Rep Pack

Northern Ireland 2009

A resource for Registered Maternity Services User / Parent Representatives (Reps)

January 2009

Dear maternity services user / parent representative

Welcome if you are a newly registered maternity services user / parent representative (rep) and welcome back if you are an experienced rep who has been doing the job for some time.

Thank you for taking the time and trouble to register as a rep. We really value hearing from you as it enables us to know who the NCT activists are, what you are working on and what concerns you have locally. We can send you this pack which includes resources and signposting to other sources of help and we hope it will help you to feel part of a network of people who really care about there being good services and support for parents during pregnancy, after the birth and during the months that follow.

Last year has been a really exciting time for the NCT. Despite many Maternity Service Liaison Committees (MSLC) facing a lot of challenges there has been a number of campaigning successes. On April 1 2008 the Grange Birth Centre in Petersfield re-opened its doors to provide 24/7 midwifery cover after closing suddenly back in July 2005. And in North Oxfordshire the Independent Reconfiguration Panel decided that services in paediatrics, obstetrics, gynaecology and the special care baby unit (SCBU) should continue to be provided at Horton Hospital. This is all great news!

The new 2008 edition of the ***NCT Maternity Services and Parenthood Information Directory*** is available to consult and download on Update Online at: http://update.nct.org.uk/resources/directory. It provides accessible sources of information arranged by topic, so if you are preparing for a meeting and want to know what to read check out the listed publications. If you are looking for information and can't find it, please contact Lynn Balmforth, NCT Librarian and Information Officer. This way we can develop the resources to meet your future needs. Lynn's details are listed in on page 8.

Please also refer to ***Update Online***, the website for NCT volunteers and specialist workers. If you are looking for NCT reviews of evidence, information on events such as NCT Conference or Breastfeeding Awareness Week, access to key documents, or simply general contact and branch information, ***Update Online*** is the resource you should refer to. We aim to update this website with as much useful information as we can, to assist you in your important role. Be sure to visit the page specifically for reps, at: http://update.nct.org.uk/rep/

All registered reps and research networkers (rens) receive the weekly ***Bulletin Board*** by email. Please read the Bulletin Board and send us any items you feel reps or rens would find useful. We provide information about training and events, new policy briefings and collaborative research opportunities and other rep-related news and resources.

What do reps do?
If you haven't been a maternity activist for long or haven't registered before you may find 'The roles of a maternity services user and parent representative (rep)' in this pack helpful. It explains the various opportunities for getting involved and some of the different groups that influence maternity services.

What's new?
The new **MSLC website** was launched by Care Services Improvement Partnership (CSIP) in October 2007. It would be good to know how useful you find it, so we can provide some feedback. (The NCT put in a bid to the Department of health to help run the site and ensure that it is fully interactive and based on reps' needs. Unfortunately our proposal was not successful.) Although it is a little Anglo-centric, it is a resource with great potential for anyone sitting on a MSLC, or anyone who wants to find out more about maternity services. The address is

http://www.mslc.org.uk/. If you have any comments about the website please email l_cunningham@nct.org.uk.

NICE[1] published the ***Intrapartum care guideline*** in July 2007. The detailed review of evidence compiled by the Women's and Children's Collaboration Centre to underpin the guideline is a very useful source of summarised evidence on many birth topics as they affect healthy women and their babies during labour and immediately after birth. In March 2008, the NICE ***Antenatal care guideline*** (updated) and ***NICE Diabetes in pregnancy guideline*** were published. The ***Antenatal*** guidelines offer updated information on care during pregnancy, with a welcome emphasis on informed-decision making. The ***Diabetes in pregnancy*** guideline offers valuable guidance to health professionals on how to help women manage their diabetes from before conception through to the period after they give birth.

In October 2007 the Royal College of Obstetricians and Gynaecologists (RCOG) published ***Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour.*** The report focuses on improving the safety and quality of maternity by, 'clearly setting out informed and considered views about the essential minimum staffing standards required to support women in labour and provide safe care for them and their babies'.

Standards for Maternity Care Report of a Working Group was published on 2 July by the Royal College of Obstetricians and Gynaecologists (RCOG) with the Royal College of Midwifes (RCM), the Royal College of Anaesthetists (RCA) and the Royal College of Paediatrics and Child Health (RCPCH) and is applicable across the UK. The document follows a woman's pathway from pre-pregnancy through the maternity service and includes aspects of care of the baby. The maternity standards contain 30 individual standards covering the different stages of motherhood.

Confidential Enquiry into Maternal and Child Health (CEMACH) published their latest report on ***Perinatal Mortality*** in May 2008, which covers data from 2006. The report investigates stillbirths and deaths of babies in the weeks immediately following birth and identifies the major risk factors that are associated with perinatal mortality.

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Information on where to find all these documents can be found in the ***Maternity and Parenthood Information Directory***.

This is just a taster of some key national developments. Together with the rest of the pack and the ***Lobbying Guide***, we hope you will feel motivated, confident and briefed to represent local parents' needs in 2009.

Good luck from the Policy Research and Campaigns teams.

Mary Newburn, Head of Policy Research — Anne Fox, Campaigns Manager

1 NICE guidelines are applicable to England and Wales, but Northern Ireland is able to adopt them.

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The roles of a maternity services user and parent representative (rep)

The NCT is committed to working for improvements in maternity services to ensure that they meet the physical, social and emotional needs of mothers and babies, and work with fathers, partners and other relatives to support the whole family. Maternity services should be woman-centred and family focused; they should target services to those who are disadvantaged and most in need; they should promote and support normal birth and breastfeeding; they should prepare parents for birth and for life with a new baby.

Maternity services user and parent representatives (reps) have usually had a baby themselves and are in close touch with parents-to-be and new parents in the local area, so that they can represent parents' views, experiences and interests to commissioners, managers and providers of maternity or child health services.

NCT maternity services users and parent reps should be NCT members who are in close touch with a local NCT branch (pregnant women and their partners, new mums and dads, antenatal teachers, breastfeeding counsellors, postnatal leaders, postnatal supporters, research networkers, support groups, special interest workers, etc.) and other local parents through playgroups, schools and community activities.

Maternity services reps are actively engaged in representing local parents. This could be by becoming a member of one or more of the following:

- a local maternity services liaison committee (MSLC)
- a breastfeeding strategy group or a joint breastfeeding initiative
- a local maternity campaigning group, such as 'save our maternity unit'.

There are increasing opportunities to **represent families with young children.** This could be by becoming a member of a management board of a nursery or playgroup or parents' forum or participating in any other activities promoting user involvement in children's services.

What do reps do?
Maternity services and parents' reps work as part of multi-disciplinary teams to put forward the views and experiences of parents and service users. They work for the implementation of progressive policies and guidelines to enhance the safety, satisfaction, autonomy and well-being of pregnant women, to ensure that new parents are supported and valued and that babies and children have a secure, healthy and stimulating start in life.

Reps need to be self-motivated, creative and willing to use a considerable level of judgement to decide how to achieve practical improvements. It helps to cultivate a range of local contacts among parents' groups, maternity organisations and service providers. In addition, it is helpful to extend your network to include local councillors and other political representatives. Knowledge of the health system is desirable but not essential. Your commitment and enthusiasm is more important.

Many NCT maternity services reps chair their local MSLC and set the agenda for these meetings. It is usually helpful to have experience of being a member of the committee before taking on the role of Chair, though for people who have lots of committee experience this is less important.

Support for reps
The NCT likes all active reps to register bi-annually so that we can provide information and get feedback about developments in services from a user perspective.

Each year, we provide:
- a reps' pack following your registration or re-registration;
- an updated Maternity and Parenthood Information Directory;

- copies of *New Digest* journal, every quarter;
- a library and information service;
- regular Current Awareness Bulletins listing new research studies;
- an electronic Bulletin Board containing news and information about events and consultation opportunities etc, weekly;
- a Campaigns and Parliamentary Report, weekly;
- an E-group for communicating with other reps and sharing concerns and achievements;
- training to help you become a more effective rep (Voices), to feel confident interpreting research papers (CASP), to search for health information on the internet and to appraise information leaflets produced for parents (DISCERN);
- contact with experienced reps and with staff who can support you.

How MSLCs and other committees work
MSLCs usually meet every 2-3 months during the day, with meetings lasting 1½ -2½ hours. Two thirds or more of the committee are health professionals such as consultant obstetricians and directors of midwifery, while user representatives, such as NCT reps, complete the group. Other types of committees and groups that user reps may be members of will have varying structures and meeting formats.

Payment of expenses and involvement fees
Payment of travel, administrative and childcare costs should be negotiated with and paid by the committee.

How do I become a rep?
Reps are pro-active in joining a suitable local group to take forward the issues that interest them.

To find out about suitable local committees and groups contact your local services, search local websites and talk to existing reps in your area. Some of these details will be available in your local NCT newsletter, maternity units, clinics and libraries. Contact policyresearch@nct.org.uk if you need further help.

Rep supporters and other key contacts

There are lots of experienced activists who can provide you with information. Please find below the details of NCT special interest coordinators and rep support providers who are designated contacts for their specific areas of experience.

Topic / Issue	Name	Contact Details
MSLCs and general queries about being a user rep	Michelle Evans **Rep Supporter**	michelle@greenallevans.fsnet.co.uk 01206 392 909
MSLCs – related (including chairing MSLCs)	Hilary Schmidt-Hansen **Rep Supporter**	Hilary@thegable.spacomputers.com 01789 731246
MSLCs for new reps, rep expenses and general queries about being a user rep	Roxanne Chamberlain **Rep Supporter**	roxanne@tusker.co.uk 01708 224 830
MSLCs, dealing with trusts and hospital staff, maternity service reviews	Mitch Crossingham **Rep Supporter**	mitch@crossingham.co.uk 0117 373 8442
General Help and Support for reps	Gail McConnell **Rep Supporter**	gail@mcconnellham.com 01707 872159
User rep queries	Claire O' Flaherty **Rep Supporter**	claire.oflaherty@btopenworld.com 028 9065 1018
Breastfeeding – Northern Ireland and user rep queries –	Oonagh Molloy **Rep Supporter**	oonagh95@aol.com 02844811366
Healthcare Commission Enquiries	Susan Treacy **Rep Supporter**	susantreacy1@aol.com 01902 341853
European Working Time Directive, Birth Rate Plus	Cynthia Clarkson **Research Networker & Rep Supporter**	cynthia.clarkson@virgin.net 0131 447 2248
Evidence-based research	Gill Gyte **Rep Supporter**	GGyte@cochrane.co.uk 01253 884529
Birth Centres / Midwife-led Units and Closures and Reconfigurations	Richard Hallett **Rep Supporter and Special Interest Co-ordinator**	richardhallett@wrens-nest.fsnet.co.uk 07831 116767
Caesarean Birth / VBAC	Debbie Chippington Derrick **Special Interest Co-ordinator**	debbie@chippingtonderrick.co.uk 01276 510 575
Caesarean Birth / VBAC	Gina Lowdon **Special Interest Co-ordinator**	gina@caesarean.org.uk 01256 704 871 calls 7pm – 9pm only
Caesarean Birth / VBAC	Jenny Lesley **Special Interest Co-ordinator**	jenny@thelesleys.co.uk 01773 880 780
Caesarean Birth / VBAC	Fiona Barlow **Special Interest Co-ordinator**	fionabarlow@lineone.net 020 8393 4737
Pre-term babies	Lesley Taylor **Special Interest Co-ordinator**	lesleytaylor@hotmail.com 01509 213 550
Postnatal Depression	Liz Wise **Special Interest Co-ordinator**	lwise@onetel.com 01483 454 789
Breastfeeding Special Situations Coordinator	Hazel Barry **Special Interest Co-ordinator**	jemthbarry@yahoo.co.uk 01915 670 251

Lone Parents	Caroline Scofield **Special Interest Co-ordinator**	carolines9824@yahoo.co.uk 07792 082 759
Please update Gail about significant developments in relation to your local maternity services.	Gail Werkmeister **NCT President**	werkgail@aol.com

Staff contacts

Position and name	Contact for…….	Contact details
Librarian and Information Officer Lynn Balmforth	Information and library-related enquiries	l_balmforth@nct.org.uk 020 8752 2315
Policy Research Officer Lisa Cunningham	Bulletin Board, Consultations, Journal Club, Reps and ReNs	l_cunningham@nct.org.uk 020 8752 2385
Campaigns Officer Position vacant	Closure & reconfiguration campaigns and other local campaigns	campaigns@nct.org.uk 020 8752 2332
Membership Department	Enquiries regarding your membership	membership@nct.org.uk 0208 7522400
Branch Support	Branch-related queries.	branchsupport@nct.org.uk 0208 7522312
NCT Enquiry Team	General enquiries	enquiries@nct.org.uk 0300 33 00770

Information and training

The NCT Library & Information Service

The NCTLIS's main function is to provide a current awareness, information and enquiry service for NCT workers and the public. The library covers all aspects of pregnancy, birth, the first year of parenthood including infant feeding and UK maternity services. As a rep you can contact the library for help when you need information. Please use the *NCT Maternity and Parenthood Information Directory* (details below) first. If this does not provide links to the information you need, do get in touch.

What is available?

- The library has journals, books, reports, research papers, surveys, pamphlets, leaflets, government publications, directories, and statistics. The library catalogue can now be searched online at http://update.nct.org.uk/resources/refman
- Searches for references and information on specific topics.
- Current Awareness Bulletins; short abstracts of the latest research, articles or reviews of books that may be of use or interest to the many different NCT workers.
- Advice on using bibliographic databases via the Internet – Medline, Cochrane etc
- Loans of books
- Photocopying service (within the limitations of the Copyright Designs and Patents Act 1988 and the European Copyright Directive 2003) where we hold the journal.
- SwetsWise Online Content, a web-based service providing full text access to electronic journals subscribed to by the library.

(All services may be limited by the availability of staff, time and resources.)

NCT Maternity and Parenthood Information Directory
This directory, organised by topic, includes key sources of information for parents, reps and specialist workers, listing relevant organisations where appropriate. It is available electronically at: http://update.nct.org.uk/resources/directory
Please also refer to the list of *Sources of Evidence-based Information*, a word document downloadable from the *Useful Files for Reps* section of the Update online page for reps at: http://update.nct.org.uk/rep/

Birth Choice UK
For details of your local maternity services as well as national maternity statistics go to: http://www.birthchoiceuk.com

Contact details
For information, contact Lynn Balmforth, Information Officer and Librarian at Alexandra House.
Opening hours: Monday to Friday 9am to 5pm. By phone: 020 8752 2315
By e-mail : library@national-childbirth-trust.co.uk or l_balmforth@nct.org.uk
NCTLIS, NCT National Office, Alexandra House, London, W3 6NH

Training Opportunities

The NCT has developed training sessions specifically to meet the needs of NCT workers. Our trainers also offer courses developed by other organisations that are highly relevant to NCT work.

Healthcare Information Resources on the Internet
Developed by the NCT, the aim of the course is to provide hands-on training in searching the Internet effectively for healthcare information. Training covers how to use the facilities within search engines efficiently and also how to evaluate the quality of information found.
The course also includes a session on how to search PubMed and use the features of Medline to produce a well-structured search strategy. It will also look at the Cochrane Library and other non-

subscription evidence based Internet resources. How to use SwetsWise and online NCT library resources will be covered.

NCT VOICES - Training for Maternity Services User Representatives
NCT VOICES is a nationally recognised, comprehensive training workshop. This training has been developed to offer support for user reps on groups such as Maternity Services Liaison Committees (MSLCs) but is useful for user reps on any multi-disciplinary group.

The aim of the training is to offer participants an opportunity to explore issues involved in this role, develop skills to make you more effective as a user rep and increase your confidence. In the past those attending the workshops have reported feeling more confident in their role, energised and enthusiastic, able to better understand clinical issues and develop strategies for improved communication with health professionals.

Voices days are organised in different areas of the UK. Voices training can also be bought-in by any group and the Voices trainer will develop an appropriate programme based on the needs of each particular group. This could be user reps only or multi-disciplinary groups including user reps. It is a flexible, tailor-made programme aiming to develop skills and confidence and help groups work together more effectively.

DISCERN
DISCERN has been developed to help patients, carers, and other health information users assess the quality of written health information on treatment choices.

On your MSLC or other health committee or in the course of your general work, do you ever have the need to review or write health information on subjects such as "Where to have your Baby" or "Epidurals"? If so DISCERN could really help you understand the importance of high quality, evidence based written information on treatment choices.

During a two and a half hour workshop participants will:

- Consider the important elements of written health information in helping patients to make informed decisions
- Appraise a real consumer health information leaflet using the DISCERN tool
- Network

Making Sense of Evidence about Effective Health Care – Critical Appraisal Skills Programme (CASP)
CASP training has been developed to enable people to find and make sense of research evidence. The aim of the training is to give participants the skills to assess the quality of research papers and research reviews and have the confidence to use research evidence.

One participant said "There is a lot of research out there, of varying quality and it is important to be able to evaluate its strengths and weaknesses before using it as information for parents, or as evidence in meetings with health professionals. I've always enjoyed reading research findings but I have never been sure how to identify what was valid. I'm sure I'm like many others, in that I relied on recognising a 'name' as the researcher or else, (I'm embarrassed to admit this!), I looked for findings which showed what I wanted to find! When I heard about the CASP workshop, I really felt it must have been made for me."

CASP training was developed by the Public Health Resource Unit in 1993. See http://www.phru.nhs.uk/casp/

Telephone Journal Club – CASP Training from your Home
The Policy Research Department facilitates a telephone journal club for specialist workers, reps, rens and other volunteers who would like to develop their confidence and skills in using research, without traveling to a training session or even leaving their living room.

Previously we have held sessions once a month, but have recently found it difficult to recruit enough participants for the one-hour long telephone discussion about a research article on a pregnancy, birth or post-natal issue. We are happy to facilitate sessions if you would like them. There needs to be at least three participants, we can organise a facilitator for the session. The discussion will be based on the Critical Appraisal Skills Programme (CASP) appraisal questions for the particular research methodology of the paper in question.

If you're unsure about what's involved don't worry! Journal Club participants do not need prior knowledge or experience of CASP training. Each Journal Club session is facilitated by an NCT Research Networker with appropriate experience and training skills. The sessions are designed to allow participants to appraise research papers critically in a friendly environment, developing their knowledge of research methodologies and research skills.

CASP CD-ROM and Workbook
In addition to the NCT CASP training opportunities, an interactive CASP CD-ROM and Workbook *Evidence-Based health Care: Supporting evidence-based decision making in practice,* developed by CASP, is available to purchase for £79.99 + VAT.

For further information about this training resource go to:
http://www.update-software.com/publications/CASP/

Training Venues and Further Information

- Healthcare Information on the Internet training takes place three times a year at different venues across the UK
- Journal Club takes place when you want it by telephone.
- All the other training programmes are available across the UK often at regional days, which are held 3-4 times a year in all the eight NCT regions. Creches are available at some regional days. Training can be organised locally on request.

For further details about the Healthcare Information on the Internet training contact Lynn Balmforth, Information Officer and Librarian, email: l_balmforth@nct.org.uk, tel:020 8752 2315. For information about Journal Club please contact Lisa Cunningham, Policy Research Officer, email: l_cunningham@nct.org.uk, tel: 0208 7522385. For information about the other training sessions email: policyresearch@nct.org.uk

NCT E-groups

There are a number of NCT-related mailing lists or 'E-groups' served by Yahoo Groups. Some are open discussion lists, to enable members and specialist workers to communicate, share information and provide mutual-support, and some are one-way announcement lists.

The following E-groups may be of particular interest to reps:

Reps
http://groups.yahoo.com/group/nct_reps/

This list is specifically for NCT members who are maternity services user and parent representatives (reps). Joining this list is an excellent way of communicating with other reps all over the UK, be it to share information with other reps about how you are progressing on an issue you have raised on your committee, or to ask other reps who are campaigning against changes and reconfigurations for tips and suggestions. The group has around 150 members and usually sends around five messages a week.

Announce
http://groups.yahoo.com/group/nct_announce/
http://groups.yahoo.com/group/nct_weekly/

Important NCT news and announcements are posted on this list from UK Office. This list is for NCT Members only and it is not a discussion list as only a limited number of members can post information on this site. Joining this list is an excellent way of staying on top of recent developments, be it changes within the NCT or NCT press releases in relation to the latest happenings in maternity and parent services. Roughly 3 messages are posted per day and there is also the option of a weekly version.

Research
http://groups.yahoo.com/group/nct_research/

This is a forum for anyone interested in research and evidence based information. Roughly 15 messages are posted per month.

Breastfeeding Information
http://groups.yahoo.com/group/nct-bf-info/

This E-group is for NCT staff and breastfeeding support specialist workers to comment on/ assess/ check information including published text, photographs, articles on breastfeeding for consistency, accuracy, appropriateness.

Birth Centres - *This group is not affiliated with the NCT.*
http://health.groups.yahoo.com/group/birthcentres/

This is a discussion group run by the Birth Centre Network UK for midwives, campaigners, parents and anyone interested in ensuring that modern maternity care includes the provision of birth centres as a real choice for women.

Support E-groups:

The following E-groups offer support and discussion in relation to specific areas of interest:

Caesarean Section Support
http://groups.yahoo.com/group/nct-caesarean/

Home Birth UK - *This group is not affiliated with the NCT.*
http://groups.yahoo.com/group/homebirthUK/

Parenting Teenagers
http://groups.yahoo.com/group/NCTparentingteenagers/

Planning a Caesarean Section
http://groups.yahoo.com/group/nct-caesarean-planning/

Pre-Term Support
http://groups.yahoo.com/group/nct-preterm/

Single Parents
http://groups.yahoo.com/group/NCTsingleparents/

Regional E-groups:

There are also E-groups for each of the eight NCT regions in the UK, in addition to a specific E-group for Wales, offering regional information sharing and discussion.

A full list of the E-groups is available on the Intranet at: http://update.nct.org.uk/admin/

How to Join an E-group

Go to the E-group's web page, as listed above or available on the full list (link above). The NCT group web page should appear. On the blue bar across the top, click on "Join this Group". This will take you to a sign in page.

If you have an existing Yahoo ID enter it here and follow instruction to join the group.

If you have not got a Yahoo ID you need to create one. Click on the "Sign up now" link and follow the instructions through. When you have down this you should be able to login to the eGroup and access the shared files using your Yahoo ID.

If the group has a restricted membership policy, you will be added to a list of people waiting to join. The moderator will then either accept or decline your membership.

Posting Messages and E-group Help

If you are a member of a group and would like to post a message to the rest of the group, send an e-mail to: **groupname**@yahoogroups.com
For example, to send a message to the reps group, send an email to: nct_reps@yahoogroups.com

If you are a member of a group, you can access the shared files section by going to:
http://groups.yahoo.com/group/**groupname**/files/
For example, for the Newsletter Editors' group shared files, go here:
http://health.groups.yahoo.com/group/nct_reps/files/

An easy way to leave any group is by sending a blank e-mail to:
groupname-unsubscribe@yahoogroups.com

User Involvement – A quick guide

Many of you will represent the NCT by sitting on a Maternity Services Liaison Committee (MSLC). The National MSLC Website, launched by Care Services Improvement Partnership (CSIP) in October 2007, is a great resource - www.mslc.org.uk. It would be good to know how useful you find it, so we can provide some feedback. We are aware it is a little Anglo-centric, and some help from you to make it more relevant to Scotland would be really helpful. (The NCT put in a bid to the Department of health to help run the site and ensure that it is fully interactive and based on reps' needs. Unfortunately our proposal was not successful.) It is a resource with great potential for anyone sitting on a MSLC, or anyone who wants to find out more about maternity services. The address is http://www.mslc.org.uk/. If you have any comments about the website please email l_cunningham@nct.org.uk.

Guidance and tips on working effectively on a committee
Working as a user representative can be a very rewarding experience, but at times reps may feel a little frustrated with the committee they are working on, somewhat 'alone' as a non-healthcare professional or pessimistic about the opportunities to make real changes. This section is to provide you with suggestions for working effectively in your role and getting the best out of your committee in order to make real changes to maternity and parent services locally.

Effective members and user representatives:

- **are well prepared** – begin by reading the relevant paperwork before the meeting; if you have the opportunity you can add to this by researching the issues under discussion, finding out about the trust's performance and how it compares with other trusts, exploring the latest research evidence.
- **work with others** – both who share similar interests and perspectives, to prepare agenda items or contribute to discussion, and with those who hold differing views and priorities, so you show them respect and understand their position.
- **understand the remit of the committee and their own role** – familiarise yourself with the committees terms of reference, requesting a copy, and clarification for yourself and other members if necessary. The *National Guidelines for MSLCs* (England) contain information on the remit of MSLCs and role specifications for different members.
- **avoid being seen as a single-issue lobbyist** (e.g. home birth, breastfeeding) – be an expert by all means but you will be noticed and appreciated more for contributing to a range of topics.
- **encourage the committee to function well** – papers should be circulated well in advance of meetings and key notes and action points soon after; so suggest this to the chair if necessary.
- **keep up to date with all national and local maternity issues** - user reps are often better informed than some of the health professionals. Access to the internet and email helps considerably.
- **rarely refer to personal experience** - and only in the abstract to illustrate a point. Ensuring this will maintain your credibility and focus. Although your own experience is important your role is to represent all users.
- **have an understanding of the structure of the NHS and their place within it** – see page 22 for resources to help increase your knowledge of the functioning of the NHS.
- **are confident, assertive and persistent** – avoid using phrases such as 'I'm only a mum and volunteer' or 'I'm not a health professional'. The committee should work and consult with users of maternity services. As a user your views are valuable so express them clearly and assertively.

Getting items on the agenda and using examples of good practice
A great way of inspiring the group or committee to take action is by taking ideas and examples of good practice and positive changes from other areas to meetings. Using these as suggestions for issues the committee can work on is an effective way of encouraging the group to take action. Case studies of programmes and initiatives bringing improvements to all sorts of issues, such as

high caesarean rates, low breastfeeding initiation and high smoking rates amongst teenage mothers, can be found in:

- New Digest
- NHS Quality Improvement Scotland (QIS) Maternity Services National Overview Report 2008: www.nhshealthquality.org
- The national MSLC Website (this is a little Anglo-centric but there is some useful information applicable to Scotland there): www.mslc.org.uk

If there is an issue you would like the committee to work on, ask the chair to schedule this on the agenda for the next meeting. Once agreed, circulate papers well in advance of the meeting. You could offer to prepare a presentation and handout for the meeting. Be sure to have done your background research and detail clearly the issue needing to be addressed. Set out the underlying evidence and make suggestions of how the committee could address this. Consider using a positive case study from a similar initiative if possible.

A good presentation, arguing your case for change, will prompt discussion from the group. During the discussion ask for decisions to be made about specific actions and follow up at the next meeting, or better still, in between. Friendly, patient, encouragement and support are always appreciated. You may need to listen to a lot of excuses before anything tangible is achieved, but keep at it. Ideally, the meeting should agree and minute what will be done and by whom, and by what date. If you can agree objectives as well as means, that is very positive. However, you may need to go one step at a time, investigating what is known before an objective for change is agreed. Make sure the decisions are recorded in your notes, so you can check when the minutes are circulated to the group afterwards that everything has been recorded properly. Ensure that appropriate items are on the agenda for follow up at the next meeting.

Key Policy – Northern Ireland

In the following pages we have provided some key documents and resources. Where the NCT has provided a comment on the developments, you will find it at the bottom of the precis.

For an extensive list of information resources listed by topic please refer to the electronic **NCT Maternity and Parenthood Information Directory 2008**. All registered NCT reps are provided with an electronic copy of this directory or it can be accessed online at: **http://update.nct.org.uk/resources/directory**

For details of your local maternity services as well as national maternity statistics go to the **Birth Choice UK** website at: http://www.birthchoiceuk.com

If there is no source for the information you require in the information directory or it is not available on the Birth Choice UK Website please contact the NCT library for assistance – *see page 9.*

NHS in Northern Ireland

Direct rule from Westminster between 2002 and 2007 has restricted the healthcare reform process in Northern Ireland. Since 1973 the NHS in Northern Ireland ha been integrated with social services and is known as the Health and Personal Social Services (HPSS). Accountability is to the Northern Ireland Assembly at Stormont. Six health and social care trusts provide services commissioned by four health and social services boards, although plans are currently out for consultation to replace the boards with a single regional health and social care board.

Northern Ireland Assembly
The Northern Ireland Assembly was established as a result of the Good Friday Agreement of 1998. It was elected later that year and then gained governing powers with full devolution in December 1999. It was suspended in October 2002, however, due to the 'Troubles'. Recalled in May 2006 under the St Andrews agreement as a 'transitional assembly' and restored to full devolution in May 2007. The Assembly has full legislative and executive authority for 'transferred matters', which include health.

Department of Health, Social Services and Public Safety
At present in the DHSSPS there are four health and social service boards, which assess needs and commission services. There are five health and social care trusts (reduced from 18 in 2007) which provide health and social services as commissioned by the four boards. There is one ambulance trust, which covers the whole of Northern Ireland. There are also four health and social service councils, which represent users' views and provide independent oversight.

Strategy and policy
Following a province-wide review of public administration the Northern Ireland Office Minister announced major reforms of health and social services at the end of 2005. When devolution was restored in 2007 the proposals were reviewed and the following has been proposed:

- A regional health and social care board, replacing the four health and social services boards, and focusing on financial and performance management and commissioning.
- Five local commissioning groups, covering the same geographic area as the five health and social care trusts.
- A smaller DHPSS focusing on policy, legislation, priorities and targets.
- A new regional public health agency to tackle health inequalities.
- Strengthening health and social service councils, which include local government representatives.

These proposals are out for consultation in 2008 with a view to implement from April 2009.

Further information

Gateway for Health & Care in Northern Ireland
http://www.healthandcareni.co.uk/

The official website for Health and Personal Social Services in Northern Ireland is another valuable resource for information about the health service in Northern Ireland. It contains links to all healthcare services in Northern Ireland and healthcare news, articles and resources.

The NHS Confederation for Health and Social Services
http://www.nhsconfed.org/across-uk/across-uk-1925.cfm

The Northern Ireland Confederation for Health and Social Services is the voice of management in the integrated HPSS. Part of the UK-wide NHS Confederation, it is the only membership body for all HPSS organisations, working to influence policy on behalf of members, brief members, inform and influence the media and politicians about key issues in the HPSS and connect members with the UK NHS Confederation. The website is a useful resource for information about health care in Northern Ireland and across the UK, containing a number of briefings and other publications on health service issues.

RCOG: Safer Childbirth: Minimum standards for care in labour

http://www.rcog.org.uk/index.asp?PageID=1168

In October 2007 ***Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour***[1] was published by the Royal College of Obstetricians and Gynaecologists (RCOG). The report focuses on improving the safety and quality of maternity by; 'clearly setting out informed and considered views about the essential minimum staffing standards required to support women in labour and provide safe care for them and their babies', and is applicable to the whole UK.

Staffing roles and levels

The report acknowledges:

- 'the central role of midwives as autonomous practitioners of normal labour and birth, together with their role as partners with obstetricians, anaesthetists and paediatricians, in the care of women with complex and complicated labours'
- 'the importance of team working, as well the respective roles of midwives, obstetricians, anaesthetists, paediatricians, support staff and managers, as part of the local maternity care team'
- 'the increased involvement of consultant obstetricians on the labour ward in the care of women with complex or complicated pregnancies and in the supervision and education of medical staff'.

A number of factors which influence staffing levels and have serious implications for the service are identified and addressed in the report. These include:

- greater focus on woman-centred care
- an extension to the midwife's teaching role with multidisciplinary staff
- recruitment and retention crises in midwifery staffing
- changes in the experience of medical staffing at junior level
- demand for increasing consultant involvement in the labour ward.

The report emphasises that it is important to match resources and facilities with workload and states clearly that the proposals made by *Safer Childbirth*; 'can only be achieved if there is a considerable expansion in numbers of both midwifery and medical staff concerned with the care of women in labour'. It outlines minimum staffing and training requirements for midwives and doctors (presented below) while stressing that; 'additional staff over and above this will be needed in specific situations'.

Communication and multidisciplinary working

The need to improve communications and working relationships between healthcare professionals and multi-disciplinary teams, and improve communication between professionals and women, are key themes of the report. It recommends that; 'units should foster a team approach, based on mutual respect, a shared philosophy of care and a clear organisational structure for both midwives and medical staff, with explicit and transparent lines of communication.'

Governance structures and management

The report states that; a maternity network, which includes births at home, in midwifery units and in obstetric units, should have a common governance structure, including robust systems and clear guidelines for monitoring the safety, quality and performance of the maternity services and transfer arrangements within the network should problems arise.'

It also provides healthcare planners, unit managers and clinical directors with guidelines on which to base realistic costing of the maternity service. And identifies various quality and clinical effectiveness issues are identified, including clinical supervision and statutory supervision of midwives, and basic and continuing training of all staff. It recognises that; 'each provider will need to adapt the model suggested to achieve the standards in their own circumstances.'

Recommended minimum standards
Safer Childbirth makes the following baseline standard recommendations:
Standard 1: Organisation and documentation: *The organisation has a robust and transparent clinical governance framework which is applicable to each birth setting.*

Standard 2: Multidisciplinary working: *Effective multidisciplinary working is essential to the efficient delivery of the service.*

Standard 3: Communication: *Communication is a keystone of good clinical practice.*

Standard 4: Staffing levels: *Safe staffing levels of all professionals and support staff as recommended are maintained, reviewed and audited annually for each birth setting.*

Standard 5: Leadership: *There are clear role profiles for clinical leadership promoting good practice and multiprofessional communication.*

Standard 6: Core responsibilities: *Women in established labour receive one-to-one care from a midwife.*

Standard 7: Emergencies and transfers: *Each birth setting has protocols based on clinical, organisational and system needs.*

Standard 8: Training and education: *The organisation must ensure that all the professional staff have the opportunity and support for continuing professional development, including agreed mandatory education and training sessions.*

Standard 9: Environment and facilities: *Facilities in birth settings should be at an appropriate standard and take account of the woman's needs and the views of service users by being less clinical, non-threatening and more home like whenever possible.*

Standard 10: Outcomes: *All birth settings should audit childbirth outcomes, evaluating annually linked clinical care, any changes or trends.*

Implementation
Safer Childbirth is intended to be used to review the organisation of care in labour in all settings, and where necessary changes should be made to implement the report's recommendations. Providers of intrapartum care are expected to audit the outcome measures and standards recommended in the report, and publish them in the form of an annual report. This should include an evaluation of women's views of the care they received and should be made publicly available. Implementation of the standards will also be audited by The Royal Colleges, beginning in December 2009.

The report states that adoption and implementation of the staffing standards, facilities and governance structures made in *Safer Childbirth;* 'should help to ensure the best outcome for women and their babies regardless of the birth setting.'

NCT Comment

The NCT welcomes this report and its recommendations which, if implemented, would bring improvements to the safety of maternity care and quality of care, and great benefits to women, their children and families.

The emphasis placed on the need to invest in sufficient numbers of midwives and obstetricians is especially important and only if this takes place will the standards recommended by the report be fully met. Also welcome is the recognition of the central role that consultant midwives play in; 'promoting normality in labour and underpinning provision of safe and effective care'.

Another particularly positive aspect is the recommendation that, amongst other important measures, ‘normal births without interventions’ should be audited and reported by each unit in all birth settings annually. This is also a recommendation of the *Normal Birth Consensus Statement* recently published by the Maternity Care Working Party in collaboration with the NCT. As recommended by the consensus statement, we would emphasise that a standard definition of normal labour and birth is necessary so that normal birth rates can be audited in all birth settings and compared with confidence, and across all four countries of the UK. Safer Childbirth’s recommendation that; ‘Women in established labour must receive individual one-to-one care from a midwife’ will help promote and achieve greater levels of normality.

Standards for Maternity Care Report of a Working Group

http://www.rcog.org.uk/resources/public/pdf/MATStandardsWPR0608.pdf

Standards for Maternity Care Report of a Working Group[2] was published on 2 July by the Royal College of Obstetricians and Gynaecologists (RCOG) with the Royal College of Midwifes (RCM), the Royal College of Anaesthetists (RCA) and the Royal College of Paediatrics and Child Health (RCPCH). It is applicable across the UK.

The report contains 30 individual standards for care for the maternity care pathway from 'preconception' to the 'transition into parenthood' in one document. There are also standards on the organisation of services, including 'staffing' and 'maternity and neonatal networks', and on particular groups of women, such as needs'. The report emphasises that 'Each step of the pathway includes a mix of organisational and clinical standards which is needed to ensure comprehensive, seamless and high-quality care.'

The standards were developed from 50 original source documents which produced a database of 800 separate, often overlapping, standards. The working party combined similar standards from different sources to create a succinct, comprehensive set of standards. The standards for intrapartum care have been taken directly from *Safer Childbirth*,[1] published in 2007. Each standard is supported by audit indicators.

The standards

It became apparent during this exercise that there are gaps in the pathway where published standards do not exist. As this document is constrained by existing standards, it was not possible to include standards in these areas. Stakeholders may wish to collaborate to develop additional standards for a complete pathway of care.

Some key standards in the document include:

Standard 5 – Maternity booking and planning of care:

Booking should take place over two visits in early pregnancy and women should have had their first full booking visit and hand held maternity record completed by 12 completed weeks of pregnancy.

Standard 6 – Pre-existing medical conditions in pregnancy:

Migrant women may be at risk from previously undiagnosed existing medical conditions. Clinicians should ensure that a comprehensive medical history has been taken at booking and, where appropriate, a full clinical assessment of their overall health, including a cardiovascular examination, is undertaken as soon as possible thereafter.

Standard 7 – Women with social needs:

Maternity services must have in place inter-agency arrangements (through clinical and local social services networks) including protocols for information sharing and a lead professional, to ensure that women from disadvantaged groups have adequate support and benefit from other agencies (such as housing) referring women, with consent to local maternity services.

Interpreting services should be provided for women where English is not their first language. Relatives should not act as interpreters. Funding must be made available for interpreting services in the community, especially in emergency or acute situations.

Standard 8 – Pre-existing and developing mental health conditions in pregnancy:

All pregnant women should be asked about any previous history of psychiatric disorder and/or family history of serious mental illness early in their pregnancy and provided with information on pregnancy and mental health which helps them to disclose and discuss mental health issues.

Women who require to be admitted to a psychiatric hospital following delivery should be admitted to a specialist psychiatric mother and baby unit.

Standard 9 - Antenatal screening:
All maternity care providers should ensure that where women request or decline services or treatment, their decision is respected and documented to avoid repetition.

Standard 10 – Routine antenatal care:
All women should be offered the support of a named midwife throughout pregnancy including those with complex pregnancies and those who receive care from a number of specialists or agencies. All women should be able to contact a midwife day or night at any stage in pregnancy if they have concerns.

Standard 11 - Pregnancy-related conditions:
Maternity services should comply with evidence-based guidelines (e.g. NICE, SIGN) for the provision of high-quality clinical care including the provision of antenatal, intrapartum and postpartum care, induction of labour and caesarean section.

Standard 12 - Intrapartum care:
The rationale for the standards in this section states: 'Promoting normal birth is an important philosophy of maternity care, with intervention only if necessary for the benefit of the mother or child. The principles of normality have been presented in the normal birth consensus statement developed by the Maternity Care Working Party and published by the National Childbirth Trust (NCT), RCOG and Royal College of Midwives.[3] The birth environment influences the birthing experience. The NCT has produced a tool for auditing the environment and resources available for women in labour.[4]

Facilities in birth settings should be at an appropriate standard and take account of the woman's needs and the views of service users by being less clinical, non-threatening and more home-like whenever possible.

Standard 14 - Postnatal assessment and care of the mother:
A documented, individualised postnatal plan of care should be developed with the woman, ideally in the antenatal period or as soon as possible after birth. This should take into account relevant factors from the antenatal, intrapartum and immediate postnatal period details of the healthcare professionals involved in her care and that of her baby, including roles and contact details plans for the postnatal period including choice of place of care. This should be reviewed at each postnatal contact.

Shortly after birth an identified lead professional, normally the named midwife, should be responsible for reassessing individual needs and coordinating the postnatal care of all babies and women.

All professionals involved in the care of women immediately following childbirth should be able to distinguish normal emotional and psychological changes from significant mental health problems, and to refer women for support according to their needs.

Standard 15 - Supporting infant feeding:
Maternity services should adhere to the principles and work toward the recommendations of UNICEF/WHO Baby Friendly status.

Attention should be paid to facilitating an environment that supports skin-to-skin contact where possible. Skin-to-skin should last until after the first breastfeed or until the mother chooses to end it. Babies should remain with their mothers unless there is a medical indication not to.

All healthcare providers (hospitals and community) should have a written breastfeeding policy that is communicated to all staff and parents.

Standard 16 - Care of babies requiring additional support:
Any concerns expressed by the parents as to the wellbeing of the baby, or identified through clinical observations, should be assessed.

Particular support in breastfeeding should be provided for mothers who have had a multiple birth or have a premature or sick baby.

Parents of babies with identifiable medical or physical problems should receive timely and appropriate care and support in an appropriate environment.

Standard 17 - Care of babies born prematurely:
Managed maternity and neonatal care networks should include effective arrangements for managing the prompt transfer and treatment of women and their babies experiencing problems or complications.

Standard 18 - Promotion of healthy parent–infant relationships:
Maternity services should provide postnatal care to facilitate the transition to motherhood by making sure that ill health is prevented or detected and managed appropriately. Women and their partners should be supported to make a confident and effective transition to parenthood.

Standard 19 - Transition to parenthood:
The postnatal plan of care should be documented to identify and promote the health and wellbeing of the mother and her baby and plan for her continuing care and support needs. It should be reviewed at each postnatal contact.

Postnatal care should include provision of information to both mothers and fathers on infant care, parenting skills and accessing local community support groups.

Standard 20 - Supporting families who experience bereavement, pregnancy loss, stillbirth or early neonatal death:
Maternity care providers should ensure there are comprehensive, culturally sensitive, multidisciplinary policies, services and facilities for the management and support of families (and staff) who have experienced a maternal loss, early or mid pregnancy loss, stillbirth or neonatal death.

Standard 21 - Choice and appropriate care:
All pregnant women should be offered information on the full range of options available to them throughout pregnancy, birth and early parenthood, including locally available services, place of birth (including home birth), screening tests and types of antenatal and postnatal care.

The promotion of normality of childbirth should be integral to a quality maternity service but it is essential that recognition of the ill mother and infant is paramount.

Where women request or decline services or treatment, their decision should be respected.

Standard 22 – Communication:
Training on how to communicate information in an effective sensitive manner should be provided to all healthcare professionals.

Communication and information should be provided in a form that is accessible to pregnant women who have additional needs, such as those with physical, cognitive, or sensory disabilities.

Standard 26 - Development, implementation and review of local maternity services strategy:
The provision of maternity services should be based on an up-to-date assessment of the needs of the local population.

Maternity care providers and commissioners should ensure that the capacity of the midwife-led and home birth services are developed to meet the needs of the local population.

Maternity care providers and commissioners should ensure that maternity services develop the capacity for every woman to have a designated midwife to provide care for them when in established labour for 100% of the time.

In every area there should be an effective multidisciplinary maternity services forum such as a maternity services liaison committee (MSLC), where commissioners, providers and users of maternity services bring together their different perspectives in partnership to plan, monitor and improve local maternity services.

Maternity providers should arrange for staff to participate in and support the work of the MSLC and they should take account of the MSLC's advice in operating and delivering services.

Standard 30 – Staffing:
An experienced midwife (shift coordinator) should be available for each shift on the labour ward.

Maternity care providers and commissioners should ensure that maternity services develop the capacity for every woman to have a designated midwife to provide care for them when in established labour for 100% of the time.

NCT Comment

On the whole this document will be extremely useful and is genuinely comprehensive; there is much of value here. The standards for care, together with the audit indicators, should really help to drive up standards for women and families from all social backgrounds. We are delighted that the Normal Birth Consensus Statement and the NCT's Better Birth Environment work is referred to as the central rationale for the care standards for labour and birth.

Unfortunately the choice of words in relation to home birth is ambiguous and unhelpful. Women are entitled to have their baby at home and they should be supported even if health professionals feel that the level of risk is inappropriate. Risk is relative, and some women's priorities and values will mean that they choose not to go to hospital even when advised to do so. Health professionals should give clear, evidence-based information, including the extent of any additional risk, in a neutral, non-confrontational way. If parents feel supported even when professionals disagree with their decisions, there is likely to be greater trust and more opportunity for negotiation and reassessment if circumstances change.

We particularly welcome the standard on the need for all women to have had two antenatal care visits and their hand held maternity record completed by 12 completed weeks of pregnancy. We also appreciate the detailed focus on postnatal care, however, there is no recommended number of postnatal care consultations, nor a standard for how soon after discharge from hospital a mother should be visited at home by a midwife. Several of the audit standards for postnatal care are also weak. Unfortunately, there is a big gap in many areas between the agreed standards for postnatal care policy and practical implementation.

The working party noted that there were gaps where no standards had previously been written. One such gap that the NCT can identify is the lack of a standard on the information, support and communicaton needs for parents of a premature baby. The NCT leads a coalition of organisations working on the POPPY research project, funded by the Big Lottery Fund, due to report findings and recommendations on improving communication during 2009.

NICE Intrapartum Care Guideline
Care of healthy women and their babies during childbirth

http://www.nice.org.uk/guidance/index.jsp?action=byID&r=true&o=11623

The ***Intrapartum care guideline***[5] provides reviews of research evidence, concluding 'evidence statements' and recommendations on most aspects of the care of healthy women and their babies during labour and immediately after birth. The guideline is for England and Wales and will be considered for use in Northern Ireland. The guideline covers the care of healthy women in labour at term (37–42 weeks). It does not cover the care of women with more complex care needs, such as preterm labour, pre-eclampsia, diabetes, multiple pregnancy. The NCT welcomes many of the recommendations in the *Intrapartum care guideline*.

NICE has identified eight recommendations as priorities for implementation:

1. Communication
2. Support in labour
3. Normal labour
4. Planning place of birth
5. Coping with pain
6. Perineal care
7. Delay in the first stage of labour
8. Instrumental birth

In general, the NCT supports these recommendations as priorities for development of maternity care. We particularly welcome the positive emphasis on communication between women and their carers, and the recommendations on place of birth, support during labour and the use of water for pain relief, which is not currently made available to all women during labour. One to one support is necessary for women to be given practical help and emotional encouragement during labour.

Communication between women and healthcare professionals

The NCT feels that the new guidance on communication underpins the fundamental principle of woman-centred care, and we warmly welcome it. And that good communication should be supported by the provision of evidence-based written information tailored to the needs of the individual woman.

The guideline sets out in detail the importance of a warm welcome, asking women how they are feeling, knocking before entering a woman's room, encouraging her to adapt the environment to suit her needs, focusing on the woman rather than the technology or the documentation, and reassuring the woman that she may ring for help whenever, and as often, as she wishes.

Planning place of birth

The guidance states that women should be offered the choice of planning birth at home, in a midwife-led unit or in an obstetric unit. Women should be informed that the available information on planning place of birth is not of good quality, but suggests that among women who plan to give birth at home or in a midwife-led unit there is a higher likelihood of a normal birth, with less intervention.

The NCT has been actively involved in the development of the place of birth chapter in the guideline, submitting feedback, lobbying for a second consultation phase (which was granted) and finally making a complaint to NICE about the methodology used for the review of home birth, which has been 'partly upheld with regard to errors and ambiguities in the development process'. The non-executive directors of NICE who responded to the NCT complaint said, 'as the NCC-WCH CEMACH study was unable to control for confounders it appears, *prima facie* that this study should also have been excluded (from the review of evidence)'. The October 2007 issue of New Digest includes an NCT review on the safety of home birth which is significantly different from the NICE review. Despite the 'errors and ambiguities', there is broad general agreement that the available evidence comparing the safety of home birth with hospital birth for low-risk women is limited.

However, it is clear that giving birth in out-of-hospital settings is generally very safe for both mother and baby and we endorse the NICE recommendations.

Continuity of carer
Unfortunately continuity of care gets rather a mixed report from NICE. Team midwifery (defined as a group of midwives providing care and taking shared responsibility for a group of women from the antenatal, through intrapartum to the postnatal period) is not recommended as it is considered to be more expensive, and to have an excess of perinatal mortality, compared with standard maternity care. In addition, studies were of teams varying in size from 4-10 or more midwives and it remains unclear how responsibility was shared between the midwives within the teams. There were fewer medical interventions, with more spontaneous births and fewer episiotomies. Caseload midwifery on the other hand, possibly fares a little better. There is strong evidence that women were significantly more satisfied with their maternity care at all stages.

The NCT support the research recommendation that studies should be undertaken on the effects of caseload midwifery, particularly in the UK context, as continuity of carer is highly valued by women. We are concerned that PCTs may be deterred from implementing new ways of working aimed at providing continuity of carer.

Eating and drinking during labour
The NCT welcomes recommendations around freedom to eat and drink to appetite during labour:

Coping with pain in labour
The guideline covers a wide range of methods for coping with pain in labour, emphasising that women should be supported in their choice if they wish to use breathing and relaxing methods, massage, acupuncture, hypnosis and the playing of music.

The NCT particularly welcomes the recommendations on use of water for pain relief, and its identification as a priority for implementation.

We support the importance of informing women in advance of the possible side effects of opioids and epidural. The guideline says that before choosing epidural analgesia, women should be informed amongst other things that it provides the most effective pain relief, that it requires more intensive monitoring, is associated with a longer second stage and increased chance of an instrumental birth, though no increase in the length of the first stage of labour.

Interventions in labour The NCT welcomes the guidance on active management of labour, which has been controversial in terms of definition, application and outcomes:

'The package known as active management of labour (one-to-one continuous support; strict definition of established labour; early routine amniotomy; routine 2-hourly vaginal examination; oxytocin if labour becomes slow) should not be offered routinely'.

Immediate care of the newborn
Reiterating the recommendations made in the NICE Postnatal Care guideline published in July 2006, the guideline emphasises the importance of skin-to-skin contact between mother and child immediately after the birth, the need to avoid separation of a women and her baby within the first hour of birth, and early initiation of breastfeeding ideally within 1 hour.

Third stage of labour
The guideline recommends active management of the third stage of labour but says that:
'Women at low risk of postpartum haemorrhage who request physiological management should be supported in their choice' (p.183).

This is an important recognition that there are alternatives and that women's preferences should be respected.

Routine care for the healthy pregnant woman (updated)

http://www.nice.org.uk/CG006

In March 2008 NICE published the updated ***Antenatal care guideline**,*[6] which offers advice on the care that should be offered to women during their pregnancy. This advice is an update of the original document published in 2003, revising areas where new information has become available.

NICE recommends that midwives and doctors provide women with evidence-based information about a range of key issues such as the risks and benefits of screening tests and lifestyle advice so they can make decisions that are right for them and their baby.

The recommendations include:

- All women should be informed at the booking appointment about the importance of maintaining adequate vitamin D stores during pregnancy and whilst breastfeeding.
- Ideally screening for sickle cell diseases and thalassaemias should be offered to women as early in pregnancy as possible, ideally by 10 weeks.
- A screening test for Down's syndrome should be offered ideally between 11 weeks and before 14 weeks.
- Screening for gestational diabetes using risk factors is recommended in all women.

The Guideline includes advice about alcohol intake during pregnancy, which is consistent with the advice issued in 2007 by the UK Chief Medical Officers. The recommendations are:

- Pregnant women and women planning to become pregnant should be advised to avoid drinking alcohol in the first 3 months of pregnancy due to the increased risk of miscarriage.
- Women should be advised that if they choose to drink alcohol during pregnancy they should drink no more that 1-2 UK units once or twice a week. There is uncertainty about how much alcohol is safe to drink during pregnancy, but there is no evidence that this low level will do any harm to the unborn baby.
- Women should be advised not to get drunk or binge drink (drinking more than 7.5 UK units of alcohol on a single occasion) while pregnant because this can cause harm to the unborn baby.

NICE Diabetes in Pregnancy Guideline
Management of diabetes and its complications from pre-conception to the postnatal period

http://www.nice.org.uk/guidance/index.jsp?action=byId&o=11626

In March 2008 NICE published the ***Diabetes in pregnancy guideline***,[7] which provides clear and consistent advice to doctors and midwives on how to help women with diabetes manage their condition when they are preparing to conceive, after they have given birth and in the cycle towards their next pregnancy.

The guideline recommends that women with pre-existing diabetes should access specialist services prior to conception and be given advice on the importance of planning their pregnancy and be given advice on the importance of planning their pregnancy. The guideline also highlights the importance of providing information to women on staying healthy during pregnancy. This includes maintaining proper glycaemic control and taking folic acid. This will help minimise the risks of problems for women with diabetes so they have the best chance of a good outcome for themselves and their babies.

Key recommendations include:

- Women with diabetes who are planning to become pregnant should be informed that establishing good glycaemic control before conception and continuing this throughout pregnancy will reduce the risk of miscarriage, the baby having a malformation at birth, stillbirth and neonatal death.
- Women with diabetes who are planning to become pregnant should be offered pre-conception care and advice before discontinuing contraception.
- If it is safely achievable, women with diabetes should aim to keep fasting blood glucose between 3.5 and 5.9 mmol/l and 1-hour postprandial blood glucose below 7.8 mmol/l during pregnancy.
- Women with diabetes should be offered antenatal examination of the four-chamber view of the fetal heart and outflow tracts at 18-20 weeks.
- Babies of women with diabetes should be kept with their mothers immediately after birth unless there is a clinical complication or there are abnormal clinical signs that warrant admission for intensive or special care.
- Women who were diagnosed with gestational diabetes should be offered lifestyle advice (including weight control, diet and exercise) and offered a fasting plasma glucose measurement (but not an oral glucose tolerance test) at the 6-week postnatal check and annually thereafter.

Changes and closures of maternity services: Influencing the outcome of a reconfiguration

A maternity services reconfiguration is the process by which changes are made to the locations and the way in which maternity services are provided. These often take place as part of changes affecting a range of hospital and/or community health services in the area. Many maternity services reconfigurations involve reductions in the number of locations at which intrapartum services are provided. Medical services are usually centralised; a development that is unwelcome for local communities but which can also create new opportunities for midwife-led services, particularly birth centres.

Financial pressures in general, as well as specific changes to training arrangements for junior doctors and the shortening of doctors' working hours, as set out in the European Working Time Directive and Modernising Medical Careers, have influenced this trend. The NCT is concerned that many proposals for reconfiguration are not based on clear evidence that larger units with more specialist services are more effective in delivering care.

From the viewpoint of a local activist, a proposed reconfiguration should be seen as an opportunity to review services and deliver on the principles of a quality modern maternity service. The NCT believes that all women should have the option of giving birth at home, in a midwife-led unit or in a consultant-led unit. This range of choices should be provided close enough to a woman's home to allow women and their families to have real access to these options.

In other parts of the UK, government policy supports choice of place of birth and access to home birth. The Government white paper *Maternity Matters*,[8] applicable to England, published in 2007, states that by the end of 2009 all women in England should have access to this range of options. And in Wales in 2002 a target of10 per cent of all births should be at home was set in 2001.[9] The *Welsh NSF*,[10] published in 2005, also discusses the need to provide pregnant women with choice over place of birth. The benefits of midwife-led centres are discussed, with the NSF acknowledging that midwifery-led birth centres can provide 'a family-centred, less technologically intrusive service'. In Scotland, a woman's right to choose where to give birth is recognised in *A framework for maternity services*, published in 2001.[11] In Northern Ireland, home birth rates are low, at around 0.4 per cent[12] and have increased very little over recent years. No policies are in place to routinely offer home births to women, although a statement from the Minister for Health Social Services and Public Safety in September 2008 said that he was considering the implementation of the NICE *Intrapartum care* guideline, currently applicable to England and Wales, in Northern Ireland.[13] This could include recommendations on offering choice of place of birth.

In addition to reviewing how well proposals will deliver on government commitments and on the principles of quality maternity services, there are particular challenges posed by reconfiguration, especially for those in remote locations or with marked travel distances to centralised services and for areas with a poor record in consulting fully with the public.

By becoming a member of NCT Active you can access a range of tools and resources which can help you influence the outcome of a reconfiguration. To register with NCT Active simply visit www.nct.org.uk/active. A *Getting to know your issue: Activist's guide to reconfigurations of maternity services* is a useful tool for anybody who is faced with a reconfiguration of their local maternity services and is available from the resources pages of NCT Active, the NCT's activist's network. For more information, please email campaigns@nct.org.uk

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