

A Refreshed Framework for Maternity Care in Scotland

The Maternity Services
Action Group

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Ministerial Foreword

The Scottish Government is committed to ensuring that all children in Scotland get the best possible start in life, even before they are born. Maternity care plays a vital role in providing women, their partners and their babies with the care and support they need at this important time. The ambitions of NHSScotland's Healthcare Quality Strategy are at the heart of this refreshed framework. We know that women and their partners want a healthy baby. Women want for themselves and their baby a service that is person centred, safe and effective. They need timely, relevant and easily accessible information to help them make the choices they face. They want care that is of equitable quality regardless of their individual circumstances, with consistent support, advice and continuity of that care.

NHS staff providing maternity care are committed to providing high quality care. This refreshed framework recognises that all staff will need learning and development support to continue to develop the knowledge and the skills they need to deliver tailored maternity care of equitable quality for all women. This includes staff having the skills to work with women and their families using health asset or strengths based approaches- approaches that start with *and* harness the high levels of motivation women have to do what's best for their babies.

We know from the evidence gathered for the Early Years Framework that maternal and parental circumstances and behaviour during pregnancy have an impact on children's outcomes. High risk factors such as alcohol and drug misuse, domestic abuse, smoking as well as diet and maternal nutrition impact on health outcomes at birth, in infancy, and across the whole of the life course. Crucially we now know that there is a strong link between antenatal anxiety and maternal depression, and poor outcomes for children including development, parental bonding and behavioural problems. The evidence tells us that the most promising services for pregnant women are therefore those offering high-quality social support alongside antenatal healthcare.

This refreshment of Scotland's Framework for Maternity Care is the product of the Maternity Services Action Group (MSAG). MSAG is the strategic group for maternity services in Scotland, bringing together key professional and service stakeholders with policy officers from the Scottish Government's Child and Maternal Health Division. The aim of the refreshment is to strengthen the contribution NHS maternity care makes to improving maternal and infant health *and* reducing the unacceptable inequalities in maternal and infant health outcomes. In addition, in response to the specific recommendation in Equally Well that NHS Boards improve their capacity to reach and manage women and babies in high risk groups, MSAG have produced practical antenatal inequalities evidence into action guidance to accompany this framework.

I believe this refreshed Framework sets the pace for continuous improvements in maternity care. Stakeholders have welcomed the inclusion of service improvement measures. They have highlighted three key areas that will benefit from national support to ensure that the framework is effectively implemented, these are:

- workforce development,
- improvements in information and data collection and analysis
- risk assessment of pathways of care between primary care, maternity services and public health nursing.

I am delighted that an implementation support group will therefore be charged with working closely with the named executive lead for each NHS Board area, to address these three key areas and support NHS Boards develop their own outcome focussed implementation plans that meet the needs of their local communities.

Shona Robison, Minister for Public Health and Sport

EXECUTIVE SUMMARY

This document is intended as a refreshment of the national Framework for Maternity Services in Scotland, first published in 2001. It has been developed by a writing group of the Maternity Services Action Group (MSAG). MSAG is convened by the Scottish Government and is the strategic group for maternity services in Scotland. It brings the Scottish Government together with key stakeholders from maternity services, the Royal Colleges, Special Health Boards and the Scottish Health Council. A full list of organisations represented is available in Appendix 1.

The refreshed framework is designed to address all care from conception, throughout pregnancy and during the postnatal phase. The term maternity care within this document is intended to refer to **any** NHS service providing maternity care to women and their babies- including care provided by **Midwives, Obstetricians, General Practitioners, Anaesthetists, Paediatricians, Neonatologists, Public Health Nurses, Pharmacists, Optometrists, Dentists and Allied Health Professionals**. Effective collaboration and communication between all of these disciplines and services, and particularly between primary care, public health nursing and maternity services, is essential for person centred, safe and effective maternity care. Specific standards of care for babies in need of additional, special care are being developed for neonatal services by a national Neonatal Expert Advisory Group.

Whilst this framework is concerned with maternity care, the principles and some of the service descriptors will be of relevance to other staff providing NHS services to women and their babies, including sexual health and reproductive health staff, substance misuse and addictions staff, mental health staff and community pharmacy staff. In addition to those providing direct maternity care, the framework is intended for use by NHS Board and regional planners; clinical governance and performance management staff. Additionally, it is intended as a reference source for local authority and Third Sector services¹.

This framework has the following sections:

- Introduction
- Policy context
- Policy and Evidence into practice
- Summary of **key quality indicators and health outcomes**
- **Overarching principles** for all aspects of the woman and baby's journey through maternity care
- **Service descriptors** for each part of the journey through maternity care- **antenatal care, labour and birth and postnatal care**
- Glossary
- Appendix

¹ The Third Sector refers to the voluntary sector

KEY DRIVERS FOR REFRESHING THE FRAMEWORK ARE:

- The need to reduce inequalities in maternal and infant health outcomes at birth and across the life course.
- The need to measure improved access, care and experience for all women, prioritising improvements for those at risk of poor health outcomes.
- The need to develop tailored, proportionate, universal provision that identifies and facilitates access to specialist provision where needed.
- The need to strengthen communication and collaboration between services providing maternity care.
- The need to use women's experience of care to drive service improvement.
- The importance of strengthening NHS Board planning of maternity care at regional level; within local Children and Adult service planning processes and within local Community Planning Partnerships.
- The fundamental and critical importance of workforce planning and development to ensure that all women and their babies are cared for by the right team of people, with the right skills, in the right place, every time.

IMPLEMENTATION

The framework is ambitious and demanding. It recognises the need to strengthen the contribution of maternity care to giving all children the best start in life through protecting and promoting the health and wellbeing of the mother and family.

It is recognised that there will be a number of challenges in translating this refreshed framework into practice. These implementation challenges range from- constrained public service resources in the short to medium term, workforce planning and development needs, to information and data issues. These are substantial challenges, but they must not hamper consistent service improvement over time. Indeed the challenges are in themselves imperatives for improvement. The evidence is strong that investing in early intervention, prevention and support as early as possible leads to significant savings across public services.

'A wide range of economic studies suggest that returns to early investment in children during the pre-birth period and first few months of life, up to the age of eight years old are high, but reduce the later the investment is initiated. Investment in early and effective interventions translates into substantial savings to the public sector.'
*Tackling Child Poverty in Scotland- A Discussion Paper.*²

² <http://www.scotland.gov.uk/Publications/2010/11/15103604/11>

For maternity care services reaching and managing higher risk groups of women in the antenatal period will help strengthen NHS capacity to both promote healthier pregnancies *and* effectively manage the co morbidities which often lead to premature births and poorer maternal and infant health outcomes- thereby reducing demand on neonatal and paediatric services in the short term to medium term.³

The future financial constraints, rather than being a barrier to action, provide an imperative to implement this framework.

Achieving improvements in access to maternity care and *equity in the quality* of the care received will require the harnessing of resources at national, regional and individual NHS Board levels. Key expertise and inputs will need to be drawn from national bodies and from NHS Board expertise across Public Health, Learning and Development, Organisational Development and Planning and Performance Management. Individual NHS Board's will require flexibility and time to respond effectively to the more challenging aspects of the frameworks implementation depending on their local population profiles and needs.

The development of outcomes focused implementation plan with realistic timescales by the end of March 2012 will be essential to ensuring translation of this framework into practice. NHS Boards will need to play a central role in the development of an implementation plan alongside other key stakeholders. Principle 1 of the framework calls for a named Executive Director from each NHS Board to provide leadership, governance and momentum to its implementation.

³ NICE Socially complex pregnancies- <http://guidance.nice.org.uk/CG110>

1. INTRODUCTION

This refreshed framework is concerned with maternity care from conception until the postnatal period. Getting maternity care right for every woman and baby is the cornerstone of family health – it is an essential element of giving all Scotland’s children the best possible start in life. We know however that not all of our children have that start in life, for whilst maternity care in Scotland is amongst the safest and of the highest quality in the world, significant inequalities exist in maternal and infant health outcomes⁴.

“A Framework for Maternity Services in Scotland” was published in 2001. Since then, evidence has been gathering about the importance of maternal lifestyle and chronic stress on the developing fetal brain and stress regulatory system. We now understand that maternal physical, emotional and social wellbeing in pregnancy and in the early weeks of an infant’s life are important ingredients for improved outcomes at birth and across the life course.

Strengthening the role of maternity care services in promoting and supporting improvements in maternal and infant wellbeing is the key aim of this framework. However, we know that improvements in maternal health and wellbeing need to happen *before* pregnancy begins and maternity care is needed. The Centre for Maternal and Child Confidential Enquiries⁵, highlight that maternal obesity, poor maternal nutrition, maternal mental health, gender based violence, use of toxic substances such as tobacco, alcohol and drugs, are all indirect⁶ causes of maternal and infant death or illness.

Improving the general health and wellbeing of prospective parents and families is a key precursor to improving maternity care and central to improving outcomes for children. The important role of the General Practitioner and the Public Health Nurse in caring for the whole family’s health is therefore a vital component of both preconceptual care, and safe and effective maternity care. General Practitioners also have a crucial role in continuing care for women with underlying medical conditions throughout the pregnancy journey and beyond.

Other public services have a key role to play in preconceptual health including reproductive and sexual health care services through supporting women plan their pregnancies as detailed in the Sexual Health Strategy for Scotland -Respect and Responsibility, the Teenage Pregnancy toolkit and the HIV Action Plan.⁷ Education

⁴ CMACE- <http://www.cemach.org.uk/>

⁵ *ibid*

⁶ Indirect means not directly related to the physiology of pregnancy- however, indirect causes have a *clinical impact* including, intrauterine growth restriction, low birth weight, premature birth, increased caesarean sections

⁷ Respect and Responsibility-

<http://www.scotland.gov.uk/Topics/Health/health/sexualhealth/respect> and
http://www.ltscotland.org.uk/publications/r/publication_tcm4593481.asp?strReferringChannel=search&strReferringPageID=tcm:4-615801-64

services also have a key role through the delivery of the personal, social and health education elements of the Curriculum for Excellence⁸.

This refreshed framework for maternity services should therefore be seen as *one* part of a wider landscape of health improvement activity.

2. IMPROVING HEALTH AND REDUCING HEALTH INEQUALITIES-THE UNIQUE ROLE OF MATERNITY CARE SERVICES

The model⁹ below shows that the many determinants of health are complex and interlinked. Inequalities in health arise because of inequalities in access to and/or benefit from the determinants shown in the model. Clearly then, they cannot be addressed by health policy or healthcare alone. They require action at structural¹⁰, individual, and collaborative public service level. Crucially effective collaboration requires each service to be clear about its own unique contribution.

Dalgren and Whiteheads' determinants of health model (1991)



We know that health inequalities follow a social gradient and as such affect all population groups¹¹. The importance of strengthening universal services is important to *reduce the gap* between groups. NHS maternity care services are unique in that they are the only universal public service for women and their babies during pregnancy and the early period of an infant's life. As such they are a vital component of, and gateway to, wider early years services including social care services, housing services, welfare services and the Third Sector.

Maternity care services have been working hard and creatively to continually improve the quality of the care they deliver. Many innovative and tailored services have been developed to meet the needs of women, babies and their families. However inequalities in access to,

⁸ Curriculum for Excellence-

<http://www.ltscotland.org.uk/understandingthecurriculum/whatiscurriculumforexcellence/index.asp>

⁹ Dalgren and Whitehead (1991) Policies and strategies to promote social equity in health; Background document to World Health Organisation's – Strategy paper for Europe, Stockholm.

¹⁰ Structural refers to the wider socioeconomic, cultural and environmental levels as shown in Dalgren and Whitehead's model.

¹¹ Equally Well- <http://www.scotland.gov.uk/Publications/2008/06/09160103/0>

and or, the quality of antenatal healthcare received continue to contribute to health inequalities. There is a clear correlation between poorer pregnancy outcomes, including higher rates of maternal and infant deaths and morbidity in women who book later for antenatal care, attended infrequently or never attend for care. At present in Scotland, women and babies who are at the greatest risk of poor health outcomes are the least likely to access and/or benefit from the antenatal health care that they need. This significantly hampers the contribution maternity care services can make to improving health and reducing health inequalities. A key component of this framework is to drive measureable improvements in early access to antenatal care that is person centred, safe and effective, and of equitable quality regardless of the circumstances and characteristics of individual women and families.

We know that improving access to antenatal care is insufficient; it needs to be accompanied by a focus on continuous, effective, assessment of health and social need in order to identify any prevention and early intervention actions needed *before* babies are born *and* in the early days of their lives. We know that to do this effectively, maternity care staff need to work in partnership with each other and with women and their families, using health asset or strengths based approaches¹².

Guidance to help strengthen NHS Board capacity to reduce antenatal health inequalities has been developed to support implementation of this framework¹³.

The Framework

The refreshed framework is intended as a flexible, overarching framework, within which NHS Boards can strengthen the unique contribution of maternity care services. It is intended to support and facilitate the planning and provision of high quality outcome focussed services, whatever the geographic or demographic nature of the communities they serve. The framework integrates key elements of the 2001 framework and the subsequent Expert Group on Acute Maternity Services report with current evidence and policy, together with continual service improvement measures.

The framework describes a number of overarching principles together with specific service descriptors for each part of a woman, baby and family's journey through maternity care. The overarching principles and the specific service descriptors are designed to strengthen two key aspects of maternity care provision:

- 1. the quality of the care and support provided by NHS services- ensuring it is person centred, safe , effective , equitable, timely and efficient for every woman, baby and family every time.**
- 2. The contribution of maternity services as partners with Local Authority and other public services, including the Third Sector.**

¹² Annual Report of the Chief Medical Officer, Scottish Government 2010

<http://www.scotland.gov.uk/Publications/2010/11/12104010/0>

¹³ Reducing Antenatal Health Inequalities Guidance- NHS Boards- <http://www.maternityservices.scot.nhs.uk/>

3. THE POLICY CONTEXT

This section gives an overview of the health and social policy context and extrapolates its key messages for maternity care practice. The approach driven by the national policy frameworks can be summarised as follows:

- Prevention of problems in the first place
- Early intervention if problems have started to manifest themselves- so as to prevent them getting worse
- An increasing emphasis on partnerships and outcomes to realise a transformational change in public sector service delivery
- Building capacity in communities, families, parents and children to help them tackle their problems

The focus of this approach is to identify the key inputs and actions needed to improve outcomes for children and families. For NHS staff this requires work across sectors and in multi-disciplinary teams, adopting key worker roles and being able to facilitate access to other services, in a way that is not merely signposting.

3.1 NHSSCOTLAND

HEALTHCARE QUALITY STRATEGY

The Better Health Better Care (BHBC) Action Plan (2008) made a commitment to strengthening the role of NHS healthcare in giving all children the best start in life: it was specific about developing the contribution of maternity services by updating the national framework for maternity services in Scotland.

*'NHSScotland's antenatal services mean that it is uniquely placed to develop early relationships with Scottish families and to identify risks and offer a preventative approach to health care. **We need to strengthen antenatal care so that we get better engagement with families who are at higher risk of poor outcomes, paying particular attention to the needs of teenage mothers who have traditionally started antenatal support later and had less of an engagement with elements of the service such as antenatal classes.***

The NHSScotland healthcare Quality Strategy¹⁴ builds on the momentum of BHBC; recognising that healthcare quality is 'built from the ground up and is dependant on the effects of millions of individual care encounters'. Care encounters that are consistently person centred, clinically effective and safe for every person, every time'.

¹⁴ <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/NHSQuality>

The healthcare Quality Strategy has been built around what people in Scotland have said they want from healthcare services. They said they wanted:

- **Caring** and **compassionate** staff and services
- Clear **communication** and explanation about conditions and treatment
- Effective **collaboration** between clinicians, patients and others
- A **clean** and safe environment
- **Continuity** of care and
- **Clinical** excellence

Delivering this quality of care is at the heart of clinical values and the motivation for all healthcare staff, including staff providing maternity care. Three high level Quality Ambitions have been developed to incorporate these aspects and the internationally recognised six dimensions of healthcare quality- healthcare that is; person centred, safe and effective, efficient, equitable and timely into the Quality Strategy.

All work within NHSScotland and with its partners will be aligned to the three healthcare Quality Ambitions. The table below demonstrates how these ambitions apply to maternity care.

Quality Ambitions	Maternity care- examples
Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making	Use of strengths based approaches in promoting health and behaviour change Effective communication, translation and interpretation services are in place Inequalities sensitive practice is promoted
There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate clean and safe environment will be provided for the delivery of health care services at all times	Reductions in healthcare acquired infections during antenatal, labour, birth and postnatal periods
The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated	Reductions in inequalities in access to antenatal and postnatal care services Reductions in inequalities of care quality experience

HALL 4 GUIDANCE

A New Look at Hall 4 - the Early Years - Good Health for Every Child¹⁵ (the refreshed Hall 4 guidance) highlights the importance of early assessment and planned support for the baby and family. In some cases, this may mean agreeing

¹⁵ www.maternityservices.scot.nhs.uk

the baby's health plan indicator with the family before the baby is born. This will need effective communication, referral and liaison processes to be in place between public health nursing, maternity services and primary care services.

MATERNAL AND INFANT NUTRITION FRAMEWORK

A framework to improve maternal and infant nutrition has been developed for Scotland. This framework sets out a clear set of actions to be taken across public service sectors in Scotland.¹⁶

3.2 THE SOCIAL POLICY FRAMEWORKS

The Scottish Government's purpose is to focus government and public services on creating a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth. This commitment is at the heart of the National Performance Framework- Scotland Performs¹⁷. Maternity care services have a contribution to make to at least four of the Scottish Government's 15 National Outcomes. These are:

- Our children have the best start in life *and* are ready to succeed
- We have improved the life chances for children, young people *and* families at risk
- We have tackled the significant *inequalities* in Scottish society
- We live longer *healthier* lives

The Concordat between the Scottish Government and local government and the new outcomes-focussed relationship that has emerged places significant expectations across the public and third sector to work in partnership, and align resources and priorities where possible.

In addition over the last 10 years a legal framework for the promotion of equality has taken shape. The Scottish Government and public bodies are working to ensure that no one is denied opportunities through factors such as race, gender, gender identity, disability, sexual orientation, religion or belief, or age. All public services are required to carry out Equality Impact Assessments in relation to the services they plan and provide. Alongside these legal frameworks, the Scottish Government has produced three key social policy frameworks which, taken together, form a coherent approach to addressing disadvantage and inequalities in Scottish society:

- The Early Years Framework - <http://www.scotland.gov.uk/Topics/People/Young-People/Early-years-framework>
- Equally Well (health inequalities)- <http://www.scotland.gov.uk/Publications/2008/12/10094101/0>
- Achieving our Potential (poverty and income inequality)- <http://www.scotland.gov.uk/Publications/2008/11/20103815/0>

¹⁶ Maternal and Infant Nutrition Framework- www.maternityservices.scot.nhs.uk

¹⁷ <http://www.scotland.gov.uk/About/scotPerforms>.

Equally Well and the Early Years Framework highlight the key role antenatal care has in contributing to reducing health inequalities and improving health in the early years. The Equally Well Task Force concluded that:

'Effective action in the early years to address future inequalities in health, and linked aspects of people's lives, includes high quality antenatal care that identifies and addresses risks early' (Equally Well page 29)

Achieving our Potential acknowledges the compelling evidence that exists which shows that despite the best efforts of government, local authorities and many others, some children are still held back by social and economic barriers which hamper their development and make it much more likely that they will experience poverty in later life. Interventions which address inequalities in maternal and infant health can provide critical support in ensuring children have the best possible start in life.

The Equally Well Task Force stresses that if services are to respond effectively to the range of circumstances that contribute to a person's health and wellbeing, a collaborative approach across different public services is required, along with the active engagement of service users and the communities they live in. The following is a summary of key messages for maternity care from the Equally Well review and the recent Marmot review.¹⁸

Health inequalities closely follow a social gradient -affecting all groups in society. Improving population health and reducing the gap between groups therefore requires a public service response that is universal, tailored and proportionate to need. Neither a solely targeted nor a one size universal approach will do - a 'progressive universalist' approach is required.

International research and expert advice indicate a number of approaches that are likely to be effective in improving health outcomes whilst also reducing inequalities in outcomes between groups; those most pertinent to maternity services include:

- 1. High quality, evidence-based antenatal care that identifies risks early and takes effective action to deal with them- capitalising on the evidence that the antenatal period is an optimum point at which most women are highly motivated to do what is best for their baby,**
- 2. Continuity of care and carers**
- 3. Schemes to improve maternal nutrition during pregnancy,**
- 4. Measures to alleviate poverty in families, including income maximisation and employability services.**

¹⁸ Fair Society , Healthy Lives Marmot Review Team- <http://www.marmotreview.org/>

GETTING IT RIGHT FOR EVERY CHILD (GIRFEC)

GIRFEC <http://www.scotland.gov.uk/Topics/People/Young-People/childrenservices/girfec/programme-overview> is a central part of the Scottish Government's commitment to improving outcomes for all children and clearly articulates the need for transformational change across all public service systems, practice and culture to drive these improvements. The GIRFEC approach applies across the spectrum of need, whether there are early indications of additional needs within universal services or in higher risk situations involving the need for more complex interagency plans. It provides a common, co-ordinated approach which is relevant to all agencies and services working with families.

4. POLICY AND EVIDENCE INTO PRACTICE

This section looks at key challenges for maternity care and gives an overview of what translating policy and evidence into practice means.

4.1 WHAT DO WE KNOW? ¹⁹

- Women under 20 and women from areas of deprivation tend to ‘book’ for antenatal care later than other women.
- Booking late for antenatal care is a significant factor in maternal and infant mortality and morbidity.
- There is marked variation by socioeconomic group and by maternal age at birth, in the proportion of pregnant women attending antenatal classes: two thirds of those aged up to 20 years (the majority of whom live in deprived areas) did not attend any classes while three quarters of those aged 30-39 years went to most or all.
- Younger mothers and those from less affluent areas are more likely to find it difficult to know who to ask for help regarding concerns and are also less likely to ask for that help.
- The highest birth rates occur in the most deprived communities.
- A higher proportion of babies born to mothers living in the most deprived fifth of the population have a low birth weight than those born to mothers living in the most affluent areas (9% compared to 5% in 2004-05).
- Older and younger mothers are more likely to have a low birth weight baby. A higher number of babies are born to younger mothers living in more deprived areas than to older mothers living in more affluent areas.
- Maternal obesity is a causal factor in poor maternal and infant outcomes including premature birth, intrauterine growth restriction and caesarean sections.
- Women and their babies from particular population groups: teenagers, women from black and minority ethnic communities, women with learning disabilities, women with mental health problems, experience poorer health outcomes when compared to other population groups. Women are of course not defined by age, ethnicity or poverty; rather these factors intersect, leading to comparatively poorer health outcomes and other outcomes.
- Lifestyle behaviours such as alcohol use, smoking, drug misuse, risky sexual behaviour, poor nutritional intake and physical activity have complex interlocking relationships with social inequalities and cultural norms and practices. The provision of health improvement advice and information is not effective in promoting behavioural change on its own.

4.2 SHIFTING PRACTICE

The Equally Well Ministerial Task Force (2008)²⁰ and other reviews have found that social inequalities have a profound influence on the future health of children now being born in Scotland. The Task Force reconvened in 2010 to review progress with

¹⁹<http://www.growingupinScotland.org.uk/>, <http://www.scotland.gov.uk/Topics/Health/health/Inequalities/inequalitiestaskforce>
<http://www.scotland.gov.uk/Publications/2008/06/evidence>

http://www.isdscotland.org/isd/CCC_FirstPage.jsp

²⁰ <http://www.scotland.gov.uk/Publications/2010/06/22170625/12>

implementing the three social policy frameworks, in the light of current and continuing financial constraints. This review has been explicit about the need to continue to invest in effective early years intervention activity and has confirmed that the three social policy frameworks remain the best approach to deliver long term improvements in health outcomes. The Task Force has stressed the need for a shift from traditional approaches to improving health.

FROM TRADITIONAL TO ASSETS OR STRENGTHS BASED APPROACHES

For NHS services this means a shift from using traditional, deficit models of health – that start with what’s wrong’; smoking, drug misuse, alcohol use, poor nutrition etc- rather than what is working in a person’s life and what people care about.

Health asset or strengths based approaches recognise the strengths within an individuals' possession. Health assets or strengths embrace both internal and external strengths. Internal strengths include positive relationships with others, the motivation to control or change individual circumstances, and the presence of protective personal characteristics, such as for example, a resilient personality and/or a sense of optimism. External characteristics include social support networks, expectations of others, and physical and environmental elements. The antecedents of health assets are genes, values, beliefs, and life experiences. Using health asset based approaches can mobilise an individual to engage in risk assessment, decision making, and change.

Behaviour change in relation to risks such as alcohol, drug and tobacco use, poor nutrition and obesity remain critical ingredients in improving maternal and infant health outcomes. However, we know that women are highly motivated to do what’s best for their babies and will be more likely to adapt and change their health behaviours if their emotional wellbeing and social circumstances are acknowledged and addressed, together with their hopes and aspirations for themselves and their babies.

Evidence from the Family Nurse Partnership programme demonstrates that by building on the strengths of the pregnant woman and working in tandem with her agenda , i.e. 'agenda matching', can lead to improved self efficacy and a wide range of improved social and health outcomes for both her and her baby²¹.

A health assets model of working requires the fostering of mutually beneficial relationships between women and maternity care staff based on inequalities sensitive practice and continuity of care and as such is consistent with ambitions of the healthcare Quality Strategy. The potential for maternity care staff to work with women in this way is enormous; indeed it is the way that many staff already work. We need to ensure that all staff are encouraged and supported to have the capacity and capability to work in this way, recognising that the wellbeing of staff themselves is fundamental to this approach.

²¹ **Kitzman,H.J., Olds, D.L.,Cole,R.E. et al (2010)** Enduring Effects of Prenatal and Infancy Home Visiting by Nurses on Maternal Life Course and Government Spending - Follow up of a Randomized Trial Among Children at Age 12. Arch Paediatric Adolescent Medicine. 2010;164 (5):419-424

5. WHERE ARE WE NOW?

This section gives an overview of the current context for maternity care services in Scotland.

5.1 SERVICE CONTEXT

The 2001 framework was written at a time of falling birth rates in Scotland; however, since then the birth rate has been steadily rising (up 4.3% between 2002 and 2010). Significantly, the highest birth rates tend to occur in areas of social deprivation where women tend to have their babies at a younger age and more likely to need additional, tailored support. In addition, there is a growing trend for women to have their first baby at an older age, often with consequential additional clinical needs for both mother and baby.

NHS Boards plan and deliver their maternity services within very diverse demographic and geographic contexts. They serve remote and rural communities and large urban areas; affluent communities (with hidden poverty) and communities living with significant poverty and social deprivation. Some NHS Board communities have experienced significant inflows of economic migrants, immigrant and asylum seeker populations, whilst others have remained relatively homogenous.

THE GETTING IT RIGHT FOR EVERY CHILD NATIONAL PRACTICE MODEL

Embedding the Getting it Right for Every Child national practice model²² within maternity services will enable maternity staff to ask the same key questions of themselves about a woman and her baby in the pre birth phase and in the postnatal period if at any point they need additional help due to their circumstances:

- **What is getting in the way of this woman or baby's well-being?**
- **Do I have all the information I need to help this woman or baby?**
- **What can I do now to help this woman or baby?**
- **What can my service do to help this woman or baby?**
- **What help, if any, may be needed from others?**

PATHWAYS OF CARE

A key objective of the refreshment of the framework for maternity care is to ensure that pathways of care are person centred. This requires safe and effective communication and collaboration between maternity services, primary care and public health nursing services.

The Keeping Childbirth Natural and Dynamic (KCND) programme was established to identify the most appropriate care pathway for individual need and the most appropriately skilled professional to deliver that care as early as possible in pregnancy. This programme together with Quality Improvement Scotland (NHS QIS)

²² Guide to getting it right for every child- <http://www.scotland.gov.uk/Topics/People/Young-People/childrenservices/girfec/programme-overview>

maternity care pathways have been developed to facilitate robust risk assessment in early pregnancy and ensure timeous proportionate support for women and their babies throughout their maternity care journey.

NHS QIS are developing a Vulnerable Families care pathway which will support staff providing maternity care to meet the needs of women and babies with multiple and complex health and social care needs.

5.2 WORKFORCE PLANNING AND DEVELOPMENT STAFF GOVERNANCE STANDARD

NHSScotland Staff governance acknowledges that investment in staff equals direct investment in patient care. The Standard complements the principal aims of the Healthcare Quality Strategy and works towards exemplary employment, making it easier for all staff to contribute to the best possible care. The Standard focuses on five key principles, ensuring staff are:

- **Well informed**
- **Appropriately trained**
- **Involved in decisions which affect them**
- **Treated fairly and consistently**
- **Provided with an improved and safe working environment**

A number of important frameworks and drivers have emerged since the 2001 framework these include the European Working Time Regulation, reshaping the Medical workforce²³, the age profile of the workforce and an increase in part time working patterns. In addition Midwifery 2020²⁴ has developed a vision for the midwifery workforce for the next 10 years. However, the fundamental concepts of safe, effective woman centred maternity care have not changed.

Strengthening the role of maternity services in providing safe and effective care for all women and their babies depends on effective planning and development of the workforce to ensure that care is delivered by appropriately skilled and supported staff that are competent in the following knowledge, skills and behaviours:

- **Continuous, effective holistic (health and social needs) assessment of women and their babies**
- **Effectively identifying and managing the interlocking nature of clinical risk and social risk (domestic abuse, child protection, homelessness, disability etc)**
- **Ensuring and managing effective and timely response to need**
- **Working in mutual, respectful partnership with all women and their families**
- **Knowledge and understanding of the impact of social inequalities on clinical outcomes, demonstrated through inequalities sensitive practice**
- **Knowledge and understanding of their role in mitigating against the impact of social inequalities and the skilful use of strengths/asset based approaches**
- **Working collaboratively and effectively in multi disciplinary teams and in multi agency partnerships**

²³Securing Future Practice: Shaping the new medical workforce in Scotland:

<http://www.scotland.gov.uk/Publications/2004/06/19454/38410>

²⁴Midwifery 2020: <http://www.midwifery2020.org/>

Ensuring staff, including primary care contractors have the necessary, training, development and support they need, and the opportunity to influence and develop the services they deliver, will require leadership at all levels. NHS Board's learning and development resources, public health teams and planning, performance and governance mechanisms will need to be aligned with supporting the implementation of policy into practice. This will ensure that every maternity care episode is person centred, safe and effective and of equitable quality for every woman and her baby, every time.

5.3 INFORMATION AND DATA TO DRIVE AND MEASURE PROGRESS

The refreshed framework has service improvement measures, primarily intended to support NHS Boards benchmark and measure their progress in relation to key maternal and infant outcomes and quality indicators.

The development of a national data set based on an updated Scottish Woman Held Record (SWHMR) is fundamental to both involving women in their maternity care and ensuring Maternity services gather, record and report on a wide range of information for both local and national purposes. NHS Boards need to ensure that they have efficient and effective mechanisms for the gathering of information and data in place. This is vitally important to avoid a negative impact on valuable clinical time with women. The effective and efficient collection and analysis of information and data is critical for a number of reasons:

- **Enables holistic assessment and risk management of women and their babies' health and wellbeing**
- **Enables the measurement of specific health outcomes for women and their babies**
- **Enables the measurement of inequalities in outcomes between groups of women and babies**
- **Enables services to identify and measure improvements in service provision using maternity service dashboards**
- **Enables the measurement and reporting of local and national trends, for example, caesarean rates**
- **Enables the identification of the key characteristics associated with poorer outcomes**
- **Enables effective service planning at national, regional and local levels**

Improvements in the collection, reporting and utilisation of data are therefore vital for performance management and service improvement purposes. Key gaps include:

- **The recording and analysis of information relating to equalities groups; ethnicity, disability etc.**
- **The recording of information relating to drug and/or alcohol misuse and gender based violence**
- **The systematic use of electronic systems rather than paper based systems**

The following is a summary of quality indicators and health outcomes/

SUMMARY OF KEY QUALITY INDICATORS AND OUTCOMES FOR MATERNITY CARE

Improved safety of all women and their babies leading to a decrease in the number of critical incidents and near misses
Increase in early uptake of maternity services, including screening and diagnostic services by all women, particularly those women and their babies at higher risk of poorer health outcomes, ideally by 10 weeks
Increase in integrated workforce planning *and* development –prioritising midwifery and public health nursing
Improved communication and collaboration between primary care, maternity services and public health nursing services
Increase in the gathering and utilisation of patient experience surveys, complaints and other feedback leading to improved experience of maternity services across all groups of women
Increasing evidence that Equality Impact Assessments are driving maternity services planning and service delivery
Increasing signposting to and uptake of appropriate welfare benefits
Increased promotion of financial inclusion support to families such as income maximisation services, financial capability support and money and debt advice services
Increased focus on maternal and infant mental and emotional health and wellbeing, including effective assessment and support services
Decrease in inappropriate caesarean section rates
Improved integration of maternity services within children, adults and community planning processes
Improved assessment of need and response to women with complex health and social care circumstances whose babies are at risk of poorer outcomes
Improved referral to and uptake of parenting support services in the antenatal and postnatal period
Improved provision of contraceptive advice and contraception, prior to discharge from postnatal care
Increased use of workforce workload planning tools, ensuring the right skill mix

Maternity care services contribute to the following key short, medium and long term outcomes:

SHORT- MEDIUM TERM OUTCOMES

Decrease in infant and maternal morbidity and mortality
Increase in uptake of smoking cessation services in pregnancy
Increase in smoking cessation rates amongst groups known to have poorer outcomes
Increase in breast feeding rates prioritising improvements in those groups known to have poorer outcomes
Abstinence of alcohol use during pregnancy
Improvements in the detection and effective management of Intra Uterine Growth Restriction (IUGR)
Improvements in gestational birth weight
Increase in women using long lasting reversible contraception.

LONG TERM OUTCOMES

Improved life expectancy at birth
Improved child health, education, economic and social outcomes
Reduced gap in life expectancy at birth between groups
Reduced unintended repeat pregnancies and terminations particularly amongst teenagers and women at risk of poorer sexual health outcomes

The Scottish Government has published a comprehensive set of indicators to support the early years framework more broadly these are available at www.scotland.gov.uk/earlyyearsframework

The following sections of this document detail:

THE OVERARCHING PRINCIPLES FOR MATERNITY

CARE: These principles are intended to apply to all parts of the woman and baby's journey through maternity care including antenatal care, labour and birth and postnatal care.

SERVICE DESCRIPTORS RELATING TO KEY

ASPECTS OF CARE: These are divided into the following sections:

- **Preconception care**
- **Antenatal care**
- **Labour and birth**
- **Postnatal care**

NOTE

The term **maternity services** refers to the specialist care provided by midwives, obstetricians, anaesthetists, neonatologists, paediatricians

The term **maternity care** refers to care during pregnancy and or in the postnatal phase, including that provided by specialist maternity services, primary care services and public health nursing services.

Overarching Principles

Principle 1	Activity	Continuous Service Improvement Measures
<p>Accountability and planning mechanisms are in place to ensure that the delivery of maternity care is reflective of national policy and guidance.</p>	<p>Mechanisms are developed at NHS Board / regional level to integrate maternity care into all relevant service planning structures.</p> <p>NHS Boards work towards having robust integrated data collection mechanisms in place to ensure epidemiological and demographic data is used to plan services.</p>	<p>NHS Boards have a named Executive Director for maternity services who makes annual reports via agreed governance mechanisms.</p> <p>NHS Boards plan and provide fully integrated neonatal and maternity care responsive to the needs of their population.</p> <p>NHS Boards have evidence that they carry out Equality Impact Assessments of their maternity care strategies.</p> <p>NHS Boards ensure that maternity care is effectively integrated to local children and adult service planning mechanisms.</p> <p>NHS Boards ensure that they effectively include maternity care planning and provision within community planning partnership processes.</p> <p>NHS Boards have evidence that they consider maternity care as part of their workforce planning processes.</p> <p>NHS Boards have evidence that their primary care strategies encompass maternity care and that primary care services are effectively involved in the planning and delivery of maternity care.</p>

Principle 2	Activity	Continuous Service Improvement Measures
<p>Maternity care is delivered by appropriately trained and skilled staff²⁵ able to deliver person centred, safe and effective care.</p>	<p>Integrated service / workforce / financial planning mechanisms are in place and responsive to changing epidemiology and demographics in the population.</p> <p>Workforce planning takes account of current and predicted workforce demographic profiles.</p> <p>Workforce planning of skill mix enables the delivery of person centred, safe and effective services.</p>	<p>NHS Boards have evidence that they have effective integrated mechanisms in place to plan their workforce education and development in a way that reflects their population's needs.</p> <p>NHS Boards have evidence that future education and training needs are informed by appropriate processes including workforce training needs analysis.</p> <p>NHS Boards have evidence of workforce uptake, (including primary care contractors) of training and development resources that are aligned with the priorities for maternity care services.</p>

²⁵ **The term maternity care staff is intended to apply to all NHS staff providing maternity care including external contractors such as General Practitioners, Community Pharmacists, Dentists, Optometrists etc.**

Principle 3	Activity	Continuous Service Improvement Measures
<p>Data collated at local and national levels is of relevance and utility to clinicians, service planners performance managers and the Scottish Government.</p>	<p>There is a dynamic approach and processes in place to ensure that data capture and presentation is relevant and meets current needs, including equality impact assessment requirements.</p> <p>Any gaps in data sets/ information at national and local levels is identified and action taken.</p> <p>Maternity care services have efficient and effective systems in place for data collection and analysis.</p> <p>Maternity care services ensure that all women are provided with and encouraged to use the Scottish Women Handheld Maternity Record.</p>	<p>NHS Boards have evidence that maternity care services are complying with all maternity data return requirements.</p> <p>NHS Boards have evidence that all women have a standardised Scottish Woman Held Maternity record (SWHMR).</p> <p>NHS Boards ensure that the systems they use are able to effectively and efficiently capture all of the SWHMR fields.</p> <p>NHS Boards have evidence that their IT systems comply with nationally identified data requirements and that information is returned to ISD within specified timescales.</p> <p>NHS Boards have evidence that they are exchanging information and data with Primary Care, with appropriate patient consent, for service planning purposes.</p>

Principle 4	Activity	Continuous Service Improvement Measures
<p>All women have early direct access to and uptake of safe and effective maternity care.</p>	<p>Systems are in place to ensure that all women are offered the option of attending a midwife as the first professional contact, ensuring women are also aware that the choice of seeing their GP at any point in their pregnancy is available.</p> <p>Antenatal care services are tailored and proportionate to local population need.</p> <p>Inequalities in access to maternity services are identified and effectively addressed.</p> <p>Antenatal care services are promoted through all appropriate NHS and local authority services including-sexual and reproductive health services, mental health services, community addiction services, specialist mental health services, social services etc.</p>	<p>NHS Boards have evidence that they are tailoring reach to women and babies known to be at risk of poorer outcomes.²⁶</p> <p>NHS Boards have evidence that maternity care services audit uptake of antenatal services prioritising measurable improvements in uptake by women at risk of poorer outcomes.</p> <p>NHS Boards have evidence that they are working with their Community Planning Partners, including the Third sector to improve access to maternity services- prioritising early access and sustained engagement with maternity services amongst those women and their babies at risk of poorer maternal and infant health outcomes.</p> <p>NHS Boards have evidence that there are effective communication and collaboration between maternity services and primary care services, with specific processes where these services are not colocated.</p> <p>NHS Boards have evidence that there is effective liaison, communication and pathways between maternity services, primary care, public health nursing and other NHS services working with women at risk of poorer outcomes.</p>

²⁶ Known risk groups include, teenagers, women living in poverty, women misusing alcohol and/or illicit drugs, women in migrant, asylum or immigrant populations, women living with gender based violence, women with learning disabilities or mental health problems. NOTE these groups are not distinct from each other- many will intersect.

Principle 5	Activity	Continuous Service Improvement Measures
<p>Early intervention, prevention and promotion of maternal and infant health and well being are integral elements within maternity care planning and provision.</p>	<p>Relevant national pathways, guidelines and models are implemented.</p> <p>Relevant advice and guidance from professional bodies and statutory organisations is implemented.</p> <p>A Health Plan Indicator for level of health service support needed during pregnancy and after the baby is born, can and should be identified at any point during the antenatal period.</p>	<p>NHS Boards have evidence that maternity care services are integrated to local children's services planning and vulnerable adult planning mechanisms.</p> <p>NHS Boards have evidence that maternity care services have processes in place to monitor adherence to and implementation of appropriate national pathways, guidelines and models of care.</p> <p>NHS Boards have evidence that maternity care staff have processes in place to ensure that statutory and professional body advice is followed.</p> <p>NHS Boards have evidence that maternity care staff have the training, development and support they need, including regular supervision.</p>

Principle 7	Activity	Continuous Service Improvement Measures
Principle 6	Activity	Service improvement measures
<p>Continuous quality improvement processes and outcome measures are in place within maternity services to ensure the safety and wellbeing of women and their babies.</p>	<p>Scottish Patient Safety Programme tools are routinely utilised.</p> <p>All maternity staff have a clear understanding of the concept of risk assessment and management.</p> <p>Patient communication and language support systems are effectively employed.</p> <p>Adverse incidents/near misses information is routinely collated and used for individual and team development.</p> <p>A mechanism for effective team development and communication is in place.</p> <p>Maternity care staff have a clear understanding of the importance of social risk- for example domestic abuse, child protection concerns etc.</p>	<p>Evidence of robust clinical governance and multi-disciplinary risk management systems which report to the NHS Board.</p> <p>NHS Boards have evidence that maternity services are utilising national risk management tools.</p> <p>NHS Board's have evidence that they are utilising Maternity Service Dashboards in accordance with Professional Body Guidance.</p> <p>NHS Boards have evidence of robust clinical and professional leadership for maternity services across all levels within the organisation.</p> <p>NHS Boards have evidence of implementation of robust clinical and statutory midwifery supervision.</p> <p>NHS Boards have evidence that appraisal processes are in place for the systematic and multi-disciplinary dissemination and sharing of learning from adverse events and near misses.</p> <p>NHS Boards have evidence that effective induction and ongoing learning processes are in place for all maternity services staff.</p> <p>NHS Boards have evidence that they monitor their trends in near misses and adverse events and have action plans in place in response.</p> <p>NHS Boards have evidence that they have proactive plans in place to reduce healthcare acquired infection rates during pregnancy.</p>

<p>Communication and information provided to women in relation to their maternity care has the following key features:</p> <ul style="list-style-type: none"> • Enables women to make informed decisions about their care, • Is clear, consistent, balanced and accurate, and based on the current evidence, • Is supported by written information and/or available in different formats, • Is presented in a way that all women can understand (including women with additional needs such as sensory (visual, hearing) or learning difficulties; women who do not speak or read English and women with poor health literacy). 	<p>Information and communication tools are used in a way that is responsive to individual women’s needs.</p> <p>Information is available in a variety of formats and is regularly updated.</p> <p>Maternity care staff ascertain that women understand the information, care and advice they receive.</p>	<p>NHS Boards have evidence that communication, language, translation and advocacy resources in place and that these are being utilised by all services providing maternity care.</p> <p>NHS Boards have evidence that maternity care staff have the training, development and support they need to effectively meet women’s communication and information needs.</p> <p>NHS Boards have evidence that women’s experience of the quality of communication and information during their journey through maternity care is gathered and used for continuous service improvement purposes, prioritising improvements in groups at risk of poorer health outcomes.</p> <p>NHS Boards have evidence that maternity care services regularly review the quality of the information they provide to women and their families.</p> <p>NHS Boards have evidence of collaborative working between maternity services, public health nursing primary care services and other services in contact women during the maternity period.</p>
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Principle 8	Activity	Continuous Service Improvement Measures
<p>Public involvement in maternity care services planning, and women and their families experience of maternity care, is proactively and routinely sought and utilised to improve services.</p>	<p>Patient experience feedback tools and Patient and Public Involvement processes are integral to maternity care service improvement.</p> <p>Maternity care staff are actively supported to deliver person centred care through effective learning and development and supervision processes.</p> <p>Maternity care services utilise the Scottish Health Council's 'Good Practice in service user involvement in maternity services'</p>	<p>NHS Boards have evidence that maternity care is influenced by women's experience and public involvement feedback.</p> <p>NHS Boards have evidence that maternity care services take account of relevant national and local service user surveys.</p> <p>NHS Boards have evidence that maternity care services have taken all reasonable steps to secure appropriate user involvement representative of their local population within their maternity services liaison committees.</p> <p>NHS Boards have evidence that they are measuring improvements in the experiences of women at risk of poorer health outcomes.</p> <p>NHS Boards have evidence that there is provision and uptake of learning and development opportunities for staff to deliver person centred care.</p>

Principle 9	Activity	Continuous Service Improvement Measures
<p>Maternity care services enable and promote active research, implementation and evaluation cycles which directly improve health outcomes for women and their babies.</p>	<p>Local audit activity influences practice.</p> <p>Maternity care services work effectively with their local and national research and development departments.</p> <p>Maternity care services enable wider regional and national research collaboration.</p>	<p>NHS Boards have evidence that local audit cycles are improving clinical practice.</p> <p>NHS Boards have evidence that there is investment in research and development activity that relates to maternity services.</p>

Principle 10	Activity	Continuous service improvement measures
<p>Maternity care services recognise the role of a woman's partner and the baby's father and/or other social networks, making sure they are involved in supporting the woman during pregnancy in line with the woman's wishes.</p>	<p>Women's partners or significant others are included in the provision of antenatal education programmes, care and birth planning processes.</p> <p>Maternity care staff provide all women with access to private time in line with national guidance recognising that not all women are in supportive relationships.</p>	<p>NHS Boards have evidence that fathers, partners/family/friend involvement is encouraged and occurs in accordance with the woman's wishes.</p> <p>NHS Boards have evidence that all women are offered private time with a midwife or with the GP (where women opt to see their GP instead of the midwife) to discuss partner involvement.</p>

SERVICE DESCRIPTORS: PRECONCEPTION, PREGNANCY, BIRTH AND POST NATAL CARE

PRECONCEPTION CARE

Service Descriptor 1	Activity	Continuous service improvement measures
<p>Specific pre conception services are available to women who need them (e.g. poor obstetric or medical history, previous poor fetal or obstetric outcomes, or where there is a family history of significant illness or disease).</p>	<p>A local / regional approach is taken to the planning and provision of specific services as appropriate.</p> <p>Primary care services utilise their disease registers to offer opportunistic and targeted pre-conceptual services.</p>	<p>NHS Boards have evidence of a specific pre-conception service for women based on appropriate guidance, pathways and models.</p> <p>NHS Boards have evidence that they are utilising data from primary care to plan preconception services</p> <p>NHS Boards have evidence that staff, including primary care contractors have the necessary training, development and support required to undertake their role.</p>

Note- this descriptor refers to the care of women who had previous obstetric problems. Promotion of general preconceptual health falls within the remit of a number of public services including primary care, specialist sexual health and reproductive health services, public health specialists and nurses, education services, and the third sector.

PREGNANCY AND ANTENATAL CARE

Service Descriptor 2	Activity	Continuous service improvement measures
<p>All women who experience complications in early pregnancy have access to an early pregnancy assessment service.</p>	<p>All Health professionals across the NHS system are aware of the service and able to refer directly to it.</p> <p>Women who experience early pregnancy complications are cared for in a dedicated area distinct from the general gynaecology or obstetric ward.</p> <p>Women who miscarry are offered a choice of management options.</p>	<p>NHS Boards have evidence that information about their early pregnancy service is effectively communicated to women and maternity care services.</p> <p>NHS Boards have evidence that maternity care services have formal referral arrangements in place, including the option for women with previous problems to self refer.</p> <p>NHS Boards have evidence that there is access to ultrasound facilities in secondary and tertiary units.</p> <p>NHS Boards have evidence that staff have the training, development and support they require to effectively support bereaved women, their partners and families.</p>

Service Descriptor 3	Activity	Continuous service improvement measures
<p>All women have early and timely access to appropriate, safe and effective antenatal care.</p>	<p>Antenatal care is delivered in line with national guidelines, pathways and models.</p> <p>All women have an initial assessment of their health, obstetric and social needs completed and are offered appropriate screening referral and care options by twelve weeks gestation.</p> <p>There is ongoing assessment of wellbeing at every ante-natal contact.</p> <p>Antenatal care and support is tailored and proportionate to individual need.</p> <p>As far as possible services are provided in locations and at times that meet the needs of local populations.</p>	<p>NHS Boards have evidence that maternity services are improving uptake of antenatal services, including antenatal education, ensuring uptake by women at risk of poorer maternal and infant health outcomes.²⁷</p> <p>NHS Boards have evidence that maternity care services are assessing maternal health and social need by twelve weeks gestation prioritising assessment of women at risk of poorer maternal and infant outcomes.</p> <p>NHS Boards have evidence that they are collecting and utilising domestic abuse data in line with national guidance.</p> <p>NHS Boards have evidence that multi-professional and multi-agency working practices, pathways and models are in place for the care and support of women and their unborn babies, and these are improving maternal and infant health outcomes.</p> <p>NHS Boards have evidence that maternity care services gather and utilise women's experience of accessing antenatal care - prioritising women with poorer maternal and infant health outcomes.</p> <p>NHS Boards have evidence that staff have the training, development and support they need to effectively assess a woman and her unborn baby's health and social needs.</p>

²⁷ Known risk groups include, teenagers, women living in poverty, women misusing alcohol and/or illicit drugs, women in migrant, asylum or immigrant populations, women experiencing gender based violence, women with learning disabilities or mental health problems. NOTE these groups are not always distinct from each other- many will intersect.

Service Descriptor 4	Activity	Continuous service improvement measures
<p>An evidence based, tailored and proportionate health improvement programme is provided by maternity care services throughout the antenatal period.</p>	<p>The national syllabus for antenatal education is implemented.</p> <p>The Maternal and Infant nutrition framework action plan is driving practice.</p> <p>Every antenatal contact is seen as an opportunity for health assets/strengths based health promotion</p> <p>Maternity staff work in partnership with women in relation to their health and well being prioritising</p> <ul style="list-style-type: none"> • Smoking cessation in pregnancy • Maternal and infant nutrition- including the promotion of breast feeding and the management of maternal weight • Drug/substance misuse and alcohol use in pregnancy • Maternal and infant mental health and well-being • Oral health improvement • Contraception <p>Appropriate information and promotional materials; DVDs etc. are available to meet individual women's needs- including women with poor health literacy.</p> <p>Maternity staff work in partnership with local services including the Third sector.</p>	<p>NHS Boards have evidence that maternity services are tailoring health improvement programmes for individual women and their babies prioritising those at risk of poor maternal and infant health outcomes.</p> <p>NHS Boards have evidence that maternity services have appropriate programmes in place to promote abstinence from alcohol in pregnancy and are measuring the impact of these programmes on alcohol use in pregnancy.</p> <p>NHS Boards have evidence that maternity services are increasing referrals to smoking cessation services and that smoking cessation rates in pregnancy are increasing.</p> <p>NHS Boards have evidence that they are implementing the maternal and infant nutrition strategy and are measuring impact on women and infants.</p> <p>NHS Boards have evidence that maternity services are effectively promoting increased uptake of Healthy Start benefits and financial inclusion approaches such as income maximisation, financial capability support and money and debt advice services.</p> <p>NHS Boards have evidence that maternity services are providing parenting education and support and measuring uptake and benefit of impact of this.</p> <p>NHS Boards have evidence that maternity service staff have the necessary training, development and support to improve health using the health asset models.</p> <p>NHS Boards have evidence that maternity care staff gave knowledge and understanding of the impact of social inequalities on maternal and infant health.</p>

Service Descriptor 5	Activity	Continuous service improvement measures
<p>A high quality antenatal screening, diagnostic and follow up service is available and offered to all women in line with national guidance.</p>	<p>All women are offered appropriate screening options as early as possible – ideally by ten weeks</p> <p>National information resources are used effectively</p> <p>All women receive the information and the opportunities for discussion that they need to make informed decisions about taking up screening options</p>	<p>NHS Boards have evidence that the proportion of down's syndrome screening undertaken in first trimester for all women is increasing and they are taking action to improve where necessary.</p> <p>The proportion of mothers having antenatal sickle cell and Thalassaemia screening that have a conclusive screening result by 10 weeks' gestation is increasing.</p> <p>NHS Boards have evidence that screening and diagnostic services are offering all women appropriate information to allow informed choice, including tailored information for those who are known to come from groups who have poorer health outcomes.</p> <p>NHS Boards have evidence that they are using effective approaches and working with national and local partners to promote awareness of screening and diagnostic services.</p> <p>NHS Boards have evidence that screening staff have the necessary training, development and support to provide safe and effective screening and diagnostic services.</p> <p>NHS Boards have evidence that appropriate referral protocols are in place following screening and ensure all women receive appropriate follow up.</p> <p>NHS Boards submit data for the national KPIs for pregnancy screening.</p>

Service Descriptor 6	Activity	Continuous Service Improvement Measures
<p>A lead professional is identified for all women for antenatal care.</p>	<p>All women have a named midwife allocated who can provide continuity of carer during the antenatal period.</p> <p>A midwife is the lead professional for all low risk women and is responsible for the planning and provision of antenatal care, with support from wider maternity care services as required.</p> <p>An obstetrician is the lead professional for women with complex needs, supported by midwives and other maternity care staff.</p> <p>Lead professionals liaise with the multi professional team as required, including the woman's GP; ensuring women are encouraged to access their GP and others as appropriate.</p> <p>Midwives and GPs have complementary roles in the care of pregnant women and work collaboratively and effectively together.</p> <p>A public health nurse will be the named person and/or the lead professional for the baby's plan in the antenatal period depending on the level and nature of support required</p>	<p>NHS Boards have evidence that they are gathering women's experience of care and using this for continuous service improvement.</p> <p>NHS Boards have evidence that maternity services are ensuring that staff record the required information accurately.</p> <p>NHS Boards have evidence that they are actively measuring the impact of a named midwife and lead professional on improved maternal and infant health outcomes.</p>

LABOUR AND BIRTH

Service Descriptor 7	Activity	Continuous service improvement measures
<p>The choice of where and how to give birth should be reached using a process of decision making where the clinician and the woman are partners in ensuring the woman and baby are as safe as possible.</p>	<p>Maternity services ensure that women are given appropriate, accessible and evidence informed information and are fully involved in the decision making process.</p> <p>Protocols are in place for the safe transfer of mothers and babies to and between services</p>	<p>NHS Boards have evidence that Communication translation, and Language plans are in place and utilised within maternity services</p> <p>NHS Boards have evidence that they are gathering and using women’s experience of the process involved in the choice of place and method of birth.</p> <p>NHS Boards have evidence that maternity services ensure that all required information relating to the birth is recorded and transferred to the national data set and exchanged with Primary care with the appropriate patient consent.</p> <p>NHS Boards have evidence that maternity services have effective risk assessments processes in place for the safe delivery of mothers and babies and are monitoring maternal and infant health outcomes.</p> <p>NHS Boards have evidence that maternity care staff have the necessary training, development and support required.</p>

Service Descriptor 8	Activity	Continuous service improvement measures
<p>Maternity services provide a fully integrated person centred, high quality childbirth service that is safe and effective.</p>	<p>All women have 1:1 care by a midwife when in established labour.</p> <p>A midwife is the lead professional for women</p> <p>Women in established labour have a named midwife to provide one to one care on a shift to shift basis.</p> <p>Access to consultant obstetrician and anaesthetic services is available as required in line with national guidelines.</p> <p>Maternity staff working in theatre, recovery and high dependency units are trained in line with national and statutory body guidance.</p> <p>Standards of care for women requiring theatre services, recovery and high dependency care adhere to national and statutory body guidance.</p> <p>Clear pathways are in place for referring mothers between units and to intensive care services.</p> <p>A named lead professional with considerable theatre experience has the responsibility for the safe management of obstetric theatres on a day to day basis and ensures that the required standards of safe effective theatre care are met.</p>	<p>NHS Boards have evidence that women's experience of childbirth is gathered and used to drive continuous service improvements.</p> <p>NHS Boards have evidence that multidisciplinary, evidence based protocols for the management of labour ward, operating theatre and recovery room environments are in place leading to a reduction in near misses and adverse clinical incidents in line with national requirements.</p> <p>NHS Boards have evidence that the lead professional is routinely recorded on a national data set.</p> <p>NHS Boards have evidence that maternity services staff have the training, development and support they need to effectively carry out the clinical roles they undertake.</p>

Service Descriptor 9	Activity	Continuous service improvement measures
<p>Women should be assessed on presenting for care and in labour and offered an appropriate birth care pathways, avoiding unnecessary intervention, regardless of the birth setting.</p>	<p>Women should be continually assessed and offered care in line with national guidelines.</p> <p>The planned choice of birth made by the woman in the antenatal period should be provided where possible; ensuring the safety of the woman and her baby is of primary importance.</p> <p>Women are offered a choice of pain relief-management appropriate to the setting in which they choose to give birth.</p> <p>Women who have epidural analgesia or an operative delivery, have their pain assessed using a pain assessment tool.</p> <p>Maternity services are critically appraising Caesarean section rates, including regional and general anaesthetic rates.</p> <p>Maternity services critically appraise all unexpected admissions to Intensive care Units.</p> <p>Appropriate pathways and protocols are in place for transfer of mother and / or baby where necessary.</p>	<p>NHS Boards have evidence that maternity services ensure that information is able to be captured in the identified data set.</p> <p>NHS Boards have evidence that labour units have robust clinical governance and risk management processes in place leading to reduced incidence of near misses and adverse clinical events.</p> <p>NHS Boards have evidence that maternity services have effective processes in place for the systematic and multi-disciplinary dissemination and sharing of learning from adverse events and near misses.</p> <p>NHS Boards have evidence that there are critical appraisal processes for CS rates in place including effective action plans to address any upward trends and ensure clinical adherence to national guidelines.</p> <p>NHS Boards have evidence that epidural analgesia is available at all times in consultant led units.</p> <p>NHS Boards have evidence that they are gathering women's experience of pain relief during birth and using this information to drive continuous service improvement.</p> <p>NHS Boards have evidence that maternity service staff have the necessary training, development and support required.</p>

POSTNATAL CARE

Service Descriptor 10	Activity	Continuous service improvement measures
<p>All women and their babies are provided with person centred, safe and effective postnatal care.</p>	<p>Postnatal care is delivered in line with national guidelines, pathways and models.</p> <p>All women and babies have an assessment of their health and social needs completed and are offered appropriate screening, referral and postnatal care options.</p> <p>There is ongoing assessment of the mother and baby's need at every postnatal contact.</p> <p>Postnatal care and support is tailored and proportionate to the needs of the mother and baby.</p> <p>Robust and effective communication and liaison processes are in place between maternity teams, primary care staff, public health nurses and local authority services.</p>	<p>NHS Boards have evidence that maternity care services are taking steps to continuously improve postnatal services for all women ensuring tailored, proportionate care for women and babies at risk of poorer outcomes.</p> <p>NHS Boards have evidence that maternity care services are assessing maternal and infant health and social needs for all women , prioritising care management for women and babies at risk of poorer maternal and infant outcomes.</p> <p>NHS Boards have evidence that maternity care services gather and utilise women's experience of postnatal care - ensuring women with poorer maternal and infant health outcomes experience is gathered.</p> <p>NHS Boards have evidence that staff, including primary care staff, providing postnatal care have the training, development and support they need to effectively assess and respond to a woman and her baby's health and social needs during the postnatal period.</p>

Service Descriptor 11	Activity	Continuous service improvement measures
<p>A high quality postnatal screening, service is available and offered to all women and their babies in line with national guidance.</p>	<p>All women are offered appropriate screening for their infants in line with the newborn screening programme</p> <p>National resources are used effectively to provide information to women</p> <p>All women are offered appropriate screening in line with national pathways, guidelines</p> <p>All women receive accessible, relevant information and have the opportunity for discussion in relation to the screening programme</p>	<p>NHS Boards have evidence that they are monitoring uptake of their screening services for women and their babies</p> <p>NHS Boards have evidence that screening services are monitoring and improving uptake of their services amongst all women and those who are known to come from groups who have poorer uptake rates.</p> <p>NHS Boards have evidence that they have referral pathways in place to ensure appropriate follow up.</p> <p>NHS Boards submit data for the national KPIs for newborn screening.</p>

Service Descriptor 12	Activity	Continuous service improvement measures
<p>A named professional and where necessary a lead professional is identified for all women and babies during postnatal care.</p>	<p>All women have a named midwife allocated who can provide continuity of postnatal care for a minimum of 10 days post birth.</p> <p>Lead professionals liaise with the multi professional team as required, including the woman's GP; ensuring women are encouraged to access their GP and others as appropriate.</p> <p>A public health nurse will be the named person and/or the lead professional for any child's plan in the postnatal period depending on the level and nature of support required.</p>	<p>NHS Boards have evidence that postnatal care is based on multi-professional and multi-agency working practices.</p> <p>NHS Boards have evidence that pathways and models are in place for the safe and effective care and support of women and their babies in the postnatal period.</p> <p>NHS Boards have evidence that they have the necessary mechanisms in place for safe and effective communication and collaboration between maternity services, Primary Care services, Public health nursing services and other services.</p> <p>NHS Boards have evidence that they are regularly auditing postnatal care outcomes for women and babies.</p> <p>NHS Boards have evidence that they are gathering women's experience of care in the post natal period and are using this for continuous service improvement.</p>

Service Descriptor 13	Activity	Continuous service improvement measures
<p>An evidence based, tailored and proportionate health improvement programme is provided by maternity care services throughout the postnatal period</p>	<p>Maternity care staff work in partnership with women in relation to their own and their baby's health and well being. Essential areas depending on individual circumstances are:</p> <ul style="list-style-type: none"> • the impact of smoking or passive smoking on the babies wellbeing • Maternal and infant nutrition- in line with the maternal and infant nutrition framework • Drug/substance misuse and alcohol use and care of the baby • Maternal and infant mental health and well-being- ensuring support services are in place if necessary • The importance of oral health • Prevention of accidents to infants in the home. <p>Staff promote the use of longer acting reversible methods of contraception and where appropriate, and provide contraception before discharge from postnatal care particularly to more vulnerable women e.g. teenage mothers, women with substance misuse problems and sex workers.</p> <p>Staff provide information and advice on contraception; family spacing and women are directed to appropriate providers of contraceptive services.</p>	<p>NHS Boards have evidence that they are providing tailored proportionate health improvement information and support to parents in the postnatal period</p> <p>NHS Boards have evidence that they are implementing and measuring the impact of the infant and maternal nutrition action plan.</p> <p>NHS Boards have evidence that maternity units and Community Health Partnerships are working towards and/or achieving UNICEF accreditation.</p> <p>NHS Boards have evidence that they are critically appraising their breast feeding rates and have planned improvement measures in place particularly for those women in need of additional encouragement and support.</p> <p>NHS Boards have evidence that women are provided with information relating to contraception, sexual health and relationships, <i>and</i> where appropriate <i>provided</i> with contraception, particularly long acting, reversible contraception.</p> <p>NHS Boards have evidence that they are gathering women's experience of health improvement support in the postnatal period and using the information to drive continuous service improvement.</p>

Service descriptor 14	Activity	Continuous service improvement measures
<p>Postnatal discharge planning processes and mechanisms are person centred, safe and effective.</p>	<p>Managed Clinical Networks for neonatal care are in place.</p> <p>National pathways, guidelines and models underpin practice including Child Protection and domestic abuse protocols and duties.</p> <p>Relevant advice and guidance from professional bodies and statutory organisations underpin practice.</p> <p>Robust and effective communication and liaison mechanisms are in place between maternity services staff, primary care teams, public health nurses and local authority services.</p> <p>The lead professional in the postnatal period will be identified in line with the health and social care needs of the woman and baby</p> <p>Mechanisms are in place for a safe and effective transition from midwifery to public health nursing and primary care services</p>	<p>NHS Boards have evidence that integrated discharge planning processes and pathways of care are in place across specialist maternity, neonatal, primary care, public health nursing services and other specialist services such as addictions, mental health services and sexual health services.</p> <p>NHS Boards have evidence that maternity care services, children’s services and adult services have joint planning processes in place-in addition to critical care planning.</p> <p>NHS Boards have evidence that maternity care services have processes in place to ensure that statutory and professional body advice is followed by all staff in relation to postnatal and newborn care.</p> <p>NHS Boards have evidence that maternity services provide staff with the necessary training, development and support including regular supervision to ensure the safe and effective discharge of women and their babies from maternity care.</p> <p>NHS Boards have evidence that they are gathering women’s experience of integrated discharge planning processed in the postnatal period and are using the information to drive continuous service improvement.</p>

GLOSSARY

Asset or strengths based approaches

Traditional approaches to health improvement generally concentrate on the problem or deficit. For example- smoking, obesity etc. They generally rely on the provision of advice and information to individuals about what they need to change or modify. Health asset or strengths based approaches recognise that rather than starting with deficits there should be an emphasis on what is working in a person's life and what people care about. Strengths or asset based approaches require practitioners to recognise that some individuals need extra support work to harness these assets for their own wellbeing.

Health-

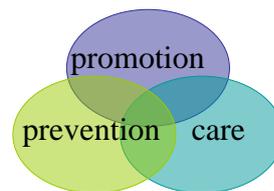
The World Health Organisation²⁸ defines health as: 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'

'Health Assets' or 'strengths'

Health assets are strengths within an individuals' possession. They embrace both internal and external strengths. Internal strengths include positive relationships with others, the motivation to control or change individual circumstances, and the presence of protective personal characteristics such as for example a resilient personality and/or a sense of optimism. External characteristics include social support networks, expectations of others, and physical and environmental elements. The antecedents of health assets are genes, values, beliefs, and life experiences. Health assets mobilise an individual to engage in risk assessment, decision making, and change. The consequences of health assets are positive health behaviours that can lead to control, self-efficacy and improved health outcomes.

Health Improvement

Health improvement refers to a combination of activity across the spectrum from health promotion activity to preventative services such as vaccination or screening services to care services to treat or respond to illness, disease or disability.



Health Inequalities

Health inequalities are differences in health experiences and health outcomes between different groups according to socio-economic status, geographical area, age, disability, gender or ethnic group.

²⁸ WHO (1946) Definition of Health Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference,

Health Literacy

The World Health Organisation's definition of Health Literacy is 'the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health'

Health Promotion

The World Health Organization defines health promotion as the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social wellbeing, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing.²⁹

Primary Care

Primary care refers to services provided by GP practices, dental practices, community pharmacists and high street optometrists. Around 90% of people's contact with the NHS is with these services

Public Health

Public health is the science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, organisations, public and private, communities and individuals.³⁰

²⁹ Ottawa Charter definition of health promotion www.who.int/hpr/NPH/docs/hp_glossary_en.pdf

³⁰ Winslow, C.E.A., (1920) The Untitled Fields of Public Health., Science, n.s. 51, p.23

Appendix 1

The ‘refreshment’ writing group

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