

# Leeds Maternity Strategy 2021-2025

## Foreword

*“The Leeds Maternity Strategy demonstrates our commitment to giving children in Leeds the best possible start in life, by ensuring that the care we provide during pregnancy and childbirth is safe, compassionate and personalised. It is the culmination of many workstreams with partners across our City, listening to birthing people and their families. We have delivered a strategy that we know will have real impact, and we look forward to working together to realise our ambitions for every child of Leeds.”* Julian Hartley, Chief Executive, Leeds Teaching Hospitals NHS Trust

*“In this maternity strategy, we set out how we as partners in Leeds will work together to give all babies, no matter where they live, the best start in life. We know that for some of our communities there are health inequalities, in the access to, the experience of and in the outcomes from maternity care. We also know that these have been compounded by the pandemic. As set out in this strategy addressing these health inequalities is a priority for us in Leeds and we will do this by working closely with the communities affected.”* Tim Ryley, Chief Executive, NHS Leeds Clinical Commissioning Group

## Introduction

This is a five year plan for the city explaining how people will work together to improve the health and care services we offer to parents-to-be and new parents, to give babies the best start in life.

There are now around 9,500 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 and Dad / partner<sup>1</sup> is the first step in giving any baby a healthy and ‘good’ start in life. We also know that the coronavirus pandemic has made it more difficult for some babies to have the best start in life. We want to balance these inequalities out as we re-set and transform services. Developing this strategy is an important part of reaching these goals.

### What will the strategy do?

It brings together the commitment of all partners to develop maternity care to support the city’s ‘Best Start Plan’, which sets out how services in Leeds can support children and parents from conception. The strategy will help us all to keep our commitment, be consistent and focus on what we have agreed needs to be done.

### Developing the strategy

A broad partnership<sup>2</sup> came together under the Maternity Strategy Group, to lead the development of this strategy. This group looked at what parents-to-be and new parents have told us, what the data shows about current services in Leeds, and at regional and national policy and evidence on maternity services, and worked together with all of the organisations and people that are involved in the delivery of pregnancy and early postnatal services across the city to agree the priorities within the strategy.

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<sup>1</sup> \*In this strategy, we recognise the diversity of families using maternity services. For simplicity we use the following terms: Mother or Mum refers to the ‘index’ person, who is pregnant or has given birth. This may include a trans man or non-binary person. Partner refers to the person identified by the mother as their partner. This could be any co-parent including a father, co-mother or co-father. Dad refers to the person identified as the father of the baby, regardless of biological connectedness or parental responsibility. Other family members refers to anyone else in the family network who is significant to the parents. This could for example be the baby’s grandparents, aunts, uncles, and siblings. It could also include close friends.

<sup>2</sup> Including senior representatives from Leeds CCG, Leeds Teaching Hospitals Trust (LTHT), Leeds City Council (LCC), Leeds Community Healthcare NHS Trust (LCHT), the Maternity Services Partnership (MVP), Leeds and York Partnership Foundation Trust (LYPFT), Leeds Dads, the University of Leeds, voluntary sector representatives and other partners in the city

## What we know (These figures will be designed into infographics)

There are approximately 9,500 births per year in Leeds - a third to women residing in deprived Leeds. There has been an increase in the proportion of births to Black, Asian and Minority Ethnic (BAME) women since 2009, with ethnic minority groups overrepresented in deprived Leeds. There has also been an increase in births to non-British born mothers (1847 in 2007, 2738 in 2017). The stillbirth rate for Leeds declined from 2000/02 (in 2016-18 it was 4.2/1000 births); however, there has been a slight upward trend since 2013/15, as well as a broadening inequalities gap (6.4 in deprived Leeds in 2015/17 compared with 4.3 in Leeds overall).

Furthermore, 43% of low birth weight (LBW) babies were born in deprived Leeds in 2016-2018. The percentage of mothers with obesity in Leeds has been rising, with a greater percentage residing in deprived Leeds ((25.1% compared with the rate in the rest of Leeds (19.4%)). Above average rates of maternal obesity can be seen for some minority ethnic groups - White and Black African (23%) and African (23%). The White population in Leeds has the lowest breastfeeding initiation and continuation rates of all ethnicities. Young mothers are also much less likely to initiate breastfeeding (46% of under 17-year-olds compared to 83% of 33-37-year-olds).

## Our five year priorities:

### 1. Personalised Care

All families will receive care which is personal to their needs. There will be strong relationships between the family and professionals involved in their care, and joint decision-making based on the needs and values of the family.

*"We went in for extra scans and I had to tell a different midwife the same story every week"<sup>3</sup>*

Key components of this priority are:

#### Continuity of carer

We would like every family in Leeds to see the same small team of midwives throughout their pregnancy, through labour, and after they have given birth. Families who receive this care are less likely to lose their baby or suffer from a baby being born early. By 2024, 75% of women from ethnic minorities and from deprived areas in Leeds should receive continuity of carer.

#### Personalised Care Plans

Every family will have a personalised care plan, developed with them, which is based on their strengths, needs and values. Women will have online access to their own notes, which they will be able to contribute to.

#### Early access

We want to increase the number of women who see their midwife before 10 weeks of pregnancy. Early support helps to identify any problems earlier and build better relationships, resulting in a safer birth and better long-term outcomes for the parents and baby. Currently women from deprived areas in Leeds are 10.9% less likely to see a midwife before 10 weeks.

#### Confident Births

We want to make sure all families give birth in the best setting for them, with the right information and care for the right birth.

Throughout the Covid pandemic, we managed to maintain an offer of homebirths in Leeds. For many families, giving birth at home or in a midwifery-led unit will lead to better outcomes. For those families who choose a midwifery-led birth, we want to make sure this can happen. For families who have more complex pregnancies we will make sure they have timely access to specialist advice and care from a multi-disciplinary team at all stages of pregnancy.

### 2. Emotional Wellbeing

We will ensure that families get the support they need to improve or maintain their emotional wellbeing. Around 1 in 5 women develop a mental health issue during pregnancy or after giving birth. Without the right support, this can have significant impacts on the long term health of the mother and baby. We will also think "family" so partners' and dads' mental health and wellbeing is recognised too.

*"I expressed my mental health to everyone and everyone just asked how I was doing with it and that was it. I wasn't offered anything else."<sup>4</sup>*

Key components of this priority are:

#### Anti-stigma

We want it to be easy for families to find information about how to care for their mental wellbeing, and also want it to be easy for families to ask for help when they need it.

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<sup>3</sup> Leeds maternity and neonatal services: Consultation report, May 2020

<sup>4</sup> Maternity Mental Health Services in Leeds, Healthwatch Leeds, July 2019

<https://healthwatchleeds.co.uk/wp-content/uploads/2019/10/MMH-Report-1-1.pdf>

### **Developing trauma offer**

We want women and families who have experienced trauma (whether birth trauma or historical trauma) to encounter professionals who are trauma informed and know the best way to support them.

### **Peer support**

We know that support from other people who have had similar experiences can help to keep families well. We want to make sure that all families have access to this support, and have the opportunity to talk to other families in similar positions.

### **Improving access**

We want families to be able to get help quickly and easily when they need it. The Leeds Mental Wellbeing Service prioritises women and partners who are pregnant or have given birth; we want to encourage more families to use this service. The Leeds Community Specialist Perinatal Mental Health Service provides support for people with more severe mental health issues; this will also grow and develop to support more families.

## **3. Reconfiguration**

In July 2020, we were successful in agreeing that maternity and neonatal services would all be centralised at the LGI buildings, as part of the “Building the Leeds Way” new development, expected to be completed in 2025. The Leeds Maternity and Neonatal Services consultation in 2020 gave valuable insight about maternity services which has shaped the key components of this strategy. It reported that 58% of respondents preferred to centralise all maternity and neonatal services, including a new, larger midwifery-led unit at the LGI, and have all hospital antenatal services at the LGI. This is really important in helping us to deliver the priorities within the strategy, as well as improving safety and quality for families.

*“Settings can be daunting so professionals need to make settings more welcoming.”* Young Mum<sup>5</sup>

Key components of this priority are:

### **Community hubs**

There is a national requirement to develop maternity community hubs. As a local commitment, we will prioritise the development of a hub in Harehills, to provide local maternity services for families who might currently find St James’s Hospital easier to access, particularly families who come from areas of deprivation and/or ethnic backgrounds which are associated with poorer outcomes.

### **Building the Leeds Way**

Women and families will be involved at all stages of the design process, to make sure that the new maternity and neonatal buildings are developed to meet the needs of local people.

### **Positive environments**

We want all women to be receiving maternity services in welcoming and homely environments that feel as relaxing as possible. We know this leads to better outcomes for families. We will ensure that women and their partners / Dads are welcomed and made comfortable, particularly during the birth.

## **4. Reducing Health Inequalities**

There are significant health inequalities that begin before birth and can last for generations in terms of access, experience and outcomes. These inequalities strongly relate to poverty and specific communities, particularly those from diverse community groups. Some families are more likely to experience issues throughout their maternity journey, and less likely to get the help they need. The Covid-19 pandemic is likely to have amplified these inequalities. We are committed to reducing these by working closely with partner organisations and local communities.

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<sup>5</sup> 9. Maternity Engagement Event with Young Parents in Leeds, 2017

In Leeds, the majority of ethnic minority groups are over-represented in deprived areas of Leeds – with almost 80% of babies born to mothers of Bangladeshi ethnicity and approximately 70% of babies born to mothers of African ethnicity born in deprived areas of Leeds.

*“I always saw different midwives I didn't always understand everything as I don't understand English that well.”<sup>6</sup>Pakistani Mum*

Key components of this priority are:

### **Targeted pathways**

We want to work with women and families from seldom heard groups to understand and respond how they would like to receive communications, support and care before, during and after pregnancy. We will work with trusted voluntary sector organisations who already have strong relationships with these families.

### **System integration**

Lots of different services work together to support families. We will work to ensure these teams deliver care in an integrated way; this will help us wrap care around families and will help families feel like they are not repeating their stories.

### **Perinatal mortality**

We have a goal to halve stillbirths, neonatal deaths and brain injuries in Leeds by 2025. Families from areas of deprivation, and from particular ethnicities, are sadly more likely to suffer from stillbirths and neonatal deaths. Women from black ethnic backgrounds are 4 times more likely to die during childbirth as women from white ethnic backgrounds. We want to understand why this is, and change this.

### **Strengths-based localised offer**

Families living in different areas of Leeds have different strengths, issues and available services. Community maternity services will understand more about the locality they work in and the partners and people they work with.

## **5. Preparation for Parenthood**

This priority is integral to the Best Start plan. Babies born to Mums, Dads and families\* who are prepared for parenthood before pregnancy and during pregnancy are likely to have the best outcomes.

*“Both parents should be treated as having equal responsibility. I was active in all aspects of my daughter life including cup feeding etc. so more antenatal support would have been great”<sup>7</sup> Leeds Dad*

**Key components of this priority are:**

### **Preconception**

Many of the risk factors and behaviours for poor birth outcomes are established before to pregnancy, often with limited opportunities to impact on these after conception. Pregnancies are often not planned and many women will be initially unaware they are pregnant. We need to ensure we take advantage of any opportunities to promote preconception health across the reproductive years in wider services than just maternity services.

### **Responsive parenting**

Promoting good bonding between infants and their primary caregivers is essential for good infant mental health and long-term health outcomes. The pandemic has meant that it is more important than ever that we wrap services around families to support them in meeting the challenges of parenthood.

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<sup>6</sup> Leeds Maternity Strategy and Service Development Maternity Services in Leeds Survey, 2015

<sup>7</sup> Common Room Briefing Paper: Dads & Co-parents survey findings: How do we support dads' mental health and wellbeing during the perinatal period? Sept 2020

### **Better access to parent education and support**

Families who receive parent education are more likely to have a positive birth experience and adopt healthy behaviours. We have a good offer of parent education and support for families in Leeds, but need to make sure the offer is flexible enough so parents and partners who can benefit most from this are the ones accessing it and that any support is tailored to their needs and culturally competent. We promote digital parent education through Baby Buddy, but downloads of this have reduced; we would like to increase the proportion of families using this service as well as launching our new digital Preparation for Parenthood course.

### **More support for parents to start, then continue breastfeeding**

All families should receive consistent information about responsive feeding. All parents will have access to appropriate, culturally sensitive breastfeeding support where required.

### **Helping parents-to-be to stop smoking, drinking alcohol and misusing substances**

Smoking in pregnancy rates are higher in Leeds than the rest of England, and aren't improving. Working together to help parents-to-be to not smoke during pregnancy will make the biggest difference in reducing the numbers of babies who die in the womb, or soon after birth.

### **Supporting parents-to-be to have a healthy weight and alcohol intake**

We will create environments where women and families feel able to talk about their weight, and are supported to make healthy changes.

## **Our principles:**

“Co-production” We will work with families to deliver this plan, listening and learning what works best – we will make sure we are proactive in reaching out to hear from diverse communities.

“Integrated Care” We want joined up services, with shared information, so families don’t have to repeat their stories

“Quality and Safety” We will use evidence about what works to guide us, and will participate in high quality research studies and take a continuous quality improvement approach to improve current and future care

“Staffing” We will look after the people who work with our families, recognising they are our greatest resource

“Innovation and Digital Technology” We won’t be afraid to try new ways of working, using digital technology wherever appropriate and promoting digital inclusion across our communities.

## **Governance**

Over the first year of this strategy a detailed work plan will be created with families and people working at all level of our partnership of services. This will be refreshed every year. Progress against these actions will be overseen by a partnership board, and will be communicated to the public via the Maternity Voices Partnership.