

# **Regional Midwifery Forum**

# MINUTES OF THE MEETING HELD: 5<sup>th</sup> October 2004,

#### Present:

Name

Pat McGeown, **Co-Chair** Toni Martin, **Co-Chair** 

Jean Lucas

Naomi Bird, Anne Tucker, Susan Jackson

Wendy Burt, Kathy Allen

Tracey Sayce, Jan Pakes,

Shelia Heneghan Lorraine Smith Ruth Gammon

Isobel McDermott, Ann O'Reilly Marcia Edwards, Ann Cysewski

Judi Barratt Judith Wright

Pat Bodin

Karen Warwick, Nicola Speakman

Kate Morse (minutes)

Unit

Perinatal Institute Worcester NHS Trust

Alexandra Hospital, Redditch Birmingham Heartlands and Solihull Birmingham Women's Hospital Good Hope Hospital, Sutton Coldfield

Hereford County Hospital

Keele University

New Cross Hospital, Wolverhampton

Staffordshire University University Central England Walsgrave Hospital, Coventry Wolverhampton University Worcester Hospital

Worcester University Wordsley Hospital Perinatal Institute

## **Apologies:**

Name

Paula Clarke, Ester Rackley

Maureen Brown

Amanda Palmer, Elizabeth Wilson

Anne Mellor, Joyce Till Sandra Reading

Cath Mercer, Jacquie Barden, Anthea

Gregory-Page, Cathy Smith

Carmel McCalmont

Annette Gough, Louise Clarke

Unit

Birmingham Women's Hospital

Coventry University Hereford Hospital

Mid- Staffordshire General Hospital

New Cross Hospital

Royal Shrewsbury Hospital

Walsgrave Hospital Warwick Hospital

## Agenda Items

#### 1. Introduction

Welcome and individual introductions.

## 2. Minutes of meeting 06.07.04

Agreed as correct

### **Action points from minutes:**

 Head's of midwifery will be kept informed of forum through heads of midwifery meetings.

## 3. Matters arising

Regional midwifery forum web pages now available, at <a href="http://www.perinatal.nhs.uk/rmf/index\_rmf.htm">http://www.perinatal.nhs.uk/rmf/index\_rmf.htm</a> Pages to include minutes from previous meetings, date and times of future meetings. **Action Points** 

Pat McGeown/ Toni Martin

Pat McGeown

• Due to clinical commitments, at beginning of meeting quorum not met, therefore it was agreed to review the group objectives at the next forum.

- However quorum was eventually met as 10 units represented.
- Discussed action points raised from previous presentation,
  - 4 hour action line, re-explained. Is beginning to be discussed locally at some units, group agreed to feedback future developments to forum.
  - Pre-operative blood testing has been discussed locally, practice varies across region, some units have adopted recommendation whilst others continue to take group and save samples.
- Management and monitoring of the latent phase of labour, group agreed this
  needs greater definition and guidance. Would like to develop a regional
  midwifery response to this. Group to bring a copy of own units labour
  guideline including early labour to next forum.

#### 4. Presentations:

Toni Martin – Use of Electronic Fetal Monitoring Guideline (EFM)
Pat McGeown – Induction of Labour Guideline (IOL)

 Both presentations highlighted key recommendations outlined by the guidelines and prompted discussion points for group to respond to.

#### **EFM**

- Intermittent auscultation requires one to one care in labour. Questioned whether this was always feasible due to staffing levels.
- Discussed midwives understanding of guidelines in relation to how and when to listen to the fetal heart.
- Interpretation of CTG's ensuring recommended terminology used.
- Set CTG clock and date before use
- Maternal pulse to be recorded with fetal heart rate.

## IOL

- Discussed midwives interpretation of guideline in relation to auscultation of fetal heart following administration of prostaglandin or oxytocin.
- Questioned how often women are monitored before labour becomes established
- Management of prolonged rupture of membranes

## 5. Local Implementation and Response:

• Re-visit relevant local guidelines to see if the NICE guidelines have been interpreted correctly.

#### EFM:

- Aspects of the guideline have been implemented within the region, it was agreed staffing levels can compromise ability to provide care as outlined in the recommendation.
- All units provide regular training for staff on CTG interpretation.

#### IOL:

• The frequency of how often women are monitored and auscultation of the fetal heart, before labour becomes established, varies amongst units. The

Pat McGeown / Toni Martin

ΑII

ΑII

All

- group felt this reiterated earlier discussion about the need for a definition and management plan of latent phase of labour.
- Induction of labour following prolonged rupture of membranes is offered at different time scales varying from 18 hours post rupture to 96 hours post rupture. Nikki Speakman (Wordsley) agreed to present evidence to support her unit's practice at the next forum.

## 6. Any other Business

- Pat gave a brief overview of the NSF- standard 11 which evoked discussion regarding: staffing implications with changes to service delivery, Examination of the newborn, who will be best placed to undertake this assessment, as many GP's have opted out. Some units have already begun to facilitate training of midwives. Although there was concern that GP's have opted out before sufficient midwives have been trained. It was felt by the group the NSF needed further discussion.
- **7. Future topics for discussion -** latent phase of labour, definition, documentation and management.
- 8. Topics for next meeting
  - National Service Framework for Children –Standard 11 Maternity
  - Presentation by Nicola Speakman (Wordsley Hospital)
  - Group Objectives
  - Overview of Why Mothers Die 2000-2002

## 9. Date and Time of next meeting

Tuesday 7<sup>th</sup> December 2004 at 12.30pm (lunch available from 12pm)
 Venue: The Perinatal Institute, Crystal Court, Birmingham