



## **NCT Policy Summary: National Service Framework for Children, Young People and Maternity Services (England)**

The Department of Health and the Department for Education and Skills published the National Service Framework (NSF) for Children, Young People and Maternity Services on Thursday 15<sup>th</sup> September 2004. Having played a key role in lobbying for an NSF, the NCT is delighted to see that so many of the recommendations address important priorities. The NCT is delighted that Standard 11, which focuses on Maternity Services, promotes normality and choice, longer postnatal support, services for pregnant women from disadvantaged or minority groups and communities and better birth environments.

We are however, disappointed by the absence in the NSF of a comprehensive breastfeeding strategy for England and new policies, which would support the initiation and duration of breastfeeding in England. The NCT would also have liked to have seen dedicated funding being provided by the Department of Health to support the recommendations made in the Maternity Services standard of the NSF.

### **What are National Service Frameworks (NSFs)?**

NSFs were introduced in 1998 to tackle variations in standards of care and to achieve greater equity in the availability and quality of health services across England and Wales. NSFs have been used by the Government to 'modernise the NHS' and to devolve responsibility for health services to local service providers, allowing them to make decisions about how standards should be met.

The Children's NSF is a ten-year strategy, which establishes national standards to promote the health and well-being of children, young people and pregnant women across the health and social services. The NSF is intended to drive up the quality of services, promote health improvement and tackle health inequalities (though full implementation of the standards will take up to ten years). The NSF seeks to put service users at the centre of their care with the intention of promoting high-quality, women and child-centred services and personalised care for parents, children and their families.

### **The Children's NSF**

The National Service Framework for Children, Young People and Maternity Services establishes 11 standards, which will shape the future of children's health and social services:

- Standard 1 Promoting Health and Well-being, Identifying Needs and Intervening Early
- Standard 2 Supporting Parenting
- Standard 3 Child, Young Person and Family Centred Services
- Standard 4 Growing Up into Adulthood
- Standard 5 Safeguarding and Promoting the Welfare of Children and Young People
- Standard 6 Children and Young People who are ill
- Standard 7 Children in Hospital

Standard 8 Disabled Children, Young People and those with Complex Health Needs  
Standard 9 The Mental Health and Psychological Well-being of Children and Young People  
Standard 10 Medicines for Children and Young People  
Standard 11 Maternity Services

### **Standard 11 Maternity Services**

The Children's NSF includes a standard on maternity services (Standard 11), which addresses the needs of women, babies and their wider family, before or during pregnancy, throughout birth and for the first three months of the postnatal period.

Standard 11 states: *'Women have easy access to supportive, high quality maternity services, which are designed around their individual needs and those of their babies'*.

This standard requires maternity services to 'ensure that pregnant women receive high quality care throughout their pregnancy, have a normal childbirth wherever possible, are involved in decisions about what is best for them and their babies, and have choices about how and where they give birth' (pg 9, Executive Summary).

The NSF has positive policy implications for pregnant women and their families, including three key 'vision' statements (pg 4, Maternity Standard), which assert that future maternity services should include:

- Flexible individualised services designed to fit around the woman and her baby's journey through pregnancy and motherhood, with particular regard to the needs of vulnerable and disadvantaged women
- Women being supported and encouraged to have as normal a pregnancy and birth as possible with medical interventions recommended to them only if they are of benefit to the woman or her body.
- Midwifery and obstetric care being based on providing good clinical and psychological outcomes for the woman and baby, while putting equal emphasis on helping new parents prepare for parenthood.

The NSF also identifies seven 'markers of good practice' (pg 5, Maternity Standard) for the maternity services:

1. All women are involved in planning their own care with information, advice and support from professionals, including choosing the place they would like to give birth and the professionals who will attend them throughout their pregnancy and after birth.
2. Maternity services are pro-active in engaging all women, particularly women from disadvantaged groups and communities, early in their pregnancy and maintaining contact before and after birth.
3. All services facilitate normal childbirth wherever possible with medical intervention recommended only when they are of benefit to women and/ or their babies.
4. Maternity services are commissioned within a context of managed care networks and include a range of provision for routine and specialist services for women and their families including routine antenatal and postnatal care services; services for women with complex pregnancies; support for women coping with domestic violence; services for disabled women; smoking cessation services; services for women who are substance misusers; and services for women who have mental health problems.
5. Managed maternity and neonatal care networks include effective arrangements for managing the transfer and treatment of women and their babies experiencing problems or complications.
6. All women and their babies receive treatment from health care professionals competent in resuscitation for both mother and infant, new born examination and in

- providing breastfeeding support. Services promote breastfeeding, whilst supporting all women whatever their chosen method of feeding.
7. Women who use local maternity services are involved in improving the delivery of these services, and in planning and reviewing all local hospital and community maternity services.

### **Key changes introduced by Standard 11 (Maternity Services) of the Children's NSF**

Standard 11 of the Children's NSF introduces several key changes in maternity services policy.

- All maternity care providers and Primary Care Trusts will be required to provide each pregnant woman with two visits in early pregnancy (pg 19, Maternity Standard). These visits will take place before 12 weeks of pregnancy and with a midwife who can advise the pregnant woman on her options for care on the basis of an in-depth knowledge of local services. The first visit is expected to provide pregnant women with information about their pregnancy, while the second visit will provide further information on screening choices.
- Postnatal support for mothers and babies will be extended beyond current provision, which sees routine midwife discharge at 10 to 14 days and routine discharge from maternity care at six to eight weeks. Under the NSF, midwifery-led services should provide for the mother and her baby for at least a month after birth or discharge from hospital, and up to three months or longer depending on individual need. (Pg 33, Maternity Standard).
- Pregnant women will be given a more explicit choice over where they would like to give birth. The NSF makes clear the importance of choice in childbirth: 'local options for midwife-led care will include midwife-led units in the community or on a hospital site, and births at home for women who have been appropriately assessed' (pg 28, Maternity Standard). The Maternity Standard also requires 'the capacity of the midwife-led and home birth services are developed to meet the needs of the local population' (pg 28, Maternity Standard).

### **Key themes in the Maternity Services Standard of the NSF**

#### **Inclusive services**

One of the key themes running through the NSF is the need to support pregnant women from disadvantaged groups and communities, who often find it difficult to access or maintain contact with traditional maternity services. Pregnant women, who are coping with substance misuse problems or a disability for example, will often have the poorest maternal and neonatal outcomes. The Maternity Standard of the NSF requires all NHS maternity care providers and PCTs to improve the access and effectiveness of maternity services for women from these groups. PCTs are required to identify why these groups find it difficult to access and maintain contact with maternity services; to actively design services to overcome barriers to care; and to recruit staff, which reflect the profile of the local population. (See pages 10 & 11 of the Maternity Standard).

For pregnant woman coping with mental health problems, all NHS maternity care providers are expected to put in place policies and protocols for identifying and supporting women who are at risk of developing a serious postpartum mental illness. Pregnant women should be asked about any previous history of psychiatric disorder and given information, which helps them disclose and discuss mental health issues. (See pages 21 & 22 of the Maternity Standard).

Pregnant women coping with domestic violence should be offered a supportive environment and the opportunity to disclose domestic violence. Joint working arrangements between the

maternity and social services should be put in place to protect both the mother and the baby. (See pages 23 & 24 of the Maternity Standard).

### **Promoting normality**

The Maternity Standard of the NSF makes clear that pregnant women should be enabled to have 'a normal childbirth wherever possible' (pg 9, Executive Summary). Support for normal childbirth runs throughout the NSF: NHS Maternity care providers and PCTs are expected to provide pregnant women with a choice of methods of pain relief during labour, including non-pharmacological options. All staff should have up-to-date skills and knowledge to support women who choose to labour without pharmacological intervention, including the use of birthing pools and in their position of choice. Furthermore, clinical interventions, including elective caesarean section, should only be performed if there is clinical evidence of expected benefits to the mother and/or baby. (See pages 28 & 29, Maternity Standard).

### **Birth environment**

The NCT is pleased to see birth environments included in the Maternity Standard of the NSF. The NCT has long argued that better birth environments can aid normal births and reduce medical intervention during labour; the NSF acknowledges that birth environments can 'promote the normality of childbirth'. The Maternity Standard also requires PCTs and maternity care providers to allow access to birthing pools where possible and to have furniture, which can be easily arranged to allow for mobility and different birth positions. (See page 29, Maternity Standard).

### **Infant feeding**

The NCT welcomes the NSF's recognition that breastfeeding has positive health benefits for both mother and baby in the short and longer term. The NCT also welcomes the NSF's support for arrangements to be put in place for women to easily access breastfeeding support services, such as trained breastfeeding counsellors working closely with the healthcare system. We are disappointed however, at the absence of a comprehensive breastfeeding strategy for England, which would have supported the initiation and duration of breastfeeding. The lack of support for the Unicef Baby Friendly Initiative is another notable absence from the Maternity Standard of the NSF.

**For the full NSF, please go to the Department of Health website:**

[http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/ChildrenServicesInformationArticle/fs/en?CONTENT\\_ID=4089111&chk=U8Ecln](http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ChildrenServices/ChildrenServicesInformation/ChildrenServicesInformationArticle/fs/en?CONTENT_ID=4089111&chk=U8Ecln)

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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.

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