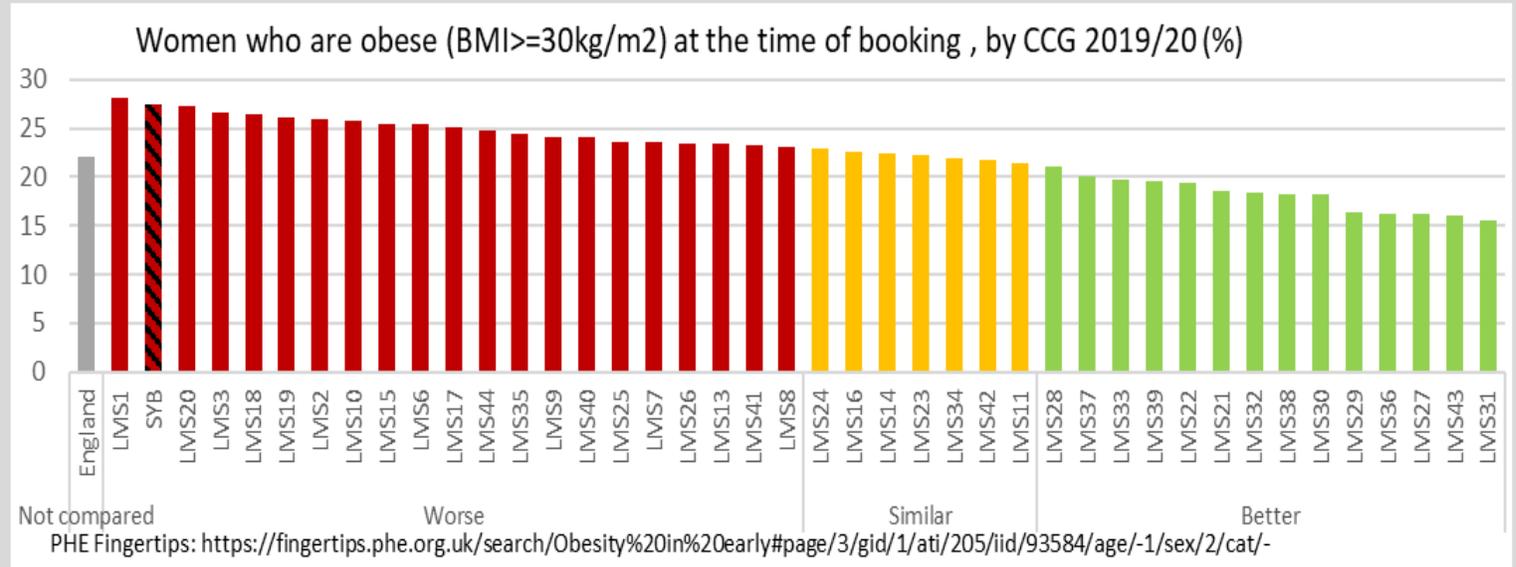
Core20PLUS5 SYB: Maternal Mental Health

- Specialist clinics supported by the Perinatal Mental Health Team and Midwife with a dedicated Consultant for Maternal Mental Health
- A Maternal Mental Health Midwife who supports parental emotional wellbeing providing a Birth in Mind Service which offers a childbirth review service to talk through women and pregnant people's birth experience
- For those women and pregnant people with persistent birth trauma there is access to a Birth in Mind Psychology Service for talking therapy with a Specialist Clinical Psychologist.
- A Psychotherapist is available to support women and pregnant people with early pregnancy loss and bereavement

Core20PLUS5 SYB: Obesity and Diabetes

Obesity
~4300 (27%)

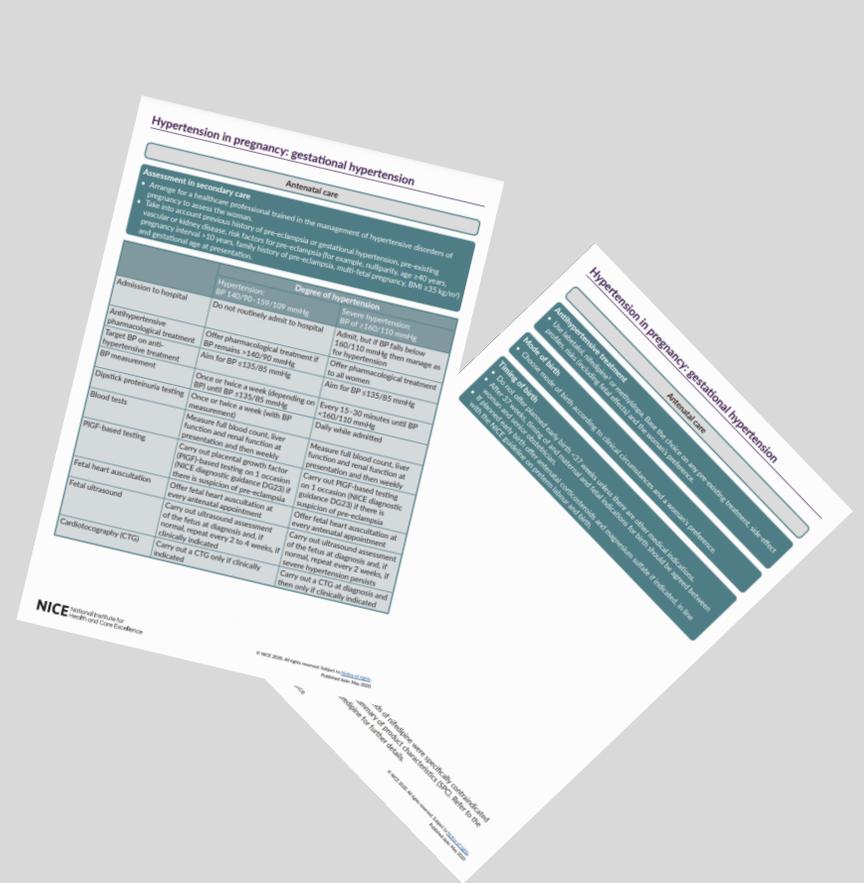
Obesity is a significant risk factor: 50% of maternal deaths occurred in women obese or overweight.
SYB has the second highest rate of women obese at time of booking



- 1.0 WTE Specialist Midwife for Diabetes
- In 2021 we had 273 gestational diabetic women and pregnant people. Pre-existing diabetes remains stable at 27 for 2021

Core20PLUS5 SYB: Hypertension

- Nice Guidance
- Risk assessments are undertaken at every antenatal contact
- Fully compliant with Saving Babies Lives Version 2
- MDT PROMPT training covers elements on this



Core20PLUS5 SYB: Severe and Multiple Disadvantage

Complex Social Factors
15.5%
(~2500)

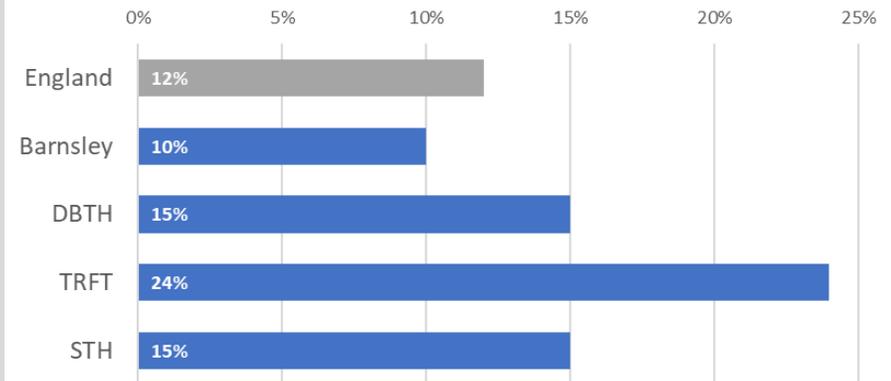
15.5% of women were recorded as having Complex Social Factors in the November 2021 MSDS submission (NHS Digital).

Complex social factors include:

- substance abuse
- refugee status
- homelessness or housing insecurity
- teenage mothers
- women suffering domestic abuse.

(note: Data Quality issues with MSDS mean these figures may significantly under or over represent the true numbers)

Complex Social Factors Recorded MSDS Nov-2021 (%)

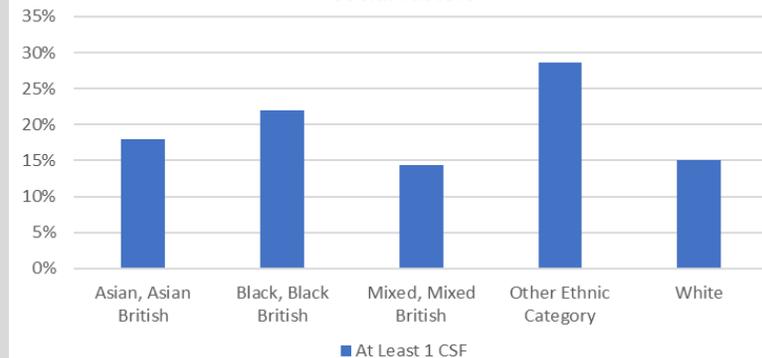


Complex Social Factors and Ethnicity

Analysing the MSDS data for Sheffield and Barnsley for 2010/21, provided by NHS Sheffield CCG:

- Women of Other Ethnic Category were most likely to have a CSF recorded (29%)
In SYB, this group includes a many Eastern European and Roma women.
- Black/Black British women were second most likely to have a CSF (22%)
This group is likely to include refugee or asylum seeker women in addition to women with other complex social factors.

Women booked by Broad Ethnic Category with Complex Social Factors



Core20PLUS5 SYB: Severe and Multiple Disadvantage

Month	Oct	Nov	Dec
Child in Need	49	51	50
Child Protection	13	14	13
Public Law Outline	4	5	5
EDD Teen	8	8	7
Child Protection	4	5	6
Child in Need	5	9	2
Early Help	5	4	3
Low Threshold	6	8	1
MBC ref	28	37	17
Outcomes:			
MASH	16	13	4
EH	3	10	3
Remain Health	9	14	10

Core20PLUS5 SYB: Severe and Multiple Disadvantage

The Rotherham Maternity Hope Boxes will be provided to women who are having (or are at risk of having) their baby taken into care following birth. It was the purpose of the initiative is to positively acknowledge that the women have become mothers even without the presence of their child. The loss of a child by this means is not viewed as any other child loss. In order to help women mourn the loss of their child and support them the idea of the Maternity Hope Boxes was born. All women who are potentially at risk of having their unborn baby removed will be offered a box which contains items to support positive memories of their child. Bespoke leaflets will be provided with the boxes in order to support the needs of the mother and promote their own wellbeing.



Core20PLUS5 SYB: Severe and Multiple Disadvantage

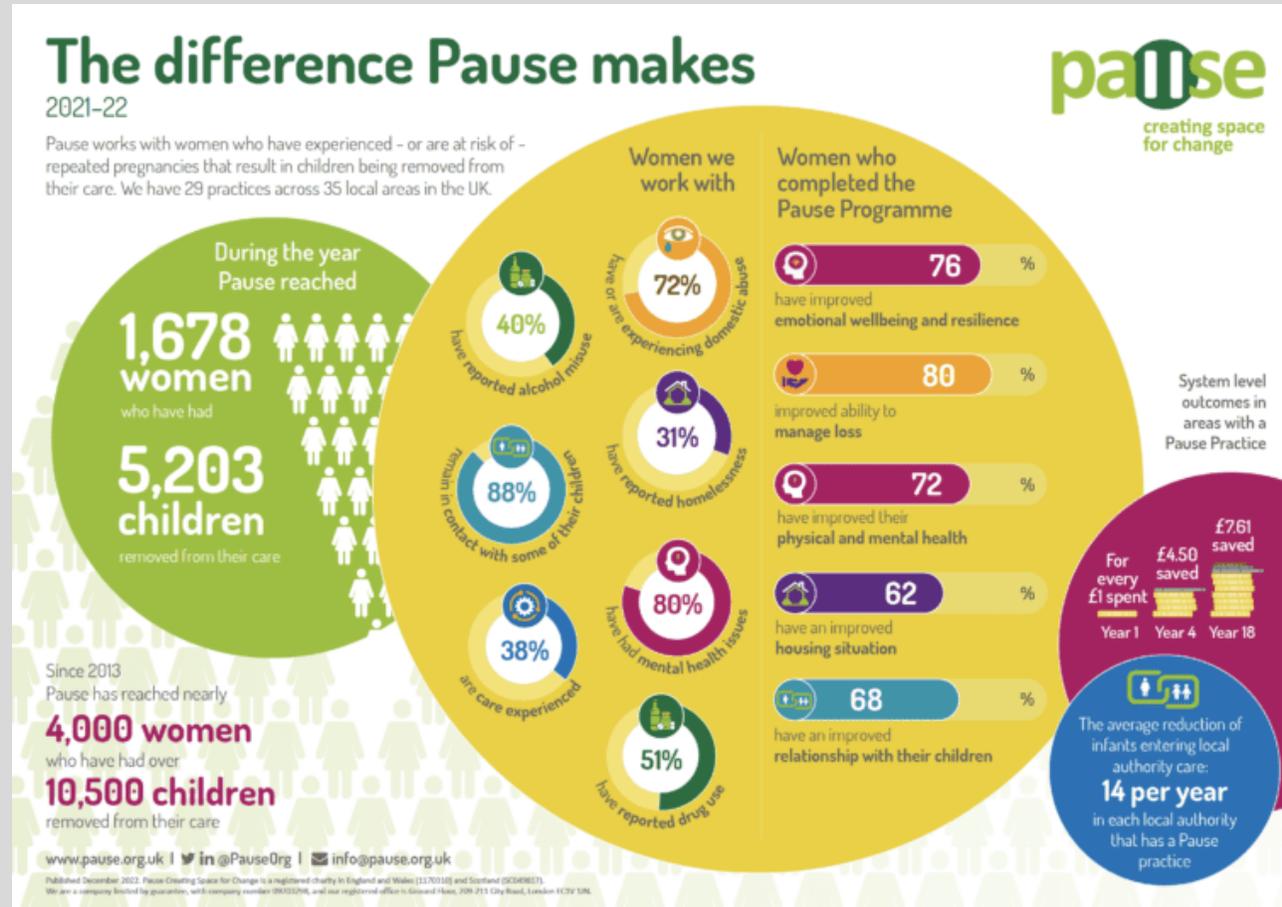
Pause works with women who have experienced, or are at risk of, repeat pregnancies which result in children needing to be removed from their care. Through our work we aim to reduce the number of children being taken into care.



According to the Lancaster University research, four out of ten women who had multiple children removed had been in care themselves. A further 14% lived away from their parents, in private or informal arrangements, while many more have experienced disruptive, even chaotic childhoods.

On average, the women with whom we work have had between three and four children removed, although in some cases this is much higher. In one of our Practices, for example, we are working with a woman who has had 13 children removed from her care.

Core20PLUS5 SYB: Severe and Multiple Disadvantage



Family Hubs



Family Hubs and Start for Life programme guide

August 2022

The Family Hubs and Start for Life Programme is jointly overseen by the Department of Health and Social Care and the Department for Education.

Family Hubs are for families with babies, children and young people from birth until they reach the age of 19 (or up to 25 for young people with special educational needs and disabilities).

Help parents build strong relationships with their babies by providing things like parenting classes, midwifery, health visiting, infant feeding advice and perinatal mental health support.

Three Hubs for Rotherham:

Maltby – Poppy Team

Swinton – Chestnut Team

The Place – Poppy and Hazel Teams

Core20PLUS5 SYB: Smoking Cessation

Smoking at Time
of Delivery
12% (1777)

Table Smoking at time of delivery, 2020/21 by CCG

NHS Digital

Measure	Period	England	SYB	Barnsley	Bassetlaw	Doncaster	Rotherham	Sheffield
Smoking at Time of Delivery	2020/21	9.6	12.0	14.2	13.1	14.1	14.1	9.8

SYB rate of Smoking at time of delivery at 12.0% is significantly higher than the England average of 9.6%. All areas except Sheffield are higher than England average.

On the positive, all areas except Bassetlaw have seen steady decrease in SATOD and this has been achieved against a backdrop of high smoking rates within the population, especially within the more deprived areas

- 3.2 WTE Smoking Team to support smoke-free pregnancy
- NHS long-term plan ambition to reduce the risk of stillbirth, pre-term birth and infant death element 1 of Saving Babies Lives Care Bundle version 2

	2022 births 2569	2021 births 2519	2020 births 2445	2019 births 2488
Stillbirths	7 in total 7 Adjusted Stillbirths X 1 > 37/40 2.72/1000 births	11 In total 9 Adjusted (x 2 MTOP) 5 @ > 37/40 3.57/1000 births	10 in total 10 adjusted 4.08 /1000 births	8 in total 8 adjusted 3.9/1000

Maternity Voices Partnership



Public Health England

Pregnant?

Have your COVID-19 vaccines!

It is important to have both doses of your COVID-19 vaccine to protect you and your unborn baby. COVID-19 infection is currently circulating and can be serious for pregnant women. Thousands of pregnant women have been safely vaccinated in the UK.

Go to www.nhs.uk/conditions/coronavirus-vaccination/ for an appointment. You can also call 111, visit a GP or pop-up clinic.

COVID-19 immunisation
Helping to protect you and your pregnancy.

INVISIBLE

Maternity Experiences of Muslim Women from Racialised Minority Communities
A Summary Report

Shaina Gold OBE
The Bernard Cole of Hall County
July 2022

Rotherham Maternity Voices

Working with families to celebrate and improve Rotherham Maternity Services.

Rotherham Maternity Voices Partnership Wants To Hear From You

Do you have a story to share about your maternity experience?

Could Rotherham Maternity Services learn from your experience, your story?

Do you have a staff member you want to say thank you to?

What is Fifteen Steps?

Fifteen Steps
Fifteen Steps is based on the idea that you can take 15 steps into a ward and have strong experience on the level of care you are going to receive. What can you see, feel, hear and even smell? What does excellent care look like?

Excellence in care
Is excellence in care there as an initial impression? Does it inspire confidence in the care you are about to receive? Do you feel safe and secure? Do you have trust in the care you are about to receive?

Purpose of 15 Steps
The purpose of 15 steps is to help staff and service users to identify improvements that can be made to enhance the service user experience. To provide a way of seeing the first impression of service users and learn from that.

How you can be involved?
Drop us a message or share your interest in a comment form. We need three people or three couples to come and do their fifteen steps, so please do get involved.

What's involved?
We would send you a questionnaire to look at and get familiar with. All questions will be about your first impression. We would then ask you to come into the Maternity just for a morning to take your fifteen steps.

What then?
We will share in your answers about your feelings and thoughts on the visit and write a report to give to the Head of Maternity and the MVP members. After that we will look for change to happen...

Rotherham MVP Annual Work Plan

Prepared by Elise Gardner
Date: 07 June

Rotherham Maternity Voices Partnership

Working together to improve maternity services.

Our vision is to ensure that every woman and baby has a positive maternity experience.

Our mission is to work with families to celebrate and improve Rotherham Maternity Services.

Our values are: Respect, Empowerment, Partnership, and Excellence.

Our priorities are: Improving the experience of women and babies, Reducing inequalities, and Improving the experience of staff.

Rotherham Maternity Services

We welcomed

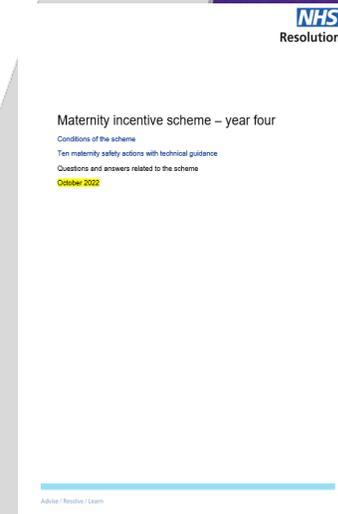
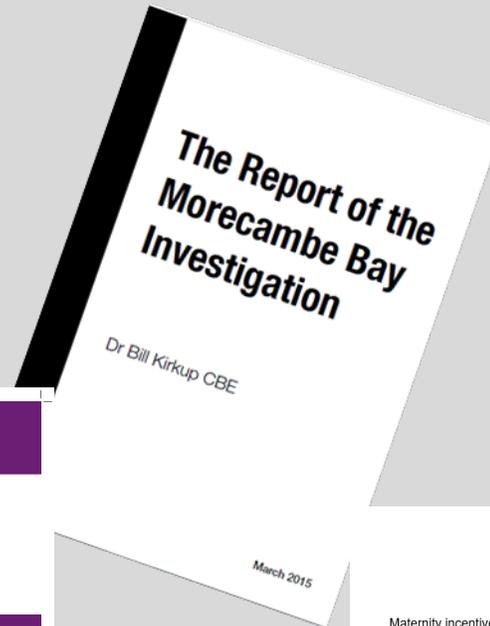
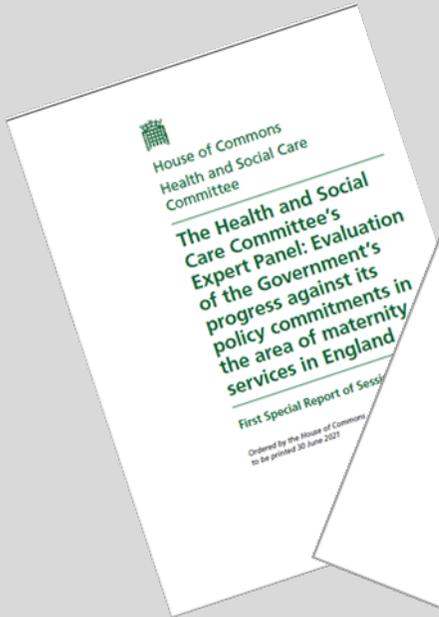
96 Boys	187 babies in September	91 Girls
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3 Twins	11 Births on busiest day	68% Breastfeeding at birth	6 Fetal births	1 Home births
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Our biggest baby: 9lb 15oz
Our smallest baby at term: 5lb 9oz

3.8%	67.4%	12.3%
6.9%	9.6%	

Current Drivers



Personalised Care

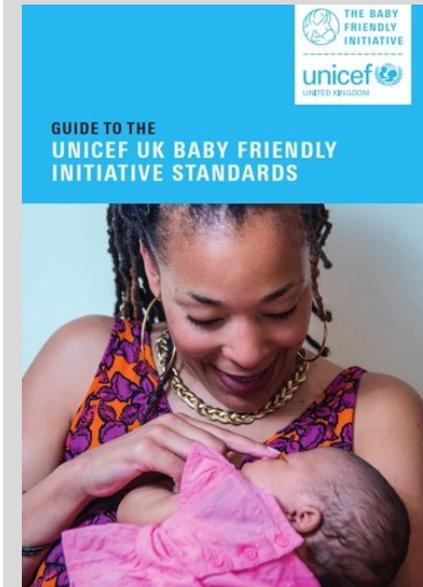
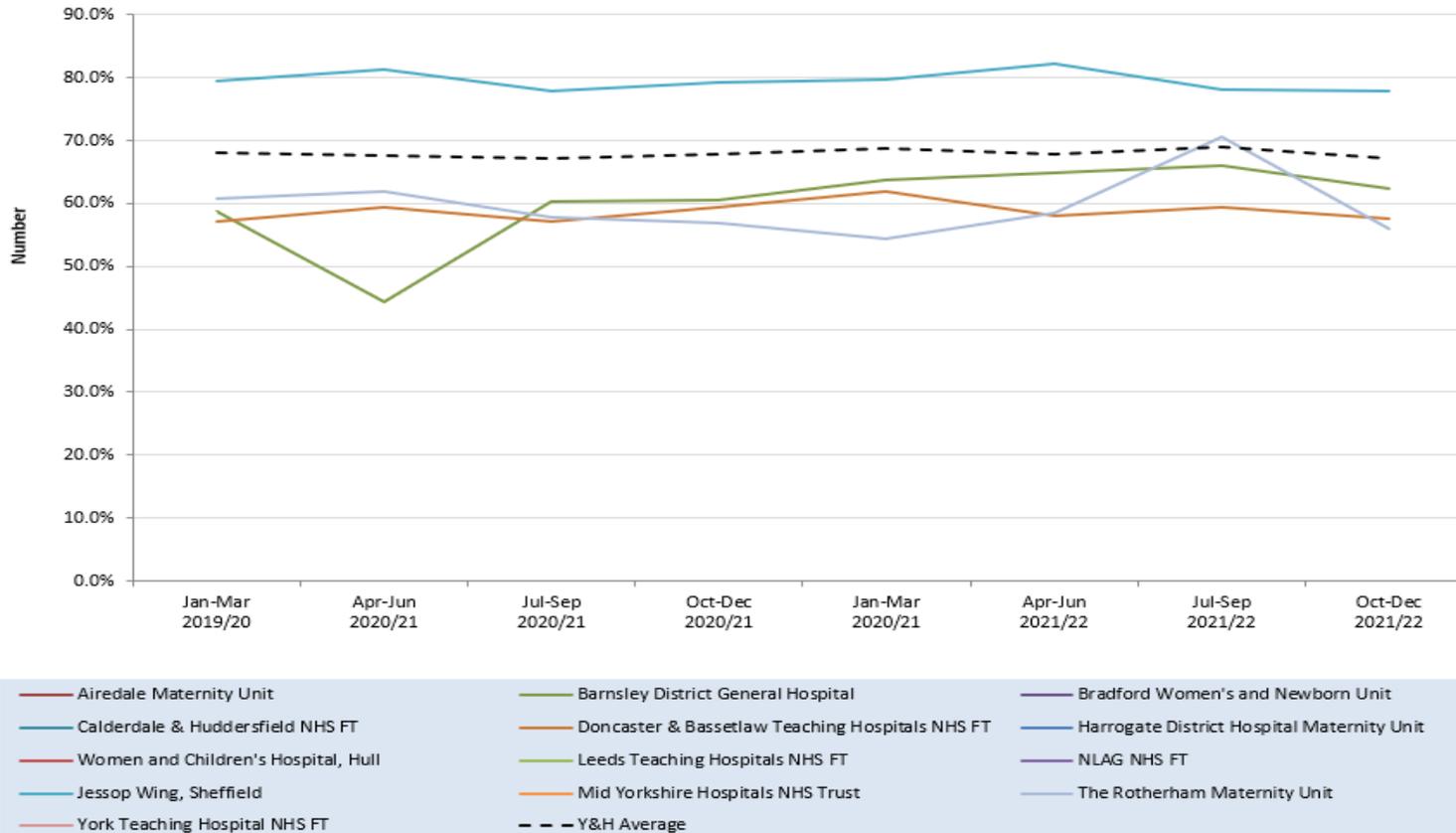


Personal Care & Support Plans
Helping you to make decisions about your care



Improving Infant Feeding

% of women commenced breastfeeding



Challenges

- Workforce inc Attrition
- Pressure from National Drivers / Scrutiny
- Demographics
- Expectations
- Capacity
- Hearing the fathers/birth partners voice
- Equality and diversity (language/guidelines/written patient literature.
- Digital
- Current RCN/RCM ballot
- Cost of living crisis

Proud Moments

- Fully compliant with Ockenden IEAs
- CQC rating
- Trust Chairman's Award 2021
- Home birth rate
- Supporting women and pregnant people choices
- Refurbishment of Bereavement Suite
- Early implementer for Pre-Term Clinic
- Maternal Mental Health
- Consistent outcome performance

January 2023	i	ii	iii	iv	v	vi	vii	viii
1) Enhanced Safety	■	■	■	■	■	■	■	■
2) Listening to women and families	■	■	■	■	■	■	■	■
3) Staff training and MDT working	■	■	■	■	■	■	■	■
4) Managing complex pregnancy	■	■	■	■	■	■	■	■
5) Risk assessment throughout pregnancy	■	■	■	■	■	■	■	■
6) Monitoring	■	■	■	■	■	■	■	■
7) Informed consent	■	■	■	■	■	■	■	■
Workforce	■	■	■	■	■	■	■	■
Guidelines	■	■	■	■	■	■	■	■



Any Questions?