



NCT Document Summary: Wales Audit Office report on Maternity Services

This report was presented by the Auditor General to the National Assembly on 19 June 2009. The Auditor General for Wales examines and certifies the accounts of the Welsh Assembly Government and its sponsored and related public bodies, including NHS bodies in Wales. He reports to the National Assembly for Wales on the economy, efficiency and effectiveness with which those organisations have used, and may improve the use of, their resources in discharging their functions.

Summary

This report, available to download from the Wales Audit Office (WAO) at http://www.wao.gov.uk/assets/englishdocuments/Maternity_services_eng.pdf, presents the national picture across Wales and draws on local reports presented in 2008 to each of the Welsh NHS trusts. Most trusts have now developed action plans aiming to address the issues highlighted in the local work but the effectiveness of these plans has not been assessed.

Methodology

The audit examination was based on local audit fieldwork undertaken during 2007 and reported in 2008 at each of the then 13 providers of maternity services, undertaken in collaboration with the Healthcare Commission to benchmark the performance of maternity services across England and Wales. Further details of the methodology are set out in Appendix 1 of the report.

Findings are based on the following sources of evidence:

- a. a web-based questionnaire completed by each trust to identify their configuration of delivery units and performance data for the year ending 31 March 2007
- b. a voluntary web-based questionnaire for maternity staff to complete at each trust
- c. a survey of women who had given birth in early 2007 whilst in the care of the trust
- d. national sources of information about the performance of maternity services.

Background

More than 30,000 women give birth in Wales each year and the annual rate of births (live births, excluding stillbirths) increased from just over 33,600 in 2006 to nearly 34,500 in 2007 (Welsh Assembly Government, Births in Wales: Data from the National Community Child Health Database: June 2008. Provisional data for 2008 was due to be released in June 2009).

The level of demand on maternity services varies significantly across Welsh trusts, with more than a third of all births taking place in two NHS trusts – Cardiff and Vale NHS Trust and Gwent Healthcare NHS Trust.

Vision for maternity services

The audit was designed to assess whether NHS trusts in Wales are delivering efficient maternity services that result in positive experiences and outcomes for women and their babies. It was concluded that while maternity services are generally appropriate and women's satisfaction levels are relatively high compared with England, practices vary unacceptably and information is generally not well collected or used. The planning of maternity services is undermined by the lack of a coherent strategic vision and poor information about the cost and quality of services. The Assembly Government has not yet articulated a clear vision about what a good maternity service looks like. At a local level, planning of maternity services is undermined by a lack of robust and accurate information about the cost of maternity services. Trusts are not provided with ring-fenced funding for maternity services which means it is difficult to quantify what it actually costs to provide these services.

NCT comment

The NCT works to fulfil its mission and vision of enabling all parents in the UK to have an enriching experience of pregnancy, birth and early parenthood. It campaigns to improve services for pregnant women and new parents and therefore welcomes this call for a clear vision and a comprehensive strategy for maternity services in Wales, backed up by accurate information about costs and outcomes based upon ongoing and consistent data collection.

Capacity of services

Most maternity services are planned such that they appear to have the necessary capacity to meet local demand. However, antenatal assessment units are not always used effectively to reduce unnecessary antenatal admissions of women to hospital. Furthermore, there are mismatches in capacity and demand within neonatal services. Some trusts are failing to meet recommended midwifery staffing levels and in some trusts there is insufficient consultant obstetrician presence on the delivery suite. Levels of training for maternity staff vary considerably and are low in many Welsh trusts, particularly in areas such as skills for handling maternity emergencies and in monitoring the progress of labour.

Figure 1 - The overall birth rate in Wales conceals significant local variations

NHS trust	Number of women who gave birth in year ending 31 March 2007
Gwent Healthcare	5,884
Cardiff and Vale	5,733
Swansea	3,445
Bro Morgannwg	2,547
Conwy and Denbighshire	2,402
North East Wales	2,394
Pontypridd and Rhondda	2,355
North West Wales	2,082
North Glamorgan	1,594
Carmarthenshire	1,584
Pembrokeshire and Derwen	1,283
Ceredigion and Mid Wales	587
Powys LHB	306

Source: Wales Audit Office and Healthcare Commission analysis of trust data

NCT comment

The NCT would like all women to have a qualified midwife with them throughout their labour from the moment a woman feels the need for support until after the birth is complete and she has fed her baby for the first time. To address this where insufficient staffing levels have been identified, the NCT recommends the employment of more midwives and a mainstream opportunity for midwives to work independently, alongside employed midwives, funded and insured by the NHS. Please also see the comment below under 'Labour care'

Women's experience

The experience of mothers is a key indicator of how well maternity services are performing although what satisfies the user might not always be the most clinically effective or cost-efficient course of action. The levels of women's satisfaction in Wales are higher and more consistent than in England. However, the survey of new mothers suggested that a significant minority of women felt they were not always treated with dignity and respect or kindness and understanding. Most women access maternity services within the first 12 weeks of pregnancy. The National Service Framework promotes midwives as being the most appropriate first point of contact for pregnant women; however, typically, 69% of women first went to their GP.

Information and choice

In some trusts, the information provided to pregnant women is not effective in informing women about what they can expect from maternity services and in helping women make informed choices about their care. Antenatal classes are an opportunity for healthcare professionals to provide women and their partners with such information, but some women had wanted to attend antenatal classes and were not able to do so; numbers varied markedly with low attendance rates in a number of trusts. Factors behind the lower attendance may include location, size and timings as well as actual content of classes. We found that the choices women have about where they give birth are limited by local differences in the types of services available, as well as other factors such as different ways that clinicians assess the risks associated with homebirths.

NCT comment

The NCT believes that all pregnant women and their partners need up-to-date and accurate information to give them a chance to make informed choices. The NCT offers antenatal courses which provide evidence-based information, and give expectant couples the opportunity to ask questions and make informed decisions about labour and the baby's birth.

Antenatal care

Whilst most women receive the appropriate number and type of antenatal scans, some women receive less than the recommended number of antenatal check-ups. In some trusts, the average number of scans that women receive appears excessive. All trusts offer screening for Down's syndrome but they are not offering the latest recommended screening tests that support higher detection rates. The new test cannot be implemented until the Assembly Government and Health Commission Wales agree the mechanism for funding the standardised test.

Labour care

The way labour is managed in some trusts is concerning. For example:

- a. although women highly rated their care during and shortly after labour, a significant minority felt they were left alone and worried
- b. the typical rate of normal births (defined as a spontaneous vaginal delivery without the aid of an epidural, spinal or general anaesthesia, forceps or ventouse) in Wales is 40% which is considerably lower than the recommended level (The Maternity Care Working Party's consensus statement in 2007 recommends that normal births should account for 60% of all

- deliveries by 2010) and there are inconsistencies in the extent to which some trusts intervene during labour such as through inductions and the use of forceps and ventouse
- c. staff working within some maternity units informed us that monitoring during labour was not always used effectively and this can lead to unnecessary interventions and potential risks
 - d. there is a higher level of Caesarean sections within Wales than in England and there are inconsistencies in the practices that trusts employ to prevent unnecessary Caesareans
 - e. most women received effective pain management but about 20% of women in our survey said they did not get the pain relief they wanted.

NCT comment

As above (under 'Capacity of services'), the NCT would like all women to have a qualified midwife with them throughout their labour. The midwife should preferably be one whom the woman has got to know during pregnancy and who will care for her during the postnatal period. Ideally, the same midwife should be present throughout the labour and birth, or at least for as long as her shift allows, since women value being cared for by a midwife whom they know. They need care from a fully qualified and experienced professional.

Postnatal care

Postnatal care is the least satisfactory phase of maternity care. Over a third of new mothers were unhappy with the quality of support and advice for infant feeding, which may be contributing to relatively low levels of breastfeeding in Wales. The proportion of women who initiated breastfeeding ranged from 43% to 66%.

In addition, we found wide variation in the length of time that mothers stayed in hospital after their baby was born even for similar types of delivery. Whilst many women were satisfied with their length of stay, a quarter were not, with 15% stating it was too long and 11% stating it was too short. There was also wide variation in the number of times that maternity healthcare professionals have contact with new mothers after they have returned home from hospital, in order to monitor their condition and the progress of the baby. Up to a quarter of women in some trusts had wanted more contact after they had given birth.

NCT comment

The NCT welcomes this focus on the unsatisfactory provision of postnatal care. All parents need reliable information about the different methods of baby feeding. The information should be clear and accurate, and based on research evidence, so that they have the opportunity to make informed decisions. Parents should be told about the benefits and risks of different feeding methods, including effects on babies' health and the costs involved. Parents also need practical information, help and support whether breastfeeding, mixed feeding or formula feeding. Midwives, health visitors and all other health professionals working with new parents should provide this information to parents.

Maternity data

There is no common data set for maternity services within Wales and, in general, maternity services do not monitor their performance well. Trusts collect performance management information in different ways which prevents meaningful benchmarking of performance. There are significant gaps in the information that trusts collect in relation to maternal and neonatal outcomes, which are important indicators of safety and effectiveness. Maternity staff, midwives and clinicians described their frustration about the lack of quality performance information available. Problems included inadequate and poorly maintained maternity service information systems and a reliance on paper systems for information provision.

Maternity forums

Whilst maternity services have a range of forums for gathering feedback on the performance of their services, these groups are not being used optimally to drive service improvement. The membership of these forums frequently does not include service users and trusts are therefore missing an opportunity to collect valuable, first-hand information about women's experiences.

NCT comment

The *Welsh National Service Framework* states that maternity services should be delivered in partnership with women and their families. The NCT supports the work of Maternity Service Liaison Committees (MSLCs) to play a central role in planning and developing maternity services, including addressing areas of weakness and monitoring progress. MSLCs should have members that represent all the professionals that come into contact with women and their families during the transition to parenthood and one third of members of the MSLC should be user representatives. A variety of means may be used to involve people and find out about their experiences and concerns, including engagement with different communities and voluntary sector groups, using formal and informal methods to gather evidence and feedback. MSLCs should support user representatives when engaging with other groups.

Clinical negligence

Clinical negligence claims for obstetrics more than doubled from 2003-04 to 2007-08 with £28.4 million paid out in 2007-08. In addition, 10 trusts reported an increase in patient safety incidents in 2006-07. The culture in some trusts may not be conducive to learning from such incidents. It was also found the source of leadership that in some maternity services is unclear which might result in tensions among staff, may hamper effective team working and create problems with planning and improving services.

The Auditor made recommendations under headings as follows:

To improve the planning of maternity services

The Assembly Government develops a comprehensive strategy document that sets out its vision for maternity services, highlights good practice and offers guidance on the priorities for local service planning. A clear accountability framework at every level will require policy leads and different professional groups to work more closely together to achieve common and shared objectives.

There must be greater effort to gather the views of service users and to fully consider these views when planning services. In particular, the providers of maternity services should ensure that their maternity forums have appropriate representation from service users and ensure that the results of opinion surveys are considered as a priority.

To ensure maternity services have the appropriate number of adequately trained staff

Where midwifery staffing levels or the presence of consultant obstetricians on delivery suites fall below recommended levels, there should be assessment of the adequacy of staffing requirements for delivering safe and high-quality services.

All maternity service staff must be trained to the required levels; and training programmes reviewed to ensure that there is sufficient focus on the principles of respect, well-being, choice and dignity for women.

To improve women's access to antenatal check-ups

Guidance specifies that midwives are the most appropriate first point of contact for pregnant women. Locally accessible community locations should function as antenatal drop-in centres run by midwives and LHBs should promote midwives as the most appropriate first point of access for pregnant women and more widely signpost and publicise the services that can be accessed locally; and

Processes for deciding on the appropriate number of antenatal check-ups should be reviewed to ensure this is based on need and that all women receive the recommended number of check-ups.

To improve antenatal screening and testing

Local guidelines are needed to ensure that pregnant women are scanned only if there has been a formal assessment of need and local audits should be carried out to assess the extent to which the guidelines are being applied. The local guidelines for scanning should be part of the information covered within the first booking appointment and should help to explain to women that additional scanning (over and above the minimum) is not always the most appropriate way of assessing the condition of the baby.

The Assembly Government and Health Commission Wales must act quickly to agree the funding arrangements for the new Down's syndrome test to ensure that the most sensitive test is being used in Wales.

To improve help for women to come to informed decisions about their pregnancy

Arrangements for booking appointments are reviewed to ensure that mental health issues and issues concerning maternal rights and benefits are consistently covered in discussions with the pregnant woman. Every woman, whether having a first or subsequent baby, receives a copy of The Pregnancy Book if they want one. The reasons for low attendance at antenatal classes need to be explored and acted upon to ensure women and their partners are given every opportunity of attending classes if they wish to.

To improve care during labour and birth

Continuity of care during labour and birth is an issue in some trusts with 10–24% of women reporting that they felt they had been left alone and worried during labour. LHBs should promote the principle that women are not left alone during or just after labour, but if that is unavoidable then the woman should be assured that a clinician is close at hand if required. It is important to encourage women to move around during labour and to assess whether CTG equipment is being overused to the extent that it is preventing women being as mobile as they wish. Women's preferences for pain relief should be formally recorded by the clinicians caring for them and there should be discussions on pain relief so that women have realistic expectations and understanding that not all pain relief methods can be used at all times.

The LHBs should carry out local audits to assess the appropriateness of their Caesarean section rate including a comparison of Caesarean rates for individual consultants; where local audits reveal high rates of Caesarean sections, a Caesarean toolkit should be implemented that aims to reduce section rates .

To improve postnatal care and support

A particularly negative aspect of postnatal care reported by women was the quality of support and advice for infant feeding, which may contribute to low levels of breastfeeding in Wales. LHBs should ensure that the necessary support is available to support women to breastfeed and that the advice and support provided is consistent.

Policy and practice needs to be in place to ensure that postnatal care is appropriate to the needs of new mothers and that all women receive at least the minimum standard number of postnatal check-ups.

To improve maternity service data and analysis

The Assembly Government, in partnership with the NHS in Wales and other key stakeholders, should agree a coherent common data set for maternity services which should be explicit about the neonatal and maternal outcome indicators to be monitored; appropriate IT systems should enable systematic recording and analysis of maternity service performance through the indicators defined in the common data set.

To improve safety

In 2007-08, obstetric litigation claims accounted for 66% of the value of all clinical negligence claims in Wales. It is recommended that the LHBs standardise the criteria for incident reporting; seek to promote a culture of openness and put mechanisms in place to support learning from patient safety incidents.

NCT comment

The NCT supports all the recommendations made by the audit report and urges the LHBs to follow the guidance. Good information provision during the antenatal period, high quality care during labour and birth designed to optimise the levels of normal birth, and accessible postnatal support including help with infant feeding are all key areas of NCT campaigning objectives. In addition the NCT is very pleased to see the emphasis on user representatives being included in service planning and development, and the urgent call for a national strategy for maternity services based on improved data collection.

U:\Document Summaries/ DS45 Wales Audit Office Maternity Services report [Wales]

The NCT wants all parents to have an experience of pregnancy, birth and early parenthood that enriches their lives and gives them confidence in being a parent.

Donations to support our work are welcome.

Registered No. 2370573 (England) • Registered Office: Alexandra House, Oldham Terrace, London W3 6NH • Registered Charity No. 801395