



Maternity Strategy for Leeds 2015-2020





Introduction

There are over 10,000 babies born in Leeds every year. Making the most of every child's potential is an important goal in Leeds - it's a commitment made by the Leeds Health and Wellbeing Board. This means giving all children the 'Best Possible Start in Life', focusing on the earliest period in a child's life, from before conception to age two. Babies who have the best possible start in life will be more likely to benefit from successful futures. We know that a healthy mum is the first step in giving any baby a healthy and 'good' start in life. Developing this strategy is an important part of reaching the goal.

This Maternity Strategy sets out our nine priorities for what we need to do over the next five years (2015 - 2020), to provide safe, high quality maternity care, which meets the needs of all families in the city. It brings together the commitment of all partners to develop maternity care to support the city's 'Best Start Plan'², which sets out how services in Leeds can support children and parents from conception. We will ensure that services do what we know works to give women the safest pregnancy and best birth experience that they can have.

The Nine Priorities

Personalised
Care

Emotional
Health

Targeted
Support

Integrated
Care

Preparation for
Parenthood

Quality &
Safety

Access

Choice

Staffing

Our vision for Leeds is to be the UK's best city by 2030. An essential part of this ambition is being the best city for children and young people to grow up in¹

What will the strategy do?

This strategy expresses the commitment by a number of organisations to the continued improvement of maternity services.

It makes economic sense to invest in high quality clinical care and to ensure that children get the best start in life; this strategy will help us to keep this focus in times of financial challenge for the public sector. The strategy will help us all to keep our commitment, be consistent and focus on what we have agreed needs to be done.

The NHS set out national priorities for maternity care in its mandate³ for 2015 - 2016, to:

- Improve women and families' experience of maternity services
- Improve safety of maternity services

A recently announced national review⁴ of Maternity Services is taking place, to set the future shape of modern, high quality and sustainable maternity services. It will take a particular look at:

- The UK and international evidence for safe and efficient models of maternity care, including Midwife Led Units;
- Ensuring the NHS supports and enables women to make safe and appropriate choices for maternity care and;
- Supporting NHS staff to provide responsive care.

This strategy and our priorities will be reviewed once this national work is complete.

¹ <http://www.leeds.gov.uk/Cl/Pages/childFriendlyCity/About-child-friendly-Leeds.aspx>

² <http://democracy.leeds.gov.uk/Documents/s126845/10%202%20Best%20Start%20Plan%20long%20version%20FINAL%20VERSION%20for%20HWB%20Board%204%202%202015.pdf>

³ 'The Mandate' April 2015, DoH

⁴ <https://www.england.nhs.uk/2015/03/03/maternity-care/>

Developing the strategy

The strategy has been developed by Leeds South and East Clinical Commissioning Group (CCG) on behalf of the three CCGs in Leeds. A Maternity Strategy Group, which included senior representatives from the Leeds CCGs, Leeds Teaching Hospitals Trust (LHT), Leeds City Council (LCC), Leeds Community Healthcare NHS Trust (LCHT), the Maternity Services Liaison Committee (MSLC), the University of Leeds and other partners in the city, has led the development of this strategy, working together with all of the organisations and professional groups that are involved in the delivery of pregnancy and early postnatal services across the city. You can see a full list of these organisations at the end of this document.

We have taken careful account of the latest and best evidence of what works in the development of our strategy. There is a wealth of evidence about what is needed to give babies and families the best start in life and about what support parents need to help them in facing the joys and challenges as they start out with their new baby. There are, of course, national standards that determine the quality of the clinical services needed to support excellent maternity care. In addition scientific research shows that a baby's brain develops fastest during pregnancy and in the first 2 years of life. A baby's experiences during this time affect this and positive development during pregnancy is critical. This might be affected by such things as: mothers getting a well balanced diet and being a healthy weight; not smoking or using other drugs or alcohol; feeling that they have relationships that are supportive; not experiencing excessive or prolonged stress or anxiety; and



being as healthy as possible. Age, such as being at least 20 years old, and outside factors such as housing, living in difficult circumstances and difficulties with money can also have an impact, by increasing the stress that women experience.

We know a lot about what is happening in the city at the moment. 'What we know now' (p.3), has helped us to see what the important things are that we need to do, to make improvements.

Hearing what people thought about existing services has been a crucial part of pulling together the strategy. We wanted to know what women who lived in the city thought about the care that they received and what they would want care in the future to look like to ensure they or other women have the best experience possible. Since 2014, the strategy group has undertaken work to consult with a large number of women about their maternity experiences¹. Over eight hundred parents completed a questionnaire and women who had used services were involved in the original start of this work and in two workshops which explored in more detail what they wanted in certain aspects of their care. The Maternity Services Liaison Committee (MSLC), which is a group that brings service users together with maternity providers and commissioners, is involved in every aspect of this work. We will continue to involve women and their partners in all aspects of the more detailed work that will follow the publication of this strategy, including at a strategy launch and planning event.

¹ <http://www.leedssouthandeastccg.nhs.uk/my-nhs-my-voice/Maternity/LSE%20Maternity%20Survey%20Dec%202014%20report%20final.pdf>

So what did women tell us?

Women have told us that they have a high level of satisfaction with the maternity care they have received in Leeds, but have also told us a lot about what would make it better and what they would like to receive in the future; this has played a major part in developing this strategy.



What we know now...

Leeds 'Maternity Health Needs Assessment'¹ provides us with a detailed analysis of the needs of women in Leeds in relation to maternity services. This has helped us to see what needs to change to improve services in Leeds.

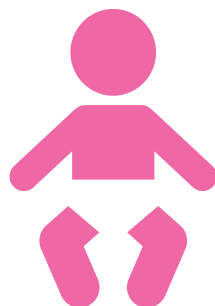


800,000

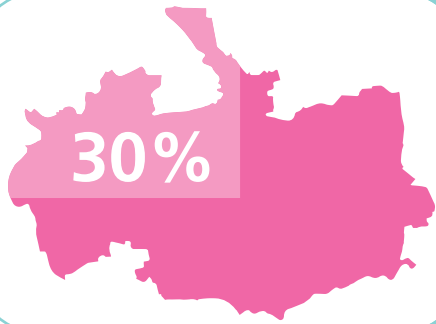
In 2014 there were 783,698 people living in Leeds, however this is set to increase to over 800,000 in the next few years. It is a diverse city and the 2011 census showed that 18.9% of people were from black or minority ethnic (BME) communities.



The number of babies born in the city has seen a big rise over the last decade, however this is now leveling off and the prediction is that by 2021 there will be around 10,500 births.



Perinatal mortality measures the number of babies who are stillborn and babies who die in the first 7 days after birth. Between 2004 and 2012 the rate reduced significantly across Leeds, however, the rate in deprived areas of the city was strikingly higher than for that of the Leeds average or in non-deprived areas.



Around 30% of births take place to women who live in areas of the city that are considered to be amongst the 10% most deprived areas nationally, this is around 3,000 births a year. We know that people living in more deprived areas are more likely to have worse health than people living in non deprived areas.



In Leeds the rate of babies born with a low birth weight (LBW) was 7.4% compared with 7.3% for England & Wales, however in deprived areas of Leeds this rate was 9.3% and in non-deprived areas it was 6.5%. Smoking and poor nutrition in pregnancy are associated with LBW.



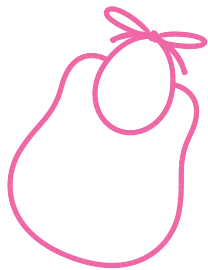
In Leeds, the highest rates of smoking throughout pregnancy are found in the poorest communities and amongst women who are under 19 years old.



There are twice as many women with a high Body Mass Index (BMI) in deprived areas of Leeds compared to those living in non-deprived areas.



Despite the excellent work of local services, women from some BME communities in the city continue to have poorer birth outcomes and report less satisfaction with maternity services than White groups, in particular women with African, Asian, and Mixed White & Black African or Caribbean ethnicity.



We estimate that around 42 women with a learning disability may have given birth in the city during 2012, however we do not currently effectively identify and support these women and so are not confident in this estimate.



There are estimated to be around 500 people from Gypsy, Traveller and Roma communities in Leeds. These communities can find it hard to access health care and there are concerns that this could affect the health and wellbeing of pregnant women and infants from these communities.



There were 748 births to young women under 19 years old and 166 to women under 18 years old during 2012. Although the number of young parents has fallen a lot over recent years, this rate of 20 births per 1,000 under 18 year olds is higher than the England & Wales rate of 14.3.



There has been a slight increase in the number of women aged over 30 giving birth and more women aged over 40 have given birth in recent years. Increase in age can carry higher risks of complication in pregnancy and birth.



Using national figures we estimate that around:

- 1,533 women will experience some form of pregnancy related mental illness
- 315 will experience pregnancy related Obsessive Compulsive Disorder
- 20 will experience more serious mental illness after the birth of their baby.



Using national research, we estimate that around 470 women in the city will be misusing alcohol and or illegal drugs during pregnancy.



Around 20% of women tell us that they have or are experiencing domestic violence during their pregnancy.



There is a lot of evidence that breastfeeding provides protection to both babies and mothers health. Age, ethnicity and income level affect breastfeeding and breastfeeding is generally lower in deprived areas. In 2014 around 70% of women in the city started breastfeeding and around 50% of them were still breastfeeding, at least partially, by the time the baby was 6-8 weeks old. There is however a big difference in rates between ethnic groups and across the geography of the city. Asian and African women are more likely to start and continue breastfeeding, while white British women are least likely to do so.

¹ A copy of the full Leeds' Maternity Health Needs Assessment can be accessed at <http://democracy.leeds.gov.uk/documents/s126495/Leeds%20Maternity%20Health%20Needs%20Assessment%20exec%20summary.pdf>



What is already happening in Leeds

We know that many areas of maternity care in Leeds work well already and that many changes are already under way that will help improve services:

- Leeds City Council (LCC), Health Services, Education and third sector organisations are committed to working together to improve the start for every child in the city. All partners have worked hard over recent years to improve children's services in Leeds. The recent Ofsted judgement that Leeds Children's services are 'Good' is a testament to this.
- Leeds Teaching Hospitals NHS Trust (LTH) provides a full range of Maternity Services, including specialist support where that is needed. The service was rated as 'Good' by the Care Quality Commission (CQC) in 2014, and compares well with other maternity providers in the region on clinical care. The Trust is committed to continuing improvement to achieve the best outcomes for families.
- Leeds Teaching Hospitals NHS Trust maternity services have been working hard to reduce the number of babies who are stillborn, this means that around 40 less babies were stillborn last year than three years earlier.
- The Maternity Services Liaison Committee have supported parents to work with midwives to improve the support offered to families who have lost a baby at or around birth, this includes specialist midwives, training and dedicated rooms in the hospital.
- LCHT provides Health Visiting Services that has also recently (April 2015) received a 'Good' rating from the CQC.
- LTH, Leeds Community Healthcare NHS Trust (LCHT) and Leeds University have achieved full accreditation under the Unicef Baby Friendly initiative, for encouraging and supporting breastfeeding and ensuring all staff are fully prepared for this role.
- Over the last few years, the numbers of Midwives and Health Visitors in the city have increased significantly.
- Family Nurse Partnership provides intense support for young parents in the city.
- LCC has maintained its commitment to Children's Centres as a focus for support services for families with young children. Through these, services work together to provide information, education and support, to help parents prepare for the challenges of a new baby and family life. Different levels of support are in place to help to meet varying needs, and all staff are trained together to ensure consistency.
- LTH working closely with the MSLC have developed a dedicated Home Birth Team for women wanting to have their baby at home.
- The HAAMLA¹ service provides essential support for pregnant women and their families from minority ethnic communities, including asylum seekers and refugees.
- An Infant Mental Health Team works to support the development of secure attachment between parents and their babies. The team delivers training to maternity and early years professionals and children's services staff to ensure they can promote attachment and identify issues early. The team also provides therapeutic intervention when this is needed.
- Leeds is a demonstration site for the newly developed free phone app from Best Beginnings – 'Baby Buddy' for parents and parents to be.

¹ <http://www.leedsth.nhs.uk/a-z-of-services/leeds-perinatal-centre/what-we-do/haamla-service/>

A close-up, high-angle photograph of a baby's face, looking directly at the camera. The image is overlaid with a semi-transparent purple filter. The baby's eyes are large and dark, and their mouth is slightly open. The background is a soft, out-of-focus white.

The Strategy

Our five year priorities

Priority One: Personalised Care

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.

We know that where the staff delivering maternity care are positive, supportive, non judgemental and encouraging, this helps parents to have confidence in and engage with these staff. This will help parents to make the best use of all of the services on offer and ensure that they get the support and care that they need for as healthy a pregnancy and baby as possible.

- Women and their partners will feel listened to, valued and respected; they will feel that professionals work with them throughout their maternity care
- The important role that a women's partner plays in her pregnancy and in caring for their baby will be recognised and respected
- Women will have regular contact with their named midwife and confidence that he/she understands their personal circumstances and receive a level of sensitive support that helps them to get any extra help they need
- Maternity professionals and workers will recognise and respect the individual needs and wishes of women and their families, which includes consideration of ethnic and cultural factors
- Women and their partners will have their wishes listened to sensitively and will be treated with respect and dignity at all times
- Professionals and workers will follow a woman's individual pregnancy and birth plan at all times and fully involve the woman and her partner in decisions and changes that may be necessary to this plan, if circumstances change
- Communication and information will be appropriate, relevant, clear, consistent, easy to understand and be in a format that is useful to the women receiving it, including being available in different languages and to meet particular needs



How we will know it's different?

Parents will report higher levels of satisfaction with the care they get during pregnancy, during the birth and in the period immediately after birth:

- The Friends and Family Test results will indicate increased satisfaction across the maternity pathway
- Leeds responses to the national maternity Picker survey will indicate increased satisfaction in responses relating to personalisation [B15 - B17; C11 - C19; D3 - D6; E6; F8 -F10]



“ Women should be at the heart of all policies, decisions, practice, recognising that they know what is right for them and their baby ”

Leeds Woman

Priority Two: Integrated Care

We will ensure that every woman feels that each stage of her care is coordinated, consistent and delivered in an integrated way.

The best maternity care is delivered seamlessly as a joint, integrated system, in partnership with other health professionals such as GPs, other specialist health services (where needed) and services such as Children's Centres, where parents and families can access a wider range of support and those provided by the third sector*. This is particularly important for women or families with complex physical, emotional or social needs.

- Women will know who their named midwife is, have regular contact with him or her and feel confident that she/he is coordinating all their care and support, throughout pregnancy and after the baby is born
- Women will have one to one care during their labour and birth
- Different models or pathways of care that may be required to meet specific needs or medical conditions, will be developed, ensuring that the relationship and continuity between these and core maternity services are clear and maintained
- We will investigate the feasibility of 'caseload' midwifery for some groups of women
- Communication will be coordinated across primary (GPs) and secondary care (hospital) and with other relevant agencies and workers involved in a woman's care. Women will feel confident in all aspects of their care and won't have to repeat information to different professionals
- When specialist care is needed, for women with existing medical conditions, for example, the named midwife will coordinate the overall care plan and work with members of the specialist team, who also be consistent and known to the woman
- When women move between different stages of their care (for instance: pregnancy to labour and birth, postnatal hospital care to home) communication will be timely, accurate and complete
- Maternity services will work closely together with other agencies and professionals, in particular appropriate third sector providers of services and local Children's Centres (Early Start Teams) and primary care, who will know all families in their area. This will ensure seamless support for women and families and that there are no barriers or gaps in service
- The IT infrastructure will be developed to support this joint working and continuity of care for women

The midwife needs to be known not just named

Leeds Woman

“ Clear advice and having the same midwife makes it easier – you can ask questions and not repeat yourself ”

Leeds Woman



How we will know it's different?

There will be greater coordination of care and integration of services for pregnancy and following birth:

- Women and their partners will experience coordinated care. This will be monitored through the national maternity Picker survey [responses B9 – B10]
- Women and their partners will report that they know who their named midwife is, know how to contact him/her, have regular contact with them and have received coordinated care. They will report that the maternity service worked seamlessly with primary care, the Early Start service and Children Centres [local survey]

* The 'third sector is defined as non-profit-making organizations or associations, including charities, voluntary and community groups, cooperatives, etc.

Priority Three: Access

Services will be easy to access to help women have their first midwife appointment early in pregnancy and to continue to receive all the care and support that they need throughout their pregnancy.

We know that the right support and care as soon as possible and throughout pregnancy can overcome the effects of any problems. Women engaged with maternity services as early as possible in their pregnancy can have timely assessment of their physical, emotional and social needs, to identify any issues or problems that they may need additional support with; they can receive information about how to have as healthy a pregnancy as possible. Early access ensures that any existing health problems are taken into account in planning their pregnancy care and also ensures that women are able to receive appropriate pregnancy screening support and services. Existing physical health problems, such as diabetes, could affect pregnancy if they are not managed carefully; extra care during pregnancy is essential for the health of the mother and baby.

- Most women will engage with antenatal services soon after they discover that they are pregnant; a campaign will be held to promote the importance of early access to all women and their partners and early appointments will be available
- Antenatal care will take place in locations and at times that help women and their partners to attend appointments, helping to ensure that they can access all the support they may need throughout their pregnancy and that no important milestone appointments are missed
- The named midwife will work with and ensure that close communication is maintained with GPs, to ensure there are no gaps in care
- Midwives will feel confident, fully prepared and have the time to be able to undertake a holistic assessment of a women's needs at the 'booking' visit and at subsequent contacts. This will include a physical, emotional and social assessment

It would be great to have somewhere in the community for antenatal care

Leeds Woman





- Women who have previously experienced difficulties in pregnancy will be identified early so that appropriate support is in place from the start of their pregnancy
- All women will understand how to access support at times outside regular appointments
- We will develop greater integration of maternity services, delivering as much as possible via local Children's Centres
- Women who have any communication difficulties, including requiring interpreter services, will have appropriate support to ensure that they have the information and understanding that they need
- Further opportunities offered by digital media are being developed, building on our participation in the 'Baby Buddy'⁸ phone app, as well as looking at how we can make better use of social media and telemedicine to support women and their partners

How we will know it's different?

Systems will be in place to support pregnant women to access antenatal care, ideally by 10 weeks 0 days and that pregnant women can have regular check-ups from their midwife or doctor throughout their pregnancy (antenatal care). This may include being contacted by their midwife or doctor if they miss a check-up⁹:

- Increase in the number of women who have seen their midwife by 10 weeks 0 days [monitored via the Leeds Maternity Clinical Dashboard]
- Increase in the number of women being scanned by 12 weeks of pregnancy [monitored via the Leeds Maternity Clinical Dashboard]
- Satisfaction in response to relevant national maternity Picker survey [B2, B3, B14, C1, F1, F2, F15]

It's really important you don't feel like you're bothering a midwife when you want to access their advice

Leeds Woman

⁸ <http://www.bestbeginnings.org.uk/babybuddy>

⁹ <http://www.nice.org.uk/guidance/qs22/chapter/quality-statement-1-services-access-to-antenatal-care>

Priority Four: Emotional Health

We will support the emotional and mental wellbeing of women who are pregnant and ensure that those who experience any emotional problems during and after their pregnancy are well supported and offered the best care.

Parents who have or develop any mental health problems during pregnancy are particularly vulnerable and it is vital that they are identified as quickly as possible to give them whatever kind of support they need, to help them to overcome these problems. The right help and support as quickly as possible can help this.

The mental health of both parents is one issue that is core to the emotional development of the baby. The stress of childbirth can be a trigger for mental illness... A parent suffering from a mental health disorder or difficulty can profoundly impact the parent-infant relationship and, as a result, the child's own emotional development and wellbeing¹⁰

Many women report a low mood, anxiety and stress when they are pregnant or after giving birth. Studies have shown that as many as 1 in 3 women may experience tearfulness; low mood or anxiety and one in ten experience mental ill health. Stigma or fear of judgement or intervention can interfere in a woman's willingness to share these feelings. Emotional health problems can be associated with other issues including domestic violence and abuse. Early recognition, responsiveness and sensitivity of staff is essential to ensure an open dialogue. Support and intervention can prevent many of the negative effects on families.

- All staff working with pregnant women will receive evidence based training and feel confident and competent in the early identification and management of mental health and any contributing problems in pregnancy and immediately after. They will recognise the importance of quick intervention, advice and support on the emotional aspects of parenthood, as a preventative action
- Specialist mental health support to give maternity staff advice and supervision will be available to strengthen their confidence and practice
- Training will include understanding the support needs of families who are bereaved as a result of stillbirth, or death of a very young baby. Specialist support will be available for these women
- Women's mental health and associated social needs will be assessed early on and throughout pregnancy. The named midwife will be confident in identifying and providing support to women who experience lower level mental health problems or stress, alongside members of the Early Start Teams, as appropriate.



Where needed, the pregnancy plan will include a 'wellbeing plan'

- Maternity and Early Start Teams will work together with primary care and specialist teams to ensure seamless assessment, support and care for women with mental health problems and their families, during and after pregnancy, at universal, targeted and specialist levels, as appropriate to their needs
- Maternity pathways will be developed to include a range of providers which offer support to women who have been identified as having

My midwife really supported me

Leeds Woman

emotional health needs, or who are or have experienced domestic violence or abuse and require more support than can be provided by the midwife. Clear referral guidelines will be in place

- Specialist support will continue to be provided for women who have a history of mental illness or who develop more severe mental health problems during and after pregnancy

The care I received from the maternity ward was fantastic. I gave birth alone and the two midwives that helped and supported me were exceptional with the care and kindness. I can't fault the care I was given

Leeds Woman

How we will know it's different?

Women who experience emotional and mental health problems during pregnancy will be identified early and given the support they need:

- Evidence of satisfaction in responsiveness to emotional wellbeing in national maternity Picker survey [B13, C13, D5, F12, F17, F18]
- Increased evidence of women accessing emotional support and mental health services [baseline information and means of collecting to be developed in 2015/16]



¹⁰ Building Great Britons' 2015, all parliamentary Group for Conception to Age 2 – The first 1001 days

Priority Five: Preparation for Parenthood

We will support all parents to have a healthy pregnancy and to feel well prepared and confident for the birth and subsequent care of their baby.

The way that parents feel and the support that they get to prepare for labour and the arrival of their baby can help them to better understand their baby's needs and ensure that they provide the best environment and support for their baby to develop. We know that this help during pregnancy will have a very big impact on the health and wellbeing of babies and very young children and that this will have a positive effect on the rest of their lives. This benefit will not only be felt by the individual, but will also save a lot on future spending on public service for the rest of that person's life and ultimately on future generations. There is evidence that antenatal education improves outcomes for mums and babies and a range of programmes of antenatal education is needed to meet the needs of different families, cultures and communities.

The role of fathers or other partners has often been marginalised, Fathers have an important role to play in the early days of a child's life and for the baby, a secure attachment to their father or significant other carers, is just as important as to the mother¹².

- Evidence based parent education programmes will be available across the city and at times that make it easier for parents to access. The uptake of universal

Before and after birth, we will support parents and babies to create the conditions where stress is reduced, positive bonds and attachments can form and language and communication skills develop¹¹



'Preparation for Birth and Beyond'¹³ antenatal education programmes will increase. Most parents, including partners, will access this or a similar antenatal education programme. 'Baby Steps'¹⁴ antenatal parent support will be tailored to the needs of parents with more complex or specific needs.

- Women and their partners will feel supported, well prepared and more confident for when the baby is born; when things become difficult they will know where to go to for support
- Parent feedback will be incorporated into the on-going design of all antenatal parent education programmes and information
- Women will receive specific support as needed, to help them to be as healthy as possible during pregnancy. This will include:
 - Identifying women who have higher carbon monoxide (CO) levels and support for them or their families to quit smoking
 - Support for women to manage their weight and ensure a healthy diet
 - Information and support for women to not to drink alcohol during their pregnancy
 - Specific pathways of support and care for women who are misusing substances
 - Appropriate support for women who have or are experiencing domestic violence or abuse
- Women will receive information during pregnancy to encourage them to breastfeed. Those who choose to breastfeed will be given sensitive support straight after the baby is born to begin to breastfeed their baby. They will know where to go for support and will receive accurate and consistent advice whenever it is needed in the first few weeks, including when they go home, to help them to maintain breastfeeding. Women who choose not to, or who are unable to breastfeed, will be supported so that they feel confident in all aspects of feeding their baby. Supporting women to establish positive feeding practice will help bonding and attachment with their baby.
 - We will ensure that information promoting awareness of keeping babies safe, such as safe sleeping is clear and available to parents

There is much contradiction of advice regarding feeding, eg topping up feed when baby was hungry and no breast milk

Leeds Woman

Every time I had trouble, [staff] assisted and showed me different techniques of feeding

Leeds Woman

How we will know it's different?

- More mothers and partners will attend Preparation for Birth and Beyond [Best Start Plan dashboard]
- More mothers and partners will be supported through Baby Steps [Best Start Plan dashboard]
- A higher number of women will begin breastfeeding [Maternity clinical dashboard]
- A higher number will be breastfeeding until the baby is 6 weeks old [Early Start dashboard]
- A lower number of women will be smoking at delivery [Maternity clinical dashboard]



¹¹ Refreshed Children & Young People's Plan' 2015, Leeds Children's Trust

¹² 'Conception to age 2 – the age of opportunity' 2013, Wave Trust

¹³ 'Preparation for Birth and Beyond' 2011, DoH

¹⁴ 'Baby Steps' Perinatal Parent Support Programme, NSPCC

Priority Six: Choice

Women and their partners will have all the information that they need to make informed choices about their pregnancy and care.

It is important that women and their partners are given all the information about what choices they have and support that they need, to make an informed choice about the birth (for instance: at home, midwifery led care or hospital care, how active they want to be and what type of pain control they might want), to ensure the best experience and outcome for them and their baby. The experience a woman has during the birth of her baby and the way in which a mother and baby attach and bond are really important to the way that the baby's brain will develop over the first few weeks of life and can have a significant influence on a child's emotional and physical development and how he or she is able to learn later on.

- Women and their partners will have all the information that they need as early as possible and throughout their pregnancy, to develop their pregnancy and birth plan in an informed way.
- Women and their partners will understand all the choices that are available to them, including where they can receive antenatal care and where they can give birth
- Women will feel involved and empowered in their choices and all staff will respect these choices, providing clear and personalised information
- Services and staff will be flexible to enable women to make informed choices and respect their wishes. Women will be supported to have as positive a birth experience as possible, regardless of the type of birth
- Choice will include home birth, midwifery led care, water birth and delivery suite. We intend to explore the development of a distinct Midwifery Led Unit in the city, however sufficient midwifery

led care and home from home environments will be provided in the meantime

- We will work together to understand the best arrangement for maternity services in Leeds, to ensure quality, safety and make the best use of our resources for the benefit of parents

“There should be a separate midwife unit accessible for women in Leeds”

Leeds Woman





The outcome of the national review of maternity care will be considered in the context of this priority when published.

How we will know it's different?

Parents report higher levels of satisfaction with the information and choice they have during pregnancy, during the birth and in the period immediately after birth. There is enough capacity and choice of environments for women to have home, midwife led or obstetric led care:

- National maternity Picker survey responses positively indicate women in Leeds receive support for choice [B4, B6, B7, C4-6]

Maternity care should be provided in the comfort of a woman's own home

Leeds Woman

Options and choices should be made clearer and women given more time to understand and consider them

Leeds Woman

- More women in 'normal' labour are able to access their first choice of delivery option including hospital [monitoring mechanism to be developed in 2015/16]
- There is an increase in the number of women receiving midwifery led care and homebirth [monitored via the maternity clinical dashboard]



Priority Seven: Targeted Support

We will ensure that those families who need it, receive targeted support during their pregnancy and after the baby is born.

Health services sometimes find it harder to identify and reach families in some communities or with specific needs and these families are therefore less likely to be able to get maternity care early in pregnancy and receive the information, advice and support to help them to have a healthy pregnancy. They can be at higher risk of poorer outcomes for both mother and baby. Antenatal education will often be harder for them to access and not meet their needs.

- We will use Public Health information and needs analysis to understand how we can develop targeted services to help reach the individuals or groups, who have in the past found it difficult to access care. This will narrow the gap in outcomes between these groups and the general population
- Planning will include:
 - The development of specific pathways of care for their pregnancy, birth and post natal support, which will be additional to the core maternity care being offered

I wasn't always able to understand what the midwife meant when she was talking about my care – I am an asylum seeker and had no interpreter for my pregnancy

Leeds Woman

- Systems to ensure early identification of women and families requiring targeted or specialist support
- Specialist midwifery practitioners or teams, which may include other workers, will be developed as appropriate
- Specialist midwives may act as the named midwife for women on the pathway, or may advise and support their existing named midwife (whichever is most appropriate)
- We will explore how third sector organisations can provide extra support to particular families or groups of parents
- Where additional services or agencies are involved in the pathway, care will be provided in a seamless way, to ensure continuity of care is maintained
- All midwifery and maternity staff will be trained in helping to identify and support women who have additional needs and will be clear about how to refer these women into the specialist pathway





- Our first task for 2015/16 is the development of specific support for women with Learning Disabilities. A key priority is the identification of and support for the women early in their pregnancy and holistic case management of their health and social care needs

- We will identify further priorities, for the remaining period of the strategy, by drawing from the maternity health needs assessment and by consulting with local professionals, partners and the Maternity Service Liaison Committee.

How we will know it's different?

Those women and families with additional needs will be recognised and receive the extra support that they need during and after pregnancy:

- There will be more women recognised as having learning disability receiving support during their pregnancy and after the birth of their baby [clear pathway, numbers identified and receiving additional support – new data collection to be developed in 2015/16]

- Evidence that young (teenage parents) receive additional support through the specialist teenage midwifery team and/or the Family Nurse Partnership service [new data collection to be developed in 2015/16]



Priority Eight: Quality and Safety

We will strive to ensure that all women receive high quality, safe and responsive maternity care throughout their pregnancy, birth and post natal care.

To achieve the best outcomes, all services must be delivered to meet established clinical standards, to ensure that babies and women have safe and effective care in all settings and throughout all pathways of care. The aim of all births is a health mum and healthy baby. Good and complete reporting and regular audit helps to ensure these standards are maintained, including meeting the additional needs of increasing numbers of women with complex pregnancies.

- All birth environments will share a philosophy of promoting 'normal birth', while ensuring that women are able to deliver their baby with an appropriate level of care and intervention to achieve the best outcomes

Getting the best care during pregnancy, labour, childbirth and the postnatal period can be linked to short and long term health and social benefits to mothers, children, families and communities¹⁵

Hospitals should be clean and bright and feel like you are at home

Leeds Woman

- There will be enough dedicated maternity capacity in the city to meet the needs of the growing number of births over the next five years, including ensuring the provision of options of birth environment and dedicated hospital support services
- All women will receive safe, responsive evidence based services and care, whatever their choice of birth environment, time or day of the week
- Care delivery will be based upon models of clinical excellence, the latest research evidence of best practice and innovation: There will be a system of complete reporting, continual audit, review and update
- There will be a culture of learning from comments, complaints and incidents*





- All antenatal and birth environments, facilities and equipment will be fit for purpose and meet all best practice standards, they will also be a warm and welcoming space
- The place where women give birth and the hospital setting for those needing to stay in hospital, will be of a high quality and standard and as homely as possible; this will help women and their partners to feel relaxed and comfortable
- Information technology will support seamless effective care in all environments and through antenatal, labour and birth and postnatal care
- Safeguarding policies and processes are in place and maternity services will work jointly with other agencies to promote the safety of children and vulnerable adults

Give Time
 Care
 Listen
 Warm
 Sensitivity
 Thoughtful
 Dignity
 Polite
 Named Midwife
 Friendly
 Relationship
 Encouraging
 Respect
 Inclusive

Women should feel like they are in good, safe hands
 Leeds Woman

How we will know it's different?

The delivery of maternity services will meet all national and professional standards and be assessed as high quality:

- Maternity clinical dashboard [monthly report]
- Yorkshire & Humber Strategic Clinical Network maternity dashboard [benchmarking data]
- National maternity statistics [benchmarking data]
- National maternity Picker survey responses to cleanliness of environment are positive [D7, D8]

The room was beautiful and the midwives were amazing, I was 16 hours in labour and it was also back to back but I loved every minute of my labour
 Leeds Woman

¹⁵ Better Births' Campaign <http://www.rcmnormalbirth.org.uk>
 *To include 'near misses', serious incidents and 'never events' <http://www.england.nhs.uk/ourwork/patientsafety/never-events/>

Priority Nine: Staffing

We will work in partnership to provide well-prepared, trained and confident staff in all our services to meet the needs of women and families.

The numbers, skills, quality and consistency of training, level of skill and behaviours of all staff involved in the delivery of maternity care, is clearly important in ensuring that all staff provide responsive, personal care of the highest clinical standards. Good links with universities will ensure that maternity staff are well prepared for current practice.

- Maternity staff will demonstrate behaviours that ensure families are at the centre of care and treated with compassion, sensitivity and kindness
- Staffing levels and midwifery caseload sizes will meet national standards for safety and effective care and support good working relationships with women and families¹⁷

It is well evidenced that staff who are engaged, empowered to carry out their role, well trained, well led and supported are more likely to deliver outstanding care, leading to a positive impact on patient outcomes and an improvement in financial efficiency¹⁶





- All staff will have continued professional development to ensure that they continue to deliver the best evidenced based care
- Where relevant, staff will be trained together as multi agency teams, to support mutual respect, joint working and ensure consistency across services. They will be competent in the assessment of risk and resilience and understand the importance of infant mental health and attachment in supporting effective parenting and successful families
- Strong leadership and management will support effective practice and empowered, motivated practitioners; there will be effective supervision and reflective practice throughout services to promote the highest standards and accountability
- All staff will be trained in safeguarding and the promotion of welfare of children and vulnerable adults; they will be able to identify risks and take appropriate action
- We will work with training providers and universities to ensure the training of future workforce supports our ambitions for the services

How we will know it's different?

There will be a well-prepared, motivated and enthusiastic workforce, working together to deliver effective maternity care:

- A workforce development programme reflecting the priorities within this strategy
- LSA supervisory ratios will be met [maternity clinical dashboard measure]
- Statutory and mandatory training requirements will be met by all maternity professionals [LTHT Contract Quality sub group]
- Staff will feel supported to enable them to deliver the best care [maternity staff survey results and LSA audits and CQC inspections]



¹⁶ LTHT Five Year Strategy 'The Leeds Way': http://www.leedsth.nhs.uk/fileadmin/Documents/About_us/Trust_Documents/Documents/Five_Year_Strategy_document.pdf
¹⁷ <https://www.nice.org.uk/guidance/gid-safemidwiferystaffingformaternitysettings/resources/safe-midwife-staffing-in-maternity-settings>





Making the strategy happen

A Maternity Programme Board will oversee the development of detailed plans to take forward our priorities over the next five years.

In doing this we will take account of related work across partners and agencies involved in the support and care of pregnant women and families in Leeds.

We will develop further the measures for each priority to capture progress and the improvements in outcomes we want to achieve.

These will be used to measure and report our progress.

We will report on our progress and outcomes to the Leeds Health & Wellbeing Board, to the Leeds South and East, Leeds North and Leeds West CCG Boards and to the Maternity Services Liaison Committee, which includes women who have experience of maternity care in the city, to ensure that they continue to guide our work.

Additional links for further information and background documents

Leeds Teaching Hospitals NHS Trust, Maternity Services: <http://www.leadsth.nhs.uk/a-z-of-services/leeds-perinatal-centre/>

Leeds Community Healthcare NHS Trust: http://www.leedscommunityhealthcare.nhs.uk/our_services_az/early_start_service_health_visiting/

Leeds City Council Family Information Services: <http://www.familyinformationleeds.co.uk>

Third sector in Leeds: <https://doinggoodleeds.org.uk>

Yorkshire & Humber Strategic Clinical Network (Maternity): <http://www.yhscn.nhs.uk/children-maternity/maternity-network.php>

National Institute for Care and Health Excellence: <https://www.nice.org.uk/guidancemenu/service-delivery--organisation-and-staffing/maternity-services>



NHS Leeds South and East Clinical Commissioning Group

NHS Leeds West Clinical Commissioning Group

NHS Leeds North Clinical Commissioning Group

Leeds Teaching Hospitals NHS Trust

Leeds Community Healthcare NHS Trust



UNIVERSITY OF LEEDS



MSLC



Leeds
CITY COUNCIL







Maternity Strategy for Leeds 2015-2020

If you have any queries, please contact:

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