



Llywodraeth Cymru
Welsh Government

Maternity Care in Wales

A Five Year Vision for the Future (2019-2024)

July 2019

Maternity Care in Wales – A 5 Year Vision for the Future

Foreword

The foundations for health and well-being start with pregnancy, birth and the early days of childhood. This report sets out a vision for achieving high quality maternity services in Wales. We have listened to mothers and families as well as the multi-professional maternity team and have produced a vision for the future which responds to what they ask of our services. We aim to put the family at the centre of decisions so that all women, babies and their families get the highest quality of care which meets their needs.

This Vision has been the result of many people coming together to refresh our model of maternity care-based on the current available evidence, best practice and feedback from families and frontline staff to design and further improve existing services. I am grateful for the enthusiasm and commitment of all those involved in developing this Vision. The Vision gives us the route map to deliver high quality and safe services which secure improved health and wellbeing for mothers and babies in the short, medium and long term.

Person-centred, safe and high quality care for mothers and babies throughout pregnancy, birth and following birth can have a positive impact on the health and life chances of women and babies and on the healthy development of children throughout their life. This can help to reduce the impact of inequalities which can have longer-term health consequences for families, securing the best possible outcomes for mothers, babies and communities.

Focussing our resources to improve maternity services is essential to support the healthy and happy families and communities of the future.

Vaughan Gething
Minister for Health and Social Services
July 2019

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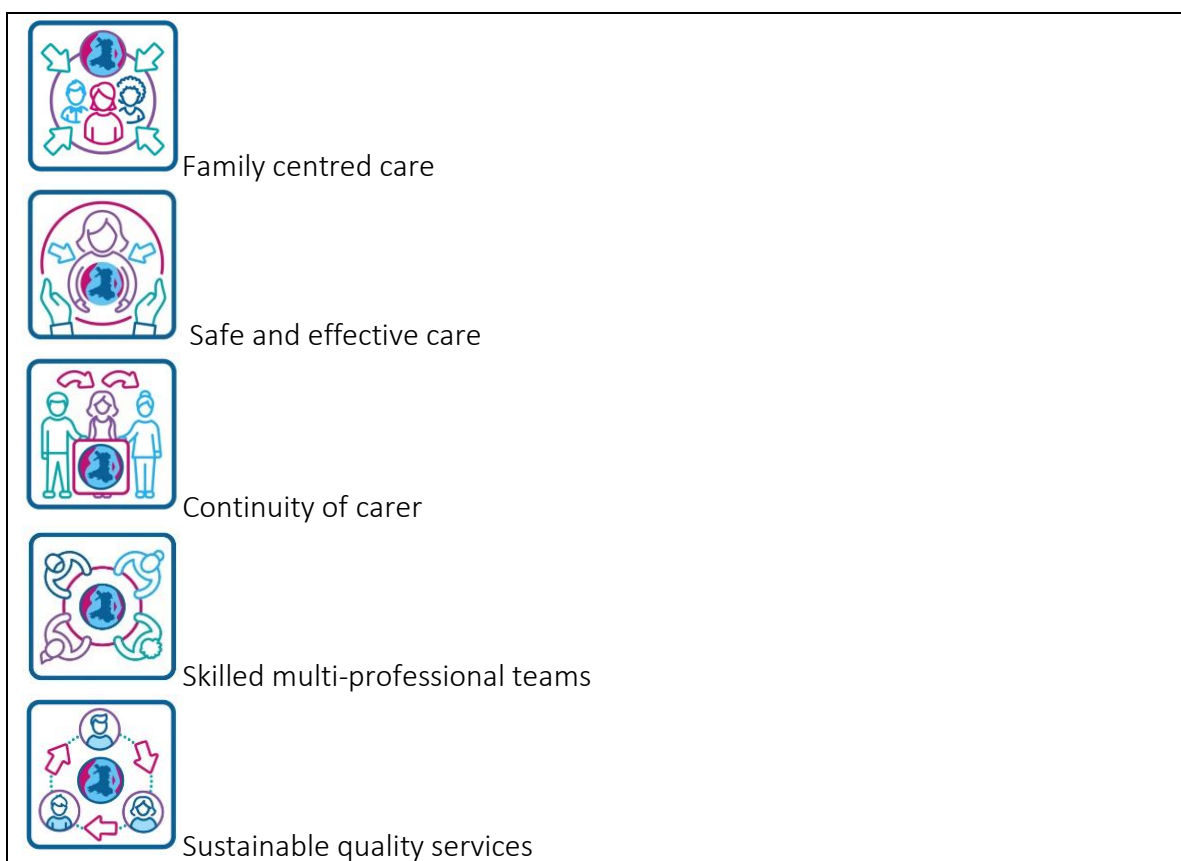
Executive Summary

Our vision for maternity services in Wales is to ensure that:

‘Pregnancy and childbirth are a safe and positive experience, and parents are supported to give their child the best start in life.’

High performing multi professional teams will deliver family-centred care within Health Boards which display strong leadership within a culture of research and development, continuous learning, best practice and innovation.

We will achieve this through our 5 principles of maternity care:



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Introduction - Maternity care in Wales

Pregnancy and childbirth are life changing events for a woman and her family, momentous and eagerly anticipated. Maternity staff have the opportunity to support a woman and her family through this transition ensuring safe, clinically effective care whilst providing a personalised and positive experience¹. In order to ensure that children in Wales have the best start in life we need to develop sustainable services that are able to prepare families for parenthood, as well as responding to their social, emotional and physical health needs. Pregnancy also represents an opportunity to support women to adopt healthy lifestyles and maximise her families' health and wellbeing across their life course.

This Vision has been developed and informed by all professions working within maternity services and by women and their families.

Development of the vision

Building on the 'Strategic Vision for Maternity Services in Wales'², a series of multi-professional engagement events have led to the creation of this new 5 year vision. These events have reflected and responded to the 'Your Birth, We Care'³ survey of mothers in Wales and the 'Midwives Voices Wales' survey⁴.

Welsh Government policy has identified early childhood years and health and wellbeing promotion as priority areas. The key themes of 'A Healthier Wales: Our plan for health and social care'⁵, including prudent healthcare, have been incorporated into this vision.

The recent RCOG/RCM review of Cwm Taf maternity services⁶ highlighted specific areas for improvement and learning for maternity service provision in Wales. Recommendations have been discussed in national multi professional forums and embedded into this Vision.



Family centred care

Women will receive personalised care, planned in partnership with them and reflecting their choices and health needs

Respect and compassion are core values underpinning the care women and their families receive. Respectful family-centred care enables women to have control over their behaviour, surroundings and the treatment they receive. This supports meaningful discussions and shared decision making about their pregnancy, labour, birth and postnatal care. Maternity services also have a key role in promoting the health and wellbeing of the mother and her family, and in preparing families for parenthood

Commitments

- All women and families in Wales will be treated with dignity, compassion and respect. They will be listened to throughout their pregnancy, birth and postpartum care
- All women will be provided with evidence-based information and have the opportunity to enter into discussions about their maternity care putting them, their unborn baby and family at the centre of any decisions
- All women will be supported to maximise health and wellbeing across their life course and that of their family

National Actions

- The Welsh maternity vision will include co-production with women and their families to ensure that decisions relating to service plans and delivery put the family at the centre
- We will provide choice in place of birth through appropriately staffed and resourced community midwifery teams, freestanding midwifery units, alongside midwifery units and obstetric units across Wales. Women at low risk of complications during labour will be given the choice of all 4 birth settings and information about local birth outcomes to support decision making ⁸.
- We aim to improve the health of future generations such that at least 45% of mothers are low risk for complications in labour enabling them to consider giving birth in any setting ⁹. The aim to enable women and families to be healthy and able to achieve birth in the environment of their choice will involve a wider approach to public health issues within Health Boards and at wider population levels.

- Public Health Wales will continue to lead work at a national level to improve outcomes in the First 1000 Days supporting local systems to identify need and plan appropriate action. This work will support embedding a preventative approach within services in line with A Healthier Wales and support women and families to take action to reduce their risk of poorer outcomes or the need for intervention.
- Maternity services will work collaboratively with a variety of public and third sector organisations to prevent and mitigate the impact of social circumstances and adversity on women and their family's lives
- Breastfeeding will be promoted and supported throughout the pregnancy journey into infant life
- Educational materials about pregnancy and parenting will be available in a variety of formats and languages

Organisational / Health Board Actions

- Maternity healthcare professionals will continue to support women with high quality evidence to develop the knowledge, skills and confidence they need to support decisions about their maternity care. This will be part of an ongoing dialogue between the woman and her named team throughout her pregnancy. Fathers, partners or family members will also be offered the opportunity to discuss this care with the maternity team as part of our commitment to family centred care
- Health Boards will ensure that health professionals are supported to provide evidence-based information to women about all aspects of their care and promote choice in a range of options about their pregnancy including place and mode of birth to enable women to make informed decisions about their maternity care. This may include designing supportive materials to help women weigh up their options and consider safely commencing labour outside of an obstetric unit where possible
- Maternity healthcare professionals will treat women with kindness and respect. When a woman's choice is outside of clinical guidance, she will be supported by her named Consultant Obstetrician and/or Consultant midwife to co-produce an individualised care plan. This plan will then be communicated to the multi-professional team
- Health Boards will aim to support families staying together wherever possible, particularly where circumstances necessitate care away from home. This will include dedicated accommodation for families near to neonatal units or facilities to accommodate partners in postnatal care.
- Health Boards will actively seek the opinion of mothers and their families to inform service development and delivery. Different approaches to engagement will be explored to target vulnerable groups using local strategies and solutions
- Health Boards will routinely collect qualitative information as described by the All Wales Maternity Performance Indicator dataset, for example patient stories,

women's / families' experience and staff surveys.

- Health Boards will work in conjunction with Public Health Wales and local public health teams to develop, implement and evaluate evidence based programmes that engage women in reducing smoking in pregnancy, reducing obesity, and improving parental and infant health and wellbeing, including mental health. This will include a commitment to delivering pre-pregnancy counselling (where appropriate), breastfeeding support and postnatal contraception advice and administration.
- Health Boards will work across organisational boundaries with housing, social services and third sector organisations to prevent and mitigate the impacts of adversity in families' lives and further understand the impact of the social determinants of health on childhood outcomes. Joint working between midwives, general practitioners and health visitors is essential to providing family centred care supported by a robust communication process and safe handover of care



Safe & Effective Care

Women will receive safe and effective care; with risk, intervention and variation reduced wherever possible

Maternity care provision has seen growing level of complexity over the last decade with rising rates of obesity and chronic medical conditions. To ensure that services are sustainable and provide the best care it is imperative that women and families are cared for within the most appropriate pathways and by the professionals who best meet their needs

Commitments

- We will achieve excellence in maternity care and reduce unwarranted variation across Wales by reviewing and acting upon quantitative and qualitative data incorporated into a national quality improvement strategy
- We will provide electronic maternity records for all pregnant women in Wales, enhancing effective communication between health care professionals
- We will standardise the process of review and shared learning from maternal and perinatal morbidity and mortality incidents across Wales

National Actions

- Quality assurance of maternity service delivery across Wales will be led by Welsh Government performance board review in conjunction with Healthcare Inspectorate Wales (HIW) assessment. This will be informed by the All Wales Maternity Performance outcome indicators
- Effective multi-professional leadership in dedicated fora across Wales will have representation from each Health Board and professional group, including the Womens Health National Specialty Advisory Group for Obstetrics & Gynaecology (NSAG), and Heads of Midwifery Advisory Group (HOMAG). These fora will advise Welsh Government on national priorities for maternity care and support the Maternity and Neonatal network to develop work streams to lead identified areas of work.
- The Maternity and Neonatal network will have multi-professional membership reflecting delivery of maternity services across Wales.
- The Maternity and Neonatal network work plan will align with the commitments in this strategic vision and the priorities developed through the national advisory groups. These will include All Wales clinical pathways for fetal medicine, maternal

medicine, perinatal mental health care, models for delivery of continuity of care, complications during labour and birth, and enhanced maternity care.

- The Maternity and Neonatal network will co-ordinate standardised review and shared learning from maternal and perinatal morbidity and mortality incidents
- An All Wales Maternity Performance Indicator dataset will be developed by a national multi-professional working group by 2020. This will be supported by NSAG, HOMAG, the Maternity and Neonatal network and Public Health Wales to ensure the same dataset supports population surveillance. The dataset will include measures that reflect quality, safety and women / families and staff reported indicators (e.g. surveys). Specifically we will reduce:
 - stillbirth, neonatal death, hypoxic ischaemic encephalopathy (moderate/severe) and maternal level 3 admission to critical care
 - Public Health - Smoking cessation; obesity in pregnancy.
 - Early Pregnancy care.
- We will undertake a scoping of proposed national information systems and develop an All Wales electronic maternity record that will be accessible to individual mothers and across Health Boards.
- Maternity information systems will link data across Wales to ensure electronic maternity records can be accessed by all professionals providing care. This access will include specialists in different geographical locations and primary care providers. Historical birth records will be also accessible electronically
- Maternity services play a key role in identifying, supporting and providing further management for women with perinatal mental health needs. We will ensure high quality universal, enhanced and targeted services are in place including access to evidence based psychological therapies and specialist Mother & Baby Units to reduce separation when a woman requires additional treatment

Organisational / Health Board Actions

- Health Boards will ensure that local guidelines are up to date, evidence based and agile in responding to updates in national and international guidance (including MBRRACE-UK (Mothers & Babies Reducing Risk through Audit & Confidential Enquiry UK), Each Baby Counts, the National Maternity & Perinatal Audit, UKOSS (United Kingdom Obstetric Surveillance survey), Royal College of Obstetricians and Gynaecologists (RCOG) and National Institute for Health and Care Excellence (NICE). The development of these guidelines will require multi-professional input.
- All maternity units should have systems and processes in place for reviewing all relevant NICE guidance/Quality Standards and identify gaps and action required.
- Health Boards will collect and share data on the quality and delivery of their maternity services as outlined in the All Wales Maternity Performance Indicators dataset. Health Boards will identify quality improvement leads in maternity services that will support local teams in reviewing data and undertaking service improvement. The quality improvement leads will be multi-professional and be supported by national quality improvement resources.
- Health Boards will promote a positive culture of learning from excellence in care and

reflection and learning from adverse outcomes. Where appropriate, external peer review will be sought from other Health Boards to review cases and highlight areas for shared learning through the Maternity and Neonatal network.

- Any investigation will seek to understand why clinical decisions were made and if care fell below expected standards and how it related to a wider system of working. Governance and managerial structures within Health Boards will act to mitigate systems risks when identified and ensure escalation to organisational Quality and Safety Boards.
- Where an adverse outcome has occurred, there should be prompt investigation and multiprofessional review (MBRRACE national perinatal mortality review tool)⁷ of the care provided. The Health Board will ensure that the mother and her family are listened to, supported and have an active role in any review if they wish to do so. During this period a named point of contact will be allocated (in the event of stillbirth or neonatal death this will be a bereavement midwife)
- All women who feel they require support after birth will have access to a formal debrief



Continuity of Carer

Women will experience continuity of carer across the whole of their maternity journey

Continuity of carer affords women and Midwives / Obstetricians the opportunity to build a trusting relationship over the pregnancy journey and into parenthood. It is acknowledged that women often have very individualised journeys through pregnancy from straight forward to complex and requiring multiple specialist inputs

Commitments

- All women will receive continuity of carer across their maternity journey with seamless links to specialist care when required
- All women will have a named midwife; some may also need a named obstetrician who is responsible for planning care in partnership with the woman and her family.
- All women will receive antenatal and postnatal continuity of carer by no more than two midwives and two obstetric teams.

National Actions

- An all Wales multi professional working group will be developed to support the implementation of continuity of carer models across Wales to explore and develop a feasibility model of continuity of carer for intrapartum care. This will be supported by NSAG, HOMAG and the Maternity and Neonatal network

Organisational / Health Board Actions

- Health Boards will develop models of midwifery and obstetric care which offer continuity in line with the all Wales multi-professional work plan. This will include:

Antenatal

- In the antenatal period the named midwife will provide an initial 'booking' assessment visit, giving women an opportunity to start building a trusting relationship with their midwife and to plan their care in partnership
- Midwifery-led antenatal care in line with NICE guidance 'Antenatal Care for Uncomplicated pregnancies'¹⁰ will be offered to all women, being provided by the named midwife and supported by a 'buddy' midwife who will undertake the antenatal and postnatal care when the named midwife is unavailable.

- When obstetric antenatal care is also required, a minimum of four antenatal contact visits in the community (to include the booking visit and 36-week birth plan visit) will be provided by the named midwife
- When women require specialist input into their care there should be seamless transfer of care between settings and effective timely communication to ensure that the named midwife is aware of care planned and outcomes
- Health Boards will consider alternative models of care that reflect the patient demographic and geographical location e.g. virtual telemedicine clinics in rural areas to minimise distance travelled by women to access care

Intrapartum

- A discussion at 36 weeks between the woman and her named midwife should take place to include options for intrapartum care. This can be supported by the named obstetrician and neonatologist in cases where specialist care is required
- Women will be offered the option of home labour assessment where clinically appropriate

Postnatal

- The named midwife will be the key coordinator of postnatal care and will aim to provide optimum levels of continuity, including a minimum of three community-based midwifery contacts to include the final discharge assessment visit
- The named midwife will co-ordinate the handover of care to the GP and health visitor



Skilled Multi-professional teams

Women will receive care from multi-professional teams, with access to specialist services

Professional groups who work together must develop strong interprofessional working skills to ensure that they share clear aims, language and culture in order to deliver safe and effective care.

Multi-professional training should be a standard part of professionals' continuous professional development, both in routine and emergency situations

Commitments

- All maternity staff will attend annual multi-professional training
- Multi-professional learning and team-working will be promoted through high quality midwifery and clinician education in undergraduate and postgraduate settings
- World-leading maternity research will be supported across Wales

National Actions

- Annual multi-professional training will continue through PROMPT (Practical Obstetric Multi-professional Training) Wales
- Welsh Government, NSAG, HOMAG and the Maternity and Neonatal network will develop strong inter-professional working relationships to ensure that all professional groups delivering maternity care are represented at a local and national level
- Approved Education Institutions across Wales will promote high standards of midwifery and clinical education with programmes that are designed to meet the proficiencies required for professional regulation
- Local and national research activities will be increased by ensuring ongoing funding through Health & Care Research Wales

Organisational / Health Board Actions

- Health Boards will support and ensure that annual multi-professional training (e.g. PROMPT Wales) is achieved. This will require appropriate provision of resources and clinical teachers
- Health Boards will support and ensure that profession specific training is completed as required by Welsh Government and professional regulation e.g. CTG training
- Approved Education Institutions across Wales will develop multi-professional educational opportunities (with medical students, midwifery students and allied health professionals) to support understanding and respect for different professional roles
- Health Boards will ensure that the Healthcare Education & Improvement Wales (HEIW) educational contract requirements for postgraduate training are met for trainees working in maternity services, and that information from the annual GMC survey is used to support and improve training
- Health Boards will commit to the SAS (specialty and associate specialist) Charter for Wales¹¹ in supporting and developing the role of SAS doctors.
- Health Boards will enable all midwifery staff to have clinical supervision¹², learn through group reflection and have access to one-to-one individualised support when required
- Health Boards will ensure that adequate resources are available to develop the additional skills required for the changing demographics of the maternity population. In particular, responding to national standards such as 'Care of the critically ill woman in childbirth; enhanced maternal care'¹³
- Health Boards will identify obstetric and midwifery leads for research and development and encourage engagement with research activities by all staff
- HEIW and Health Boards will promote inter-disciplinary learning and consider alternative methods of training clinical staff including simulation and ultrasound training through the National Imaging Academy Wales to ensure skilled ultrasound practitioners are available 24/7 in all obstetric units in Wales



Sustainable Quality Services

Women will receive maternity services which are sustainable and the highest quality possible

Maternity services in Wales should provide equity across health Boards to ensure all women and families have individualised care appropriate to their needs. This will require key resources to ensure sustainable future delivery of services

Commitments

- All units will have appropriate staffing levels to ensure safe and individualised care for all women in Wales. Staffing will be optimised through retention of staff groups and safe workforce planning.
- Leadership development will be prioritised acknowledging the key role effective leadership has in developing safe, high quality services.
- Succession planning will be embedded in national and local strategic plans to ensure sustainability of all maternity services long-term
- Maternity services will seek to become more environmentally sustainable and globally responsible in line with the Well-being of Future Generations (Wales) Act 2015¹⁴

National Actions

- Welsh Government will support leadership development through structured programmes provided centrally such as through Academi Wales, HEIW leadership fellows and multi professional opportunities
- Succession planning for specialist services will be developed through the professional networks and assisted by WHSSC (Welsh Health Specialised Services Committee)

Organisational / Health Board Actions

- Health Boards will ensure that staffing levels are Birthrate⁺¹⁵ compliant and align with RCOG (Royal College of Obstetricians & Gynaecologists), GPAS (Guidelines for the provision of Anaesthesia Standards)¹⁶, All Wales neonatal standards¹⁷ and BAPM (British Association of Perinatal Medicine) guidance¹⁸
- Health Boards will work with obstetricians to ensure equitable job plans allow them to maintain continuity with women whilst extending their roles
- Health Boards will commit to ensuring maternity staff have access to continual professional development and embed leadership skills into practice, at all levels, to

ensure that there are succession plans in place for leaders for the future

- Healthcare Education and Improvement Wales (HEIW) will respond to the attrition rate of specialty trainees in Obstetrics & Gynaecology by considering alternative entry points to the specialty training programme, additional trainee numbers and flexibility of training delivery
- HEIW and Health Boards will also provide structured job plans and professional development programmes for specialty and associate specialist (SAS) doctors to ensure retention of this essential staff group
- Health Boards will work with Welsh Government, WHSSC and each other to ensure that specialist services such as fetal medicine, maternal medicine and those dependent on other services (e.g. cardiology) have appropriate plans in place to ensure sustainability of these services with staffing and resources
- Health Boards will facilitate representative members of the Maternity and Neonatal network, HOMAG and NSAG to attend their respective meetings, providing professional advice to Government and representation on work streams to further improve maternity services
- Health Boards will ensure that staff wellbeing is prioritised, with appropriate preceptorship and mentoring at all levels and identification of workplace behaviour champions to encourage a supportive environment that promotes compassion and mutual respect for team members.

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