

Health, Wellbeing and Local Government Committee

HWLG(3)-06-10-p5: 18 March 2010

A Maternity Service for Wales:

The consensus views of a multiprofessional maternity services project group

The purpose of this document

This document has been produced to assist those responsible for planning Maternity Services in Wales as changes inevitably take place in the new NHS Wales organisations. The work of this Multidisciplinary Professional Project Group (MPPG) has formed part of the programme for the Welsh Medical Committee during the 2009-2010 period.

The document is not intended as a blue print or directive, but an attempt to provide maternity service planners with a consensus view from the lead professional groups on what vital issues need to be taken into consideration. The aim is to assist in developing a Maternity Service in Wales which is unified and fit for purpose.

What constitutes Maternity Services

The Maternity Services are delivered chiefly by Midwives, Obstetricians, Anaesthetists, Paediatricians and Neonatologists. The Maternity Service aims to be a cohesive service providing care for women at both low and higher risks of complications. The medical specialties are also part of the core service specialties. The role of GPs in providing mainstream maternity services has diminished considerably in the last decade but continues – usually at a low level and most often before pregnancy and after delivery. Midwives are involved in the care of all pregnant women irrespective of risk status and therefore their involvement in the Maternity Service is ubiquitous.

Much of the care is provided in the home or community. Where women change from a low

risk to higher risk status, or are identified from the outset as facing risks during their pregnancies, it becomes necessary to involve one or more of the medical specialties in addition to midwifery care. This higher level of care is provided in hospital consultant or obstetric units, the majority belonging to the secondary sector. The Royal colleges have set out the requirements for providing obstetric led care and obstetric anaesthesia, while the British Association of Perinatal Medicine (BAPM) sets the standards for the care of newborn babies.

For the newborn, there is a need to access neonatal special care, high dependency care, intensive care and other specialist neonatal services.

For mothers there is a need for the immediate availability of other facilities, *inter alia* an adult intensive care unit, and general surgery, general medical, and radiology services.

Each of the constituent medical specialties has other clinical commitments, for example in paediatrics, gynaecology, general anaesthesia or intensive care medicine.

At a broader level the Maternity Services also inevitably represent an interdependent network of care across Wales, especially where more advanced care, at tertiary centres, is needed for critically ill babies or mothers. The network is virtual and has never been subject to formal organisation. It is currently mainly influenced by a paediatric service recruitment crisis and, increasingly, similar problems in obstetrics and anaesthesia.

The concerns

There have been many rising challenges to providing a safe coordinated Maternity Service in Wales in recent years:

- Potential collapse of the medical elements of the service within one to two years through -
 - effect of European Working Time directive on both junior and senior medical service provision, training and continuing professional development

- shorter medical training periods requiring more organised training opportunities and supervised clinical experience to achieve completion of competence-based training
- recruitment difficulties in nearly all the professions involved, with unplanned pressure to replace junior service provision with senior service provision 24/7 but without a sustainable source of suitably trained practitioners
- attempts to deal locally with the difficulties for example by *ad hoc* mergers without a broader view of the effect on neighbouring and centralised (tertiary) services
- geographical challenges to reaching clinical standards of care including access / travel times
- reorganisation of the health service in Wales presents excellent opportunities to address the concerns but also the potential to overlook them or even for deterioration

How the group worked

Several concerns were raised in the National Speciality Advisory Group (NSAG) in Obstetrics and Gynaecology – which is also constituted as the Welsh Executive Committee (WEC) of the Royal College of Obstetricians and Gynaecologists (RCOG). As a result a group with representatives from all the main specialties involved in maternity care was formed as the MPPG in December 2008 (Appendix 1). The group has worked to provide a consensus view on the important priorities in reform and development of maternity services in Wales. It was felt important to conduct this work in time to benefit the current NHS structural reforms in Wales.

The MPPG met on several occasions and agreed, from each specialty, what current advice, formal Welsh Assembly Government policy, Royal college, or other documentation should be considered by planners. The group identified the specific challenges to the provision of a sustainable, safe and acceptable maternity service in Wales and highlighted

particular concerns they wished to bring to the notice of planners.

Documentation

The MPPG agreed that the most important documentation to emerge from the professions is the Joint Royal Colleges' Standards document produced in 2008. A large number of documents was considered, listed in Appendix 2.

The views of the MPPG

It is the unanimous view of this multiprofessional group that there are major and possibly insurmountable challenges to the sustainability of the current configuration of the Wales Maternity Service. All women and their babies must receive a safe provision of care before and after delivery. However, there is no reliable way to determine fully which women or babies will eventually require consultant unit or tertiary care.

The MPPG considered that there are immediate and urgent concerns, as well as those for the medium and longer term.

Many factors influenced the discussion in the group: within medical specialties there are advancing levels of required skills and knowledge, to the extent that not all practitioners can now reasonably be expected to maintain core professional development beyond basic requirements. Pregnant women present with medical conditions which only a few years ago were thought to be incompatible with a successful pregnancy. Increased numbers of newly immigrant women have been identified as mothers at particularly high risk. Premature babies now require more advanced care. The legal age of viability reduced to 24 weeks in 1990, and babies of 22 to 24 weeks are now usually treated as having a potentially healthy outcome even though results can still be poor. More babies diagnosed with conditions during pregnancy (for example, congenital heart problems, spina bifida, lung and kidney lesions, diaphragmatic hernia, and especially babies with gastroschisis) require planned delivery in tertiary centres with appropriate surgical and neurosurgical skills.

Expectations of mothers are increasing with the not unreasonable belief that their service should encourage normality as far as possible but that if problems do occur, access to the appropriate specialist services are immediately available. When outcomes are poor, litigation becomes an increasingly familiar and expensive possibility. Road networks in Wales have improved in places but the significant population of women living in rural or semi-rural areas have often not seen any real change in accessibility to emergency services. The Welsh Ambulance Service itself faces considerable challenges. Transfers of sick women and/or their babies often requires particularly skilled transfer facilities which take time to arrive at the remote site as well return. An appropriate balance will need to be struck between the reasonable demands of women living in remote areas and the realistic ability of the service to respond.

The MPPG considers that the current structure of consultant maternity units in Wales is close to the point of unsustainability and some change will be required. The paediatric service, which provides neonatal expertise in secondary units, is already in crisis. For all the maternity medical specialties, the difficulties resulting from staffing, training, and geographical issues all need to be considered. However the group recognised that there is no one-size-fits-all solution.

Recommendations

The group therefore recommend when planning or modernising maternity services in Wales:

1. The Standards for Maternity Care hosted and published in 2008 by the Royal College of Obstetricians and Gynaecologists for all maternity specialty groups should set the standard for any change in care structures
2. When service changes have been made they should be monitored regularly against the Joint Royal Colleges' Standards for Maternity Care, and BAPM for neonatal care
3. Where service mergers are proposed professional advice should be sought at the planning stage from the all the royal colleges and advisory groups involved
4. The impact of a merger, closure, or downgrading of a unit on other providers be considered with especial regard to training, future recruitment of workforce and sustainability of the overall service, including the impact on the Wales Ambulance Service
5. The maternity service should allow for high quality training of those medical specialists who will be providing the service in the future
6. A large body of documentation exists to inform and guide planners with the difficult task of reconfiguring maternity services
7. The ultimate goal should be of a sustainable, safe service which is acceptable to the users: pregnant women and their families

Appendix 1: Members of the Multidisciplinary Professional Project Group

Affiliations are given by the organisations which preceded the NHS Wales Reforms which came into being on 1 October 2009. The list is alphabetic.

Heads of Midwifery Advisory Group (HoMAG)

Ms Jane Herve, Head of Midwifery Cardiff and Vale NHS Trust, Chair HoMAG

Ms Heledd Wynne-Jones, Head of Midwifery, North Wales NHS Trust

National Public Health Service

Dr Sarah Aitken, Consultant in Public Health Medicine; Local Director of Public Health, Torfaen (until February 2009)

Dr Gill Richardson, Consultant in Public Health Medicine; Local Director of Public Health, Caerphilly (from April 2009)

Neonatology /Paediatrics

Dr Peter Dale, Consultant Paediatrician, Gwent Healthcare NHS Trust; Head of Postgraduate School in Paediatrics

Dr Iolo Doull, Consultant Paediatrician, Cardiff and Vale NHS Trust; Chair, NSAG in Paediatrics (to June 2009)

Dr Jean Matthes, Consultant Neonatologist, ABM Trust, Swansea; Chair, Welsh Neonatal Committee

Dr Sue Papworth, Consultant Neonatologist, Gwent Healthcare NHS Trust

Obstetric Anaesthesia

Dr Chris Callander, Consultant Anaesthetists, Gwent Healthcare NHS Trust; Head of Postgraduate School of Anaesthesia

Dr Sue Catling, Consultant Anaesthetist, ABM Healthcare NHS Trust

Dr Rachel Collis, Consultant Anaesthetist, Cardiff and Vale NHS Trust

Dr Martin Garry, Consultant Anaesthetist, ABM Healthcare NHS Trust

Obstetrics and Gynaecology NSAG / WEC:

Mr Nigel Bickerton, Consultant Obstetrician and Gynaecologist, North Wales NHS Trust, RCOG Regional College Adviser, North Wales

Mr Andrew Dawson, Consultant Obstetrician, Gwent Healthcare NHS Trust; Chair, Obstetrics and Gynaecology NSAG / WEC (*Chair of MPPG*)

Mrs Rohini Gonsalves, Consultant Obstetrician and Gynaecologist, Gwent Healthcare NHS Trust

Miss Ruth Howells, Consultant Obstetrician and Gynaecologist, Hywel Dda NHS Trust; RCOG Regional College Adviser, South Wales

Mr David Pugh, Consultant Obstetrician and Gynaecologist, Cwm Taf NHS Trust; Hon Secretary, Obstetrics and Gynaecology NSAG / WEC (*Secretary to MPPG*)

Mr Christopher Roseblade, Consultant Obstetrician and Gynaecologist, North Wales NHS Trust, Head of Postgraduate School in Obstetrics and Gynaecology

Welsh Assembly Government

Ms Polly Ferguson, Nursing Officer

Dr Jonathan Gray, Director of Health Improvement

Prof Michael Harmer, Deputy Chief Medical Officer and Medical Director NHS Wales (until June 2009)

Dr Stephen Hunter, Deputy Chief Medical Officer and Medical Director NHS Wales (from June 2009)

Dr Jane Ludlow, Senior Medical Officer

Appendix 2: Documentation and other heads for discussion (main titles only)

- RCOG (joint colleges): Standards for Maternity Care. June 2008
- WHO Standards
- CEMACH Saving Mothers Lives 2003-2005 (published 2007)
- Safer Childbirth. October 2007
- HIW Review of Maternity Services 2007
- Delivering the Future in Wales
- NSF for Children, Young People & Maternity 2005
- Maternity Matters (Department of Health)
- NICE guidelines – various
- Designed for Life. WAG 2005
- Wales Audit Office Report. 2009
- 1000 lives: Getting started High Alert / Meds
- Healthcare Standards for Wales
- Welsh Neonatal Review
- Levels of critical care for adult patients Intensive Care society 2009
- Guidelines for the introduction of outreach services: Intensive Care Society 2002
- OAA/AAGBI guidelines for obstetric anaesthetic services 2005
- Anaesthesia team 2005 AAGBI
- Impact of the midwifery led unit on provision of anaesthetic services in a large obstetric unit. IJOA 2008; 17: S20
- RCOG: Future of Small Units
- RCOG (joint colleges): Towards Safer Childbirth
- RCOG Scottish Executive; Expert Group on Acute Maternity Services: Reference Report 2002
- Advice from the RCOG: RCOG 2004
- All Wales Perinatal Survey
- SANDS (stillbirth and neonatal death charity): report 2009
- CEMACH Perinatal Report for 2007
- Wales Neonatal Transport Stakeholders Group
- Welsh Risk Pool Standards
- Training and recruitment issues (Training Schools)
- Ambulance service – maternal and neonatal transport (not covered by the WAG Neonatal Transport Stakeholders Group)
- Midwifery 20:20 Vision for the Future
- Birth-rate Plus – Workforce Planning
- Standards for Statutory Supervision
- RCOG: European Working Time Directive and Maternity Services.
- RCOG: Future Workforce in Obstetrics and Gynaecology. 2009

A draft of this document in its present form was circulated to members of the MPPG in October 2009. Comments subsequently received have been fully incorporated. A full version from which this document derives is in final preparation to be presented as an Annex. AJD November 2009.