

BirthWise Survey 2019 Recommendations

Recommendations

Throughout the survey, we made recommendations for maternity services in Northern Ireland, based on what women told us. While recognising that there are finite resources including particular workforce challenges, it is vital that maternity care provision reflects the evidence base as a means through which the health and wellbeing of future generations can be enhanced.

RECOMMENDATION 1: The Northern Health and Social Care Trust should prioritise the development of three MLUs - alongside units in both Causeway and Antrim, as well as a freestanding unit elsewhere within the Trust.

RECOMMENDATION 2: Birth Choices clinics / VBAC clinics / breech clinics should be available in all Trust areas. Individualised care plans should always be developed with women who are deemed to be outside guidelines.

RECOMMENDATION 3: Regional guidance should be developed to standardise approaches to discussing place of birth with women. This should build on the RQIA guidelines for admission to midwife-led unit, and the RQIA guidance for women planning birth at home. An individual evidenced-based care plan for planning place of birth should be developed in partnership with any woman experiencing a complex pregnancy.

RECOMMENDATION 4: The NI Department of Health should commission a review of maternity services in Northern Ireland, and commission a new maternity strategy. This should explore models that support continuity of carer across antenatal, birth, and postnatal services for women. In advance of this, HSC Trusts should begin to explore, develop, and strengthen continuity/caseload models within existing maternity services.

RECOMMENDATION 5: Regional guidelines should be developed for breech birth, including vaginal breech. Trusts should ensure that women are informed of vaginal breech birth as an option, and training should be provided to 'reteach the breech' where needed.

RECOMMENDATION 6: Training on consent and human rights in childbirth should be provided to all maternity health care staff.

RECOMMENDATION 7: Training and or/guidance should be provided for all maternity care staff to ensure adherence to NICE guidance on sweeps.

Trusts should review practice on induction of labour and ensure that women are not offered induction before 40–41 weeks unless there are clear, documented clinical reasons.

Trusts should review practice regarding women’s experiences of induction of labour to ensure that women can give fully informed consent, and are respected and supported to feel safe throughout.

RECOMMENDATION 8: All Obstetric Units should review the birth environment, particularly in delivery suite and theatres, with a view to making this more supportive of women’s emotional and physiological needs.

Obstetric units should ensure there are enough telemetry monitors to meet the level of evidence-based need.

Regional guidelines are needed on best practice in facilitating gentle caesarean sections.

RECOMMENDATION 9: Trusts should monitor, review, and reduce the number of women birthing on their backs. Intermittent monitoring and telemetry rather than CTG should be used whenever possible.

RECOMMENDATION 10: Trusts should continue to monitor, evaluate, and review the various elements of the care bundle aimed at preventing tears, in order to ensure that the more invasive elements (hands-on, episiotomy) are only used when absolutely needed, while other elements including warm compresses and good communication with women to ensure slower crowning should be offered to all women unless there are clear, documented reasons not to.

RECOMMENDATION 11: There should be regional guidance on optimal cord clamping, with the majority of cords being left to turn white before being clamped and cut, and as a minimum, NICE recommendations being followed.

RECOMMENDATION 12: HSC Trusts should offer training for staff on the importance of minimising birth trauma, including highlighting communication, locus of control, and compassion.

Midwives should ask women postnatally how they are feeling about their birth, and signpost them to appropriate services if there is the possibility of birth trauma.

All HSC Trusts should provide appropriate services for women and partners/birth partners who have experienced birth trauma.

In emergency situations, a designated person should lead on communication and support for the woman and her partner/birth partners.

RECOMMENDATION 13: We recommend that all Trusts consider ending Bounty contracts. If appropriate, alternative arrangements should be made to facilitate professional photography without commercial pressure and away from the women’s bedside.

RECOMMENDATION 14: Beyond BFI: In line with Unicef requirements each Trust should monitor adherence to BFI standards through an ongoing rolling audit programme. Maternity units should also seek to implement the BFI Achieving Sustainability Standards. In addition PHA and the Breastfeeding Strategy Implementation Steering Group should consider what further actions are needed to ensure health care professionals provide compassionate, appropriate, evidence-based breastfeeding support.

Trusts should review breastfeeding support provision and seek to increase access to support from maternity support workers or equivalent to help women establish breastfeeding and provide practical support with positioning and attachment in the postnatal wards.

Women who need further support should be referred to a breastfeeding specialist. All parents who formula feed should be provided with information and support on how to safely make up feeds and encouraged to formula feed in a responsive way in line with BFI standards and as detailed in *First Steps Nutrition Trust* guidance.