

**Dudley MBC Select Committee on Good Health
Consultation about access to Maternity Services in Dudley
'When the Bough Breaks' 2004
Dudley Group of Hospitals Maternity Service Response & Action Plan
October 2007 UPDATE**

The 'When the Bough Breaks' report identifies some areas of good practice, although it is recognised that there are a number of areas that could be improved, particularly for certain disadvantaged women who find difficulty in accessing maternity services within the Dudley health economy and for those women who fail to access the service at all. Dudley Group of Hospitals acknowledges the extensive work undertaken by the Select Committee in compiling this report and have again updated this action plan.

It is accepted that some actions require multi-disciplinary development and inter-agency working, therefore, other agencies involved have again been forwarded a copy of this action plan and are invited to comment by updating their individual identified action.

The maternity service at Dudley Group of Hospitals are pleased to report that following major efforts to address the shortage of midwives that included; a recruitment campaign, a review of flexible working contracts, the development of a midwife development competency programme for newly qualified midwives, a review of the off-duty and absence processes; that we have now also had an approval to increase the establishment by 22 midwife posts. 12 new posts were appointed to during September – November 2007 and a further 6 Student Midwives due to complete there training in February are to be interviewed shortly, with plans to advertise again shortly.

Midwives have been attracted to work at the maternity unit at Russells Hall Hospital because of the opportunity to undertake a structured development programme, the friendliness of staff within the unit, the new building facilities and particularly the dedicated area for midwifery led care. The midwifery unit and birthing pool room offers a low risk environment for women in labour and allows midwives to practice the art of midwifery within a safe environment and more importantly offers women a choice. We are very proud of the changes to practice that has offered women choice and although we still have areas to develop there is a real sense of progress being achieved.

Additionally, the role of our Specialist Midwife for substance misuse and vulnerable women has enhanced the service we provide to these women and enabled cooperative interagency care to improve outcomes.

Steph Mansell
Head of Midwifery
Dudley Group of Hospitals

Key to abbreviations:

PCT - Dudley Primary Care Trust

DGOH - Dudley Group of Hospitals

TP - Teenage Pregnancy

CC – Children’s centres

MSLC – Maternity services liaison committee

QPDT – Quality practice development team

MW – Midwife

CMW – Community Midwife

ED – Emergency Department

MSW – Maternity support worker

MS – Midwifery service

NSF – National service framework

CEMACH – Confidential enquiry report

NRF – Neighbourhood renewal fund

NICE – National institute for clinical excellence

Action Plan – Updated October 2007

Recommendations by Theme

ACTION	Lead	Review Timeframe	Comment
1.0 COMMON TO ALL			
<p>1.1 Continuity of care is important to all women. The Primary Care Trusts and DGOH should examine how this can be achieved. Each woman should receive care from the same midwife throughout the pregnancy. Designated midwives get to know all the needs of the women in their care and this is especially important for women from black and minority ethnic communities (including Gypsy and Traveller women), and those with physical and intellectual disabilities.</p>	<p>PCT DGOH</p>	<p>Ongoing</p>	<p>Community Midwifery service review - consider:</p> <ul style="list-style-type: none"> • Caseloads • Areas of deprivation/children centre areas • Teenage pregnancy service + TP MW caseload • Sure Start midwives caseloads <p>Redefine caseloads to improve continuity for women with complicated life styles</p> <p>All pregnant women have a named midwife to provide care within the community. Midwives have developed services within Children's centres to enhance care for vulnerable women and less advantaged families. This includes targeting teenagers, non-English speaking women, fathers etc.</p> <p>As part of the SHA Reducing Perinatal Mortality Project, audit identified Dudley Community Midwives as providing excellent continuity of care</p>
<p>1.2 More work needs to be done to explain the clinical expertise of ambulance paramedics in respect of maternity care. A leaflet could be produced and put into the pregnancy</p>	<p>DGOH Ambulance</p>	<p>Complete Ongoing</p>	<p>Service level agreement developed. Paramedics engaged in Maternity</p>

<p>pack. Ambulance paramedics should be involved in antenatal classes.</p>	<p>service</p>	<p>Ongoing</p> <p>Complete</p>	<p>Services, shadow MWs on Maternity Unit. Women informed of Ambulance Service contact in handheld notes. Maternity Services to support Ambulance Service to develop information leaflet for women as appropriate. Developed joint guidelines between Maternity, Ambulance Service and ED. Obstetric guidelines are in place in ED. Paramedics continue to have placements within Maternity Unit, mentored by Midwives. Maternity Matron meets with Ambulance personnel to facilitate proactive discuss.</p>
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Recommendations by Theme

ACTION	Lead	Review Timeframe	Comment
<p>2.0. Women from Black and Ethnic Communities</p>			
<p>2.1 The Primary Care Trusts and Dudley Group of Hospitals should evaluate the cultural competence of their staff as a matter of priority, and set up training courses where necessary. Such course should be evaluated.</p>	<p>PCT DGOH</p>	<p>Ongoing</p>	<p>DGOH offers cultural competency training for staff. Courses are routinely evaluated.</p>
<p>2.2 Collection of information about socio-economic background of patients needs to be formalised. Dudley Group of Hospitals and Primary Care Trusts should endeavour to collect basic information about the socio-economic background of pregnant women and their families so that:</p> <ul style="list-style-type: none"> • maternity services know who they are caring for and care is more appropriate; • appropriate advice and help may be offered antenatally and postnatally • continuity of care is enhanced. <p>(The Select Committee is aware that the Perinatal Institute is working on a patient socio-economic information section for the Pregnancy Notes given to each pregnant woman to hold on the first appointment).</p>	<p>PCT DGOH</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Outstanding</p>	<p>CMW collect booking information related to every woman's socio-economic background and give advice when needed. Involvement of Specialist services is made when necessary. Data collection as part of the BBCSHA reducing perinatal mortality project will collect enhanced data from women living in areas of known deprivation. This project produced some useful data but further funding is required to continue data collection</p>

<p>2.3 The Primary Care Trusts and Dudley Group of Hospitals should review maternity care literature for non-English speaking patients. Explanations about antenatal, labour and post-natal care in the Pregnancy Notes held by all pregnant women should be available in other languages. Information should also be available on audio tapes. (We are aware that the Perinatal Institute is working on this at the moment).</p>	<p>WMPI</p>	<p>Outstanding Ongoing Ongoing Complete</p>	<p>Awaiting WMPI development of notes in other languages Additional support through interpreters is offered. Language line service available in community Language line (requirement identified as a requirement in CEMACH report 2000-2002 and NICE antenatal guideline 2004) is now available at DGOH for Maternity use A DVD has been produced jointly between Dudley PCT and DGOH, involving service users – in other languages and with 'signing'. This provides information to improve access to and use of services for pregnancy and early parenthood.</p>
<p>2.4 A virtual reality tour of the new Maternity Unit would be invaluable for showing at antenatal classes and GP surgeries.</p>	<p>DGOH</p>	<p>Outstanding</p>	<p>This is covered in the DVD, as above; however, the DGOH website is also to incorporate this as part of the Maternity website page.</p>
<p>2.5 In respect of cultural and religious aspects of food Dudley Group of Hospitals maternity and catering staff should discuss these matters with patients and their relatives to ensure that patients get suitable culturally acceptable meals.</p>	<p>DGOH</p>	<p>Ongoing</p>	<p>Choice is available. Women are able to bring in food if they wish.</p>
<p>2.6 In respect of other cultural and religious needs of patients from black and minority ethnic communities, staff should be prepared to discuss such needs with patients and relatives to find mutually satisfactory solutions. These discussions ought to take place during the antenatal period.</p>	<p>DGOH</p>	<p>Ongoing</p>	<p>Staff is sensitive and accommodating to women and their families who require specific requests. Community Midwives are encouraged to document those needs to ensure other care providers are aware As needed, support is requested were there is communication difficulty</p>
<p>2.7 The Development of Children's Centres should be carefully monitored to ensure that the services presently offered by Sure Start in Dudley, Lye and Brierley Hill are not diluted.</p>	<p>PCT</p>	<p>Ongoing</p>	<p>Midwifery services are being developed within Children's Centres; these are being supported by Maternity Support Workers funded by CC in Netherton,</p>

			Priory & Wrens Nest and Kate's Hill. This pilot will be evaluated.
<p>2.8 More work needs to be done to explain the clinical expertise of ambulance paramedics in respect of maternity care. A leaflet could be produced and put into the pregnancy pack. Ambulance paramedics should be involved in antenatal classes</p>	DGOH Ambulance service	<p>Complete</p> <p>Ongoing</p> <p>Outstanding</p> <p>Complete</p>	<p>Service level agreement developed. Paramedics engaged in Maternity Services, shadow Midwives on Maternity Unit.</p> <p>Women informed of Ambulance Service contact in handheld notes.</p> <p>Maternity Services to support Ambulance Service to develop information leaflet for women as appropriate.</p> <p>Developed joint guidelines between Maternity, Ambulance Service and Trust ED. (as 1.2)</p>
<p>2.9 Staff should undergo training in the use of interpreters</p>	DGOH	Complete	<p>Guideline in place.</p> <p>Language line available (as 2.3)</p>
<p>2.10 The Primary Care Trusts and Dudley Group of Hospitals should work with local minority ethnic communities and their representative organisations to develop strategies to encourage more people from minority ethnic communities to work in maternity care, either as paid staff or volunteers.</p>	DGOH Trust Volunteer Co-ordinator	Ongoing	DGOH is an equal opportunities employer Volunteers service continue to explore positively targeting ethnic minority communities

Recommendations by Theme

ACTION	Lead	Review Timeframe	Comment
3.0 Asylum seekers and refugee women			
<p>3.1 The Primary Care Trusts, Dudley Group of Hospitals and West Midlands Ambulance Service should consider how they can work together with the Local Authority to ensure that asylum-seeking women can summon help in an emergency</p>	PCT DGOH Ambulance Services LA	Ongoing	Midwifery service ensure all women have emergency ambulance, emergency midwife and maternity unit contact numbers available

<p>3.2 Care should be taken to ensure that any interpreters used are acceptable to patients. More use of Language Line might solve this problem.</p>	DGOH	Complete	Language Line within the Trust in place (as1.2, 2.8) Independent interpreters used as needed – this has shortfalls The use of a family members is not encouraged
<p>3.3 The Primary Care Trusts, Dudley group of Hospitals, General Practitioners and Asylum Support should review their systems to ensure that all asylum seekers have been allocated a GP and that pregnant women are able to access each stage of maternity care.</p>	PCT DGOH GP Asylum Support	On-going On-going	Normally CMW first engage with pregnant women initially at GP Surgery Any woman who does not have a named GP are encouraged to register and informed how to do this by CMWs or Children's Centre staff

Recommendations by Theme

ACTION	Lead	Review Timeframe	Comment
4.0 Women living in poverty			
<p>4.1 Primary Care Trusts and Dudley Group of Hospitals should consider how to improve and increase the content and availability of antenatal classes:</p> <ul style="list-style-type: none"> • classes should be advertised more widely; • There should be more flexibility in respect of times and locations for classes: people tend to prefer classes in their own locality; • classes should cater for diversity of demand: single sex; cultural needs; different formats: video, discussions, small group work; one-to-one classes for learning disabled women. • consideration should be given to basing ante-natal classes within the developing Children Centres in the Borough. • More lay women should be recruited and trained as antenatal teachers, to free up midwives. • Those organising ante-natal classes should be aware of the potential of such classes for breaking down social isolation and should make efforts to facilitate the process to enable those who attend to make friends with others in the group 	PCT DGOH	Ongoing	Continue to develop antenatal classes with Children's Centres, involving Midwifery Service and other services as appropriate. Specific classes available for Teenagers Service users are encouraged to be involved Maternity DVD developed for women with learning difficulties, those whose first language is not English and women with hearing difficulties. Explore wider use of visual aids – video/DVD, etc Community MSW role supports the provision of parentcraft in some CC and at home Midwives undertake parent craft courses

4.2 The Health Services, Local Authority and the Benefits Agency should ensure that information about state maternity benefits is made available to all pregnant women and especially to those women who do not live within the catchment areas of the Sure Start programmes or Children's Centres.	PCT DGOH Benefits Agency	Ongoing	Information available in handheld notes and leaflet Midwives signpost women to Benefit Agencies
4.3 A leaflet about maternity benefits should be included in the Pregnancy Pack.	DGOH	Ongoing	Available in pregnancy pack all women receive

Recommendations by Theme

ACTION	Lead	Review Timeframe	Comment
5.0 Women who misuse drugs and other substances			
5.1 Multi-disciplinary meetings between The Warehouse and maternity services staff (midwives, consultants and Special Care Baby Unit (SCBU)) should be re-instituted	DGOH	Ongoing	Developed new quality practice development team – all appropriate agencies involved. Chaired by Specialist Midwife – Substance Misuse and Vulnerable Women in post from 1.9.05
5.2 The appointments of a Social Services link worker and a midwife for Maternity and Substance Misuse would be invaluable.	Specialist Midwife (funded by NRF)	Ongoing	Specialist Midwife has developed strong links with Dudley Social services and enhanced the service for vulnerable women and families
5.3 GPs should take advantage of the offer of training given by The Warehouse	PCT GP Service	(GP service)	
5.4 A reference resource about substance misuse, such as the guide produced by NHS Lothian, should be written for NHS and Social Services staff in Dudley.	Dudley Drug Service	Outstanding	Specialist Midwife willing to be involved in this project
5.5 The Pregnancy Pack should have a leaflet from The Warehouse explaining the services available for substance misusers.	Specialist Midwife	Complete	Leaflets are issued to all pregnant women and disclosure is encouraged

Recommendations by Theme

ACTION	Lead	Review Timeframe	Comment
6.0 Women experiencing domestic violence			
<p>6.1 Data indicate that domestic violence is widespread in the Dudley Borough. In order to provide an effective service that makes a difference in Dudley, the NHS, Local Authority and relevant voluntary sector organisations should:</p> <ul style="list-style-type: none"> • Create a multi-agency domestic violence team to be based at one location. • Provide domestic violence training for all professionals and workers in voluntary organisations who come into contact with victims of domestic violence. This should include dedicated training for health visitors, midwives, hospital clinicians, and GPs and their staff about asking appropriate questions and recognising the signs of domestic violence. • Provide support for women when they leave a Refuge • Provide outreach support for those victims in the community who do not have access to Refuges • Facilitate comprehensive education and domestic violence awareness 	Dudley Domestic Violence Forum	Ongoing	<p>Special Midwife providing specific training for Midwives – guideline and care pathway developed. Confidential disclosure encouraged</p> <p>All women given card with contact numbers</p> <p>All toilet facilities have information displayed</p>
<p>6.2 Systems should provide for routine screening for domestic violence at antenatal clinics and subsequent stages of maternity care; and in Accident and Emergency</p>	DGOH	Ongoing Ongoing	<p>Handheld notes prompt the Midwife to encourage disclosure throughout pregnancy</p> <p>ED inform Specialist Midwife when pregnant women access the service after potential domestic violence</p> <p>Police notification received from all 'domestic' calls where a pregnant woman has been involved</p>
<p>6.3 Systems should provide for routine screening for domestic violence at antenatal clinics and subsequent stages of maternity care and in Accident and Emergency</p>	DGOH LA	Complete	As 6.2

Recommendations by Theme

ACTION	Lead	Review Timeframe	Comment
7.0 Women with learning disabilities			
7.1 The NHS and Local Authority should consider how to improve data collection about parents with learning disabilities, so that precise numbers can be ascertained.	DGOH LA	Outstanding	DGOH to explore the option of entering this information on the maternity PAS system. Information is collected by midwives at booking.
7.2 GPs, community midwives, health visitors and, where necessary, social workers, should work alongside parents during all stages of pregnancy and encourage and facilitate attendance at antenatal clinics and classes	GP DGOH LA Social Services	Ongoing	Joint working encouraged, MS work with other agencies to develop individual plan of care CMWs provide specific Antenatal classes on a 1-1 basis as requested DVD available (as 4.1)
7.3 The NHS and Local Authority should consider how they can improve communication about maternity care, child care, child protection and support for parents, which involves a variety of media forms: pictures and symbols, audio, video as alternatives to the written word.	DGOH LA	Complete	DVD available (as 4.1) Facilities available in CCs
7.4 All health care professionals involved in maternity services should receive training about care for people with learning disabilities	DGOH	Ongoing	DGOH provide mental health awareness training for staff. Specific training not available for Midwives, professional judgement and experience would be used. Appropriate involvement of other agencies would be secured, with consent.
7.5 The NHS should consider how to raise the level of professional awareness about learning disabilities; and resources available to help professionals	DGOH	Ongoing	Awareness sessions explored. DVD developed, individualised plans of care made with the woman when required.
7.6 Initiatives such as the Special Parenting Service should be adequately resourced and supported	Social Services	(Social services)	Teenage Pregnancy services have Midwifery input MS involved in care planning

7.7 Advocates/buddies should be provided to support parents during pregnancy and in the early years of a child's life	Social Services	(Social services)	Developed into plan of care, supported by Midwifery Services
7.8 Social Services should review assessment and support for parents with learning disabilities to ensure that both Adult and Child and Family Services co-operate in providing support for the family	Social Services	(Social services)	Supported by Midwifery Services
7.9 NHS and Local Authority should facilitate events where matters relating to child protection, support for parents and human rights can be openly debated between all interested parties.	NHS LA	Ongoing	Case conferences in place. Training for midwifery staff in Child Protection available. Internal notification pathway in place

Recommendations by Theme

ACTION	Lead	Review Timeframe	Comment
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8.0 Women with sensory disabilities

8.1 The Primary Care Trusts and Dudley Group of Hospitals should arrange training for all staff involved in maternity care in the care of women with sensory and physical disabilities. Such training should involve people with disabilities and their respective support groups.	PCT DGOH	Ongoing	DGOH provide sensory training for staff. Individual specific needs of women accessing the maternity services is undertaken.
8.2 The Primary Care Trusts and Dudley Group of Hospitals should ensure that information about maternity care is in a format readily accessible to women with sensory disabilities and is up-to-date	PCT DGOH	Ongoing	MWs ensure women are aware of and involved in developing individual plans of care. Alert - stickers available for flagging notes, etc.
8.3 Dudley Group of Hospitals should review all signs pointing to and within the Maternity Unit to ensure that they are suitable for people with sensory impairment. All security systems should be checked to ensure easy use for people with sight and hearing impairment.	DGOH	Ongoing	Pictorial signs in place for access to Maternity Unit. Braille signs available in the hospital Signage to be reviewed

Recommendations by Theme

ACTION	Lead	Review Timeframe	Comment
9.0 Women experiencing episodes of mental ill-health			
9.1 Dudley Group of Hospitals and the Dudley Mental Health Board should ensure that Dudley has an antenatal and perinatal mental health strategy that aims to ensure that the knowledge, skills and resources necessary for detection and prompt and effective treatment are in place.	DGOH DMHB	Ongoing	Strategy and guideline developed with joint meetings between Maternity Services and Mental Health Services Incorporating recommendations within CEMACH report, Children's and Maternity NSF and NICE guidelines <ul style="list-style-type: none"> • Antenatal booking prompts information to be disclosed related to previous mental health illness • Staff training in place
9.2 The Primary Care Trusts and Dudley Group of Hospitals should review arrangements for cooperation and collaboration between maternity services and mental health services with a view to establishing formal links	DGOH DMHB	Ongoing	Part of guidelines as 9.1
9.3 The Dudley Mental Health Board should include in its mental health development plan specific proposals for the care of mentally unwell pregnant women and mothers either in hospital or at home	DMHB	Ongoing	Part of guidelines as 9.1

Recommendations by Theme

ACTION	Lead	Review Timeframe	Comment
10.0 Gypsy and Traveller women			
10.1 There should be a health visitor/midwife with specialist interest for Gypsy and Traveller families, this should include a community development and liaison role. There is evidence to suggest that the Gypsy and Traveller communities value the assistance of a dedicated health visitor/midwife, who is culturally competent.	PCT DGOH	Ongoing	Resources need to be available to develop these services Midwives plan individualised care for these women and their families dependent on need and ensuring appropriate agencies are alerted as required.
10.2 Maternity Services should explore ways of working in partnership with Gypsy and Traveller communities in the delivery of maternity care, especially with the more mobile families. Discussions should take place with support organisations for Gypsy	PCT DGOH	Outstanding	This is not felt to be a major problem within Dudley, however, Midwives would like to develop specialist services but

and Traveller Families			further resources required.
10.3 The Primary Care Trusts should examine how to develop better coverage of Gypsy and Traveller families in NHS ethnic monitoring so as to tackle their 'invisibility' in public health terms. The Primary Care Trusts and the Strategic Health Authority have an opportunity to deal with this issue in their Health Equity Audits	PCT	(PCT)	
10.4 Primary Care Trusts should take action to overcome the difficulty faced by Gypsy and Traveller families in obtaining GP registration	PCT	(PCT)	Midwives encourage these women to register with a GP
10.5 There is a need to consider how medical records can be kept up to date. Evidence from the studies quoted in the Review suggest that a fear of loss of continuity of care due to lack of available up-to-date health records results in Gypsy Travellers preferring to return to known GPs even when they have moved on.. This may require a regional solution	PCT	(PCT)	Handheld maternity notes and personal child health records are issued to all women who engage in the maternity service. Other services are alerted as needed

Recommendations by Theme

ACTION	Lead	Review Timeframe	Comment
11.0 Other general interest matters			
11.1 The system of communication between midwives and health visitors should be reviewed and where necessary improved. Mothers could receive copies of relevant correspondence to be kept with the child care record book. (Red Book).	DGOH Health visiting service	Ongoing	<ul style="list-style-type: none"> Communication guideline and pathway with formal referral commenced Nov 05 Developed PCHR guidance, pathway and information Sept 05 Joint meetings with Health Visitors are encouraged
11.2 All involved in maternity care in Dudley should take note of national recommendations for development of maternity care irrespective of who publishes the guidance. For example health visitors should take note of recommendations for change in midwifery practice in case it applies equally to health visitor practice. Dudley Group of Hospitals and the Primary Care Trusts should ensure that there is dedicated learning time for staff within working hours.	PCT DGOH	Ongoing	<ul style="list-style-type: none"> Health Visitors are encouraged to attend MSLC and Midwifery QPDTs Health Visitors are invited to be involved in reviews of appropriate guidelines e.g. Joint action plan was developed in response to the NICE postnatal guideline launched in 2006

<p>11.3 Dudley Group of Hospitals and the Primary Care Trusts should recruit more paid midwifery support workers to free up midwife time. They should also consider recruiting and training lay volunteer labour support assistants (“doulas”) from all communities in Dudley. They should consider the potential for doulas to progress to midwifery training.</p>	PCT	(PCT)	<p>Community MSW to support the enhanced service for vulnerable women are in place as 2.1 Women who chose to be accompanied by a ‘Doula’ are supported. A guideline and patient information is being developed Breast feeding buddies are encouraged</p>
<p>11.4 Dudley Group of Hospitals should examine the matter of car parking; if dedicated spaces for maternity are feasible; and how women in the advance stages of labour may summon and receive assistance</p>	DGOH	Ongoing	<p>Designated short term parking in front of Maternity Unit available Women informed to gain access before parking Panic button available at front entrance Known admission in advance labour are prepared for and met at main entrance Plans of care are developed for women with a history of precipitate labour All women are given emergency contact for the CMW as well as the maternity unit</p>



"When the bough breaks"

a review of access to maternity services in Dudley.

Summary

The Review examined inequalities in access to care for pregnant women and for parents and babies from the following groups:

- Those from minority ethnic groups.
- Refugees and asylum seekers.
- Those who live in poverty (those living in electoral wards designated as disadvantaged).
- Those who are homeless (in temporary and other inappropriate accommodation as well as those who are roofless).
- Travelling families.
- Those with mental health problems serious enough to require care in hospital or from the community mental health team.
- Those with learning disabilities.
- Those with physical and sensory disabilities.
- Those women who live with the threat of domestic violence.
- Those who misuse substances and alcohol.

The motivation for this Review came from the investigation of access to maternity care conducted in 2002/2003 by the House of Commons Health Committee. Drawing on evidence from a wide range of expert witnesses the Health Committee concluded that women from the above-mentioned groups faced a number of barriers to maternity care:

- prejudice in relation to class, race or disability;
- lack of advocacy and interpreting services;
- lack of continuity of care, particularly for homeless women and dispersed asylum seekers;
- little support for women with disabilities;
- insufficient numbers of specialist mother and baby units for women experiencing episodes of severe mental ill-health after the birth of their babies;
- lack of awareness of the needs of women at risk from domestic violence;
- lack of consultation with women from disadvantaged backgrounds.

The Health Committee noted further that:

- women from disadvantaged backgrounds are more likely to die in childbirth, or shortly afterwards, and their babies are more likely to be born with low birth weights;
- women from disadvantaged backgrounds are less likely to start and or carry on with breastfeeding;
- prejudice in relation to class, race, or disability profoundly affect a woman's experience of pregnancy, birth and motherhood; women want and need services that are decent, humane and kind;

- some women do not take advantage of the services provided and others find it difficult to access the care or do not find that the services meet their needs. This might be because of lack of information about services available or difficulties in physical access to services or attitudes of those offering care;
- the maternal death rate amongst women where neither she nor her partner are employed was 20 times higher than that for women in the highest two social classes.
- the data-set is inadequate and at present provides little information about the scale and reasons for inequality.

Finally the House of Commons Health Committee suggested four principles of maternity care:

- Care should be based on the philosophy that childbirth is a normal life event.
- Childbirth is a transformative event for the whole family rather than just an isolated clinical event.
- Care should meet women's psychosocial as well as physiological needs.
- Care should contribute to improving public health, especially in ensuring, as far as possible, that babies have a healthy start to life.

The situation in Dudley

The Select Committee on Good Health found that the situation in Dudley for these women is better than that reported in national surveys. The Select Committee managed to discuss maternity care with 42 women from so called hard-to-reach groups. Although the women interviewed mentioned various problems to do with disability, culture, religious beliefs and communication, they thought that overall the care they received was satisfactory. No one considered that they felt they were the victims of discrimination and many said that staff in the maternity unit at Dudley Group of Hospitals had done their best to meet their needs. Indeed, the midwives and health visitors who were interviewed by the Select Committee on Good Health had a sound knowledge of the needs of women from disadvantaged groups and were committed to improving services. They demonstrated that they had formed effective links with other agencies involved in care for women from disadvantaged groups, although in some instances those links needed to be strengthened. West Midlands Ambulance Service has been imaginative and innovative in developing ways to help to break down language barriers between ambulance paramedics and patients with little English. The Sure Start programmes have been successful in Dudley and Dudley MBC's Asylum Support Team and Housing Directorate have given timely and compassionate support to refugees and asylum-seekers.

There are a number of positive indicators for standards of maternity care in Dudley. In a recent survey about maternity care, conducted by the Patient Advice and Liaison Service (PALS) of Dudley Group of Hospitals, 87% of respondents said the service they received was "very good" or "good". Dudley Group of Hospitals has Unicef "Baby-Friendly" status; there is a well-informed and active Maternity Services Liaison Committee and good relationships with influential user groups such as the National Childbirth Trust. A brand new "state of the art" maternity unit was opened at Russells Hall Hospital at the beginning of 2005, which will provide much greater privacy and dignity for women and their families.

There are difficulties. There is a shortage of midwives which makes it difficult for midwives to develop specialist interests to better meet the needs of women from disadvantaged groups. There are problems with retaining midwives because of the work pressures they face. The introduction of "family-friendly" policies makes continuity of care for patients much more difficult. The Select Committee on Good Health considers that more effort needs to be put into recruiting maternity care assistants, sometimes referred to as "doulas", to support pregnant women and women in labour and to allow midwives to concentrate on tasks where their expertise is indispensable. The Select Committee on Good Health believes that access to antenatal classes is not as good as it could be. Access could be improved by holding classes in places more convenient to users and by employing trained lay teachers to take antenatal classes. This would enable midwives again to concentrate their efforts where their skills are most needed. More work needs to be done to meet the needs of women with disabilities and those who are victims of domestic violence.

The Select Committee on Good Health hopes that this Review will be the first word on the subject of maternity care in Dudley, not the final word. The Committee hopes that the Review will stimulate a constructive debate about where maternity care in Dudley needs to be improved and how such improvements may be brought about.

November 2005