

11. MATERNITY PLANNING FRAMEWORK

11.1 Analysis of Local Position

11.1.1 This chapter describes the priority areas of work at the interface between Maternity Services, the CHP and the Voluntary Sector. Although there is evidence of good practice and progress to improve outcomes for women and children there is much still to be done.

11.1.2 In Renfrewshire responsibility for local planning, supporting and maintaining breastfeeding sits as a clear objective within Community Planning arrangements taking cognisance of the wider role partners have in terms of public acceptability, cultural awareness and the provision of breastfeeding welcome environments. Renfrewshire's Infant Feeding Group is chaired by the Clinical Services Manager for the CHP and the group is establishing a Work Plan based on the NHSGGC Infant Feeding Strategy and Action Plan (2008-11).

The Fairer Scotland Fund (FSF)/CHP funded Good 4 U Health Inequalities Project has had a positive impact on the local acceptability of breastfeeding and a subsequent increase in breastfeeding rates in our more deprived communities. The work of the programme, in partnership with the Breastfeeding Network (BfN), is designed to improve breastfeeding rates and is targeted at women living in the most deprived areas of Renfrewshire. A peer led model has been adopted helping to break down barriers to breastfeeding in deprived communities. This has been effective in promoting cultural change, supporting breastfeeding and closing the inequalities gap in Renfrewshire. The project has also identified unmet need. Work is underway to develop three new antenatal workshops to promote breastfeeding alongside other health and wellbeing information.

In addition to a targeted model, a population based approach to improving outcomes for maternal and child health is being established by progressing towards UNICEF Stage 2 accreditation in the community. Additional posts have been deployed to implement the UNICEF 7 steps in the community programme; Stage 1 has already been achieved. The Scottish Government's CEL 36 (2008) has provided additional resource to fund 0.4 WTE Band 6 Development Practitioner and 1.8 WTE Band 3 Support Worker posts to augment the work of the Development Practitioner and provide support for breastfeeding women at the key "drop off" points. The infant feeding pathway has been implemented in Renfrewshire; however analysis of the data is not yet available.

11.1.3 A Smoke Free Pregnancy Service is in operation across NHSGGC and is currently being re-designed. Women are offered carbon monoxide monitoring at the antenatal booking visit followed by 1-1 support telephone counselling, and Nicotine Replacement Therapy (NRT) if required.

11.1.4 To improve information links between community midwifery, Special Needs in Pregnancy (SNIPs) and health visitors, an Action Plan has been drafted by Renfrewshire and East Renfrewshire with midwifery at Royal Alexandra Hospital (RAH). It will be piloted in one of the CHP areas to improve the uptake of Healthy Start. Healthy Start is the Department of Health Welfare Food Scheme which helps pregnant women and eligible families, with children under 5, buy milk, fresh fruit and vegetables, infant feeding formula milk, and receive free vitamin supplements. A range of steps are now being taken to improve these links. These include:

- acknowledgement of receipt of referrals
- meetings between managers of the three services
- health visitors attending SNIPs discharge planning meetings

11.1.5 Renfrewshire's Health Improvement Team has recently carried out a needs assessment to look at the current service provision for pregnant teenagers. The exercise identified some universal service provision and some targeted provision e.g. via Barnardos Paisley Threads. The report identified a need for a more cohesive approach for teenagers in Renfrewshire. It is now the intention to look at the findings in greater detail and formulate a plan to improve outcomes for this group.

Our plans to prevent teenage pregnancy include expanding the drop in centres for young people and support parents communicate with their children on sexual health and relationships. The main aim is to delay the start of sexual activity.

11.1.6 In Renfrewshire there are strong partnerships with the Voluntary Sector. In terms of maternal and child health, services have been developed by Barnardos Paisley Threads, a faith group at Paisley Abbey, and the Breastfeeding Network.

Barnardos Paisley Threads offers services for people under the age of 21. They deliver a weekly antenatal group in partnership with midwifery services and a weekly new baby group in partnership with the Children and Families Team and the Health Improvement Team (HIT).

The faith group at Paisley Abbey has developed a weekly Post Natal Depression Group. This runs in partnership with Children and Families Team, HIT and the Wynd Counselling Service.

Breastfeeding Network (BfN) has worked in partnership with the Health Improvement Inequalities Project "Good 4 U" to recruit and train local breastfeeding helpers and to support breastfeeding groups across Renfrewshire, particularly in areas with low breastfeeding rates.

11.2 Numeric Analysis

11.2.1 Renfrewshire's target for 2010/2011 is for 28.4% babies still being exclusively breastfed at 6 to 8 weeks. Our breastfeeding rate at birth is around 55%. The rate then drops to 38% by the time the women are discharged from the Maternity Hospital. By 6 to 8 weeks the figure drops to 20%. However, in the lowest 15% data zone areas it has increased from 12% to 17.7% (up 5.7%); although numbers are small and therefore prone to fluctuations.

Information on attitudes to breastfeeding from our 2008 Young Person's Health & Wellbeing Survey showed that just under half of those taking part in the survey (46%, 2,407 young people) agreed/strongly agreed that women should only breastfeed their child at home or in private. 45% (2,326 pupils) of those taking part in the survey agreed that they would feel embarrassed seeing a woman breastfeeding her child.

We have trained 26 peer supporters in Renfrewshire since 2008. 6 of these have undertaken further NHSGGC training in 2010 so they can offer support in the Maternity Hospital and carry out home visits.

11.2.2 The smoking in pregnancy target is to have no more than 20% of women smoking during pregnancy. In Renfrewshire in 2008, 19% of pregnant women were smoking;

similar to the Greater Glasgow and Clyde average of 19.4%. In 2009, this has reduced to 18% in Renfrewshire; 17.1% across Greater Glasgow and Clyde. For quintile area 1 (most deprived) in Renfrewshire, 28.7% of pregnant women were smoking in 2009.

At the Royal Alexandra Hospital (RAH), between April and December 2009, 93% of the 1,431 women booking in were CO monitored. This is against a target of 97%, and a Greater Glasgow and Clyde performance of 80%. The quit rate at the RAH was 48% against an expected rate of 35% and a Greater Glasgow and Clyde figure of 34%.

- 11.2.3 Renfrewshire has an average teenage pregnancy rate of 43.5 per 1,000 females aged 15 -17. The highest rate in Renfrewshire is in Linwood South at 152.8 followed by Johnstone North East at 128.2 per 1,000 females aged 15 – 17 (Community Health and Wellbeing Profile 2008).

11.3 Health Gap and Key Issues

- 11.3.1 Breastfeeding, teenage pregnancy and smoking in pregnancy are all socially patterned and clear disparities exist within Renfrewshire. Parenting experience as a major indicator of future health outcomes for children can also be linked to social deprivation factors. A key priority for the next 1-3 years will be to carry out EQIAs in relation to these areas, engage our colleagues in Maternity Services in relation to inequalities sensitive practice and provide more accessible services and opportunities for health improvement for those in most need.
- 11.3.2 Community engagement will be a key priority for the next round of planning particularly with those who would not naturally participate in the formal mechanisms of the Community Planning process or the Public Partnership Forum. The Health Improvement Team will take a lead role in finding innovative and creative approaches to community engagement and participation for these groups.
- 11.3.3 The significant gaps of rate in breastfeeding from initiation to the 6-8 week health visitor visit is a cause for concern and this will be addressed through better communication between the Midwifery and Health Visiting Services. We are extending our peer supporters role into the RAH to work with women in the early initiation of breastfeeding.
- 11.3.4 We will focus on the reduction of teenage pregnancies and in the development of services for teenagers who are pregnant. This will involve working with Education, Social Work and the Voluntary Sector.

11.4 Outcomes

Maternity

Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
Deliver safe and high quality services	<ul style="list-style-type: none"> - Build teams through engagement of midwifery and primary care staff - Develop a communications pathway to improve information passing to the Children and Families Teams in a timely manner 	<ul style="list-style-type: none"> - National Maternity Framework recommendations - Staff Development programmes - Communication takes place for all potentially vulnerable families antenatally - Evidence of communication at handover from Midwifery to Health Visitor Service - Meetings between Team Leaders and SNIPS monthly to be output to Midwifery Manager and Senior Nurse
Improved quality of life of women and babies	<ul style="list-style-type: none"> - Increase breastfeeding rate uptake - Achieve UNICEF stage 2 accreditation in the community September 2010 - Build capacity for volunteering and expand the peer support role to enable early support for breastfeeding women - Develop closer information sharing between midwifery and Children and Families Health Teams to support breastfeeding in the first 2 weeks and beyond - Progress issues identified in the Healthy Start Action Plan - Improve low birth weight rates 	<ul style="list-style-type: none"> - Heat Target: increase Renfrewshire's breastfeeding rate to 28.4% at 6 -8 weeks - Collaborate with Maternity Services to implement NHS GGC Infant Feeding Strategy and Renfrewshire Action Plan - Production of an annual Infant Feeding Steering Group work plan - Annual audit of: <ul style="list-style-type: none"> - Membership of planning group - Frequency of meetings - Infant Feeding Action Plan - Improvement plans. - Evidence of service users, public, and professional partners' involvement in raising public acceptability and cultural awareness of breastfeeding - Evaluation of findings of Young People's Health and Wellbeing Survey - use Local Area Committees and Community Planning - Strengthen links between Smoke Free Pregnancy

Maternity

Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
	<ul style="list-style-type: none"> - Reduce infant mortality rates - Pilot information on second hand smoke in the home for inclusion on postnatal discharge pack and roll out based on evaluation 	<ul style="list-style-type: none"> - Services and Community Smoke Free Services - Provision of Smoke Free Homes training for staff in Maternity setting - Women have CO monitoring. Midwives have accessed training and advice given.
<p>Service design is targeted at vulnerable women and their families to reduce the health inequalities gap between deprived and non-deprived population</p>	<ul style="list-style-type: none"> - Establish parenting models across NHSGGC (Parenting Strategy) - Establish a Special Needs in Pregnancy Service and build closer communication where SNIPs already in place this is already established in RAH - - Establish specialist care model for high-risk mothers - Establish a pathway for pregnant teenagers based on a social model of health - With partners, develop and implement perinatal mental health services 	<ul style="list-style-type: none"> - Parenting Support Model established and Maternity Services engaged in their contribution. - Explore findings of Teenage Pregnancy Needs Assessment - Develop an action plan based on findings - Carry out EQIA on action plan - Evidence young person's involvement in development of pathway - Pathway assessed for inequalities sensitive practice - Teenage Pregnancy Pathway established - Parenting support - develop CBT and capacity in mental health terms - Explore what mechanisms need to be put in place to ensure Renfrewshire women can access the service - Discuss with Adult MH Service
<p>Maternity treatments and care are provided through integrated care pathways</p>	<ul style="list-style-type: none"> - Explore the role of Voluntary Sector organisations as supporting services within the maternity care pathway 	<ul style="list-style-type: none"> - Implement findings from the needs assessment in relation to the Voluntary Sector - Maternal and Child Health Improvement Team to establish a forum to harness activity and communication between Statutory and Voluntary Sectors

Maternity

Outcomes	Actions/Activity Required 2010/11	Change/Progress/Performance Indicator
	- Work to develop integrated Acute/Primary Care teams	- Scope level of current integration

11.5 Finance and Workforce

- 11.5.1 The workforce for delivery of the outcomes is within the mainstream Children and Families Teams, Health Improvement Team and local acute maternity services.

We are reliant on the voluntary sector and additional resource via FSF and CEL 36 to be able to deliver on our outcomes in relation to infant feeding and breastfeeding in particular. New CEL 36 monies in 2010/11 amount to £132,000.

- 11.5.2 Both FSF and CEL 36 monies are only guaranteed till March 2011 which may present challenges in relation to the future community capacity building and the peer support model.