‘A Strategic Vision for Maternity Services in Wales’
‘Healthy pregnancy, healthy mother, healthy baby’

Cwm Taf UHB Updated Delivery Plan April 2014 (November 2014 update)

<table>
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<tr>
<th>Outcome Indicator 1</th>
<th>Current status</th>
<th>Updated Delivery/Action plan</th>
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<tr>
<td>1.1 Percentage of women who smoked at initial consultation</td>
<td>The Welsh Government has a target to reduce adult smoking rates to 16% by 2020. The Welsh Government have identified smoking as a Tier 1 target, and Health Boards are required to achieve 5% of adult smokers making a quit attempt through cessation services. It is anticipated that the Welsh government may extend this target to include pregnant women as a priority group in 2014/15.</td>
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<tr>
<td>1.2 Percentage of women who accessed cessation services during pregnancy</td>
<td>Data is available from Stop Smoking Wales quarterly for Cwm Taf. The report for the period 1st April and 30th June 2013 show that 32 women were scheduled to require development of joined up data analysis to report robust data for 1.2 percentage of women who accessed cessation services during pregnancy e.g. evidence of effective quit status in pregnancy which requires carbon monoxide, validation at 4 weeks. Need to marry individual client data (MITS) to number data provided by Stop Smoking Wales. Current development underway via early years pathfinder work to facilitate improved data quality, comparable across Health Boards. Cwm Taf UHB is directly involved in the maternity and early years surveillance working group.</td>
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<tr>
<td>1.3 Of the women that accessed cessation services, percentage who gave up smoking during pregnancy</td>
<td>Year 1 2013-14 The BASICS study (BASICS – Barriers to Uptake of Smoking Cessation Services in Pregnant Women in Cwm Taf UHB) was conducted in collaboration with the University of South Wales and Cwm Taf Public Health Team. The aim of the research study was to define the barriers which prevent pregnant women from quitting smoking and using smoking cessation services during pregnancy. Mothers following delivery consented to complete a mixed question questionnaire on their smoking habits during pregnancy, their exposure to smoking cessation services and their attempts to quit smoking if...</td>
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attend an appointment, and of these 4 became treated smokers, with none achieving 4 weeks quit status.

any.

The study is now complete and the results are being analysed to inform the progression of cessation support, in line with NICE pathway guidance. Final results will be presented at Cwm Taf R&D Conference in November 2013.

In November 2013, the results of the BASICS study were presented to the Cwm Taf R&D Conference.

The study concluded that pregnant mothers who continue to smoke during their pregnancy are not being referred, or decline to use available smoking cessation services. This presents the greatest barrier to smoking cessation as mothers are unaware or are unwilling to avail themselves of the support and services available to them. Although most mothers reported smoking less few were ready to quit. Mothers were aware of the cessation methods available to them but were not motivated to try and stop smoking.

Thus the barriers to uptake of smoking cessation services in pregnant women in Cwm Taf are either the lack of referral or the use of these services. Mothers are thus unaware of the benefit this support provides to aid their attempts to quit.

Women responded to these barriers by reducing their smoking (self-reported) rather than stopping altogether.

The MAMSS study (MAMSS – Models for Access to Maternal Smoking Cessation Support) commenced earlier this year and will continue until March 2014.
The MAMSS study (MAMSS – Models for Access to Maternal Smoking Cessation Support) did not actively recruit mothers until June 2013. Data for the study area for the period June – August 2013 shows that 47 women were scheduled to attend an appointment, and of these 29 became a treated smoker; with 7 achieving 4 weeks quit status.

The MAMSS study is enabling us to capture detailed numbers of women who take up this offer of support, and who access cessation services in our study area and usual care area. In September of this year referral in the study area has increased to 84% compared to 24% in our usual care area. Early data suggests that the uptake of smoking cessation services by pregnant women increases if evidence based NICE guidance (How to Stop Smoking in Pregnancy and Following Childbirth) and pathways are implemented, and more flexible models of service delivery are offered by a Maternity Support Worker sited within the Midwifery team when compared to the existing Stop Smoking Wales service.

There are several core elements of the evidence base that are being implemented:

- Strict adherence to NICE including CO (Carbon Monoxide) monitoring for identification of pregnant smokers and referral pathway to cessation services. To achieve this CO monitors were purchased for midwives and training undertaken on use and referral procedures.
- Smoking cessation services being more closely aligned to maternity services (being provided as part of the package of maternity care). To achieve this, a Maternity Support Worker was trained to provide smoking cessation support in the study area (Rhondda) receiving direct referrals from midwives in the study area.
- Flexibility in service model with a women centred approach including one to one support in a convenient setting. To achieve this, flexible 1:1 support is offered at a location convenient to the pregnant smoker. This is often at home.

The MAMSS study will continue unto the end of March 2014. Early findings show a higher number of referrals of pregnant smokers; treated smokers and CO validated quits in the study area compared to the usual care area. This indicates that the more flexible model of cessation support within the maternity service would increase the number of pregnant smokers accessing support in line with the hypothesis. An
guidance and pathways are implemented, and more flexible models of service delivery are offered by a Maternity Support Worker sited within the Midwifery team.

interim report is currently being produced by the all Wales MAMSS Steering Group.

In relation to the Tier 1 smoking target, the following data was reported on for the period 5th June – 30 Sept 2013.

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<thead>
<tr>
<th></th>
<th>Project area</th>
<th>Usual care area</th>
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<tbody>
<tr>
<td>Treated smokers</td>
<td>38</td>
<td>2</td>
</tr>
<tr>
<td>4 week quit</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>% of treated smokers</td>
<td>32%</td>
<td>50%*</td>
</tr>
<tr>
<td>4 week CO validated quit</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>% of treated smokers</td>
<td>32%</td>
<td>50%*</td>
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*The number of quit attempts in usual care areas were too small to draw meaningful conclusions.

The consultant in public health commissioned a report presenting small area analysis of the Cwm Taf University Health Board maternity database, to provide further insight into maternal health in relation to key lifestyle information. The report entitled *Small area analysis of the Cwm Taf University Health Board maternity database* presents analysis at Middle Super Output Area (MSOA) level. The analysis focuses on overweight/obesity during pregnancy and smoking during pregnancy. The maps helped us to gain investment for smoking interventions and obesity interventions for pregnant women via Families First in the Rhondda Cynon Taf area. This funding will enable the MAMSS model for smoking cessation is expanded to cover Rhondda Cynon Taf for pregnant women who smoke, the introduction of the Doncaster “Monday Clinic” into the antenatal pathway for pregnant women who are obese, and the additional support from a dedicated public health midwife. This funding is for two years and will commence in 2014/15.
Year 2 2014-15
Plan and develop cessation services in line with the findings of the MITS database analysis, BASICS and MAMSS studies. MAMSS rollout commenced across Rhondda Cynon Taf with the support of Fframwaith funding.

The smoking cessation trained maternity support worker continues to support women to quit smoking in the Rhondda area, and in Cynon and Taf, new staff commenced in post in September 2014. Trajectory figures for the number of treated smokers (Rhondda) indicates we are achieving a treated smoker rate of 30% (see chart below).
### Year 3 2015-16
Develop and implement cessation services in line with the findings of the MITS database analysis, BASICS and MAMSS studies.

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<th>Outcome Indicator 2</th>
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| 2.1 Percentage of women who drank 5 units of alcohol or more a week, at initial consultation | Work has commenced with Public Health Wales to undertake training in Alcohol Brief Intervention with midwives. | **Year 1 2013-14**
Training needs analysis completed and midwives identified who require alcohol brief intervention training. Alcohol Brief Intervention training to be completed by March 2014 in partnership with Public Health Wales. |
| 2.2 Percentage of women who accessed alcohol support services during pregnancy | | **Year 2 2014-15**
Annual audit of numbers trained in alcohol brief intervention Monitoring and evaluation of MITS. 2013 MITS data – alcohol in pregnancy to inform delivery plan 2014. A review of evidence and best practice is currently underway to inform work in this area. The focus for Alcohol Brief Intervention training in Cwm Taf during 2014 will be maternity staff. The development of an alcohol pathway for pregnant women will also be explored. | An evidence review is now complete and the development of a bespoke ABI training package for all midwives underway. This will include the introduction of an alcohol pathway for pregnant women and will explore the feasibility of building questions from the AUDIT- C screening tool into the MITS System. **Year 3 2015-2016** |
<p>| 2.3 Of the women that accessed support services, percentage who reduced intake to the recommended level in pregnancy. | | |</p>
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<th>Outcome Indicator 3</th>
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<tr>
<td>3.1 Percentage of women who have a BMI of 30 or more at initial assessment</td>
<td>Community Weight Management Services area being developed with Communities First and Housing Associations to support low cost access for people to lose weight and increase physical activity, including postnatal. Discussion topic at booking interview. Active membership from maternity and public health on the newly established multidisciplinary task &amp; finish group.</td>
<td>Year 1 2013-14 BMI at initial assessment previously captured on MITS. The MITS database has been developed to enable end of pregnancy weight to be inputted at summary of labour. The new version of MITS (being introduced 6/11/13) has been developed to calculate weight gain during pregnancy. Data will inform a baseline measurement of indicator 3.2, against which future progress can be measured. A multidisciplinary task &amp; finish group has been established to: • Identify evidence-based interventions to help women achieve and maintain a healthy weight before, during and after pregnancy by eating healthily and being physically active and gradually losing weight after pregnancy, in accordance with NICE guidance • Develop a set of key messages on healthy weight and physical activity which midwives can communicate to pregnant women as part of a consistent approach. • Update training sessions for midwives</td>
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<td>3.2 Percentage of women who gained no more than the recommended weight during pregnancy</td>
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<th>Year 2 2014-15</th>
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<td>2013 MITS data and outcomes of multidisciplinary task &amp; finish group – to inform delivery plan 2014</td>
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<td>The role of the Public Health Midwife to be developed further in relation to helping mothers to achieve an optimum weight gain during pregnancy (also see Low Birth Weight).</td>
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<td>The task and finish group will use the Bump, Baby and Beyond resource (due to be launched in May 2014) as a framework to support the development of consistent messages to help women achieve and maintain a healthy weight before, during and after pregnancy.</td>
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<tr>
<td>Funding has been secured from Families First, Rhondda Cynon Taf until March 2016 to implement a maternal obesity service based on The NICE-recommended ‘Doncaster model’. In July 2014, bespoke training on weight management in pregnancy was provided to community/clinic midwives in Cwm Taf. A Band 7 Public Health/ Healthy Lifestyle Midwife has been appointed along with 0.4 Band 6 Dietitian. Pregnant women with BMI ≥ 35 at booking will be referred to the “Bump Start” service, and will be seen by the Healthy Lifestyle Midwife and Dietitian at the 16/24/36 week appointments:</td>
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<tr>
<td>The Healthy Lifestyle Midwife will provide enhanced behavioural support regarding weight and weight management during pregnancy</td>
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<td>The Dietitian will provide specialist dietetic assessment and agree individualised goals. Specific Dietetic outcome measures will include:</td>
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<tr>
<td>i. Improvements in knowledge of healthy eating principles</td>
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<td>ii. Positive behaviour changes in food choices</td>
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A service information leaflet has been developed to complement the information in Bump, Baby & Beyond and it is anticipated that the service will begin implementation in Rhondda, Cynon and Taff localities December 2014. Systems have been developed to capture the performance indicators related to this service.

**Year 3 2015-16**
2014 MITS data and outcomes of multidisciplinary task & finish group – to inform delivery plan 2015

**Evaluate progress of the weight management programme**

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<th>Outcome Indicator 4</th>
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| 4.1 Percentage of women who misuse substances during pregnancy | 2nd version of All Wales maternity records implemented October 2012 | **Year 1 2013-14**  
| 4.2 Percentage of women who accessed support services during pregnancy | Within Cwm Taf UHB additional questions on history of maternal and paternal substance misuse asked at booking interview.  
Discussion topic at booking interview  
Multi-agency referral pathways  
Specialist support services:  
- Families First  
- Teds | **Year 2 2014-15**  
1 WTE flying start midwives post to be advertised February 2014 |
| Drug aid  
| Integrated family Support Services (IFST) |

Multi-agency Protocol for pregnant substance misuser’s.
Joint visits between midwives/health visitors/key workers
Multi-agency Protocol for pregnant substance misuser’s.

Multi-agency training

Key role of the Senior Midwife child Protection/Vulnerable Women to plan and coordinate care for substance misusing women and their families who access maternity services by working in partnership developing guidelines and care pathways with community midwives and partner agencies.

From June 2013 introduction of 3 WTE flying start midwives in 3 of the localities who provide additional midwifery support as part of the flying start team. For 2015.
women and their families requiring a medium/high level of need will receive an enhanced level of midwifery care from the flying start midwife in addition to the community midwifery service.

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<th>Outcome Indicator 5</th>
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| 5.1 Proportion of Normal Births | Antenatal guidelines - Criteria for indications for appropriate lead professional:  
- Midwifery Led Care  
- Midwifery Led Care with Consultant Opinion  
- Consultant Led Care  
Maternity Information Technology System (MITS) provides statistical information:  
- Lead professional at time of booking  
- Reason for change of lead professional – antenatal/intrapartum/postnatal  
- planned to deliver at home or birth centre in the antenatal period  
- planned to deliver at home or birth centre whilst in | Year 1 2013-14  
Caesarean section rates for 2010 - 2012 evaluated against the 10 Robson categories to inform a baseline assessment.  
Multi-disciplinary Normal Birth Working Group established to increase the normal birth rate with a subsequent reduction in the caesarean section rate.  
Nine work streams identified to take the work forward:  
1. Lead Professional/Choices for place of care  
2. Triage/maternity day Assessment Unit  
3. Normal labour Pathway  
4. External cephalic Version for Breech Presentation  
5. VBAC  
6. Induction of Labour  
7. Birth Environment & Equipment, Complementary Therapies  
8. One to One care in Labour/Fetal monitoring in labour/birth  
9. Education & Training/Waterbirth/3rd stage/language used  
Work streams allocated to relevant Clinical Team (Antenatal, Intrapartum and Postnatal) to embed the Normal Birth Agenda throughout the service.  
Progress has stalled due to staff changes and poor engagement (Chairs of AN/PN team left CTUHB March – delay in recruiting replacement - |
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<th>labour</th>
<th>Appointed September 2014) Yet to agree revised structure of work streams.- potentially resurrect Normal Birth Working Group as progress has stalled – need increased Obstetric Input</th>
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<tr>
<td>Normal Labour Pathway.</td>
<td>Update training for midwives required following the launch of the new Normal labour Pathway (NLP) Spring 2013. 22 midwives have completed 3 day Aromatherapy in Midwifery Practice training – to implement service November 2013: To be launched May 2014. Proposal for use in the care of midwifery led women post term with the aim to reduce the rate of medical induction of labour.</td>
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<tr>
<td>Women booking for maternity care with a history of previous caesarean section booked consultant led care.</td>
<td>Delay in procurement – Launched November 14 in Birth Centre PCH</td>
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<td>Women who request a caesarean section with no medical indication are offered referral to a counselling midwife and another obstetrician for a second opinion.</td>
<td>Focus group supported RCM research in reviewing resources for the Campaign for normal birth: Good feedback received</td>
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<tr>
<td>Following grade 1 &amp; 2 caesarean births women receive debrief including individualised written information on their delivery supported with VBAC information leaflet for the management of subsequent pregnancy.</td>
<td>Awaiting updated Normal Birth Guidance on RCM website</td>
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<tr>
<td>Copy of VBAC information provided to community midwife and GP.</td>
<td>Awaiting analysis of Audit of all cases during April 2013. Recommendations and actions will inform the way forward:</td>
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<tr>
<td>High Elective Caesarean Section Rate.</td>
<td>• Report completed November 2013. Total cases audited 91</td>
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<td></td>
<td>• Median gestation 39 weeks</td>
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<td>• Median Weight 3.420 grams</td>
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<td>• Median gestation at decision for CS 37 weeks</td>
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<td></td>
<td>• Indication – Previous CS (PCH 66% RGH 45%) and ‘other’ highest. Identified criteria to address/question and to promote/offfer VBAC</td>
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<td>• Poor compliance with use of letter following CS re next birth</td>
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<td></td>
<td>• Poor compliance with offer of stretch and sweep in line with NICE</td>
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Low assisted vaginal delivery Rate.
High induction rate.
Low uptake of All Wales Normal Labour Pathway.
Birth environment too medicalised / Bed the focus of the room in labour ward.

guidance to reduce IOL
- Need to improve options for breech presentation
- 10% babies admitted to SCBU
- Some correlation with identified Obstetricians – need to quantify against WTE and number of women seen

Develop MDT panel who sit monthly to review all requests for C/S with no medical indication to agree decision:
Progress ongoing. Band 7’s challenging CS when no clear clinical indication
Panel not yet established – discussions ongoing with Medical Director. HoM & CD meeting with MD 9th December

Midwife VBAC clinic:
Progress ongoing – not yet established – Aim for January 2015
VBAC water birth supported – In place with the development of individual Birth Plans supporting women in RGH

Induction of Labour Audit:
Completed. Band 7’s challenging gestation of IOL and when no clear clinical indication.

Audit presented 11th November 2014
57% 37/40 – 39+9/40
18% 40/40 – 40+6/40
17% 41/40 – 41+5/40
53% Multips 47% Primps
64% had not received a Stretch & Sweep
46% had not received an IOL Leaflet
Variance with use of Propess, Prostin Pessary and Prostin Gel across sites – to streamline
22% CS Rate
58% SVD
4% admission to SCBU
51% felt justified by Midwife

MSLC User representatives have conducted the NCT Better Birth Environment Audit on both hospital sites and improvements to birth environments are ongoing:
Improvements continue. Good feedback from CHC visit January 2014

Use of the pool room in Royal Glamorgan Hospital encouraged as AMU:
Actively promoting Pool Suite in RGH – Photos of recent water birth to be displayed throughout Unit
Offered to all Midwifery Led women on admission
All staff trained in water for labour and/or birth

Consider default booking to Birth Centre for women on NLP.

Review the Consultant / Senior Obstetrician’s presence on labour Ward.

Reduce the rate of caesarean section by 1%:
General trend continuing below 30%. 27.2% March 2014 Impact of ‘out of area’ CS rate increases overall figure.
CS rate labile and downward trend not consistent

Year 2 2014-15
Continue with action plan for 2013-14 and response to actions identified in audits that are completed, continue audit cycle.
Reduce the rate of caesarean section by 1%.

- ANC Audit 4/52 Oct/Nov – re Consultant referrals/indication/decisions re care/referral back to MLC if all well
- HOM/CD meeting with MD 9th December. Need to report actions to Quality & Safety Committee – Issue remains with regard to supporting request/choice for CS
- To benchmark CS rates and practices across Wales
- Seek stance of Maternity Network in England
- To audit out of area elective CS cases
- Consider uncomplicated cases of previous CS – midwifery led to 40 weeks, then Consultant review
- Centralised Fetal Monitoring and electronic archiving installed October 2014 – improve ability for Consultant review OOH
- Weekly multi-professional CTG review meetings reinstated RGH
- Revised IOL Guideline
- Discontinued referral for scan for LFD as per NICE (reduce IOL)
- Consideration of pilot for Out Patient IOL for Midwifery Led women at Term + 12
- Identity CS rate by Named Consultant
- Tair Afon Birth Centre in PCH staffed 24/7 from November – also provide telephone advice and triage 24/7 for midwifery led women – aim to increase normal birth rate and impact on reducing CS rate
- SoN submitted for an additional x 2 Birthing Pools for TABC Nov 14 – received March 2015
- X 2 Midwives funded to attend Active Birth Workshop training (8 day modules) – cascade training in support of transforming midwifery & Obstetric practice
Multiprofessional workshop 11th February with actions including launch of Midwifery Led Birth Choices Clinic, 5 stepped approach (as adopted by ABMU), weekly CS meetings, education and training for midwives in risk assessment and recommendations for place of birth, improve the ECV service.

Year 3 2015-16
Continue with action plan for 2013-14 and response to actions identified in audits that are completed, continue audit cycle.

Consider women booking for maternity care with a history of previous caesarean section booked Midwifery led care with consultant opinion.

Reduce the rate of caesarean section by 1%.

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<th>Outcome Indicator 6</th>
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| 6.1 Proportion of women and their partners who felt confident to care for their baby | Evaluations of care questionnaires are provided to all mothers prior to discharge home from the post natal wards. During the months of April-June 2013, only 91 completed questionnaires were able to be used for analysis by our audit department. Current questions included within Cwm Taf UHB questionnaire related to dignity and quality of maternity care are: | Year 1 2013-14
Difficulties have been encountered where a significant number of completed audit forms where unable to be electronically scanned by the audit department due to the original forms being photocopied. Maternity and audit departments have addressed quality issues to ensure the experiences of women and their partners are captured to improve future maternity services.

On the direction of WG the evaluation questions related to dignity and quality of maternity care have been be incorporated into Cwm Taf UHB evaluation forms. |
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<tr>
<td>7.1 Proportion of babies with a birth weight below 2.5kgs</td>
<td>Outcomes of all key antenatal indicators within this report will influence this key action. Main risk factors are smoking and teenage pregnancy. The multi-agency Sexual Health Advisory Board is developing work to further reduce teenage conception, especially through the increased promotion and provision of long acting and reversible contraception (LARC).</td>
<td>Year 1 2013-14 Establish the baseline through analysis of the MITS database. Year 2 2014-15 Evaluation of all key actions of this report will inform plan for 2014. Percentage of babies born with a birth weight below 2.5 kgs is an outcome measure for the MAMSS smoking cessation work in section 1 and the maternal obesity service in section 3 above. Year 3 2015-16 Evaluation of all key actions of this report will inform plan for 2015.</td>
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Q 28. Do you feel you had the confidence to care for your baby when you were discharged?

Q 29. Overall how would you rate the Maternity service you received?

Year 2 2014-15
Ongoing audit of evaluation of care to ensure the experiences of women and their partners are captured to improve future maternity services. All mothers (100%) agreed that they had the confidence to care for their baby on discharge.

Very Good = 73%, Good = 26%, Ok = 1%

Year 3 2015-16
Ongoing audit of evaluation of care to ensure the experiences of women and their partners are captured to improve future maternity services.
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<th>Outcome Indicator 8</th>
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| 8.1 Proportion of babies exclusively receiving breast milk at 10 days following birth | The new Healthy Weights Healthy Valley Strategy has identified nutrition and physical activity for pregnant women and new mothers as a priority. Improving the uptake of the Healthy Start vitamin scheme and breastfeeding is the current focus.  
In line with UNICEF UK Baby Friendly requirements, all new staff who care directly for pregnant women, mothers and babies receive 15 hours of training on the theory and practice of breastfeeding within 6 months of taking up their posts. They also have supervised clinical practice while they are working in the clinical area.  
All relevant staff attend around 90 minutes of breastfeeding update education every 1 to 2 years. Junior medical staff are offered 1 to 2 hours of orientation to our | Year 1 2013-14  
Data provided by community health for this report more accurate data will be provided form November 2013 via the post natal module of the MITS database. Post natal MITS not yet live. However, the July 14 quarterly infant feeding data progress report from Public Health Wales commends Cwm Taf UHB for having almost the highest completeness of data at 10 days of all the HBs in Wales, at 96% completeness.  
RGH currently holds full BFI accreditation, PCH is listed as re-accreditation pending. A full BFI assessment will take place across both sites in November 2014. Standards will be audited against the new BFI standards (2012) for the first time.  
Cwm Taf maternity & neonatal services currently hold full BFI accreditation. A joint Baby Friendly re-assessment is planned for the maternity / neonatal services of both hospitals for summer of 2014, the date of which is currently being negotiated.  
Both hospitals and the community maternity services will undergo a full BFI assessment in November 2014. Standards will be audited against the new BFI standards for the first time.  
Cwm Taf UHB continues to contribute to work agreed with the All Wales Breastfeeding Programme. They actively encourage continuation of the mothers’ groups in the community by ensuring that Cwm Taf HB staff are |
Breastfeeding Policy when they take up their posts
The breastfeeding training curricula for staff has recently been updated in line with the new BFI Standards (launched in Dec 2012).

Written records of staff education on infant feeding continue to be maintained

**Antenatal:**
All pregnant women receive a DVD, “From Bump to Breastfeeding”, which is approved by UNICEF BFI. By 34 weeks of pregnancy they are also offered an individual discussion about infant feeding with their midwife or health visitor. Group antenatal information classes are also offered by Cwm Taf Health Board

**Postnatal:**
During the early initiation of breastfeeding, women receive both written and verbal information on the good practices of

enabled to facilitate them.

Both hospitals and the community maternity services will undergo a full BFI assessment in November 2014. Standards will be audited against the new BFI standards for the first time.

A formal evaluation of the service provided by the Cwm Taf community breastfeeding mothers’ groups has now been carried out and passed on to Public Health Wales.

The **Cwm Taf Health Board Infant Feeding Team** has been developed, which is comprised of Twenty key workers representing the main clinical areas which serve mothers, babies and their families.

The aims of the team are to increase breastfeeding initiation and continuation rates, to ensure that all the infant feeding care provided for families is based on best practice standards, and to encourage and support all parents to bond with and nurture their babies, whatever their feeding method. The team meets bi-monthly, and contributes to the health boards annual Baby Friendly audit.

Cwm Taf health visiting services underwent a joint assessment across all health board sites in October 2013. The assessors were impressed with Cwm Taf HV standards however, they did not achieve full accreditation across the board due to one or two minor points that need to be actioned and re-audited before this will be awarded.

Cwm Taf Health Board has for some years worked successfully with the UNICEF UK Baby Friendly Initiative (BFI); one of the district general hospitals currently holds full BFI accreditation, and the other has BFI re-
breastfeeding. They are given written educational materials to take home to reinforce this learning.

Mothers are routinely given verbal and written information on how they can access help with breastfeeding once they are in the community. This information includes details of voluntary breastfeeding organisations and of the local breastfeeding support groups.

Breastfeeding mothers’ groups in the community continue to be very well attended. Most are currently facilitated by Cwm Taf HB staff on a rotational basis.

Practices which provide support:
We have a Cwm Taf Breastfeeding Policy which encompasses both hospital and community services. It is based on the current practices and principles of the UNICEF UK Baby Friendly Initiative, and is audited assessment pending in 2014. Full BFI accreditation is also imminent for the health visiting service. There are 36 trained breastfeeding peer supporters and five peer support groups in Cwm Taf. In addition, 85 premises are registered with the Breastfeeding Welcome scheme.

Year 2 2014-15
MITS data to inform delivery plan for 2014

Cwm Taf health visiting services are now fully BFI accredited.

To comply with Baby Friendly accreditation, and with Cwm Taf Breastfeeding Policy, by maintaining accurate and up to date curricula and keeping written records of staff education.

To ensure continuation of the mothers’ groups in the community by ensuring that Cwm Taf HB staff are enabled to facilitate them.

As the result of a successful bid for funding, Merthyr Tydfil has been chosen as the pilot site for a social marketing intervention to support breastfeeding. Brilliant Futures (the organisation conducting the work) will liaise with Cwm Taf Public Health Team, communities and business organisations to gain insights in order to create a more supportive, enabling environment for the consideration, initiation and maintenance of breastfeeding. The outcome of this work will inform future support for breastfeeding.

The social marketing work carried out by Brilliant Futures has resulted in the production of a report containing recommendations on how we can encourage and enable increased consideration, initiation, and
annually. All of the practices included in this Policy are designed to provide support for mothers who wish to breastfeed.

Cwm Taf Health Board has a “Guideline for Breastfeeding Difficulties which may be Caused by Tongue-Tie”. This guideline enables the service of frenectomy to be performed for young breastfeeding babies, in cases where it is deemed to be clinically necessary in order to establish successful breastfeeding for their mothers.

maintenance of breastfeeding. A community insights film was produced which was shared with participants, peer supporters and health professionals at a workshop in July 2014. The film will be used by midwives and health visitors for training purposes. A further workshop is planned for December 2014 to co-produce further actions.

Year 3 2015-16
MITS data to inform delivery plan for 2014

To comply with Baby Friendly accreditation, and with Cwm Taf Breastfeeding Policy, by maintaining accurate and up to date curricula and keeping written records of staff education.

To ensure continuation of the mothers’ groups in the community by ensuring that Cwm Taf HB staff are enabled to facilitate them.

<table>
<thead>
<tr>
<th>Outcome Indicator 9</th>
<th>Current status</th>
<th>Updated Delivery/Action plan</th>
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<tbody>
<tr>
<td>Percentage of women with a mental health diagnosis at booking</td>
<td>The Mental Health (Wales) Measure requires there to be a care and treatment plan for service users of all ages who have been assessed as requiring care and treatment within secondary mental health services. It is recognised that woman’s mental health during and after pregnancy has an impact on her</td>
<td>Year 1 2013-14 Ongoing multi-disciplinary work developing and monitoring services to meet the requirements of the Mental Health (Wales) Measure. Develop MITS to produce populated template improve individual plans of care for women with existing mental health conditions. Raise awareness among midwives of the services provided by the Primary Care Mental Health Support Service, including referral mechanisms. Work in partnership with public health colleagues to develop and disseminate</td>
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</table>
child and there are opportunities to make a difference, thus improving early child development and maternal well being. Examples include universal routine enquiry and targeted treatment for women at risk of depression. This is linked to the development of the Mental Health (Wales) Measure.

2nd version of All Wales maternity records implemented October 2012 – includes mental health diagnosis
When mental health diagnosis disclosed at booking interview midwife will refer client to GP. GP will liaise with CPN link for practice and refer to mental health services who will signpost to appropriate mental services: primary or secondary mental health.

For women with severe mental health issues senior midwife (community services) provides counselling/debriefing services for women and supports staff in planning care.

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‘Five Ways to Wellbeing’ messages.

A multi-disciplinary task and finish group comprising professionals from Midwifery, Mental Health and Public Health has been established and is progressing the work detailed above.

### Year 2 2014-15

Plan informed by the above

The task and finish group will take forward the following priorities:
- Establishing guidance for midwives to ensure communication with mental health care co-ordinators for those pregnant women who are receiving care under Part 2 of the Mental Health Measure
- Establishing guidance on the provision of appropriate information/signposting/referral for women who have experienced mental health problems (other than those conditions detailed in the All Wales Maternity Record)
- Developing any additional resources for all pregnant women in relation to promoting wellbeing.

The task and finish group has:
- **Revised** the ‘Have you ever experienced any mental health problems’ section of the All Wales Maternity record in line with the Mental Health Measure such that:
  - If a woman has a diagnosed condition and is receiving mental health services, the midwife will be able to link with the Care Co-ordinator

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Maternity Services Strategy Group
Version 4 updated report (Autumn Board 2014)
Date: November 2014
Multiagency partnership working informs midwifery/mental health plan of care.

- If a woman has a diagnosed condition and is not currently receiving mental health services, the midwife will appropriately refer to the relevant Community Mental Health Team.
- If a woman reports previous experience of mild/moderate problems e.g. stress/anxiety/depression, the midwife can signpost women to the Primary Care Mental Health Team.
- Women with no mental health problems will be given information on five ways to wellbeing consistent with Bump, Baby & Beyond.
- A flowchart for midwives has been developed to accompany the above process.
The above suggested amendment has been presented to the All Wales Maternity Record Review group for consideration.
<table>
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<tr>
<th>Outcome Indicator 10</th>
<th>Current status</th>
<th>Updated Delivery/Action plan</th>
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| Percentage of women booked by 10 completed weeks gestation (10+6) | 2nd version of All Wales maternity records implemented October 2012  
Midwife as 1st point of contact promoted  
Jan –Sept 2013  
1st contact midwife = 69%  
1st contact GP = 31% (excludes out of area) | Year 1 2013-14  
MITS - Developed to provide monthly statistical reports with a breakdown of initial assessment according to completed weeks of gestation to inform benching marking/lessons learnt across Cwm Taf HB.  
October 2013 - 1st stage of report available for each of the 4 localities further work to provide data for each community team to inform/monitor compliance against this maternity performance measure available from MITS January 2014 | Year 2 2014-15  
2013 MITS data –to inform delivery plan 2014.  
Overall percentage 58.7%  
Public health training day (based around maternity Strategy Key performance indicators/measures) identified inconsistencies between community teams.  
Audit across all 4 localities identified a process problem  
Standardisation of the process for initial booking against the key performance measure within the health board in Sept 2014 has improved compliance to 41% (Sept 2014) compared to previous monthly rates of between 2.5% - 14% |
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<tr>
<td>MITS future data development to allow option field for booking</td>
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<tr>
<td>midwife to state reason for booking 11 weeks &gt; will provide</td>
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<tr>
<td>statistical information to establish if interventions could be</td>
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<td>made to improve compliance or if no intervention could have</td>
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<td>affected outcome measure e.g. concealed pregnancy.</td>
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