National Maternity Network Introductory Meetings with NHS Boards November 2020 – March 2021

Between November of 2020 and March of 2021, the National Maternity Network Programme Team met (virtually) with Heads of Midwifery, Clinical Directors of Obstetrics, and other key maternity service colleagues in each of the 14 territorial Health Boards. The aim of the meetings was to establish relationships, give an overview of the Network and invite open discussion around service configuration, successes, and challenges. Each Board was asked how national network approaches and supports could be most useful to them. The purpose was to inform development of a 2021 – 23 Maternity Network plan that is reflective of and responsive to local challenges and ambitions. Insights provided by NHS Boards have been synthesised and themed in the following summary report under four headings:

1. **Initial and Existing Work**: priority work on which the Maternity Network has already started.
2. **Emerging Priorities Identified**: which could be included in the Maternity Network's strategic 2021 – 23 work plan.
3. **Joining up Conversations and Building the Network**: where work is beyond scope of the Network, joining up conversations and building the Network to ensure local views reach the Scottish Government, strategic partners and other groups with remits in those areas.
4. **Proposed Topics for National Guidelines and Pathways**: an early action of the Maternity Network will be to develop a structured and prioritised programme for developing national guidance.

1. Initial and Existing Work

The Maternity Network has already started work in some of the priority areas raised by Boards. In part, this is because initiation of the Network in March 2020 coincided with the first lockdown of the Covid-19 pandemic. Therefore, initial priorities were shaped collaboratively with maternity colleagues in response to the pandemic and under the direction of the Scottish Government.

Theme	You said: national network approaches would be useful in these areas	We did: priority work the Maternity Network has already started	Timeline
Roll-out of NHS Near Me across	• A framework or forum for sharing learning and experiences, such as a Teams channel.	• Guidance and learning sharing documents are on the NHS Near Me pages of the SPN website. • Findings from NHS Near Me Public Engagement and Equality Impact Assessment were published by the	May 2020 – May 2021

Maternity Services	• Support to use Near Me to facilitate multi-disciplinary or Cross-Board consultations.	Technology Enabled Care (TEC) team in September 2020 and Evaluation in March 2021. • Leaflets for women have been available in print since June 2020 and will be available from May 2021 for download (PDF) from the BadgerNet library and online at www.nhsinform.scot/ready-steady-baby.	
Home Blood Pressure and Urine Monitoring	• Support for remote and rural colleagues considering whether women who live far away from units are suitable for Home Monitoring (risk assessment) • Support to implement guidance beyond Covid-19, offering choices tailored by each woman's antenatal care team.	• Guidance and learning sharing documents are on the Home BP and Urine Monitoring page of the SPN website. • Findings from Evaluation of the programme by Stirling and Edinburgh University presented to the Clinical Oversight Group in May 2021 and, thereafter, learning will be shared with Boards. • Leaflets for women have been available in print since June 2020 and will be available from May 2021 for download (PDF) from the BadgerNet library and online at www.nhsinform.scot/ready-steady-baby.	May 2020 – May 2021
Home Blood Oxygen Saturation Monitoring	• Support to manage pregnant women who test positive for Covid-19 and are symptomatic but do not require inpatient care.	• NHS Lanarkshire and the TEC team formed a working group to adapt the national general adult pathway to enable pregnant women to monitor at home, if considered appropriate by her antenatal team. A leaflet for women has also been adapted. These are being piloted pre-emptively, should national rollout be required as part of future Covid-response.	Mar 2021 – [population dependent]
In-utero and Neonatal Transfers	Support with: • National materials to support consistent triage and management of unscheduled, acute care. • Multidisciplinary, cross-board help to move women quickly and safely.	• Work has started to support a Best Start remote and rural transfer working group, to develop user-friendly materials to help midwives in acute situations assess women for appropriateness and urgency of maternal transfer. Where appropriate, to easily access the	Mar – Oct 2021

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	• Communications with the home Board following antenatal of neonatal discharge. • Managing risk where women are unable to have their preferred birth due to local criteria or choose to give birth locally against professional advice.	multidisciplinary help they need to move women quickly and safely. • The Neonatal Network is working to improve all communications surrounding post-transfer discharge.	
Management of Maternal Pyrexia in Labour	• Support with clinical interpretation and application of guidance around the treatment of maternal pyrexia in labour.	• A clinical working group is working to develop and recommend a standardised approach to operationalising the existing evidence base. Guidance will be published in the autumn.	Mar – Oct 21
Management of Suspected pre-term labour	• Support with clinical interpretation and application of guidance around the management of suspected pre-term labour; including use of fetal Fibronectin and MgSO.	• A case review event to share learning from births at less than 27 weeks, in a unit without a NICU, in 2020 will take place on 2nd June 2021. The event will be a multi-disciplinary collaboration between National Maternity and Neonatal Network colleagues. A virtual education event focussing on perinatal optimisation for the smallest babies may follow later in the year.	Jun – Dec 2021
Placental Growth Factor (PlGF) Testing	• Support to assess the evidence base, cost-benefit and effectiveness of Placental Growth Factor testing in as an early test for pre-eclampsia in Scotland.	• The Maternity Network and Scottish Biochemistry Network have formed a working group to pilot the PlGF triage 'point of care' test from Quidel and make recommendations.	Jan – Dec 2021
Maternity Voices	• Support to respond to the recommendations of the HIS Report on engagement with the maternity community and the current Maternity Services Liaison Committee model.	• The Scottish Government has commissioned the Maternity Network to scope current and possible approaches for a national forum through which to engage with pregnant women and facilitate peer support. The Network will submit an options appraisal with recommendations in August 2021.	Mar – Aug 2021

2. Emerging Priorities Identified

Stakeholders suggested the following could be included in the Maternity Network's strategic 2021 – 2023 work plan:

Theme	You said: national network approaches would be useful in these areas	You also suggested some approaches to be considered

Sharing Information	• Support to scan and collate emerging evidence and guidance; facilitate sharing of consistent information.
	• Support to implement recommendations set out in NMPA, NNAP, PMRT and MBRRACE reports to improve outcomes.
	• Provide a platform for sharing best practice and learning.
	• Support to Link up conversations and work streams, share learning across:
	   o local and national Boards
	   o maternity and neonatal services
	   o perinatal groups or networks
		• The National Neonatal Network introduced Covid-19 planning calls as a forum for sharing of information during the pandemic among neonatal units and with Scottish Government. This could provide a model for maternity and wider perinatal discussion.
		• Minimise duplication, overlap, and unhelpful variation.
		• Act as a conduit for local Boards; enhance voices at national level.
		• Develop peer-support communications forums to promote networking within and across Boards. e.g., Forum for all Community Midwives, Forum for Remote and Rural Practice
		• Develop a central repository for sharing emerging guidance, evidence, standard protocols, and consent forms.
		• Facilitate consistency in national approaches and messages reaching local Boards from national boards or groups.

Guidance and Pathways	• Support to reduce unwarranted variation, include a 'Once for Scotland' approach where appropriate and promote equity of care in evidence-based practice.
	• Support to maintain high standards of basic care during times of transformational change and targets.
	   o Support to implement continuity of care
	   o Additional support for Boards with large geographical areas with, for example, collocating services, wrapping care around women, Perinatal Mental Health
		• Develop a central repository of guidance
		• Reduce variation in guidance, prescribing and pathways to promote safe, efficient cross-board transitions for medical trainees.
		• Develop a national framework to ensure the right staff are supporting the right pathways across and between Boards.
		• Focus on Maternity Services with Perinatal oversight through the Scottish Perinatal Network. Link strategically with Neonatal services.
		• Build a national picture of implementation stage, preferred approaches, equipment / medication around key evidence; so, Boards know what others are doing and who to ask.
		• Develop a standard set of national guidance documents, which can be adapted locally.

		• Refocus the 'Technology Supporting Maternity Care' Group to support innovation and implementation - which may involve, but is not limited to, technologies - with representation from each Board. • Boards suggested many areas they felt could benefit from the development of national guidance. These are included in section 4.
Significant Adverse Event Reviews	• Support to implement the imminent new SAER framework developed by the Scottish Government and Healthcare Improvement Scotland (HIS).	• Develop a 'safe space' learning forum and corresponding 'collaboration space' • Facilitate tailored learning opportunities following particular incidents or events. • Evaluate optimal capacity and resource required to deliver the framework well and proportionate impacts on Boards of different sizes and populations. • Explore how the new framework interfaces with existing processes within Boards, with a view to tailoring supports, sharing learning and best practice. • 'Buddy-up Boards' for peer support and to be mutual 'first point of contact' when requesting external reviewers. • Explore support models for senior colleagues in small units balancing obligation to objectively review events with obligation to provide support and/or management to staff involved. Provide structured support for all staff involved. • Promote national guidance to streamline the fiscal investigations process, especially cross-border.
Prioritisation and Milestones	• Support to balance national priorities with clear aims, timescales and measurable outputs which are realistic and achievable in service.	• Rollout of Continuity of Carer to follow a similar model to rollout of NHS Near Me and Home Monitoring. • Offer Boards flexibility to agree short-term, achievable goals building up to stretch aims, such as around: red pathway intrapartum care, home birthing care and continuity of care.

Miscarriage and Perinatal Bereavement Care	• Support with clinical interpretation and application of Perinatal Bereavement Care Pathways and the Lancet Miscarriage Matters series.	• Merge the SG Maternity Care Bereavement Group with the Network Bereavement Group to have one group looking at early loss, maternity and neonatal bereavement. • Explore national variation in current provision of early pregnancy services.

3. Joining up Conversations and Building the Network:

Boards suggested that where work is beyond scope of the Network, it could have a role in joining up conversations to ensure local views reach the Scottish Government, strategic partners and other groups with remits in those areas. The Network also could have a role in facilitating collaboration and consistency in the information and direction reaching Boards from strategic partners. The table below captures the issues and possible solutions identified by stakeholders, as well as the organisations we have identified as best placed to address these issues:

Theme	You said: national network approaches would be useful in these areas	You also suggested some approaches to be considered	Organisations with potential to influence the work
Workforce	Continuity and sustainability challenged by: ➢ Remote and rural recruitment and retention ➢ Difficulty in recruiting Fixed-term midwives when staff move mid-year; services often carry many vacancies. ➢ Supply of new graduates ➢ New midwives taking time to train and gain confidence, especially in remote & rural or Island Boards where team is smaller and geographically diverse.	➢ Consistently include remote and rural practice as a competence in the Scottish Medical Training programme so Foundation and Junior Obstetricians and Paediatricians develop skills. This may also support Consultants experiencing 'lonely practice.' ➢ Combine rural and competitive blocks to attract junior doctors. ➢ Learn from Covid, when the majority of students undertook their final placements on labour wards. This approach improved support and confidence of	➢ The Scottish Government ➢ NHS Education Scotland (NES) ➢ NHS Healthcare Improvement Scotland (HIS) ➢ Royal College of Obstetrics and Gynaecology (RCOG) ➢ Royal College of Midwives (RCM) ➢ Maternity Network

	➢ Adequately staffed 24/7 medical rotas across all tiers of women & children's services, especially in smaller Boards. ➢ Capacity in front-line services to release staff to train, upskill, maintain competence.	students transitioning to newly qualified midwives. ➢ Reinstate Clinical Supervision and multi-disciplinary training. ➢ Build midwife competency packages. ➢ Upskill midwives in contraception to integrate contraceptive and antenatal care. ➢ Peer support for staff at all levels, including Consultant level. ➢ Allocate trainee numbers consistently at each rotation to enable service planning. ➢ Alert Boards in advance if incoming medical trainees have specific training needs. Boards felt this could help them: o Identify if the post is unlikely to address the needs of the trainee. o Arrange appropriate support. o Mitigate for impacts when planning services and rotas.	
Cross-border working	Facilitate national staff mobility to help: ➢ Staff in Boards with lower birth rate to spend time in bigger units to gain or maintain skills, confidence, and competence.	➢ 'Once for Scotland' locum passports, which include core competencies, fitness to practice and PVG clearance. ➢ Support equity and variety in how Boards or colleagues are included in national projects.	➢ The Scottish Government ➢ NHS Education Scotland (NES) ➢ Healthcare Improvement Scotland (HIS)

	- Staff in Boards with higher birth rates to develop and refresh remote and rural practice skills. - Enable Boards to support each other to manage pressure points. - Reduce risk of women 'falling through gaps between Boards.' - Promote consistency and seamless care, especially between tertiary units and community hubs. - Support continuity of carer for complex care, and to support women transitioning between levels of care	- Facilitate regular update sessions targeted at supporting experienced colleagues in smaller boards sometimes providing unscheduled, complex maternity or neonatal care. - Develop a national framework for the CTG and simulation training mandatory for revalidation. - Facilitate for smaller Boards seeking safe and efficient access to specialist care from multiple Boards for the same woman. - Strengthen specialist services in rural areas with known unreliable infrastructure or connectivity.	- Royal College of Obstetrics and Gynaecology (RCOG) - Royal College of Midwives (RCM) - Best Start: Maternal / Fetal Medicine Groups Continuity of Carer Sub-group - Maternity Network
Health Information for Parents	- Support to ensure local information channels are consistent with national channels, with consistent messaging throughout. - Support to develop and use digital platforms and social media, to communicate with service users.	National approach for translating emerging information for parents.	- The Scottish Government - Public Health Scotland (PHS) - Third Sector partners - Maternity Network
Data and Systems	- Development of a digital strategy - Consistency in the 'chunks' of data requested by different groups. - Easier-to-access-and-navigate data, currently on different systems and requiring many passwords.	- Recognise digital systems may be less reliable in Boards with inconsistent connectivity. - Provide clear routes through which to access systems support, especially for Boards with limited internal IT support.	- The Scottish Government - Public Health Scotland (PHS) - Maternity and Neonatal Data Hub

	➢ Single 'go to' person for data questions. E.g., from NMPA charts. ➢ systems not 'talking to each other' ➢ Limitations of staff capacity to gather analyse and report on data. ➢ Support to transition data collection from SBR to digital systems (e.g., BadgerNet), manage duplication or data gaps.	➢ Deliver education and training to promote confidence with data and systems.	➢ NHS Education Scotland (NES) ➢ Healthcare Improvement Scotland (HIS / MCQIC) ➢ Audit Projects/Mbrrace ➢ Royal College of Midwives (RCM) ➢ NHS Boards
Public Health	➢ Support to develop and implement bundles with Public Health context into antenatal care, such as dietary and smoking cessation support, income maximisation, bereavement care and reducing inequalities.	➢ Explore how Public Health elements of antenatal care can be supported by the Maternity Care Assistant role.	➢ The Scottish Government ➢ Public Health Scotland (PHS) ➢ NHS Education Scotland (NES) / HEI Course Leaders ➢ Royal Colleges of Nursing (RCN) and Midwifery (RCM)
Perinatal Mental Health	➢ Support to explore role of Perinatal Clinical Psychology service in co-ordinating support for women and families and support for the staff who deliver it.	➢ Consistent approach to Birth Reflections clinics	➢ The Scottish Government ➢ Perinatal Mental Health Network Scotland (PMHNS)
National Minimum Standards for Labour Suites and Midwifery Unit Standards	➢ National minimum standards and specifications for older units, comparable to those for newer units to reduce inequalities.	➢ Consistency in provision of private facilities, especially relevant in complex or stillbirths. ➢ Prevent old buildings in need of repair from hindering standards of care, recruitment or staffing.	➢ The Scottish Government ➢ NHS National Services Scotland (NSS) / Health Facilities Scotland

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4. Proposed Topics for National Guidelines and Pathways

Boards were receptive to the need to reduce variation, promote equity of care around existing, evidence-based practice, and that a standard set of national guidance documents, which can be adapted locally, could support this aim. Boards were clear 'Once for Scotland' is not 'one size fits all.' National guidelines should not be overly prescriptive and must allow for flexibility to adapt guidance to local circumstances.

Boards suggested a broad range of topics where national guidelines and pathways could be useful. An early action of the Maternity Network will be to develop a structured and prioritised programme for responding to these. Suggested topics included:

➢ Continuous glucose monitoring for type 1 and type 2 insulin dependent women
➢ Obesity and antenatal care
➢ Intrapartum care
➢ Suspected pre-term labour
➢ Induction of Labour
➢ Assessment of pre-eclampsia
➢ Rupture membrane testing
➢ Implementation bundles with Public Health context, such as dietary and smoking cessation support
➢ Screening: Routine Examination of the Newborn (general) (perinatal)
➢ Screening: Developmental Dysplasia of the Hip and screening for Anorectal Malformation (Perinatal)
➢ High risk obstetric criteria; promoting high quality basic care for high risk women
➢ Management of fetal growth restriction
➢ National Minimum Standards for Labour Suites and Midwifery Unit Standards

Stakeholders also raised topics where work is already underway. For example, The Best Start Pathways Sub-group is working to refresh the KCND Pathways and consider learning from the Universal Health Visiting Pathway (Scotland) in development of a national pathway for routine antenatal care, which can be tailored for each woman.

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