

Midwife Led Unit (MLU) Review Proposed Changes Summary Table

29.11.2017 for Proposed Service Model Briefings Information Pack

Current Provision	Proposed Service Model
Before pregnancy	
<p>All women have access to universal public health services relating to healthy lifestyles. Women with a specialist need have access to mental health services provided by South Staffordshire and Shropshire NHS Foundation Trust (SSSFT).</p>	<p>As a woman, I ...</p> <ul style="list-style-type: none"> - Can easily access information and support to help me be healthy during pregnancy - Have easy access to support with my emotional wellbeing in relation to my experience of getting pregnant/trying to get pregnant - May access services from a range of professionals, such as GPs, mental health services, fertility services and the early pregnancy service who work closely together to ensure that my needs and experiences are well understood. - Can easily access information on-line as well as being able to take part in peer support networks if I want to share my experience. <p>As staff, I ...</p> <ul style="list-style-type: none"> - Am working to new improved pathways and have access to joint training and information sharing to enable me to work better with other services. - Can easily access more information on line and train with others I work with, even if they are not in the same service/organisation as me. - As a midwife, although I don't work directly within pre-pregnancy services, I get information from these services to enable me to support women well during pregnancy and beyond. <p><u>Commissioner notes</u></p> <p>The aim of this change is to improve the health of women in pregnancy. This will lead to a greater number of midwife led births as well as improving longer term health outcomes for women and their families.</p> <p>These services sit outside of the scope of the MLU review, but are included here for completeness as the importance of good, joined up care and support before pregnancy was raised during this review. This proposal will be put forward to the Local Maternity System (LMS)¹ for action.</p>

¹ The national review of maternity services 'Better Births' required each area in England to bring providers and commissioners together to operate as local maternity systems, to lead the transformation required in maternity services. Our local LMS is the Shropshire, Telford and Wrekin LMS. The MLU review is part of the transformation that will be delivered by the Shropshire, Telford and Wrekin LMS.

Pregnancy	
<p>Access to services is unclear and disjointed, with some women accessing services via their GP and some contacting maternity services directly.</p> <p>Women receive antenatal care from community midwives, from a range of locations across the county, including 5 MLUs² (1 x Alongside (AMU), 4 x Freestanding (FMU)) and 2 community bases.</p> <p>Ultrasound scanning is available in MLUs in most parts of the county.</p> <p>Day Assessment is available in MLUs in some parts of the county.</p> <p>Obstetric clinics are available in MLUs in some parts of the county.</p> <p>Women with an identified mental health need receive support through a specialist service provided by SSSFT.</p>	<p>As a woman, I ...</p> <ul style="list-style-type: none"> - Register myself with maternity services early in pregnancy, through a single phone number - Am given access to a range of information available in a format that suits me. Information will include details about the services that are available (including emotional health and wellbeing services), planned appointments and what I should expect/need to do at each stage of my pregnancy. - Have access to care in pregnancy from a range of locations across the county including MLUs and maternity hubs. - Can get to my nearest maternity hub easily by car or public transport and services at the maternity hubs will be available at times which suit me. The services available at the maternity hub nearest to me are the same as the services available in other maternity hubs. - Am connected with other women who have a similar due date as me from early in my pregnancy, if I want to be. - Create a 'becoming a family plan' with my midwife that is flexible and describes the support and help I and those who support me need. - Receive care that plans for me to give birth in a midwife led setting (midwife led unit or home birth) of my choice, unless it is not safe for me or my baby, or I choose to give birth in a consultant led setting for other reasons. - Get to know the place where I plan to give birth and meet the midwives who are likely to deliver my baby. - Will not need to make a decision about where I give birth until later on in my pregnancy in the late second or third trimester³. - Have access to advice and support from a midwife 24/7, including seeing a midwife in person, by video call or speaking to them over the phone. This will include an excellent triage service available 24/7 that I ring when I think I'm in labour to help to ensure that I get to my chosen place of birth on time. - Fully understand any decisions that need to be made about the care for me and my baby. I have a say and feel fully involved in making those decisions, including when unexpected things happen. - Have access to up to date information about my care electronically. - Have a say in decisions about the service, including service improvements. <p>As staff, I ...</p> <ul style="list-style-type: none"> - Am part of a team with a mix of skills. As a midwife, I will have a caseload that is in line with national

² There are two different types of Midwife Led Unit (MLU): An Alongside MLU (AMU) is on the same site as a Consultant Led Unit. A Freestanding MLU (FMU) is not on the same site as a Consultant Led Unit.

³ Pregnancy is typically broken into three periods, or trimesters, each of about three months. Each trimester is defined as 14 weeks, for a total duration of 42 weeks, although the average duration of pregnancy is 40 weeks.

	<p>guidance. As a maternity support worker⁴, I will assist midwives with tasks such as routine blood tests, urine testing and weight measurements.</p> <ul style="list-style-type: none"> - Have strong links and excellent information sharing with others involved in the care of the women receiving maternity services, including local GPs. - Have access to up to date electronic information about women who are accessing the services. - Feel well supported by my manager and the organisation I work for. - Have a say in decisions about the service, including service improvements. <p><u>Commissioner notes:</u></p> <p>The maternity hubs will ensure that women across the county have equal access to services close to home. Women will have improved access to a range of services related to pregnancy – they can access them from the same place and the way the service is delivered will enable women to build relationships with other women accessing the services.</p> <p>It is proposed that there are at least 5 maternity hubs across the county which will be available for at least 12 hours a day for planned midwifery led care. It is proposed that there will be at least one maternity hub in at least each of the following areas:</p> <ul style="list-style-type: none"> - Telford - Shrewsbury - Bridgnorth - Ludlow - Oswestry <p>It is proposed that the same types of service are available at each maternity hub, including:</p> <ul style="list-style-type: none"> - Antenatal care from a midwife - Support from women’s services assistants - Planned antenatal appointments with an obstetrician - Scanning and fetal monitoring for all trimesters (not including labour) - Antenatal day assessment, including CTG⁵ monitoring - Support with emotional wellbeing and mental health - Support with long term conditions during pregnancy - Healthy lifestyle services, including smoking cessation and weight management services - Information and advice about pregnancy and parenthood including antenatal classes/groups, breastfeeding,
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⁴ Maternity Support Workers are also referred to as Women’s Services Assistants in Shropshire, Telford and Wrekin. This is the role that supports midwives in caring for women and their babies.

⁵ A Cardiotocograph (CTG) is a machine that records the fetal heartbeat, movements and the contractions of the uterus during pregnancy.

	<p>baby care and life skills such as budgeting and cooking</p> <ul style="list-style-type: none"> - Information and advice about birth options - Peer support networks, where women and their family can link in with others if they want to, to share experiences. This could be through 'drop in' café's or online networks <p>Services will be more sustainable through more integrated working and improved skill mix within the midwifery led care service. In addition, service availability will be shaped around local demand and activity. The staffing model will require fewer midwives to 'staff' maternity hubs, enabling more midwives to be able to flexibly respond to demand.</p> <p>Services will be close to home for women and more joined up. Local services will be available at times that suit them.</p>
Birth	
<p>Women have a full choice of birth options, delivered through:</p> <ul style="list-style-type: none"> - 1 x consultant led unit (Princess Royal Hospital, Telford) - 1 x AMU (Princess Royal Hospital, Telford) - 4 x FMU (Bridgnorth, Ludlow, Oswestry, Shrewsbury) - Home Birth 	<p>As a woman, I ...</p> <ul style="list-style-type: none"> - Have a full range of birth settings to choose from (Consultant led unit, Alongside Midwifery Led Unit, Freestanding Midwifery Led Unit and Home Birth). The choice of birth settings includes places over the Shropshire border, which may be more convenient for me. - Will be with appropriate health professionals in time and at a place appropriate to my needs. - Know that wherever possible, professionals will do what they can to enable me to have a birth that closely aligns with my 'becoming a family plan' so that I have a safe, positive birth experience that supports a great start to family life. - Have 1:1 care in labour. - Am likely to know the midwives delivering my baby. - Fully understand any decisions that need to be made about the care for me and my baby. I have a say and feel fully involved in making those decisions, including when unexpected things happen. - Have access to up to date information about my care electronically. - Have a say in decisions about the service, including service improvements. <p>As staff, I...</p> <ul style="list-style-type: none"> - Am part of a team with a mix of skills. As a midwife, I will deliver 1:1 care in labour. I will be confident that appropriate processes are in place to ensure that women get to their chosen place of birth on time wherever possible. I have a caseload that is in line with national guidance. - As a maternity support worker, I will assist midwives as required and support the mother during labour. - Have strong links and excellent information sharing with others involved in the care of the women receiving maternity services, including local GPs. - Have access to up to date electronic information about women who are accessing the services. - Feel well supported by my manager and the organisation I work for.

	<ul style="list-style-type: none"> - Have a say in decisions about the service, including service improvements. <p><u>Commissioner notes:</u></p> <p>In the proposed model, women will be able to give birth at the Consultant-led unit at Princess Royal Hospital (PRH), at the Alongside Midwife Led Unit at Princess Royal Hospital, a Freestanding Midwife Led Unit in Shrewsbury and at Home. The MLUs in Telford and Shrewsbury may also act as the maternity hubs for antenatal and postnatal care.</p> <p>There will be improved pathways with maternity services over the border to facilitate easier access to services in those areas for women choosing to do so.</p> <p>This proposed model is designed to increase the number of midwife-led births by: Over time, improving the health of women during pregnancy; Changing pathways in antenatal care so that all women receive care that plans for a midwife led birth, unless this won't be safe for the woman or her baby, or she chooses consultant led care for another reason; enabling women during pregnancy to get familiar with the midwife led units and the staff who work there; enabling women to make a decision about their preferred place of birth later in pregnancy; moving the alongside midwifery led unit closer to the consultant led unit in order for a different level of risk to be safely managed.</p> <p>Clinical and Financial sustainability will be improved through more effective use of skill mix within teams. Whilst maintaining a full choice of birth options within county, reducing the number of MLUs will enable staffing to be deployed more effectively in line with demand.</p> <p>The current AMU, whilst technically an AMU as it is on the same site as the consultant unit, is not close enough to the consultant led unit for a greater level of risk to be safely managed. Consideration needs to be given to re-locating the AMU closer to the consultant led unit in order to seek to increase midwife led births.</p>
Postnatal	
<p>Women have access to inpatient postnatal care in MLUs as well as the consultant led postnatal ward and as outpatients at home.</p>	<p>As a woman, I ...</p> <ul style="list-style-type: none"> - Am given access to a range of information available in a format that suits me. Information will include details about the services that are available including emotional health and wellbeing services, planned appointments and what I should expect/need to do during the postnatal stage. - Have access to care postnatally from a range of locations across the county including MLUs and maternity hubs. - Can get to my nearest maternity hub easily by car or public transport and services at the maternity hubs will be available at times which suit me. The services available at the maternity hub nearest to me are the same as the services available in other maternity hubs. - Have access to advice and support from a midwife 24/7, including seeing a midwife in person, by video call or speaking to them over the phone. - Have access to a range of support and can include my partner in this, including support with: <ul style="list-style-type: none"> ▪ Emotional Wellbeing and Mental Health

	<ul style="list-style-type: none"> ▪ Physical Wellbeing and recovery from birth ▪ Feeding my baby ▪ Gaining confidence; transitioning well to family life ▪ Bonding with and attachment to baby (including immediate family – father and siblings where relevant) ▪ Gaining skills to help me care for my baby (practical advice) <ul style="list-style-type: none"> - Have a safe space I can go to, where I feel comfortable to spend time reflecting on the birth experience. - Am connected with other women who have babies of a similar age to mine and am linked in to peer support networks, if I want to be. - Can have a postnatal inpatient stay on the postnatal ward if I need it after I have given birth. - Fully understand any decisions that need to be made about the care for me and my baby. I have a say and feel fully involved in making those decisions, including when unexpected things happen. - Have access to up to date information about my care electronically. - Have a say in decisions about the service, including service improvements. - Understand how to access further advice and support after my baby is 10 days old. <p>As staff, I ...</p> <ul style="list-style-type: none"> - Am part of a team with a mix of skills. As a midwife, I will have a caseload that is in line with national guidance. As a maternity support worker, I will assist midwives in supporting women with things such as feeding, bonding and practical tasks. - Have strong links and excellent information sharing with others involved in the care of the women and their babies, including local GPs. - Have access to up to date electronic information about women who are accessing the services. - Feel well supported by my manager and the organisation I work for. - Have a say in decisions about the service, including service improvements. <p><u>Commissioner notes:</u></p> <p>It is proposed that a team of community midwives and women’s support assistants will be available 24/7 to offer advice and support after the woman has given birth (this will be available from as soon as the mother returns home, or as soon as the midwife who delivered the baby at home has left). This support and advice will be available either in person, through a video call, or over the phone.</p> <p>Excellent postnatal care will be available consistently across the county. Clinical and Financial sustainability will be improved through more effective use of skill mix within teams and with staffing configuration better matching service demand.</p> <p>It is proposed that there are at least 5 maternity hubs across the county which will be available for at least 12 hours a</p>
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day for planned midwifery led care. It is proposed that there will be at least one maternity hub in at least each of the following areas:

- Telford
- Shrewsbury
- Bridgnorth
- Ludlow
- Oswestry

A range of other different services will also be available at the maternity hubs. The same services will be available in each of the maternity hubs at times which suit women accessing the services. Services available will include;

- Postnatal care from a midwife
- Support from women's services assistants
- Newborn checks and screening
- Drop-in service or planned access during a 12 hour period to enable support, for example with feeding, confidence building, baby care skills
- A space for women and their families to reflect on the birth experience
- Support with emotional wellbeing and mental health
- Support with confidence building and bonding
- Support with feeding
- Support with long term conditions postnatally
- Healthy lifestyle services
- Information and advice about parenthood including postnatal groups, infant feeding, baby care and life skills such as budgeting and cooking
- Peer support networks, where women and their family can link in with others if they want to, to share experiences. This could be through 'drop in' café's or online networks