GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

Greater Manchester Health and Social Care Partnership

Greater Manchester and Eastern Cheshire Maternity and Newborn Implementation Plan for Better Births

LMS Greater Manchester and Eastern Cheshire Local Maternity System

July 2018


LMS
Greater Manchester
and Eastern Cheshire
Local Maternity System

Contents

The aim of this plan is to deliver the safest, high quality maternity services to every woman and baby in Greater Manchester and Eastern Cheshire (GM&EC) by fulfilling the vision of the national maternity review - Better Births.

The Better Births vision is for all maternity services **to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred aroun their individual needs and circumstances**.

We engaged with mothers, fathers, the wider family, a broad range of health care professionals both within and outside of maternity services, commissioners and providers to ensure our plan met the needs of GM&EC.

We have seven objectives to be delivered over the next four years. There will need to be reform and modernisation of local maternity care and services and a partnership approach between clinicians, providers, commissioners and communities.

When the objectives are achieved, we will be consistently delivering high levels of safety across GM&EC, while ensuring that the services offered and received are personalised to the women and families using them.

Fundamental to the improvements is that women receive the right care from the right people at the right time in the right setting, according to their needs and choices.

Foreword

Now is an appropriate time to reflect on our current maternity services and plan improvements we can make here in our region.

Both the recent devolution of health services in Greater Manchester and the publication of the national review of maternity services, Better Births, offer a perfect opportunity to improve the safety and outcomes for women and babies.

Nationally, the challenge has been set to reduce still birth rates and to increase the choice and personalisation women and their families are offered.

Person-centred, safe and high quality care for mothers and babies throughout pregnancy, birth and following birth can have a marked effect on the health and life chances and healthy development of children throughout their life.

Taking the vision of Better Births, and the ambition of the Greater Manchester Health and Social Care Partnership, this plan aims to provide the best possible start in life for every child in our community.

Dr Richard Preece
Executive Lead for Quality, Greater Manchester Health and Social Care Partnership

Baseline figures across GM&EC

38,732 babies were born in 2017
(Local Maternity Dashboard Jan-Dec 2017)

60% were vaginal births without the use of medical instruments
(Local Maternity Dashboard Jan-Dec 2017)

28% were born via Caesarean Section
(Local Maternity Dashboard Jan-Dec 2017)

12% were born with use of medical instruments (e.g. forceps/ventouse)
(Local Maternity Dashboard Jan-Dec 2017)

4.8 still births per 1000 (4.3 per 1000 in England)
(PHE Fingertips & GMEC Maternity Dashboard 2016)

3.8 neonatal deaths per 1000 (2.8 per 1000 in England)
(Office of National Statistics 2016)

1.2 Intrapartum Brain Injuries per 1,000 (1.5 per 1000 in England)
(Neonatal Data Analysis Unit report 2016)

9.05 maternal deaths per 100,000 (8.76 per 100,000 in United Kingdom)
(MBRRACE report & GMEC Maternity Dashboard 2016)

12.9% of women smoke at time of delivery
(Data collected from Local Maternity Dashboard Sept 2016 to Aug 2017 - national measures known)

1.6% of births took place at home
11.6% of births took place in midwifery led units
86.8% of births took place in obstetric led units
(Nov 16 - Oct 17 Local Maternity Dashboard)

BME

29% of mothers giving birth in GM&EC are from Black and Minority Ethnic (BME) communities
(Data collected 2015/16 PHE Fingertips)

19.75% of women who become pregnant have a BMI >30
(Data collected 2016/17 NHS maternity statistics)

Around 37 full term babies per 1,000 are admitted to the neonatal unit
(Local Maternity Dashboard)

21 mothers per 1,000 were readmitted to hospital within 30 days after giving birth
(Local Maternity Dashboard)

Around 30 women per 1,000 experience a 3rd or 4th degree tear
(Nov 2016 - Oct 2017 Local Maternity Dashboard)

4.54% of women experience a major obstetric haemorrhage over 2500mls
(Nov 2016 - Oct 2017 Local Maternity Dashboard)

10.9% of babies are born before 37 weeks
(NHS Maternity Statistics 2017, Sept 2016 - Aug 2017 Local Maternity Dashboard)

Currently around 65% of women initiate breastfeeding, and 40% continue to breastfeed at 6 weeks
(NHS England Statistical Release and Breastfeeding Oct 2017,
Nov 2016 - Oct 2017 Local Maternity Dashboard, 2016/17 PHE Fingertips)

During the perinatal period up to 15% of women experience mild to moderate depression and anxiety, and 3% experience severe depression
(PHE Fingertips, 2017)

Our Vision

> “Women and babies will receive kinder, safer and more personalised maternity services in Greater Manchester and Eastern Cheshire”

Our Key Objectives

1. Promoting safe and effective maternity and neonatal care

- Reduce the stillbirth and hypoxic brain injury rates
- Reduce the rate of term admissions to neonatal unit
- Reduce the incidence of sepsis in newborns and mothers
- Reduce maternal readmissions ≤ 30 days
- Reduce maternal mortality across Greater Manchester and Eastern Cheshire
- Reduce the incidence of 3rd/4th degree tears
- Reduce obstetric haemorrhages (>2500mls)
- Ensure appropriate care for women with complex needs
- Increase culture of safety
- There will be adequate levels of all professionals involved in maternity and neonatal care
- Reduce preterm births <37 weeks
- Midwives will work as part of a multi-disciplinary system with Health Visitors and GPs and social care where necessary
- Screening for alcohol and substance misuse will improve

2. Choice and personalisation

- Majority of women will have personalised care plans
- Dads will be offered information specific to their role
- More women will have personal digital maternity records
- More women will give birth in midwifery led settings
- More women will give birth in their first choice of setting
- More women will be offered 3 or more choices of birth settings
- More women will know their health visitor in the antenatal period

3. Continuity of carer

- Midwives will work in small teams with access to an identified obstetrician and will work closely with a wider multidisciplinary team
- More women will see the same midwife and/or obstetrician throughout their maternity journey
- The IT infrastructure will be developed to support the joint working and continuity of care for women and their families

4. Neonatal Care

- Reduce neonatal mortality across Greater Manchester and Eastern Cheshire
- Ensure high risk babies receive the best care in the optimal settings to maximise life chances
- Most women at high risk of an extremely pre-term birth (23-26 weeks) will give birth in a centre with

a designated neonatal intensive care unit

- Where clinically possible, admission to a neonatal unit will be avoided, thereby reducing instances of separation of mother, baby and family, and supports fathers/ partners to feel part of the care

5. Postnatal care

- Postnatal care in GM&EC will be shaped in conjunction with women and families
- Women should continue to access their named midwife in the postnatal period as their primary point of contact, linking with the Health Visitor for ongoing support
- The midwife will perform the examination of the new born as part of routine care
- All mothers and babies should be offered a post birth check at 6 to 8 weeks after birth, by their GP who will provide ongoing care, support, identify mental health and physical needs and ensure ongoing treatment
- Breast feeding rates at 6 weeks will increase
- Parents will feel more supported in the post-natal period
- Services will feel joined up and information sharing will be enabled as part of the continuity of carer pathway
- Bereavement support for women and families will be improved

6. Mental health in the perinatal period

- Midwives will become more proficient at detecting problems, facilitating the parent-infant relationship (antenatally and postnatally) for both parents at an early stage, and work in partnership with parent-infant mental health services
- Mental health treatment and support for women and their families in the postperinatal period will improve
- Appropriate and clear channels of communication between maternity and mental health services will be established

7. Commissioning for outcomes

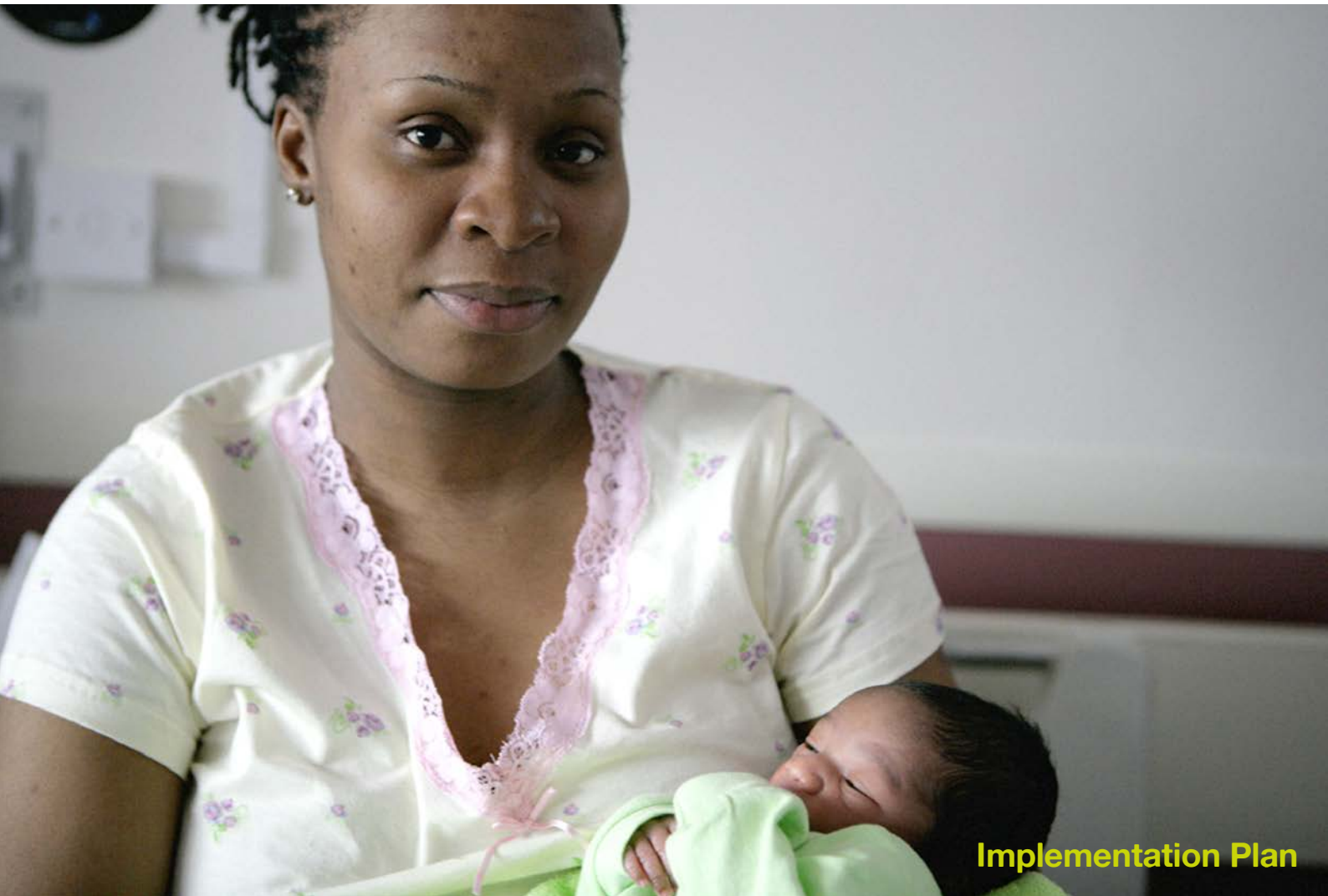
- Commissioners will work with care providers to commission services to ensure the development and maintenance of expertise in caring for pregnant women with medical disorders
- GM&EC commissioners and providers will support and fund local Maternity Voices Partnerships

Principles

Two core principles underlie the development of achieving the Better Births vision and the work going forward:

1. Women and their families will be involved in the development of maternity services in GM&EC and their views will be listened to. The opinion and expertise of the women and families who have used maternity services in GM&EC will be sought in the delivery of all of the objectives within this plan and will be integral to its success.

2. We will work in partnership to provide well-prepared, trained and confident staff in all maternity and neonatal services in GM&EC. We will ensure that the workforce is able to provide safe, kind and personalised maternity care to the population of Greater Manchester and Eastern Cheshire.



Objective 1

Promoting Safe and Effective Maternity and Neonatal Care

We will aim to ensure that every mother, baby and family receives safe, high quality maternity care

What we will do

Reduce stillbirth and hypoxic brain injury rates

How will we do it?

All providers of maternity services in Greater Manchester and Eastern Cheshire will fully implement the four elements of the Saving Babies Lives Care Bundle for reducing stillbirths. This will also include:

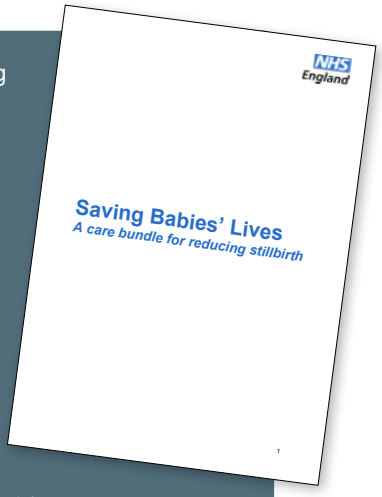
- Implementing Baby Clear to reduce smoking at the time of delivery
- Share evidence based protocols and pathways for reduced fetal movements, small for gestational age, fetal growth restriction and induction
- Improve fetal monitoring during pregnancy and labour - a standardised CTG (Cardiotocograph) training package will be developed and implemented across Greater Manchester and Eastern Cheshire maternity services
- Encourage women to sleep on their side from 28 weeks of pregnancy
- Work towards continuity of carer in line with national ambitions
- All maternity providers in GM&EC will contribute to the national data collection systems and the GM&EC Maternity dashboard
- In addition to routine maternity screening, all providers will offer screening and brief intervention relating to alcohol and substance misuse in pregnancy

1 - Reducing smoking in pregnancy

2 - Increasing monitoring of baby's growth during pregnancy

3 - Raising awareness of reduced fetal movements and early identification and management of compromised babies

4 - Improving monitoring of fetal heart rate during labour through improved staff training and competency assessment



What we will do
Reduce maternal mortality

How will we do it?

- All maternity providers will ensure that women with complications of pregnancy have appropriate personalised care pathways and ensure they are reviewed by the obstetric team promptly in accordance with NICE and RCOG guidance
- Ensure appropriate care for women with complex medical needs

What we will do
Increase culture of safety

How will we do it?

- Provider trusts will have a board level Maternity Champion, who will ensure an organisational focus on improving outcomes from maternity services

- All providers of maternity and neonatal care in Greater Manchester and Eastern Cheshire will routinely collect outcome data to input into the GM&EC Dashboard and North West Neonatal Operational Delivery Network (NWNODN) Dashboard and actively use this to improve service quality, undertaking regular benchmarking against others so they can identify any areas for improvement
- All maternity and neonatal services will participate in a three-year programme to support improvements in the quality and safety of maternity and neonatal units across England. This work will be supported by the Strategic Clinical Network, NWNODN, NHS Improvement, GM Patient Safety Collaborative
- GM&EC will identify a lead commissioner for maternity safety to champion the most effective commissioning of maternity services and hold providers to account for improving outcomes. The lead commissioner will sit on the strategic partnership board of the Local Maternity System
- All patient safety incidents (regardless of severity) will be reported to a local risk management system and uploaded to the National Reporting and Learning System (NRLS) to assist both local and national learning and safety improvement
- A process will be put into place for providers to share learning from maternity incidents within the LMS
- There will be a culture of looking after staff to make them feel valued, through regular Multi-Disciplinary Team (MDT) safety meetings
- Establish a Community of Practice for maternity services in Greater Manchester and Eastern Cheshire
- A GM&EC specific model for Advocating and Educating for Quality Improvement (A-EQUIP) will be agreed and implemented across Greater Manchester and Eastern Cheshire
- Provider trusts will have one obstetrician and one midwife jointly responsible for championing maternity safety in their organisation
- The perinatal mortality review tool will be adopted in maternity services in GM&EC
- A safety lead will be appointed within the Local Maternity System
- There should be rapid referral protocols in place between professionals and across organisations to ensure that the

woman and her baby can access more specialist care when they need it

- Ensure appropriate safe staffing levels across maternity and neonatal care
- Robust policies will be in place for screening women at high risk of premature birth
- For pre-term birth, we will encourage the use of prophylactic medicine (antenatal steroids and antenatal/intrapartum magnesium sulphate) to improve neonatal outcomes

What we will do

Reduce unexpected term admissions to neonatal care

How will we do it?

- All maternity providers will support the implementation of the ATAIN programme
- All providers will examine local data to ensure that optimum care is given to avoid admission to neonatal unit
- Standardise guidelines with the best available evidence and reduce unwarranted variation focusing on the prevention and management of hypoglycaemia, increasing skin to skin rates and reducing elective births <39 weeks for non-medical reasons as per Perinatal Audit review 2017

What we will do

Reduce incidence of sepsis in newborns and mothers

How will we do it?

- All maternity providers in Greater Manchester and Eastern Cheshire will adopt the sepsis 6 care bundle for maternity
- Primary care and maternity providers will have a clear and effective structure for flu and pertussis vaccination
- Relevant guidance (e.g. Prolonged Rupture of Membranes, Group B Strep) will be reviewed and standardised across GM&EC

What we will do

Ensure skilled staff at appropriate staffing levels are in place to deliver maternity and neonatal care

How will we do it?

- A review of current staffing will be undertaken and compared to nationally recognised safe staffing levels and informed by local information from birth rate plus
- With the support of Heads of Midwifery and Directors of Nursing, we will agree models for the future staffing of GM&EC maternity services, including neonatal staffing, which will reflect the needs of the provider and the services offered (i.e. transitional care etc.)
- All maternity providers will ensure training is part of a multidisciplinary team in both routine and emergency situations as a standard part of continuous professional development for all staff working in maternity services

What we will do

Improve maternal and neonatal outcomes

How will we do it?

- Reduce pre-term births <37 weeks by linking with current pre-term clinics within GM&EC to share good practice
- Reduce maternal readmissions ≤ 30 days, incidence of 3rd/4th degree tears and major obstetric haemorrhages (≥ 2500mls) by identifying current provider rates and guidelines, and collaborate to develop standardised pathways based upon the best available evidence
- Ensure all maternity staff are appropriately trained to manage maternity emergencies (i.e. PROMPT course or similar)

How will we know it is better for women and their families?

- Still birth rates will be reduced
- Rates of early neonatal deaths will be reduced
- Rates of hypoxic brain injuries will be reduced
- Reduction in the number of unexpected term admissions to neonatal units
- Reduction in unplanned admission of women to ICU
- Fewer unplanned transfers of women with underlying medical conditions
- Increased number of women vaccinated against flu and pertussis
- 3rd/4th degree tears will be reduced
- Rates of maternal deaths will be reduced
- Reduction in maternal readmission to hospital
- Rates of major obstetric haemorrhage will be reduced
- Improved feedback/comments from women and families through local and CQC evaluation

Objective 2

Choice and Personalisation

All women will receive care that is personal to their needs, where professionals work with them to plan and deliver care throughout pregnancy, birth and after the baby is born. Women and their families will be offered genuine choice in maternity care.

What we will do

More women will be offered a genuine choice of birth settings and providers. This includes choice of 4 places of birth (home birth, obstetric birth unit, alongside midwifery unit or free standing midwifery unit)

How will we do it?

- Scope current choices available from each provider across GM&EC and create choice model for women
- Ensure maternity staff are competent and confident to deliver a choice model
- Women will be provided with unbiased information about the benefits and risks associated with each of the birth settings to help them make an informed choice of the place and style of care they wish to receive
- Women will have access to information about physiological birth (e.g. water, relaxation tools, birthing balls, active birth etc.)
- Women will have access to information about how to manage birth by non-pharmacological methods as well as having evidence based information on all types of analgesia and anaesthesia available

What we will do

All birth environments will share the philosophy of promoting a person-centred holistic care, whilst ensuring that women are provided with the appropriate level of intervention to achieve a safe outcome for mother and baby

How will we do it?

- Women and families in Greater Manchester and Eastern Cheshire

will identify features of person-centred birth environment

- Pilot a change in environment based upon identified features, and evaluate feedback from parents and families

What we will do

Access to personal digital maternity records will be explored

How will we do it?

- Options for a digital maternity tool will be scoped, including the format and content, in addition to a review of existing technology nationally and locally
- Women and maternity professionals in GM&EC will inform the content of the electronic maternity record

What we will do

Dads will be offered information specific to them

How will we do it?

- Working with fathers and service users, we will create a GM&EC specific Dadpad to provide information on the importance of their role, and how to access support when needed

What we will do

A single point of access to maternity services will be offered to all women

How will we do it?

- Options for an app or website will be scoped to use as a central access portal to maternity services

What we will do

All pregnant women in GM&EC will have a personalised care plan

How will we do it?

- Identify current baselines for GM&EC
- Obtain views of women to explore what a personalised care plan would look like
- Work with providers to implement this locally
- Ensure accurate data is collected and reported to LMS

What we will do

Increase the proportion of low risk women giving birth in midwifery led settings

How will we do it?

- Benchmark the numbers of women in GM&EC giving birth in midwifery led settings
- Develop information in conjunction with women, families and maternity professionals to ensure informed choice
- Identify sources of information sharing with parents and families

What we will do

Increase in the proportion of women giving birth in their first choice of setting

How will we do it?

- Benchmark numbers of women in GM&EC giving birth in their first choice of setting
- Identify sources of information sharing with parents and families
- Work with providers to ensure that going forward, data is collected regarding choices offered and received. This will be reported to the LMS regularly

What we will do

More women will utilise their own NHS Personal Maternity Care Budget (PMCB)

How will we do it?

- Evaluate pioneer sites for PMCB and share learning

What we will do

Maternity services in Greater Manchester and Eastern Cheshire will make it as easy as possible for women to receive vaccinations as soon as they become eligible

How will we do it?

- Work with providers, primary care and women to develop standardised pathways

How will we know it is better for women and their families?

- More women will have personalised care plans
- More women will choose to use the personal digital maternity record
- Increase in the number of women giving birth in midwifery settings
- More women will have choice of birth setting and provider

Objective 3

Continuity of carer

In line with national ambitions, more women in Greater Manchester and Eastern Cheshire will receive continuity of carer during pregnancy, birth and postnatally.

What we will do

Midwifery and obstetric teams will be aligned with a caseload of women. More midwives will work in small community based teams of 4-8 midwives with access to an identified obstetrician, who can provide continuity throughout pregnancy, birth and postnatally.

How will we do it?

- A working group will be created to develop a continuity model
- Workforce planning will be undertaken to enable a continuity model
- Support a pilot for a continuity model
- A continuity model will be commissioned appropriately and become part of the maternity specification
- The maternity workforce will be supported with implementing continuity of carer and training will be provided where required

What we will do

Ensure women have access to a named midwife who will co-ordinate their care

How will we do it?

- We will scope current access for women to their named midwife
- Work with providers to increase access where needed
- Ensure effective data collection from providers

What we will do

More women will see the same midwife/obstetric team throughout their maternity care, in line with national standards

How will we do it?

- Capture a baseline of women in GM&EC currently being offered continuity of care
- Identify good practice both locally and nationally
- Create a working group to begin to implement best practice across GM&EC

What we will do

Ensure continuity model is sustained

How will we do it?

- Work with HEIs to identify a sustainable solution
- Work to identify cohorts of women who will benefit most from continuity of carer e.g. vulnerable women
- The model will need to be flexible in order to take into account women choosing care from any provider service, staffing and type of care women need

What we will do

The IT infrastructure will be developed to support the joint working, choice and continuity of care for women and their families

How will we do it?

- Paper records for maternity will be standardised across GM&EC
- The use of electronic maternity records will be identified and explored, with the potential to implement across the LMS

What we will do

Identify a range of services and bring together through a community hub based on the needs of the local community

How will we do it?

- Agree framework and pilot a maternity community hub
- Following evaluation we will standardise the pathway and ensure appropriate commissioning
- Ensure the community hub incorporates primary care, health visiting, and antenatal support. Enabling increased support for parenting (including an assessment for Adverse Childhood Experiences ACE), mental wellbeing, parent-infant relationship and breastfeeding
- The community hub provides an opportunity to support the Greater Manchester Health and Social Care Partnership Early Years Strategy

How will we know it is better for women and their families?

- Women and their families will know who their named midwife is
- Women and their families will know how to contact their named midwife and will report having had regular contact
- More women in Greater Manchester and Eastern Cheshire will receive continuity of carer
- More women will receive continuity of carer
- Paper records for maternity will be standardised
- Women will report improved experiences on the maternity CQC survey

Objective 4

Neonatal Care

There will be a reduction in the variation of neonatal outcomes and implementation of stronger models of networked care to ensure that high risk babies receive the best care in the optimal setting to maximise life chances.

What we will do
Reduce neonatal mortality

How will we do it?

- Implement the perinatal mortality review tool in all maternity providers across GM&EC
- All maternity and neonatal providers will share mortality reviews both in house and across the network. This will enable learning, develop best practice and reduce variation within GM&EC
- Report and monitor outcomes via the neonatal clinical outcomes dashboard

What we will do
We will ensure that high risk babies receive the best care in the optimal setting to maximise life chances and all women at high risk of extremely pre-term birth (23-26 weeks of gestation inclusive) will give birth in a centre with a designated neonatal intensive care unit

How will we do it?

- There will be a clear policy to offer screening to those at high risk of premature birth
- Develop and implement the use of antenatal steroids and antenatal/ intrapartum magnesium sulphate for women at high risk of extremely pre-term birth
- There will be effective neonatal pathways in place including:
  - Neonatal surgical pathway
  - Neonatal cardiac pathway
  - Integrated palliative care pathway
- Neonatal transfers away from the family's locality will be minimised

- There will be a 24/7 maternity and neonatal cot capacity management system and neonatal transport service
- There will be rapid referral processes in place between professionals and across organisations to ensure that women and their babies can access more specialist care when they need it
- Demand and capacity will be modelled across GM&EC to ensure appropriate capacity in all maternity units to accommodate women whose babies need to be cared for in the neonatal unit
- There will be a system in place to alert the local neonatal team about any issues in pregnancy that may have implications for the baby and that will facilitate communication between parents and neonatologists antenatally as well as development of a postnatal management plan for the baby
- All neonatal facilities will provide emergency overnight accommodation on the unit for parents, with accommodation available nearby for parents of less critically ill babies
- If a baby requires specialised care outside the family's local area, we will ensure that they are promptly transferred back when these services are no longer required
- Implement Rapid Resolution and redress programme

What we will do

Where clinically possible we will avoid admission to a neonatal unit and therefore unnecessary separation of mother and baby

How will we do it?

- Support the implementation of the Saving Babies Lives Care Bundle
- Monitor and improve skin to skin rates for all births to reduce admission from thermoregulation causes
- Ensure evidence based guidelines for the prevention and effective management of neonatal hypoglycaemia are in place to reduce admission from hypoglycaemia causes
- Promote and actively encourage an early first feed in skin to skin
- Support the implementation of the ATAIN programme across Greater Manchester and Eastern Cheshire

How will we know it is better for women and their families?

- There will be fewer women separated from their babies whilst being cared for in neonatal facilities in Greater Manchester and Eastern Cheshire
- There will be fewer term-admissions to Neonatal Intensive Care Units (NICU) across Greater Manchester and Eastern Cheshire
- More women identified of being at risk of extreme premature birth will give birth in units with a NICU

Objective 5

Postnatal Care

Caring for the woman and her baby after birth is equally as important as during pregnancy and birth.

What we will do

Postnatal care in Greater Manchester and Eastern Cheshire will be shaped in conjunction with parents and their families

How will we do it?

- We will work with parents and their families to identify their expectations for postnatal care

What we will do

With appropriate training the midwife will include examination of the newborn (NIPE) as part of routine care

How will we do it?

- Work with providers and HEI to develop training pathways for midwives

What we will do

Maintain continuity in the postnatal period, in line with national standards

How will we do it?

- Women will continue to access their named midwife in the postnatal period as their primary point of contact
- Midwives will be supported to work in small teams to maintain continuity

What we will do

Mothers and babies will receive a post birth assessment at 6 to 8 weeks after birth, which will include the woman's physical, emotional and social wellbeing

How will we do it?

- Best practice will be identified and standards developed

- If required, training and pathways for specialist services will be developed, including perinatal and parent infant mental health and weight management pathways
- Work with primary care providers and commissioners to ensure it is commissioned/contracted appropriately and evidence of the postnatal check is captured accordingly

What we will do

Breast feeding rates at 6 weeks will increase

How will we do it?

- The new model of continuity of care, community hubs and enhanced community care will provide an environment to support breastfeeding, utilising the wider team, peer supporters and nationally recognised feeding support groups and health visitors
- Explore with women what help would support them to breastfeed for longer

What we will do

Families will feel more supported in the postnatal period

How will we do it?

- Community based care will include a role for support staff to assist midwives in the provision of baby care, parent-infant attachment, contraception, breast feeding

support, parenting skills and support for women who formula feed, to ensure they do so safely and responsively

- In every case where a family is bereaved they will be offered access to appropriate bereavement support before they leave the unit and each maternity and neonatal unit will have access to staff members trained in bereavement care
- Support the development of integrated maternity services and link to supporting the School Readiness Action Plan for Greater Manchester

What we will do

The loss of a pregnancy or baby can affect future pregnancies and so we will improve the support given to bereaved parents and their families

How will we do it?

- Enhanced training sessions for maternity staff will be provided
- Training of student midwives will include the support that women and families may need following a still birth or death of a very young baby

How will we know it is better for women and their families?

- Increased breastfeeding rates at 6 weeks
- Improved continuity of carer postnatally for women
- Obtaining feedback (via FFT); women will report feeling more supported in the postnatal period
- Women will be offered a post birth check at 6-8 weeks
- More women will feel their postnatal care has been created around their needs and the needs of their family

Objective 6

Mental Health in the Perinatal Period

In Greater Manchester and Eastern Cheshire, the emotional and mental health of parents and their infants will be integrated with their physical care throughout their maternity journey.

What we will do

Detection of mental health concerns and associated complexities will improve

How will we do it?

- Staff in maternity services will receive training in parent-infant mental health
- Women and their partners will be asked about their emotional wellbeing and the social contributors at every antenatal and postnatal contact
- Women and their partner's mental health status as well as the existence of mental health conditions in any of their children will be part of the initial assessment documentation
- Staff working with pregnant women and their families will receive training in the early detection and management of mental health problems and contributing factors
- Women with moderate or severe mental illness will have access to a named specialist midwife who can provide care and support. Specialist midwives will support women with more severe mental illness in collaboration with mental health services
- Staff in maternity services will also be aware of the importance of a parent's attachment with their baby, and know about referral pathways if an attachment problem is identified
- The same screening tool appropriate for the woman's mental health condition will be used across pregnancy and the postnatal period by all disciplines
- Staff in maternity services and general practice, will know of 'red flag' signs, as well as clear pathways of care to help ensure that women get appropriate referral when they need mental health care
- All maternity providers will have policies and protocols in place for identifying and supporting women who are at high risk of developing a serious mental illness during pregnancy or after birth

- Policies and protocols will be in place to identify and support women with associated complexities such as substance misuse and domestic abuse

What we will do

Mental health treatment and support for women and their families in the postnatal period will improve

How will we do it?

- The named midwife will be well trained in providing emotional support for women and their families and know which services to refer to for specialist support
- Women and their partners will be referred in a timely way for more specialist support as required including specialist a opinion within 24 hours when serious mental illness is suspected (as per NICE CG192)
- Specialised Perinatal Community Mental Health Teams will be established for the population of Greater Manchester and Eastern Cheshire
- There will be a perinatal mental health integrated care pathway in place which covers all levels of service provision and severities of disorder
- All primary and secondary care professionals will know how to access these services and can ensure a seamless service along the woman's journey during and following pregnancy
- Contact details for the specialist perinatal mental health service, or consultant psychiatrist with a special interest in psychiatric disorders of pregnancy, should be clearly sign posted in each maternity unit
- In cases of sudden onset of psychosis or suspected postpartum psychosis a referral will be made to a secondary mental health service (preferably a specialist perinatal mental health service) for immediate assessment (within 4 hours of referral)

How will we know it is better for women and their families?

- CCG Assessment Framework, Mental Health Minimum Dataset (MHMDS)
- Women's satisfaction with emotional support will increase, as evidenced by the CQC National Maternity Survey
- Perinatal status recorded for all IAPT service users
- Clear polices and pathways will be in place

Objective 7

Commissioning for Outcomes

A local Greater Manchester and Eastern Cheshire maternity and neonatal specification will be used to commission services which reduce inequalities and promote improved outcomes for women, babies and their families.

What we will do

Commissioners and care providers will commission services to ensure the development and maintenance of expertise in caring for women and babies throughout their maternity journey

How will we do it?

- The national maternity specification will be adapted to meet the needs of Greater Manchester and Eastern Cheshire, producing a localised service specification
- Outcomes which have specifically been identified as requiring improvements locally will be included in the service specification to address inequalities
- We will use performance indicators from the plan to manage service performance
- We will ensure that a Greater Manchester and Eastern Cheshire maternity specification is adopted by providers
- National tariff recommendations will be implemented locally
- Commissioners will link with Public Health commissioners to ensure the Early Years delivery model is achieved
- Neonatal services in Greater Manchester and Eastern Cheshire will comply with neonatal critical care and neonatal transport specification

What we will do

Greater Manchester and Eastern Cheshire commissioners and providers will support and fund local Maternity Voices Partnerships

How will we do it?

- Ensure all providers have a Maternity Voices Partnership and can evidence this
- MVP's will be part of the GM&EC Maternity specification

How will we know it is better for women and their families?

- All women will have access to a Maternity Voices Partnership or similar regardless of provider
- There will be a reduction in unwarranted variation in outcomes
- Commissioners to have clear view of performance against plan

Glossary

- **ACE** – Adverse childhood experiences
- **AEQUIP**- Advocating and Educating for Quality Improvement
- **ATAIN** - Avoiding Term Admissions Into Neonatal units
- **BMI** - Body Mass Index
- **Commissioning** - Is the process of planning, agreeing and monitoring services
- **FFT** – Friends and Family Test
- **HEI** - Higher Education Institution (Universities etc)
- **IAPT** – Improving access to Psychological Therapies
- **ICU** - Intensive Care Unit
- **LMS** – Local Maternity System
- **NBAS** – Neonatal Behaviour Assessment Scale
- **NBO** – Newborn Behavioural Observations
- **NICE** – National Institute of Clinical Excellence
- **NIPE** – Newborn and Infant Physical Examination
- **ODN** - Operational Delivery Networks
- **PROMPT** - PRactical Obstetric Multi-Professional training
- **RCOG** – Royal College of Obstetrics and Gynaecology
- **<** - Less than
- **>** - More than
- **≤** - Less than or equal to
- **≥** - More than or equal to

This plan will be supported by a technical document which providers and commissioners will work to.

GMCA GREATER MANCHESTER COMBINED AUTHORITY

NHS in Greater Manchester

We would like to thank all clinicians, providers, commissioners and networks who have supported the creation of this implementation plan.

We would like to give a special thank you to all the families that have helped us prepare this plan and especially those who've shared their photographs that appear throughout this document.

LMS
Greater Manchester and Eastern Cheshire
Local Maternity System

If you would like to be involved & receive a quarterly newsletter around the progress being made within the GMEC LMS please email your details to **england.gmec-cmcp@nhs.net**

If you need this document in an alternative version please contact us via the email above.