Regional Midwifery Forum

Minutes of the Meeting Held: 12th September 2006

Present:

Name	Unit
Pat McGeown, **Chair**	Perinatal Institute
Carol Colclough	Keele University
Lesley Adams	Princess Royal Hospital
Anthea Gregory-Page	Royal Shrewsbury Hospital
Amanda Hackett, Justine Edwards, Nicky Speakman	Russell's Hall Hospital
Ruth Gammon	Staffordshire& Shropshire University
Jayne Phelps	Walsgrave Hospital
Jill Wright, Kate Morse	Perinatal Institute

Apologies:

Name	Unit
Jean Lucas	Alexandra Hospital, Redditch
Louisa Spencer	Birmingham Heartlands and Solihull
Angela McBennett	Birmingham Women's Hospital
Elinor Clarke	Coventry University
Deb Garrett, Dawn Fuller	George Eliot Hospital, Nuneaton
Amanda Palmer, Tracey J Sayce	Hereford County Hospital
Val Tristram	Kidderminster Hospital
Joyce Till, Anne Mellor	Mid Staffordshire Hospital
Cathy Smith, Cath Mercer	Royal Shrewsbury Hospital
Pat Bodin	University of Central England
Kerry Gorton	Walsall Manor Hospital
Isobel McDermot, Anne O'Reilly	Walsgrave Hospital
Annette Gough	Warwick Hospital
Marcia Edwards	Wolverhampton University
Judi Barratt	Worcester Royal Hospital

Minute Taker: Claire Hallahan, Perinatal Institute

Agenda Items

Action Points

1. **Introduction**
   Welcome and individual introductions.

2. **Minutes of meeting 2nd May 2006**
   The minutes were agreed as correct

3. Matters arising

- Minutes – it was agreed at the previous meeting that the minutes once agreed by the group at the next meeting would be circulated to HOMs and SOMs.
- Future of the group – it was discussed at the last meeting how the group could move forward and how information from the meetings could be shared. PMCG took this to the HOMs meeting and they would like the group to be more than a discussion group and saw us more as an action group. The HOMs are keen for the group to look at postnatal care. Postnatal Guidelines and MIND are to be discussed at the next HOM Meeting so PMCG will take back feedback/information from today. Minutes will be put on the website once agreed. **PMCG**
- Latent Phase of Labour Guidelines – the guideline is available on the Perinatal Institute's website and the link to this has been distributed to the group. The document is not meant to be prescriptive, however the forum did acknowledge there was a need for guidance in this area, and it is anticipated individual units will implement it differently. Royal Shrewsbury has incorporated this document to create their own guidelines. PMCG asked those who have not looked at the guidelines to look at and discuss them within their unit. **All**

MIND – Out of the Blue Motherhood & Depression Report

Kate Morse gave an overview of the report and their recommendations. The report highlighted the inequalities in service provision across the country and one reoccurring issue was women are waiting a long time to be seen. KM went through the facts about women and mental health including:

- Women are still being separated from their babies
- 15% of maternal deaths are suicide

There are several categories of depression – antenatal, postnatal, puerperal and pre-existing disorders.

- Postnatal Depression – this is a mild depression and is most common. This is most apparent after first 3 months.
- Severe Depression – apparent 4-6 weeks after giving birth
- Puerperal Psychosis – most severe
- Pre-existing Disorders – can relapse during pregnancy and at a higher risk of it returning after delivery
- Screening – early screening can detect at risk women and then need a management plan. It's not possible to detect mild depression with screening.

More serious disorders need to be dealt with in a secondary care setting. If prescribing medication it needs to be clear that it is safe and if necessary use the lowest dose possible.

Postnatal Treatment – this focuses on social factors such as talking/counselling.
Knowledge & Skills - At risk women can be identified by family history, recognise the first signs of any problems and use listening skills.
Education & Training – need basic training and then maintain skills. Additional training required for more serious mental health problems.

Discussion

The group discussed access to mental health services and referrals. Access to services can depend on area, ethnicity and education. Commissioners need to make this a priority. It was acknowledged by the group that midwives knowledge of mental illness is not as good as it could be. The overall feeling of the group was that they hadn't had enough training to maintain it.

Royal Shrewsbury Hospital has a couple of mental health midwives who refer women to consultants. It was agreed that there needs to be a care pathway once you establish that a woman is at risk, not all units have care pathways in place. Shrewsbury has developed a care pathway AGP offered to send their guidelines to be circulated to the group.

AGP

Postnatal Care Guidelines

Jill Wright gave an overview of the guidelines

- Clinical aspect
- How they recommend implementation
- Cost implications

The guidelines look at the importance of the impact of postnatal care on the family, which can have a far reaching effect. It is anticipated the guideline will be monitored by the Health Care Commission to ensure compliance. There was a need for guidelines as there was limited guidance, common health problems and dissatisfaction of those receiving care.

- Aims – best practice, information, education and planning
- Clinical care pathway model – key components are maintaining maternal health, infant health and infant feeding.
- Physical health and well being competencies – not specified/described in literature.
- Guidelines compliments Children's NSF – flexibility needed in care provision, documentation needs to be effective during cross over between acute and primary sectors, also involving the possible need to extend care beyond 8 weeks.
- NSF proposes – community based co-ordinating health practitioners and on-going midwifery led service.
- Key areas for implementation – communication, information provision and managing a normal event, baby friendly initiative – www.babyfriendly.org.uk.

3 areas identified for further economic investigation:

1. Cost of BFI
2. Provision of vitamin K
3. Planning and delivery of postnatal care

Discussion

Costing methodology behind BFI will save £1.4 million over time. One unit found that their breastfeeding rate had not changed as a result. There should be a good reason for changing a service and not just to save money. If regular assessments are not routine, how can 'normal' e.g. palpating uterus be identified (i.e. students).

PMcG suggested adopting the guidelines with caution, it is not always cost effective and therefore there is room to adapt and needs to be built to community needs.

Future topics for discussion

- Genetic competencies – midwives should be able to do genetic maps – Ruth Gammon
- How midwives mentor students
- Reducing Perinatal Mortality – Pat McGeown
- Competencies and midwifery support workers and the role out programme – Anthea Gregory-Page

4. Any Other Business

There was no other business to discuss.

5. Date and Time of next meeting

- Tuesday 7th November 2006 at **1pm** (lunch available from 12.30pm)
  Venue: The Perinatal Institute, Crystal Court, Birmingham