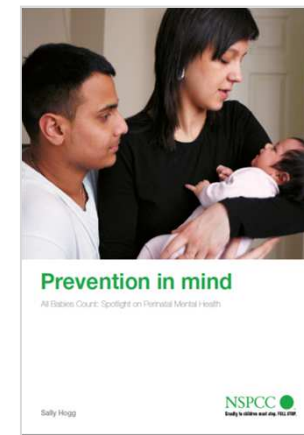
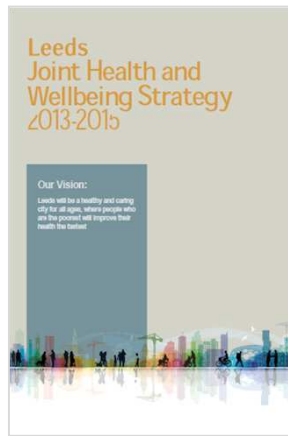
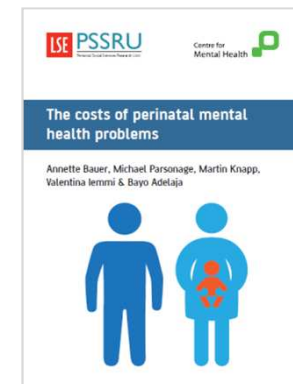


Beginnings...

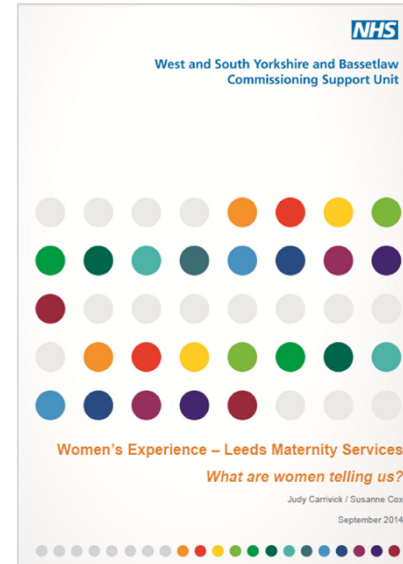
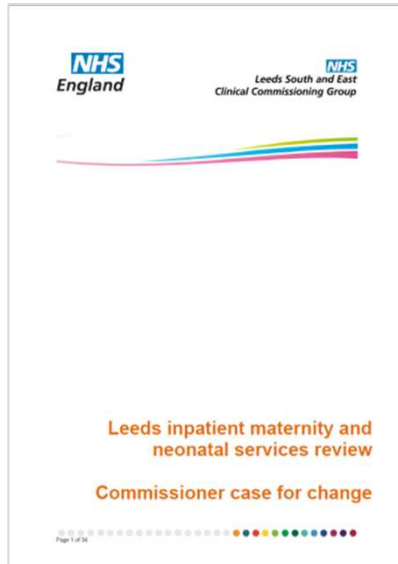
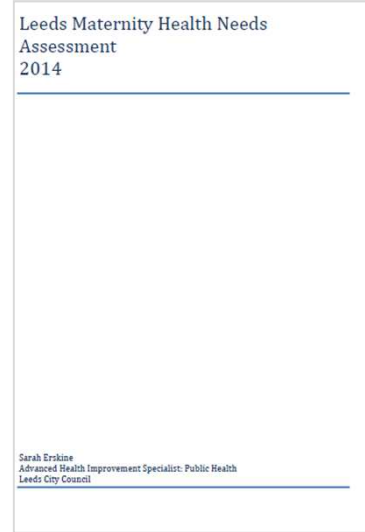
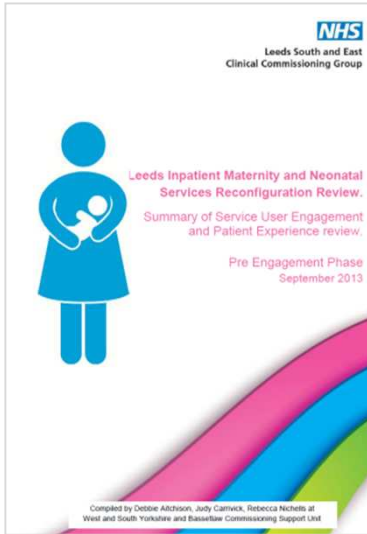




Gaps in mental health care for new mothers cost UK £8bn a year (The Guardian, 20 October 2014)



Midwife led delivery is safer than a labour ward for low risk pregnancies, says NICE guidance (BMJ, 03 December 2014)



Local demographics

- There is a need for effective, reliable and sensitive interpreting services and, within wider provision, of awareness of cultural issues as they pertain to pregnancy, birth and to family life.

Maternal demographics and birth outcomes

- The rate of Low Birth Weight (LBW) in Deprived and Non-Deprived Leeds is widening. This indicates a need for co-ordinated efforts across a range of sectors to address the issues that result in LBW – including smoking in pregnancy and poor nutrition.
- There is a year on year increase in the numbers of births at the LGI site. This has resource implications that require consideration.
- There is a significant gap in perinatal mortality rates between Deprived and Non-Deprived Leeds.
- Despite a downward trend, the Leeds teenage maternity rate remains above the England and Wales average.
- There is a slight ageing of the LHTH birthing population. This is associated with increased complexity of the maternity services caseload.

Health issues

- Maternal obesity and smoking in pregnancy rates are higher in more deprived communities, and breastfeeding rates are lower. This necessitates targeted work with women that understand motivation and barriers to change within different social and ethnic groups.

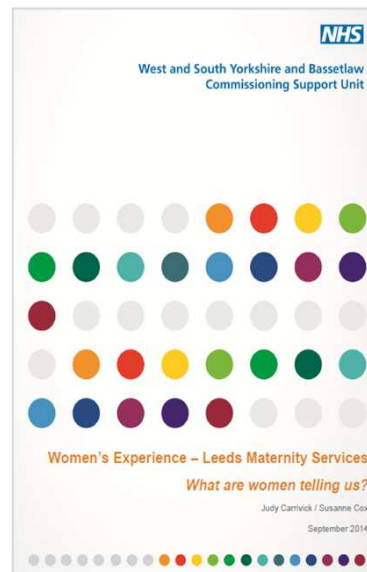
Key groups

- Some population groups in the city still experience poorer outcomes than the wider population. These groups include: African and Asian women, women with Mixed White and Black African or Black Caribbean ethnicity, and Gypsies and Travellers
- A high proportion of women who have their babies removed under age one have a learning disability or difficulty. Many women are identified late in pregnancy. There is therefore significant need to improve identification of women early, in order to be able to provide intensive support to families.
- Specialist support for women with mild/moderate perinatal mental illnesses in both the antenatal and postnatal period is limited.
- The threshold for providing support to women who use substances in pregnancy is very high.
- The evidence base suggests that drinking in pregnancy may be under-reported and therefore population level interventions that target women of child-bearing age may be useful.
- There is clear evidence to suggest that young parents prefer group based antenatal provision that is designed with/for young people. This provision is not currently available in the city.
- There is the potential to improve support for women to enable them to safely disclose domestic violence and abuse and for improved referral pathways to specialist services.

*Summary of Service
User Engagement and
Patient Experience
review – September
2013*

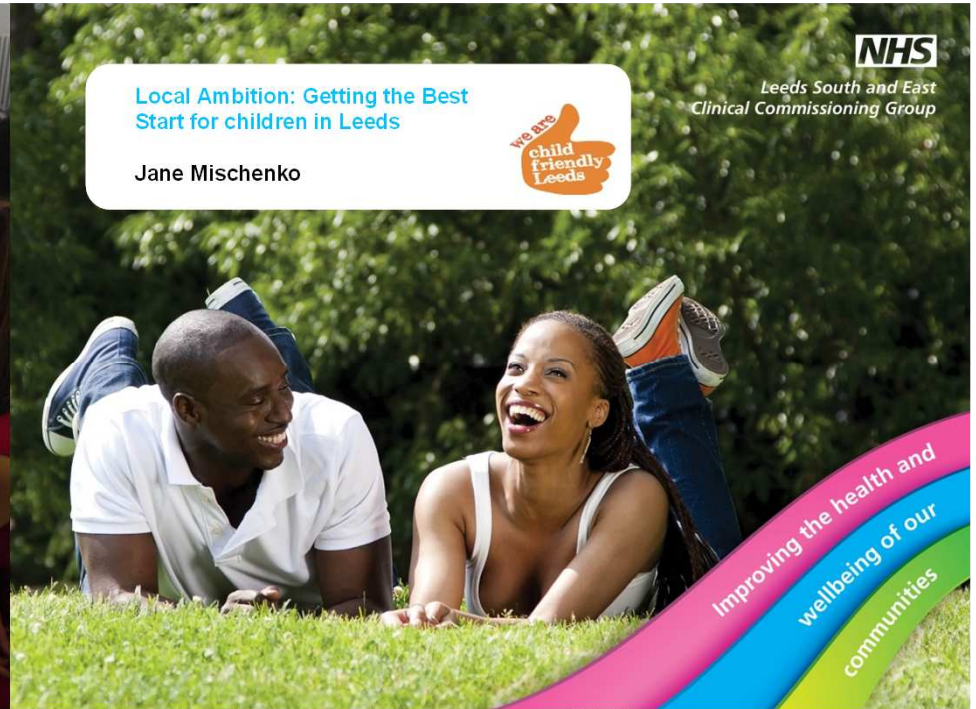
*Patient Experience data
2013-2014*

*Maternity Health Needs
Assessment 2014*



Recommendations
for consideration
by LTHT

Recommendations
for consideration
by the Leeds CCGs



Local Ambition: Getting the Best Start for children in Leeds
Jane Mischenko



NHS
Leeds South and East
Clinical Commissioning Group

NHS
England

Priorities for maternity services in NHS England

Catherine Calderwood Obstetrician and gynaecologist

NCD for maternity and women's health



"I assumed that my son's death would be in my notes, but I had to tell the midwife myself." (*Mental health service user*)

"Scary after the birth."
(*Teenage mum*)

"The most important thing was - I was the decision maker."
(*Service user with complex health needs*)

"I was not allowed to go to a birth group out of the area - why?" (*Service user with learning disability*)



"I wasn't aware of how to deal with my Caesarean - there was no opportunity to talk." (*BME service user*)

"We're a bit cautious about telling midwives who we are because we might get judged." (*Gypsy and Traveller service user*)

"I didn't know what the midwife was there for - I had no interpreter for my pregnancy." (*Asylum seeker/refugee service user*)

(16) - what does good maternity experience
 Look, Feel, Smell & Sound like

- choice of place of birth
- See the same ~~midwife~~ Community midwife
- See the same midwife from start to finish
- Midwife ~~staying~~ ^{more} having more influence at discharge to improve information giving
- ⊗ Holistic check (midwife) big opportunity
- ⊗ - Continuity - build up relationship
- Time ^{support} after birth
- Bespoke, tailored service - choice
- Service ~~needs~~ ^{needs} women's needs need to dictate
- ⊗ staff with good interpersonal skills over service needs
- Home support rather than staying in hospital
- Personalised.
- Safe - feel 'I matter'
- in control, accepted



NHS

Maternity services in Leeds Questionnaire

NHS Leeds South and East Clinical Commissioning Group is looking at the way maternity services are provided in Leeds. As part of this review we would like to know about your experience and opinions about how the service could be improved.

If you or someone close to you is pregnant now or have had a baby in the last 12 months, we would be grateful if you could take a few minutes to answer the questions below.

What will happen to my views?
Your views are very important to us as we need to understand your thoughts on what good maternity care looks like. If you would like help to complete the questionnaire or would like it in another language or format please contact us by email: leedsouthandeastcc@nhs.net or by phone on 0113 8431660.

Please send us your views by 10 December 2014
If using a paper copy please return to:

FREEPOST RTGE - L JKA - KKBS
Leeds South and East Clinical Commissioning Group
2180 Century Way
Thorpe Park
Leeds, LS15 8ZB

NHS

Maternity Services in Leeds Questionnaire



Easy read

[Text Only](#) [Accessibility](#) [Print Page](#) [Storage](#)


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Maternity services in Leeds

Getting involved

- Consultations and engagement
- Children with complex needs
- Best Start Project - Children with complex needs
- [Help us shape your care services](#)

NHS Leeds South and East Clinical Commissioning Group is looking at the way maternity services are provided in Leeds. We are doing this on behalf of the City of Leeds. As part of this review, we would like to hear about your experience using maternity services as well as your opinions about how the service could be improved.

If you or someone close to you is pregnant now or have had a baby in the last 12 months, we would be grateful if you could take a few minutes to answer the questions.



Voluntary Action Leeds

Enable · Support · Voice



LEEDS
involving
people




CHANGE

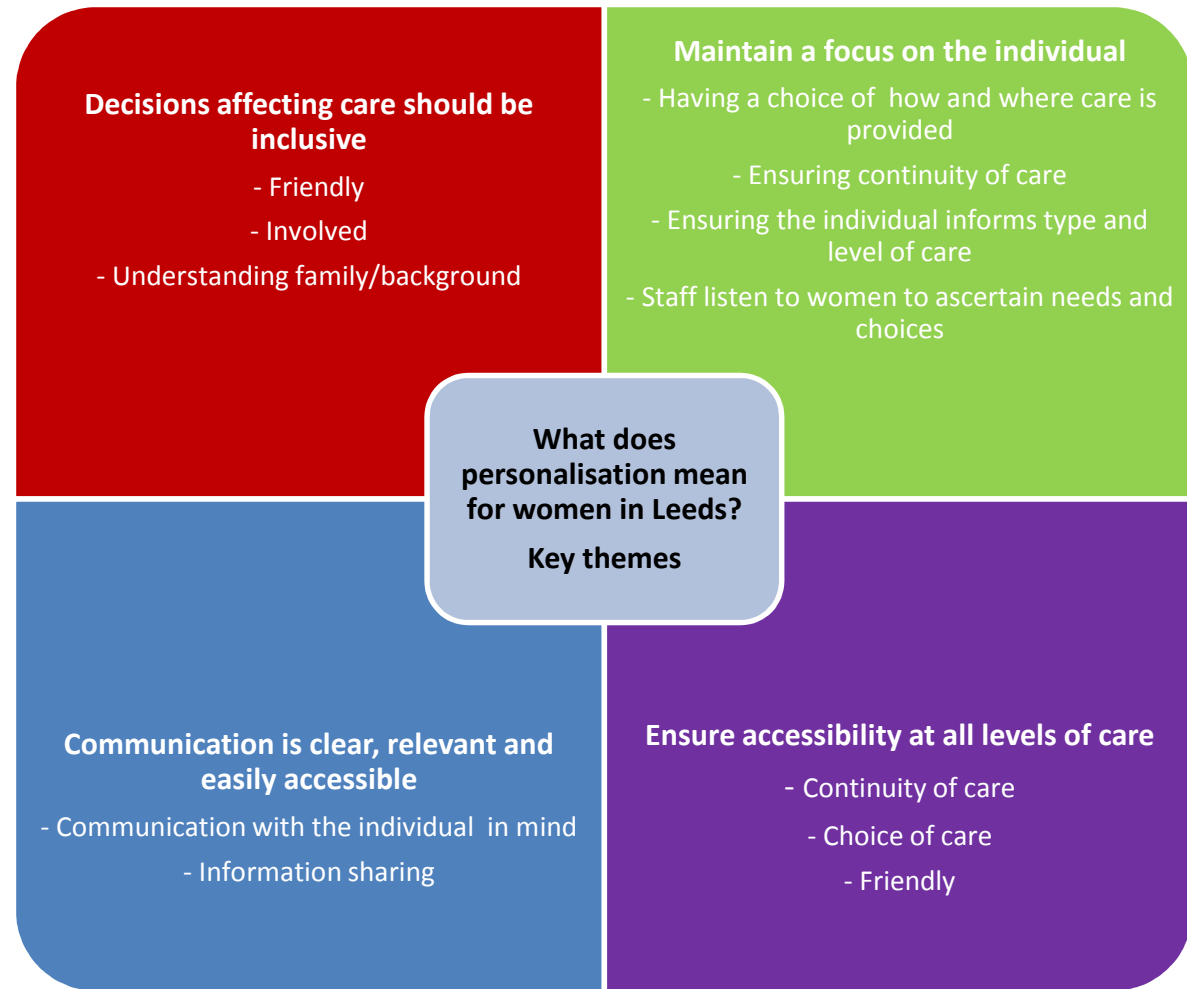


Leeds CITY OF SANCTUARY

<https://www.facebook.com/groups/LeedsHomeBirthFeedback/>



*.....inclusive, consistent,
continuous care which is
flexible to the needs and
preferences of women.*



.....current financial climate requires us to work closer together and more effectively.




Yorkshire and Humber
Commissioning Support

Report of the Perinatal
Mental Health Workshop
27 November 2014

Author: Judy Carrivick

Antenatal

- Sensitive, responsive care – recognise diversity, women feel able to talk openly about mental health issues, staff training, approachable and willing to listen, de-stigmatise mental health
- Continuity – information sharing across teams and professionals, women involved and ‘in control’
- Holistic

Birth

- Continuity – clear communication and information sharing, one-to-one care, compassionate care, mechanism to flag women with history of mental health problems (anxiety, depression)
- Information – training, labour ward preparation, debrief post birth
- Other - protect caseload of specialist midwives

Postnatal

- Support – based on trust, peer support, bereavement care
- Continuity – pathway delivered consistently, handover of care
- Stigma – trust, normalise parents with mental health problems
- Assessment and accessibility – early assessments, easy and clear access
- Training – early identification and support, role of and impact on wider family, mental health midwives
- Co-ordination – joint working, mental health champions

Maternity strategy 2015/2020 – key priorities

- § Delivering a more personalised service
- § Improving perinatal mental health - in particular earlier identification and intervention for women with low to moderate mental health needs
- § Improving women's whole experience of maternity care
- § Reducing inequalities and improving outcomes for specific groups of women
- § Offering women real choice

