RCM Contribution to Improving Safety and Outcomes for Women

Gill Walton
Chief Executive
Gill Walton

My first 2 weeks...
Maternity services are under the spotlight

- Maternity Transformation in England
- Secretary of State for Health’s ambition to reduce stillbirth, neonatal brain injury and neonatal death by 50% by 2030
- The drive to improve culture and team work within maternity units.
- Reducing harm through learning from serious incidents and litigation claims
- Increasing complexity
- Midwifery and obstetric staffing
The Five Year Forward View

Better Births MTP

Maternity Transformation Board
Chair: Sarah Jane Marsh
RCM: CEO membership

MTP Stakeholder Council

"Choice Pioneers"
Regional Mat Lead North
Neil Tomlin
Regional Mat Lead Midlands
Joy Kirby
Regional Mat Lead London
Jess Read
Regional Mat Lead South
Jenny Hughes

Minister’s ambition - Spotlight on Maternity RRR

Choice and Personalisation: G Bourke
Safer care: M Forrester
Perinatal mental health: J Fyle
Workforce: S Tyler
Data and information: L Silverton
Digital technology: J Gerrard
Payment system: G Bourke
Improving Prevention: E Gomez

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STPs = LMSs

Commissioning Guidance from Workstream PID
Organisation mapping from Clinical Networks

"Early Adopters"

Local maternity system

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Local maternity system
Better together

Multi-professional working, breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care in partnership with women

- Healthy culture
- Strong leadership
- Working together
- Training together
- Clear communication through handover
- Multi-professional peer review
Safe workplaces
• There is no ‘typical’ maternity unit
• 21% of trusts and boards offer the full range of birth settings
• 77% offer homebirth
• Two thirds of obstetric units are now co-located with an alongside midwife-led unit
• 15% of maternity services said they provide continuity of carer through antenatal, labour and postnatal care
• 97% of providers use electronic systems but half say community midwives can’t access the systems and only 10% give women have access to their records
Interventions in the care bundle

• Speaking with the woman about her risk and OASI and communicating with her during the birth to enable a slow controlled birth of the baby,
• Performing an episiotomy when required,
• Using the hands to enable perineal protection at the time of birth
• A thorough examination after birth to detect tears
review once, review well

- Free online tool
- Facilitate high quality standardised perinatal reviews

Four elements
- The Perinatal Mortality Review Tool
- Training
- Involvement of parents
- National reporting
Patient Safety Alert in February 2017
Focussed on – hypoglycaemia, jaundice, respiratory conditions and asphyxia

In partnership NHSI the RCM are working on the asphyxia workstream to:

- Develop standards for safety huddles and handovers
- Develop role descriptor and competency framework for labour ward coordinators
- Recommend and lobby for supernumerary status of labour ward coordinators
- Delivering multidisciplinary workshops for labour ward leaders

Reducing harm leading to avoidable admission of full-term babies into neonatal units
National Maternal and Neonatal Health Safety Collaborative

Three year programme quality improvement programme to:
• improve clinical practices
• reduce unwarranted variation
• report on how they are contributing to achieving the national ambition

All trusts in England will participate over three years supported by NHSI, first wave ongoing

Projects include
• CTG interpretation
• Smoking cessation

RCM will support by sharing learning
MCQIC – Maternity and Children Quality Improvement Collaborative - Scotland

- MCQIC Champion midwives funded in each health board by the Scottish Government to lead improvement work
- Many midwives and obstetricians across Scotland have received training in improvement methodology and run charts have become an ordinary site on maternity ward boards
- A huge range of local improvement projects have developed including increasing smoking cessation rates, reducing postpartum haemorrhage, improving CTG interpretation
For further information

Website: www.rcm.org.uk
Telephone: 0300 303 0444
Email: info@rcm.org.uk

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