

Regional Midwifery Forum

MINUTES OF THE MEETING HELD: 6th July 2004,

Present:

Name

Pat McGeown, Perinatal Institute
Jean Lucas
Louise Spencer
Wendy Burt, Esther Rackley, Karen Henson
Kathy Allen
Tracey Sayce, Jan Pakes,
Sandra Reading, Lorraine Smith
Jasmin Daley, Yvonne Marshall
Pat Bodin
Isobel McDermott, Ann O'Reilly
Karen Hatch
Marcia Edwards
Karen Warwick
Kate Morse (**minutes**), Jill Wright

Unit

Chair

Alexandra Hospital, Redditch
Birmingham Heartlands Hospital
Birmingham Women's Hospital

Good Hope Hospital, Sutton Coldfield
Hereford County Hospital
New Cross hospital, Wolverhampton
Sandwell General Hospital
University Central England
Walsgrave Hospital, Coventry
Warwick Hospital
Wolverhampton University
Wordsley Hospital
Perinatal Institute

Apologies

Name

Toni Martin (**co-chair**)
Paula Clarke
Linda Edwards
Helen Melville, Suzanne Wilson
Jannette Cotterill
Amanda Palmer, Elizabeth Wilson
Shelagh Heneghan
Jenny Henry, Debbie Krzyszowski
Cath Mercer, Jacquie Barden, Anthea Gregory-Page, Cathy Smith
Yvonne Marshall
Naomi Bird
Kerry Gorton
Chris Kettle
Carmel McCalmont
Annette Gough, Vivian Morris
Judith Wright
Gill Christison, Nicola Speakman

Unit

Worcester NHS Trust
Birmingham Women's Hospital
George Eliot Hospital
Good Hope Hospital
Heartlands Hospital
Hereford Hospital
Keele University
New Cross Hospital
Royal Shrewsbury Hospital

Sandwell Hospital
Solihull Hospital
The Manor Hospital, Walsall
University Hospital of North Staffordshire
Walsgrave Hospital
Warwick Hospital
Worcester University
Wordsley hospital

Agenda Items

1. Introduction

- Welcome and individual introductions, apologies from Toni Martin.

2. Minutes of meeting 14/05/04

Action Points

<ul style="list-style-type: none"> • Agreed as correct <p>Action points from minutes:</p> <ul style="list-style-type: none"> • All six universities in the region have been contacted and will send nominees to subsequent meetings • Head's of midwifery contacted to encourage representation at forum, only one unit remains unrepresented. • Head's of midwifery will be kept informed of forum through heads of midwifery meetings. 	Pat McGeown/ Toni Martin
<p>3. Matters arising</p> <ul style="list-style-type: none"> • Regional midwifery forum website under development, group agreed to have minutes of meetings posted on website including attendees name and unit. E-mail address will not be available on the website. • At last meeting it was agreed the group objectives would be revised at the next forum, as Toni was not present it was agreed to postpone the revision until Toni is present. • Quorum – met as 10 units represented. 	Pat McGeown Pat McGeown / Toni Martin
<p>4. Presentation by Kate Morse – Nice Caesarean Section Guideline</p> <ul style="list-style-type: none"> • Highlighted key recommendations outlined by the guideline • Highlighted discussion points for group to respond to. 	
<p>5. Local Implementation and Response</p> <ul style="list-style-type: none"> • Breech Presentation- recommendation is to offer ECV if not contraindicated. Uptake of ECV variable across region. Most units had at least one consultant who performs ECV; other consultants refer to them to perform procedure. • Maternal Request – it was suggested the actual % of sections undertaken for maternal request was probably higher than 7%, as many sections for previous section are in response to maternal request rather than underlying medical problem. • Recommendation suggests women who have a fear of childbirth should receive counselling, group agreed counselling should be undertaken by a trained counsellor, such as a clinical psychologist. • Consultant involvement in decision-making - all present agreed that when consultants are working clinically on delivery suite they do have a positive impact on decision making. It was acknowledged that, due to shorter working hours and shorter training schedules some doctors may not have the breadth of experience and they must have support and training from consultants. It is essential that midwives work closely with the doctors and act as the mothers advocate at all times. • 4 hour action line- reduces likelihood of caesarean section. An action line does allow for variable progress. None of the units present currently use action lines. All present agreed this requires further discussion locally. Discussion evolved about the latent phase, how we should document it and highlighted a need for specific documentation for women before labour is classified as established. • Eating in labour – all present agreed the guideline is vague and does not say directly whether women should eat in labour or not. All present agreed 'high risk' women advised not to eat when in established labour. Most units allowed 'low- risk' women to eat in established labour. • Women should be offered regional anaesthesia for CS - even if for 	All

<p>placenta praevia. All but two units agreed, the other two still recommend general anaesthesia for placenta praevia.</p> <ul style="list-style-type: none"> • Preoperative blood testing – Healthy pregnant women with uncomplicated pregnancy do not require group and saving of serum, cross matching and clotting screening. Most units still take group and save at anaesthetists' request. Will discuss further locally. Not taking pre-operative sample may impact on blood bank if sample required urgently. • Lengths of stay in hospital – all present agree if mother requesting to go home after 24 hours, and is considered fit for discharge, she should be allowed home. However group concerned that early discharge becomes the norm and women are encouraged to go home before they are ready, in a bid to alleviate pressure caused by bed shortages. • Vaginal birth after caesarean section – women should be offered electronic fetal monitoring during labour and be cared for in a unit where there is immediate access to CS and on site blood transfusion services. Most present agreed this was usual practice for most women wishing VBAC. 	All
<p>6. Any other Business</p> <ul style="list-style-type: none"> • Future topics for discussion - latent phase of labour, definition, documentation and management. • Triennial report into maternal deaths – due out in November Presentation of key findings suggested for December meeting. • Topic for next meeting - Overview of NICE Guidelines pertaining to maternity care- 6 (Ante-natal care), 13(Caesarean section), C (Electronic fetal monitoring), and D (Induction of labour). 	All
<p>8. Date and Time of next meeting</p> <ul style="list-style-type: none"> • Tuesday 5th October 2004 at 12.30pm (lunch available from 12pm) Venue: The Perinatal Institute, Crystal Court, Birmingham 	