



## MATERNITY IMPROVEMENT PROGRAMME HIGHLIGHT REPORT – Safe & Effective Care Project

Completed by		Valerie Wilson/ Kath Doughton		Reporting period:		July 2020																		
Date Completed:		13 <sup>th</sup> August 2020				Next Review Meeting:		3 <sup>rd</sup> & 12 <sup>th</sup> August 2020																
Current status		Headlines:																						
<div><div>R</div><div>A</div><div>G</div></div>		<ul style="list-style-type: none"><li>Recommendations with supporting evidence for consideration at IMSOP evidence review meeting on 3<sup>rd</sup> &amp; 12<sup>th</sup> August 2020</li></ul>																						
Key Achievements This Quarter					Project Plan: Proposed Achievements Next Quarter																			
<table><tr><th>RCOG Rec</th><th>Work stream</th><th>Verified at Review panel</th></tr><tr><td>7.2</td><td>SEC</td><td>03/08/2020</td></tr><tr><td>7.21</td><td>SEC</td><td>03/08/2020</td></tr><tr><td>7.23</td><td>SEC</td><td>12/08/2020</td></tr><tr><td>7.25</td><td>SEC</td><td>12/08/2020</td></tr></table>					RCOG Rec	Work stream	Verified at Review panel	7.2	SEC	03/08/2020	7.21	SEC	03/08/2020	7.23	SEC	12/08/2020	7.25	SEC	12/08/2020	<p>The following RCOG recommendations and supporting evidence will be the focus for the next reporting period August 2020 to February 2020:</p> <p><b>7.1, 7.7, 7.19, 7.25, 7.51</b></p>				
RCOG Rec	Work stream	Verified at Review panel																						
7.2	SEC	03/08/2020																						
7.21	SEC	03/08/2020																						
7.23	SEC	12/08/2020																						
7.25	SEC	12/08/2020																						
Slippage and remedial action					Issue or concerns																			
<p><b>RCOG Rec 7.7:</b> Ensure an environment of privacy and dignity of care for women undergoing abortion or miscarriage</p>					<p><b>Update:</b> Business case has been developed by the service and the task &amp; finish group continues to function.</p> <p>Service is still currently operating under COVID-19 restrictions. Full realisation of the service will be developed as part of an ILG agreed business plan.</p> <p>The bereavement Midwife is now working closely with Gynaecology services to provide training to staff caring for women experiencing early pregnancy loss.</p> <p>We are developing comfort bags to ensure women have essential supplies and also small mementoes of their baby. Additional resource to support this work has also been identified from the nursing team.</p>																			

## Good news stories:

**Guidelines:** The service has now addressed the out of date guideline backlog with only seven left requiring Health board sign off, (due to Pharmacological content). The service has now developed a three year look ahead to ensure guidelines and policies are reviewed in a timely manner. The group will provide assurance reports to the service Quality and Safety Group. The service is reviewing and strengthening reporting and assurance processes to include key performance indicators relating to guidelines to ensure that in future 100% of guidelines are in date.

**Bereavement:** A Bereavement specialist midwife now supporting Gynaecology services with training and developing comfort bags for women suffering pregnancy loss. Business case will be refreshed once ILG arrangements are in place. Arrangements are progressing in respect of the recurring miscarriage clinic.

**RCA training:** More than 20 staff attend an all-day RCA training event, which will support the service to improve the quality of investigations going forward.

**Appointment of governance lead:** The service has recently appointed an external experienced midwife to support our ongoing governance work

**Management of Concerns:** The service continues to manage a very small backlog that has signed off 46 formal concerns since March 2020. We are now routinely responding to new concerns with PTR time frame.

## Self-Assessment Against Maturity Matrix

The Health Board is able to evidence **RESULTS** against the maturity matrix:

- ✓ The health board has a developing quality governance structure and has full engagement from all of the MDT.
- ✓ The health board has a developing quality dashboard and monitors key indicators.
- ✓ Clinical incidents are reported and investigated appropriately and learning is focussed on individual incidents. Changes in practice are recommended but there is limited evidence that these changes are implemented and/or impact on future safety.
- ✓ Responsibility for patient safety and governance is limited to a few key individuals in the maternity service.

## Monthly Maternity Monitoring Indicators

### July 2020

PCH = Prince Charles Hospital Obstetric Unit, Tair Afon Birth Centre, Home (Cynon and Merthyr localities) and other (births in transit from Cynon and Merthyr localities)

POW = Princess of Wales Hospital Obstetric Unit, Bluebell Suite, Room 3, Ward 12, Home (Bridgend locality) and Born in Transit.

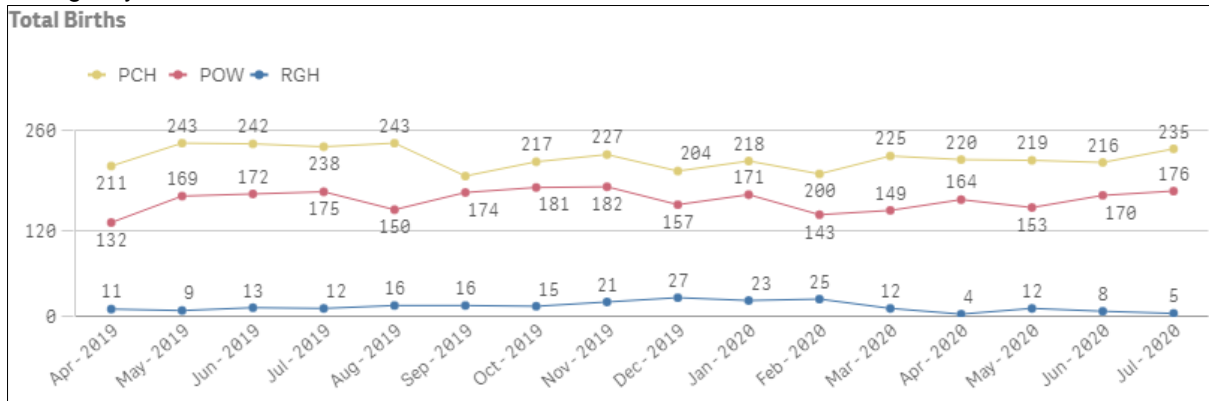
RGH = Tirion Birth Centre at the Royal Glamorgan Hospital, Home (Rhondda and Taff localities) and other (births in transit from Rhondda and Taff localities)

Births = babies born

Women = women delivering

### Total Births

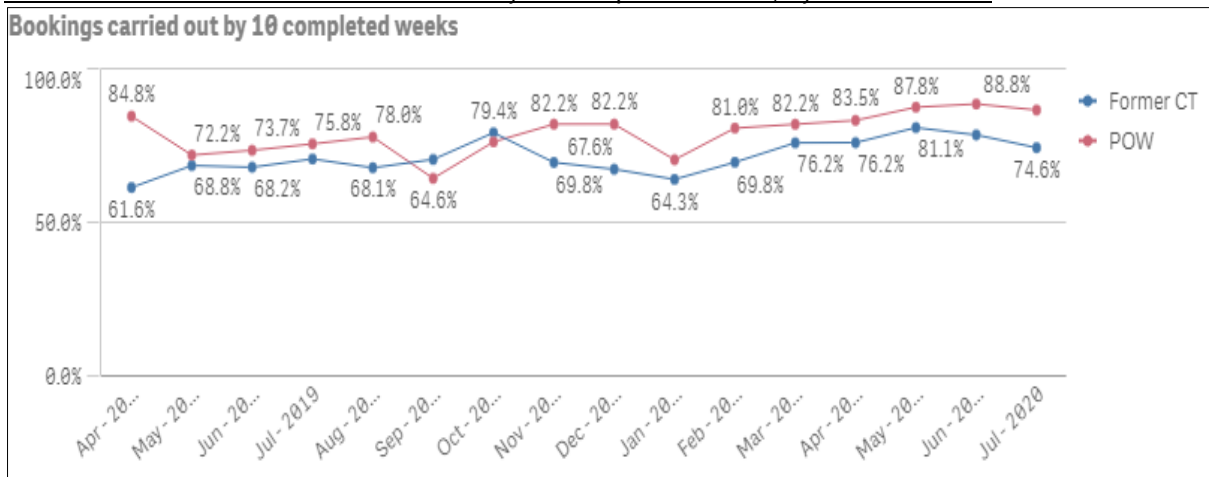
During July 2020, there were 5 sets of twins born to 411 women.



2020 – Total Births = 2865 to date for CTMUHB:

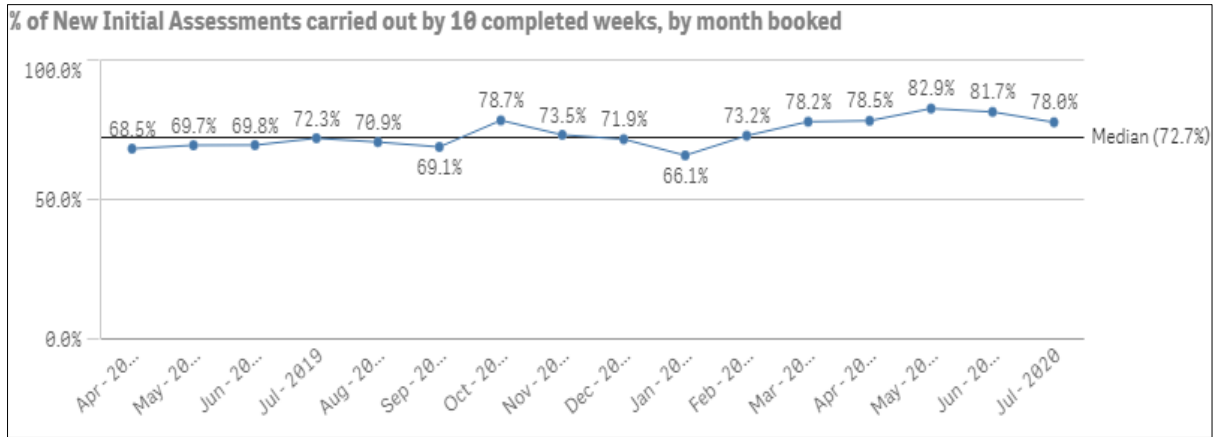
- POW – 1174
- Community – 89
- PCH – 1602

### % of New initial Assessments carried out by 10 completed weeks, by month booked

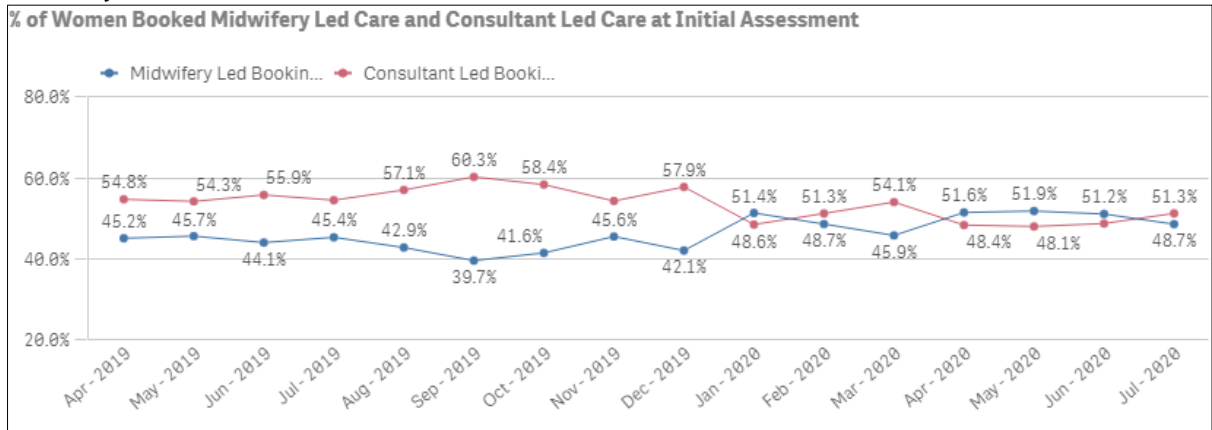


The initial assessments at former CT have seen a slight dip in the last 2 months, however show an overall improvement since the beginning of the year. The Community Matron has been advised and will encourage staff. We plan to undertake a small poster campaign to encourage women to engage early with community midwives and the community matron will assess accessibility in terms of booking clinic capacity

## Total CTM

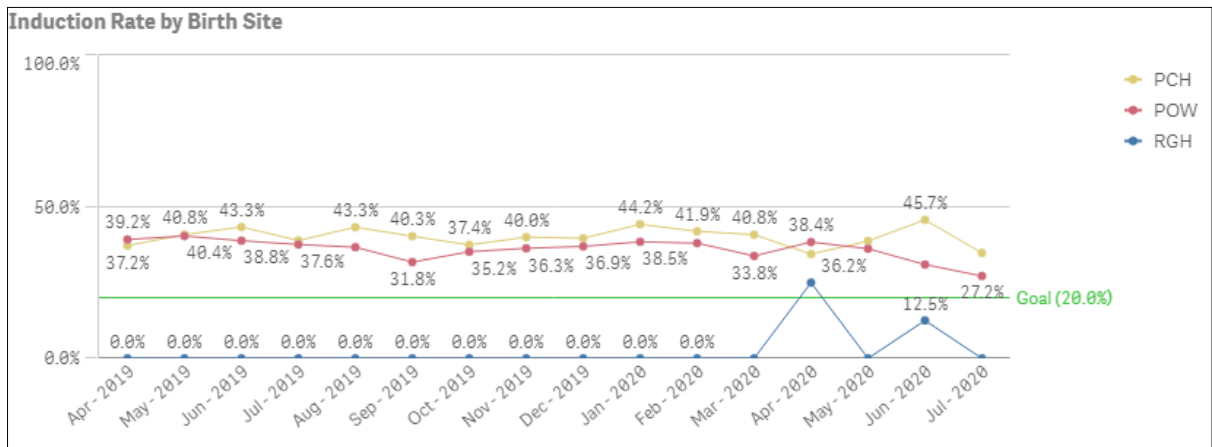


## Midwifery and Consultant Led Care at Initial Assessment



## Inductions of Labour

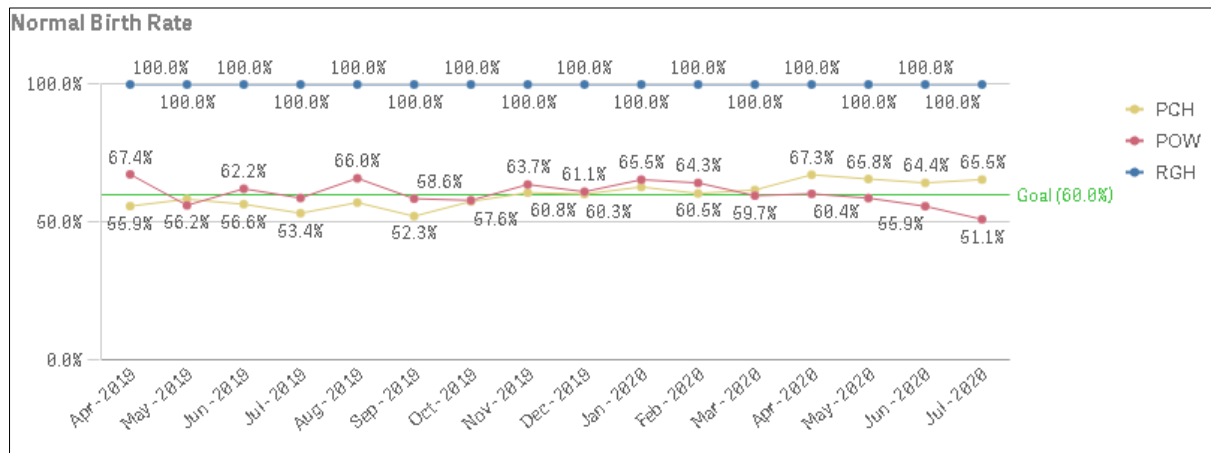
Numerator: Total number of women induced  
 Denominator: Total number of women delivering  
 Goal: 20.0%



The Induction of Labour Guidelines have been ratified by MMEC on 31.07.2020 and is now available via WISDOM and SharePoint. The Induction of Labour Working Group met on the 06.08.2020. An audit was shared which looked at reason for IOL, length of time to induce and outcomes. This will be shared once it has been through Governance meetings which are being rescheduled. Headline – all IOL booked were appropriate and in line with guidance.

## Normal Births

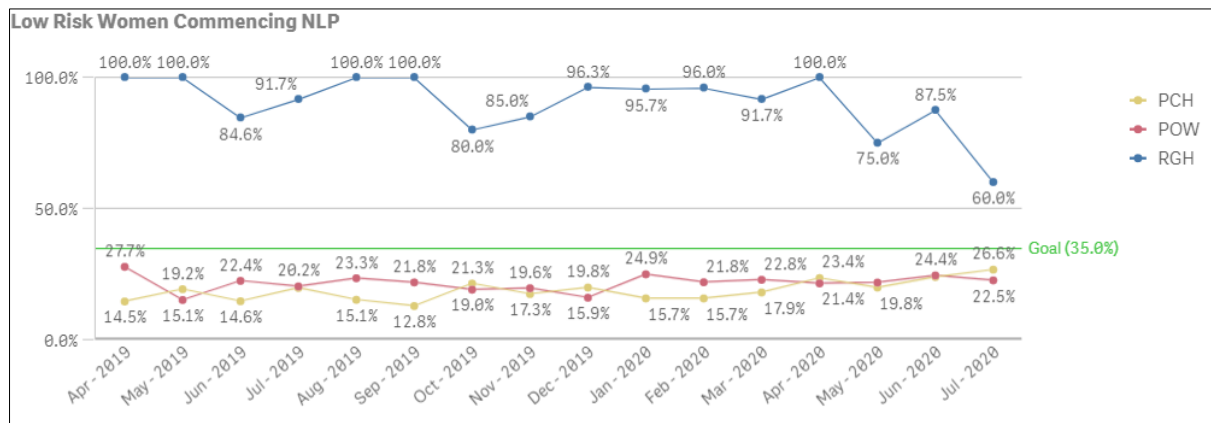
Numerator: Total number of SVD births  
 Denominator: Total number of births  
 Goal: 60.0%



The normal birth rate in POW has fallen from a steady rate of around 60%. It is unclear why this may be occurring but could be an unintentional result of the targeted intervention in POW. All cases are reviewed via the clinical incident review meeting and we will continue to observe the trend for normal births and triangulate this trend against outcome for mothers and babies.

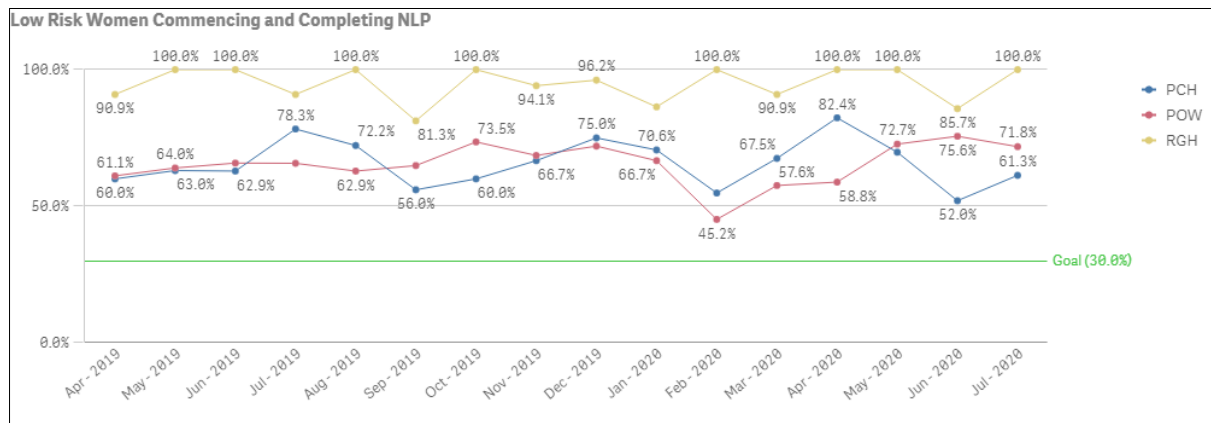
#### Low Risk Women Commencing NLP

Numerator: Total number of women commencing NLP  
 Denominator: Total number of women delivering  
 Goal: 35.0%



#### Low Risk Women Commencing and Completing NLP

Numerator: Total number of women completed NLP  
 Denominator: Total number of women commenced NLP  
 Goal: 30.0%



% of women commencing the All Wales Pathway for Normal Labour remains steady in POW and PCH at around 22% and 26% respectively. We can see that there is variability in those women completing but that this remains higher than the targeted 30% for both sites. Women exiting the Pathway are discussed at reflections in order to identify any modifiable trends.

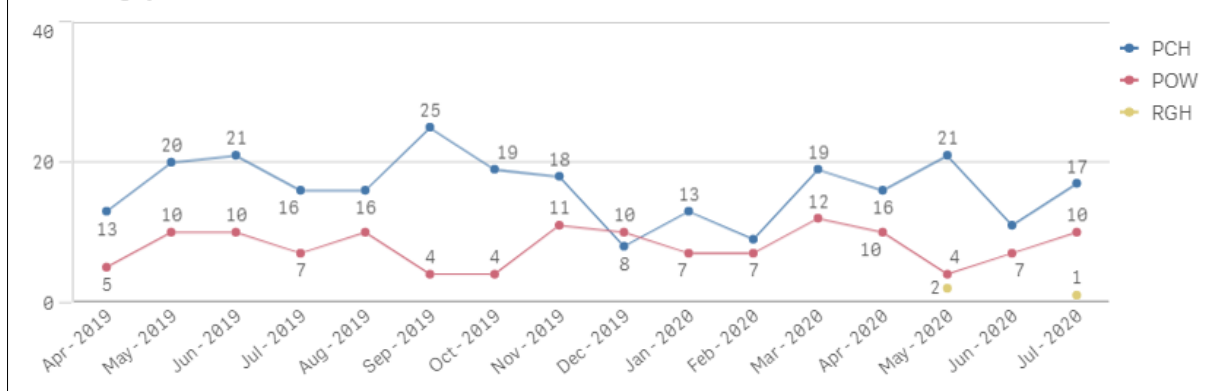
### VBAC Attempted:

Total number of women with a previous CS delivering by all modes, except Category 4 CS.

No goal set

**Total Women Attempted VBAC by Birth Site**

Excludes Category 4 CS



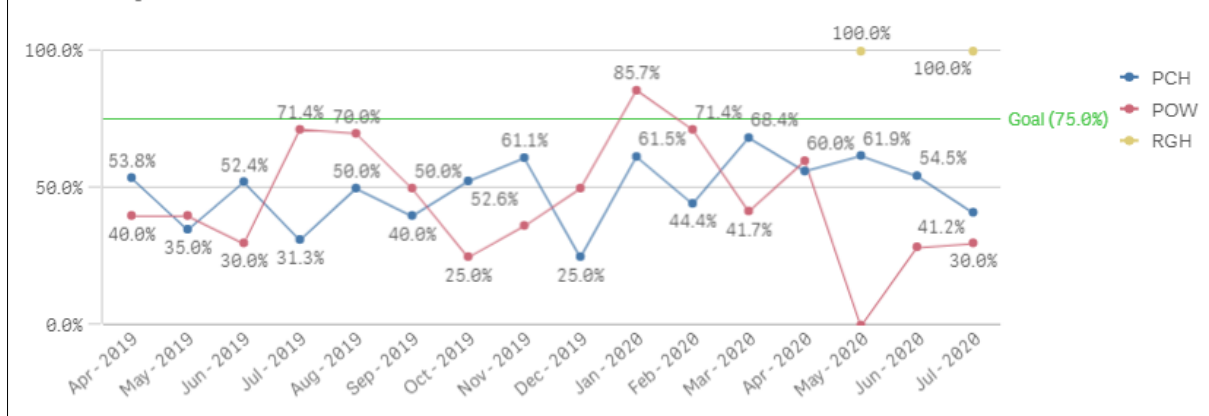
### VBAC Success

Numerator: Total number of women with a previous CS delivering vaginally

Denominator: Total number of women with a previous CS delivering by all modes except Category 4 CS

Goal: 75.0%

**VBAC Rate by Birth Site**



The C/S working group have implemented risk assessment forms for use in all consultant clinics. This facilitates the birth discussion both for 1<sup>st</sup> time planned C/S, and also, for subsequent pregnancies, the discussion relating to VBAC

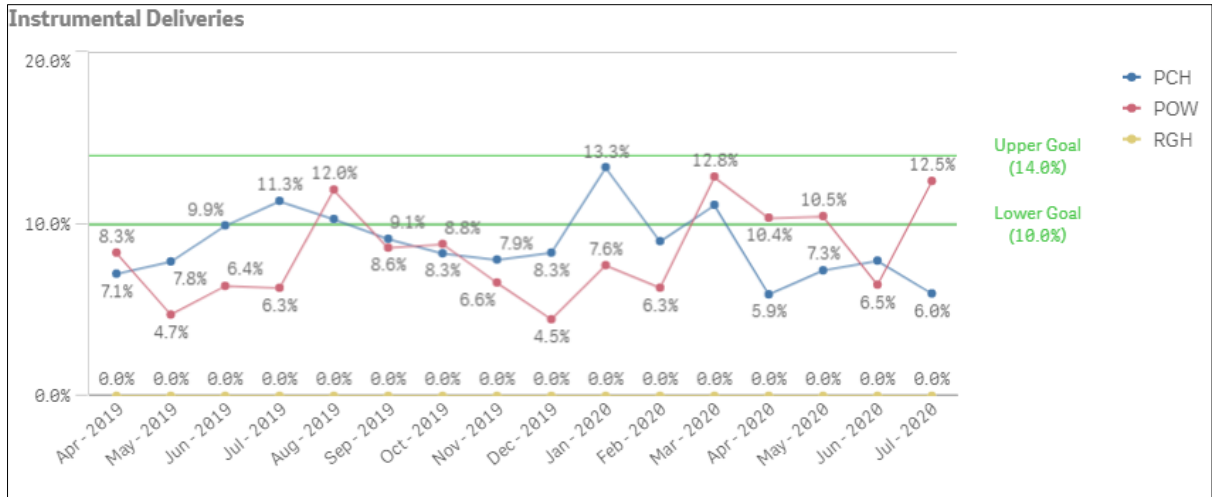
The consultant midwife is developing a Birth Choices clinic which should be operational by October (subject to clinic rota capacity)

### Instrumental Deliveries

Numerator: Total number of forceps or ventouse births

Denominator: Total number of births

Goal: 10.0% - 14.0%

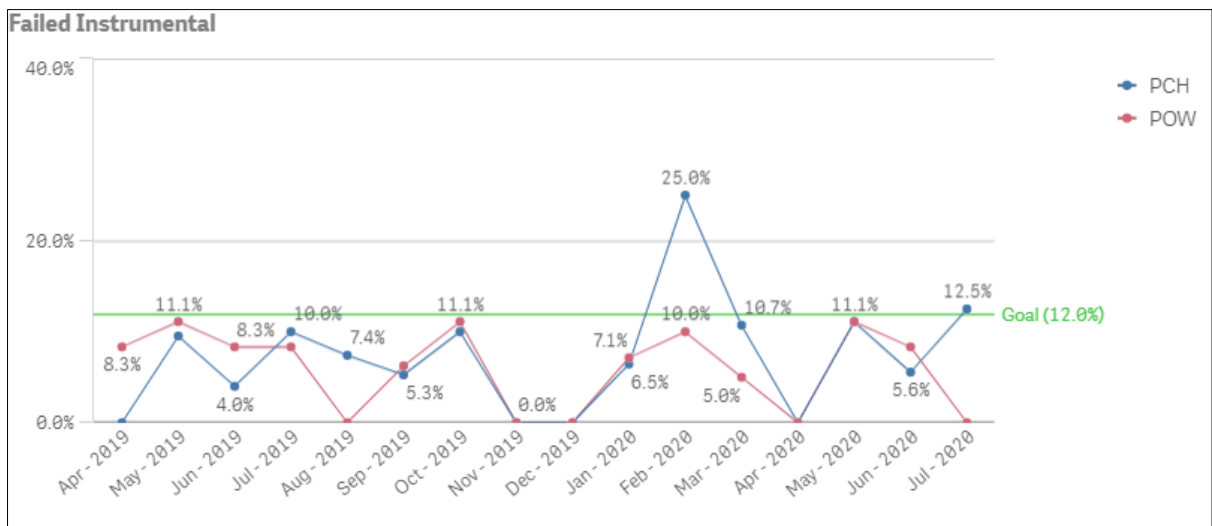


### Failed Instrumental

Numerator: Total number of births attempted instrumental delivery and failed

Denominator: Total number of births attempted instrumental delivery

Goal: 12.0%



#### Elective CS – Category 4

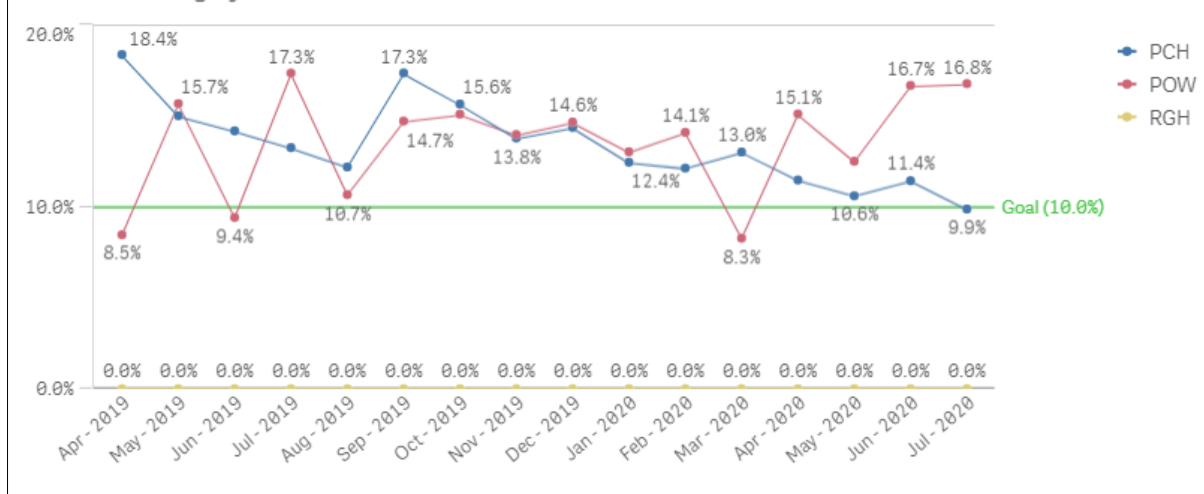
Numerator: Total number of women delivering by Category 4

Denominator: Total number of women delivering

Goal: 10.0%

Please note: Previously reported Electives as Category 3 and 4, now reporting as Category 4 only

Elective CS - Category 4



There is a clear downward trend of Category 4 LSCS in the PCH site and this does not appear to have increased poor outcomes for mothers and babies. The increased rate in POW requires review. It will be interesting to look at the Robson categories in this group and the reasons for EL LSCS. This will be shared with the LSCS Working Group for review and opinion and any actions falling out of this review.

#### Emergency CS – Categories 1, 2 & 3

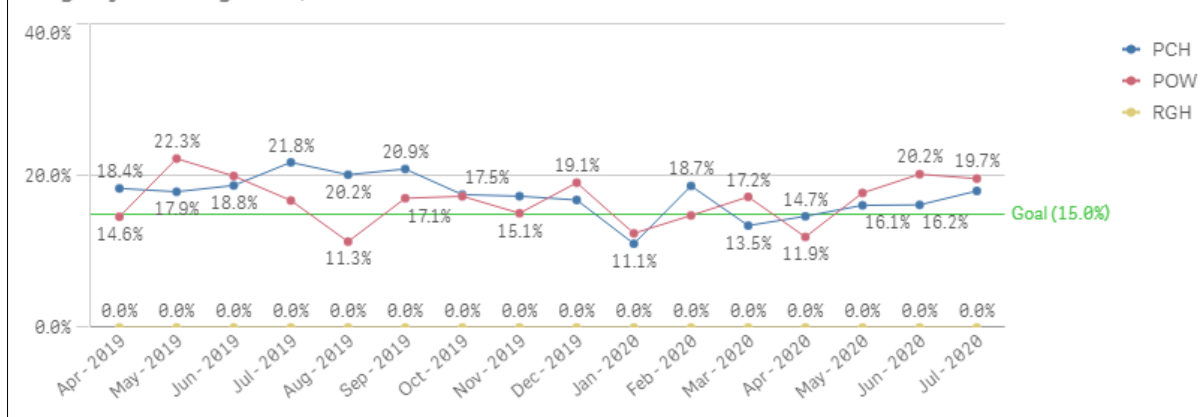
Numerator: Total number of women delivering by Category 1, 2 or 3

Denominator: Total number of women delivering

Goal: 15.0%

Please note: Previously reported Emergencies as Category 1 and 2, now reporting as Categories 1, 2 and 3

Emergency CS - Categories 1, 2 & 3



The rise in the POW emergencies categories correlates with the fall in normal births on this site. A review of the Robson categories is underway via the LSCS Working Group, a local review of this data set will support assurance that these were clinically indicated and what the outcomes were for both mother and baby to identify any harms. These run charts are shared with our Governance and Labour Ward Leads and will be discussed with the Clinical Labour Ward Lead for POW to undertake a thematic review.



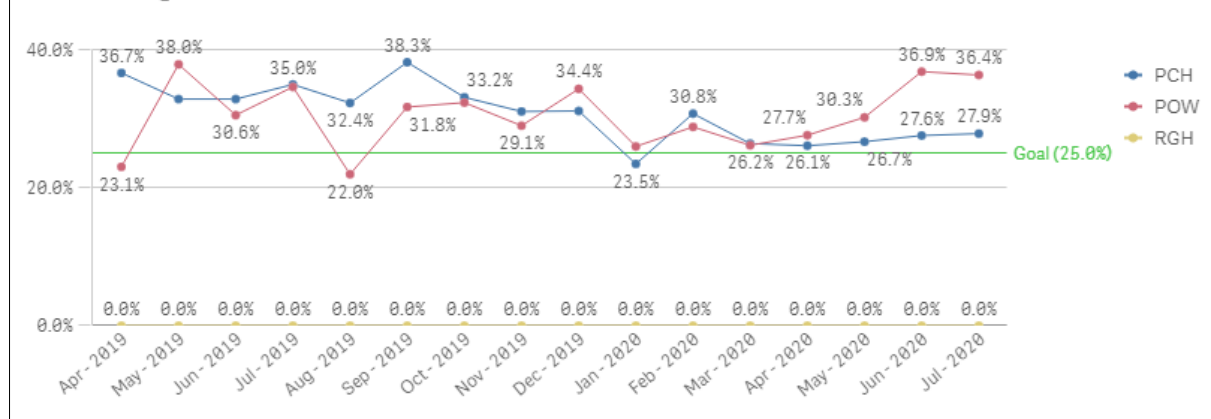
## Total CS

Numerator: Total number of women delivering by any category of CS

Denominator: Total number of women delivering

Goal: 25.0%

Total CS - Categories 1, 2, 3 & 4



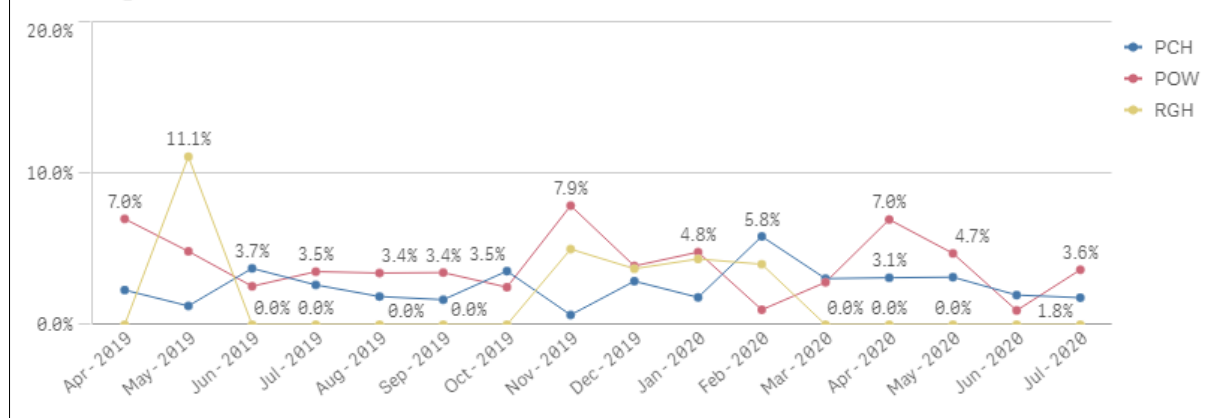
## 3rd/4th Degree Tear

Numerator: Total number of women delivering having a vaginal delivery with 3rd or 4th degree tear

Denominator: Total number of women having a vaginal delivery

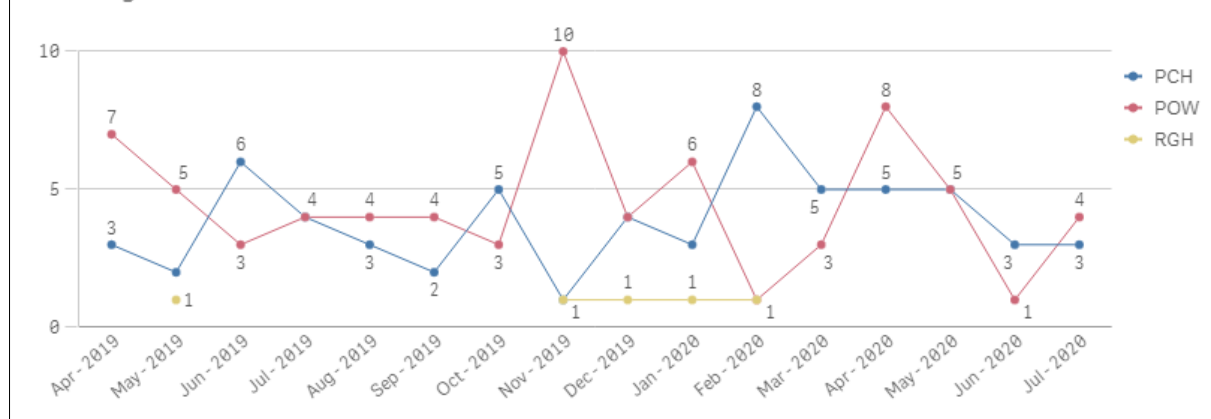
By %

3rd/4th Degree Tear



## By Number

3rd/4th Degree Tear



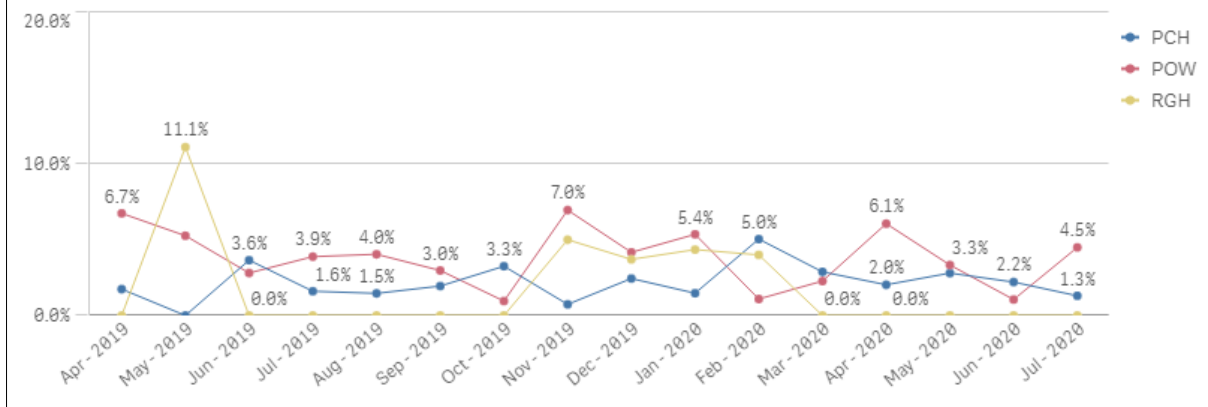
### 3rd/4th Degree Tear during SVD

Numerator: Total number of women having an SVD with 3rd or 4th degree tear

Denominator: Total number of women having an SVD

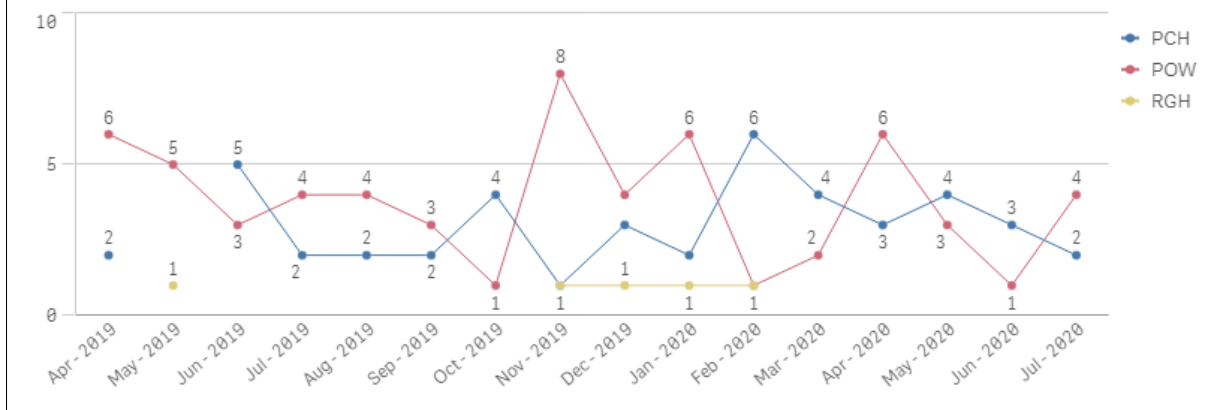
By %

**3rd/4th Degree Tear in SVD**



By Number

**3rd/4th Degree Tear in SVD**



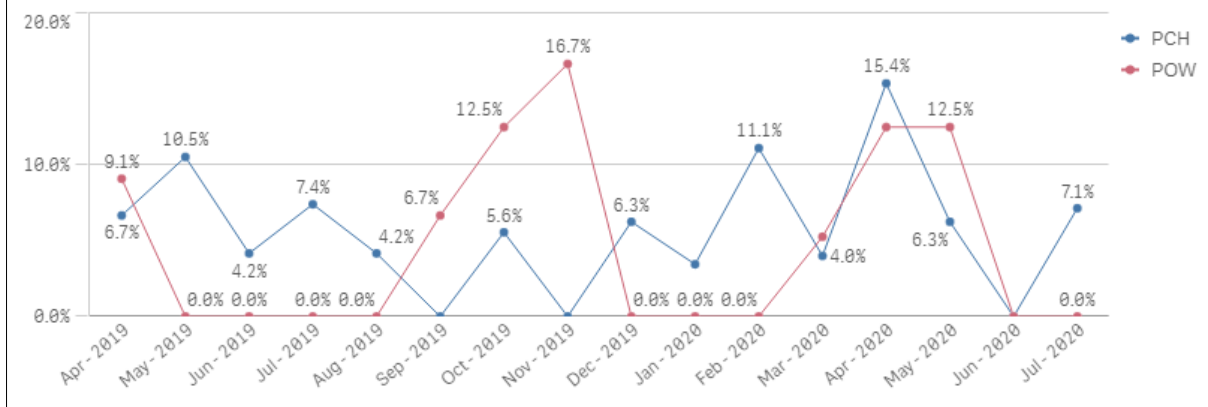
### 3rd/4th Degree Tear during Instrumental Delivery

Numerator: Total number of women having an instrumental delivery with 3rd or 4th degree tear

Denominator: Total number of women having an instrumental delivery

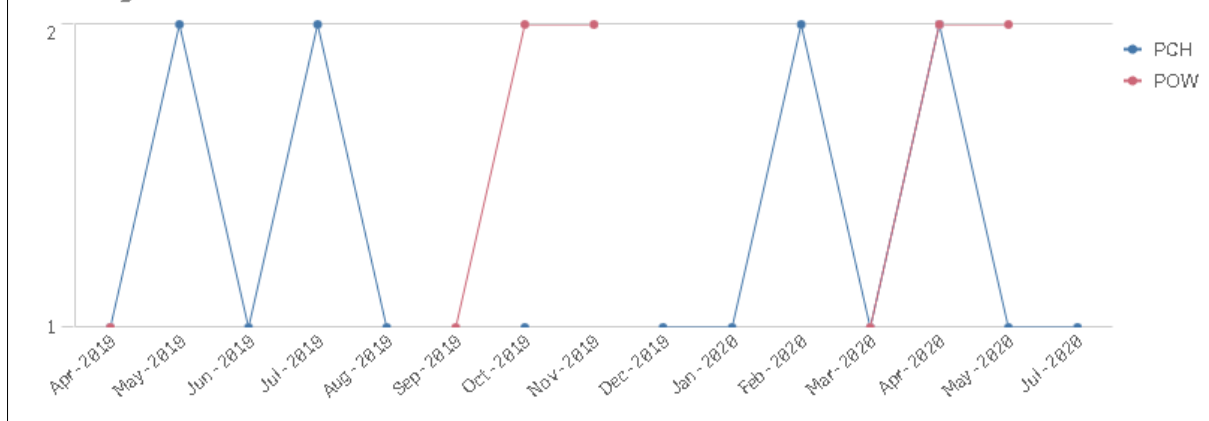
By %

**3rd/4th Degree Tear in Instrumental Deliveries**



## By Number

3rd/4th Degree Tear in Instrumental Deliveries



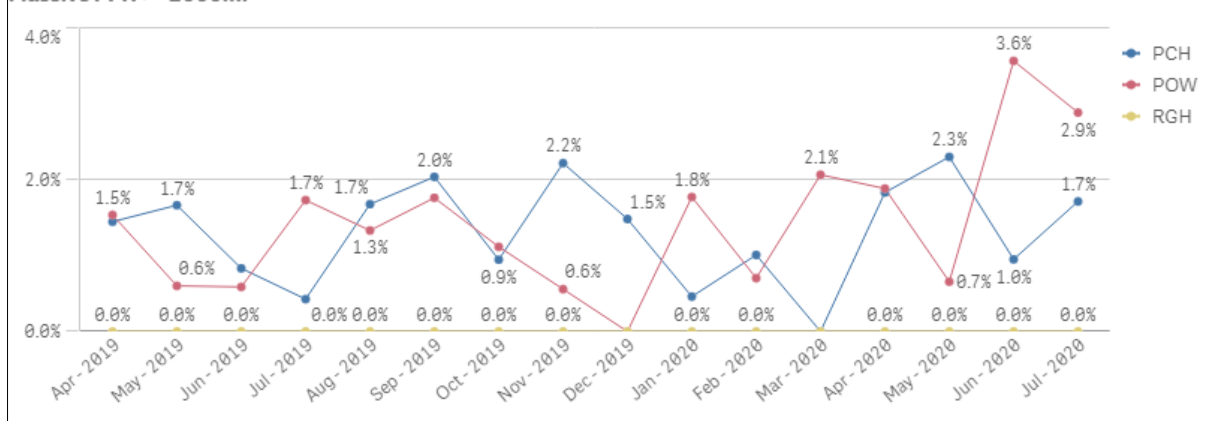
The OASI poster for the perineal management for both spontaneous and instrumental vaginal delivery are now in place on both OU sites and will be on display in the stand alone when this reopens in October. These will serve to support maintenance of evidenced based knowledge and management of the perineum at delivery and act as a prompt to support awareness of those women at risk of sustaining a significant tear at birth to support appropriate management.

## Massive PPH $\geq 2L$

Numerator: Total number of women having an intrapartum blood loss  $\geq 2000ml$

Denominator: Total number of women delivering

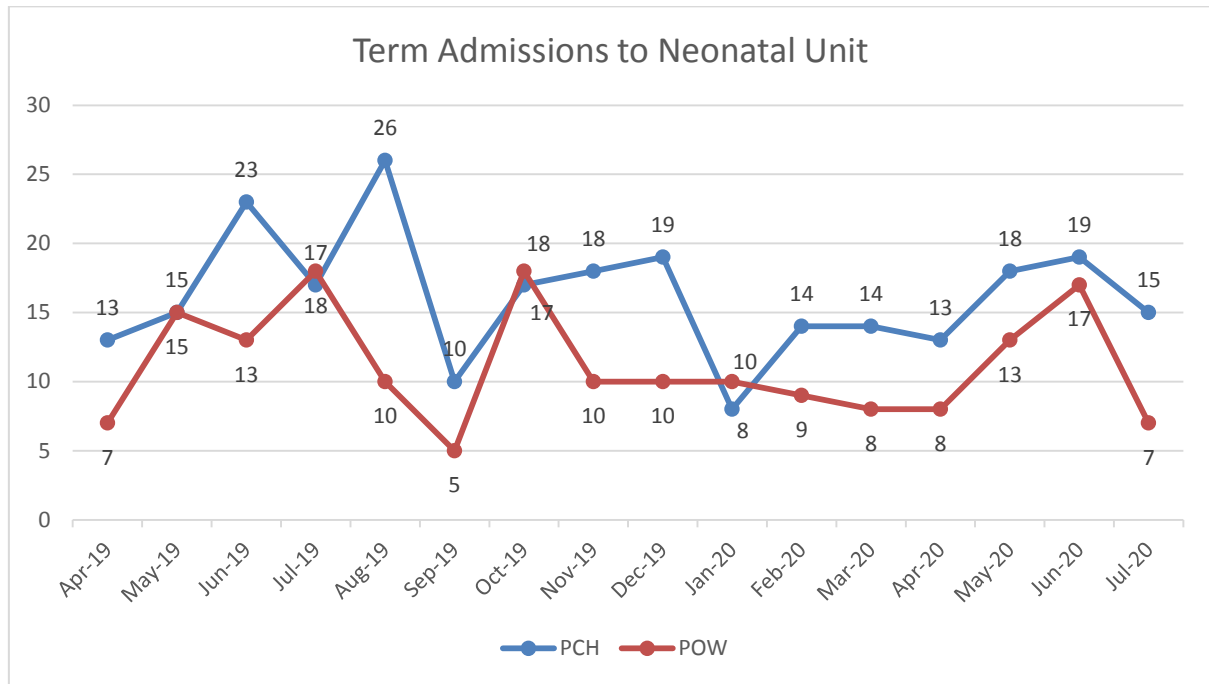
Massive PPH  $\geq 2000ml$



The rise in PPH management at POW seems to fit with the number of women having a Category 2 LSCS having laboured for some time. Following review of all cases - Management of labour was appropriate and review has identified that OBS Cymru was managed appropriately with timely escalation to resolution without increasing adverse outcomes or harm for women. PPH is DATIX'd as a moderate harm event which is reviewed weekly via the Senior Team Breakfast Meeting to ensure early rapid review has been undertaken and identification of any harms requiring escalation having been to the MDT Clinical Risk Meeting. Where no harms are identified and appropriate management observed in line with guidance these events are downgraded to low harm.

## Term Admissions to Neonatal Unit

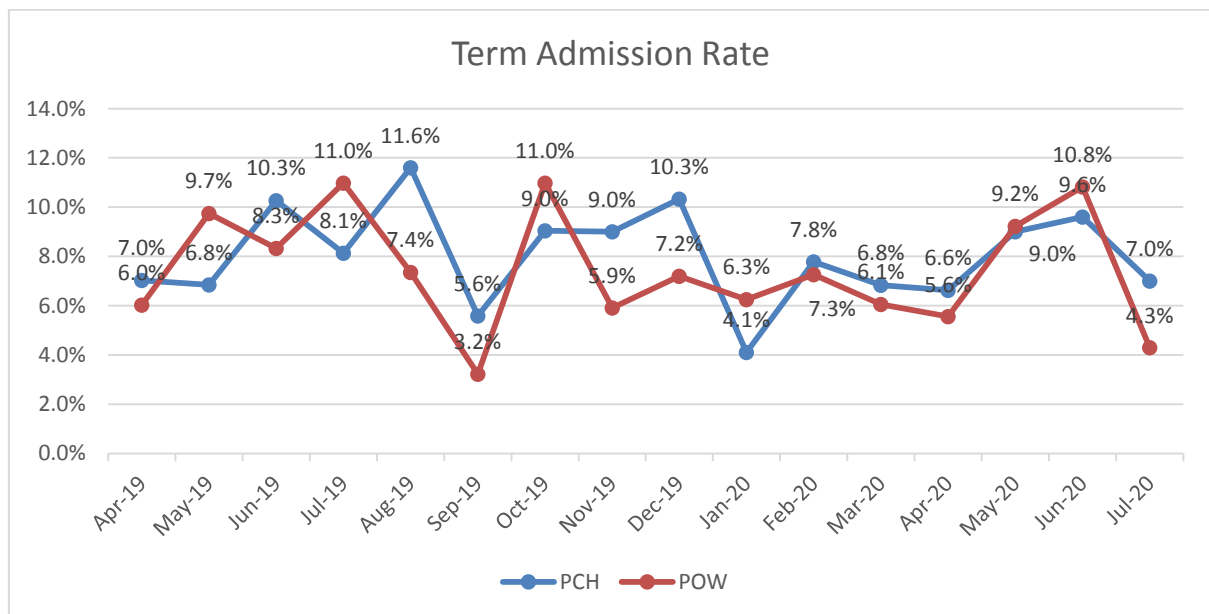
Total number of term ( $\geq 37$  weeks gestation) babies admitted to Neonatal Unit.



## Term Admission Rate

Numerator: Total number of term ( $\geq 37$  weeks gestation) babies admitted to Neonatal Unit.

Denominator: Total number of live term ( $\geq 37$  weeks gestation) babies admitted to Neonatal Unit (includes neonatal deaths)



## ATAIN Methodology – Avoiding Term Admissions

The ATAIN programme (an acronym for ‘avoiding term admissions into neonatal units’) review is used to reduce avoidable causes of harm that can lead to infants born at term (i.e.  $\geq 37+0$  weeks gestation) being admitted to a neonatal unit. The ATAIN supports services to review cases to determine if the admissions were avoidable. Quarterly review reports will support thematic analysis of any learning identified to support areas for service improvement.

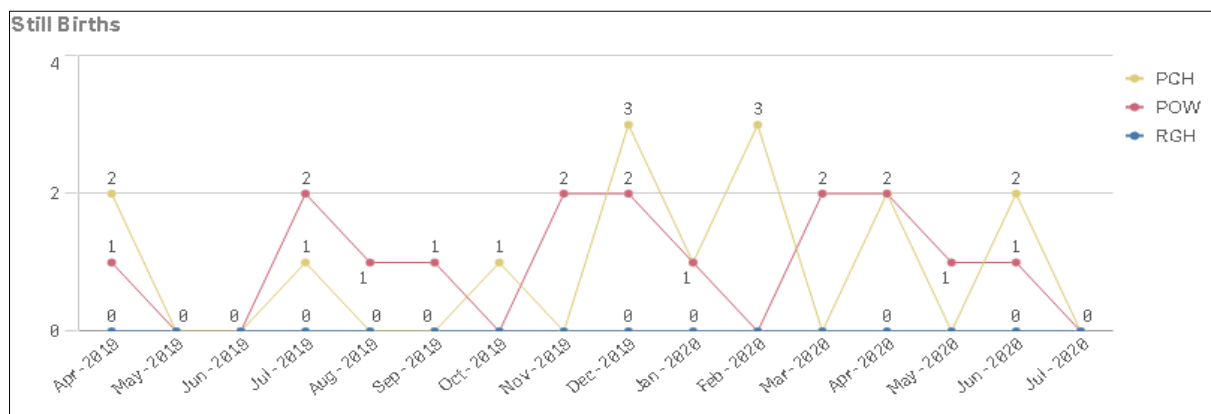
ATAIN methodology for Term admissions reviews to the LNU commenced in January 2020 for the PCH site. The tool was trialled during January and February and adjusted for local requirement. POW reviews commenced in March following trial period on the PCH site.

The MDT Perinatal Review Meeting continues to observe the admission rate of term babies via the group. The Neonatal Forum meets monthly and any themes identified via ATAIN are taken via this group to inform the work required to address those avoidable admissions.

As a result of previous reviews, a more detailed piece of work has been commissioned to redesign the proforma used to capture the care pathway and the sequelae of care provision of babies on the Hypoglycaemia Pathway. This will support clear identification of actions taken or required in order to ensure the appropriate management of Hypoglycaemia. This is being co-designed by midwives, nursery nurses and the paediatricians so there is a collective agreement and understanding.

## Stillbirths

Total number of stillbirths



This figure includes stillbirths to mothers who have undergone Termination of Pregnancy or Feticide. The IT system does not allow for the disaggregation of these births as the pick lists do not differentiate. The pick list options are: Live birth, Stillbirth, Neonatal Death. The Bereavement Specialist Midwife has a separate spreadsheet in which the clinical detail is captured and supports our national reporting. We will disaggregate this information going forward

## Early Neonatal Deaths (<=7 days)

Total number of neonatal deaths within 7 days of birth. Counted in the month of death.

