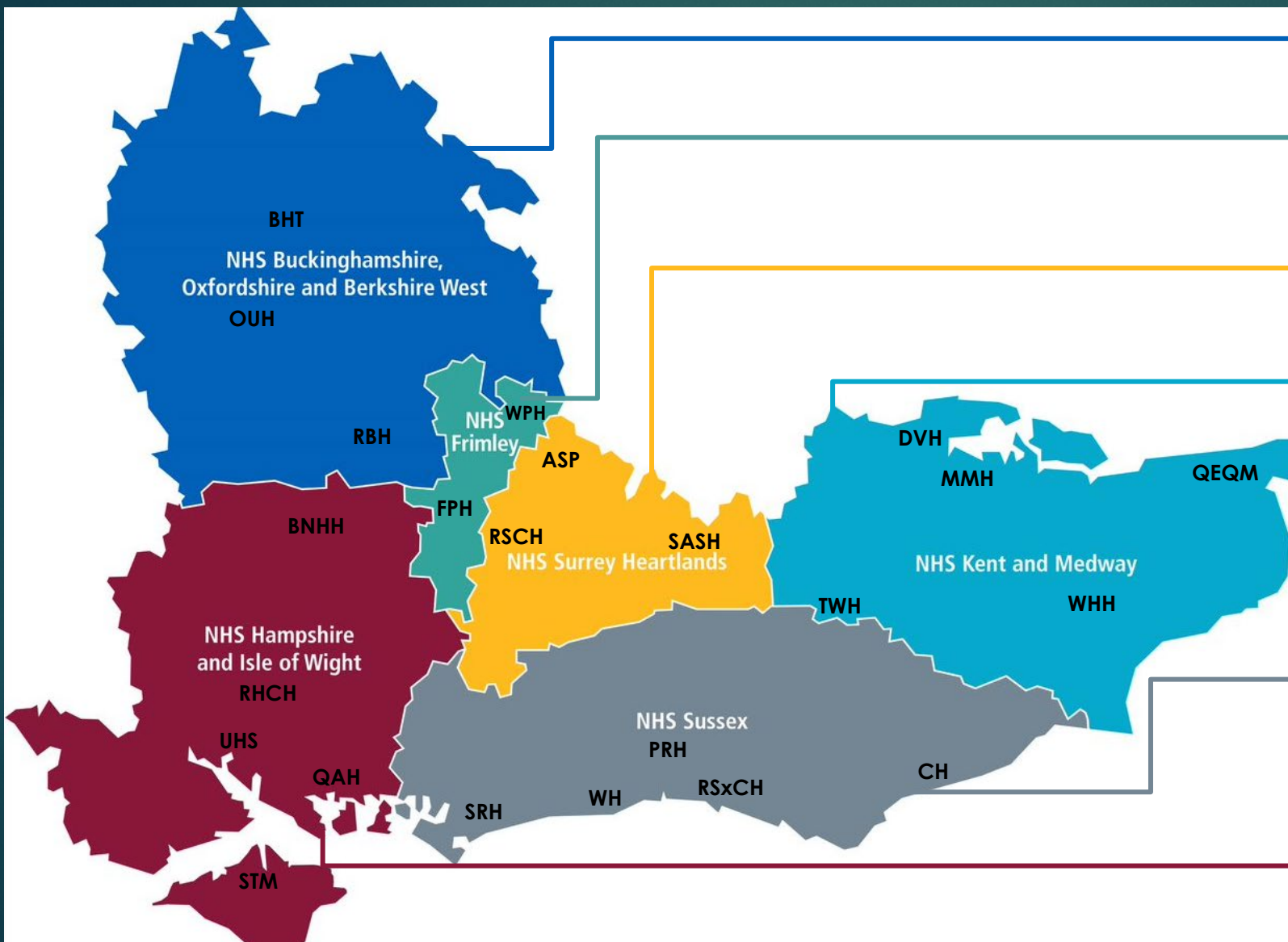


NHS Southeast Region Maternity Services

WHAT CAN THE REGION DO
FOR US?

Acute Maternity Sites in South East



Buckinghamshire Oxfordshire Berkshire (BOB) LMNS

- Buckinghamshire Healthcare NHS Trust (BHT)
- Oxford University Hospitals NHS Foundation Trust (OUH)
- Royal Berkshire NHS Foundation Trust (RBFT)

Frimley LMNS

- Frimley Hospital Foundation Trust (FHFT)

Surrey Heartlands LMNS

- Ashford and St. Peter's Hospitals NHS Foundation Trust (ASPFT)
- Royal Surrey County NHS Foundation Trust (RSFH)
- Surrey and Sussex Healthcare NHS Trust (SASH)

Kent and Medway (K & M) LMNS

- Dartford and Gravesham NHS Trust (DGT)
- East Kent Hospitals University NHS Foundation Trust (EKHUFT)
- Maidstone and Tunbridge Wells NHS Trust (MTW)
- Medway NHS Foundation Trust (MFT)

Sussex LMNS

- East Sussex Healthcare NHS Trust (ESHT)
- University Hospitals Sussex (UHSX)

Southampton Hampshire Isle of Wight Portsmouth (SHIP) LMNS

- Hampshire Hospitals NHS Foundation Trust (HHFT)
- Isle of Wight NHS Trust (IOW)
- Portsmouth Hospitals University NHS Trust (PHUT)
- University Hospital Southampton NHS Foundation Trust (UHS)



England

One region - same set of problems

INEQUALITIES

FUNDING

WORKFORCE

EXTERNAL PRESSURE



Maternity Inequalities are associated with differences in outcome

Socioeconomic Status Impact

Socioeconomic status significantly influences maternal health outcomes, affecting access to healthcare services and resources.

Ethnic Disparities

Ethnicity can lead to different maternal health outcomes, as systemic barriers as well as cultural beliefs and affect care quality.

Access to Care

Access to quality maternal healthcare services varies, causing disparities in health outcomes for mothers and infants.

Impact on Outcomes

Maternal Mortality Rates

Inequities in maternity care significantly contribute to higher maternal mortality rates, impacting the health of mothers and families.

Preterm Births

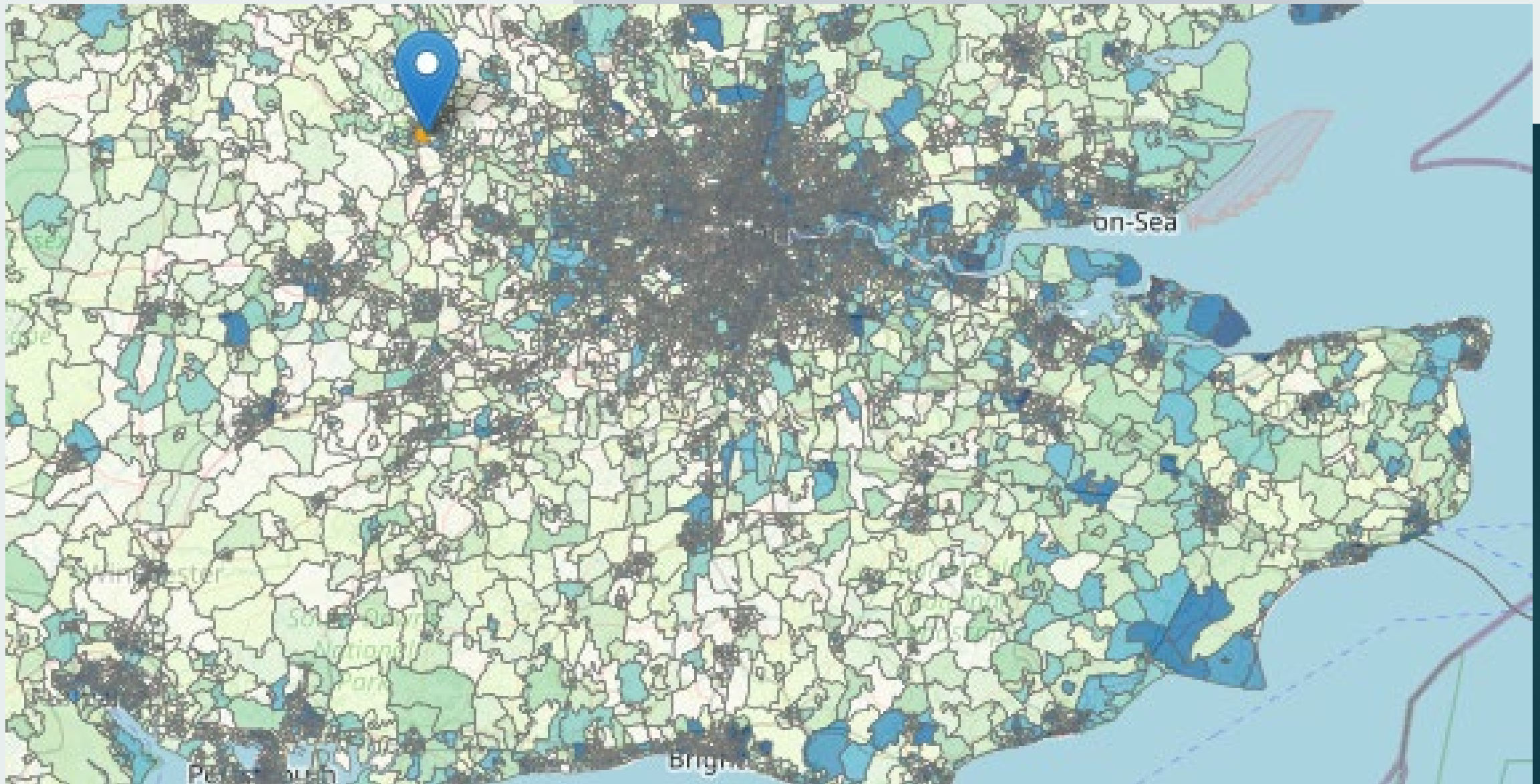
Higher rates of preterm births are often linked to inadequate access to quality maternity care, particularly among vulnerable populations.

Low Birth Weight

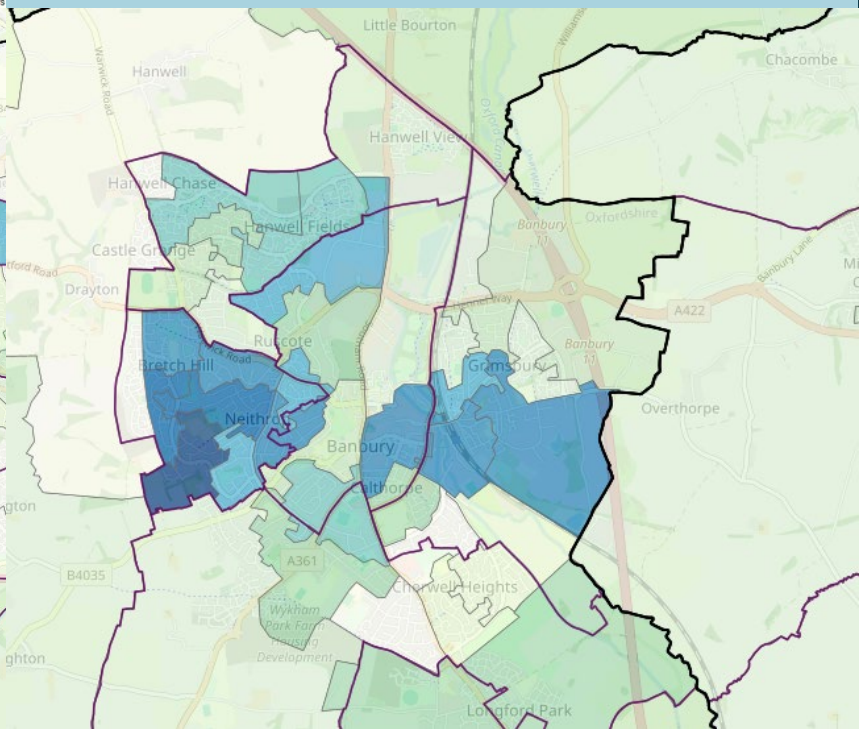
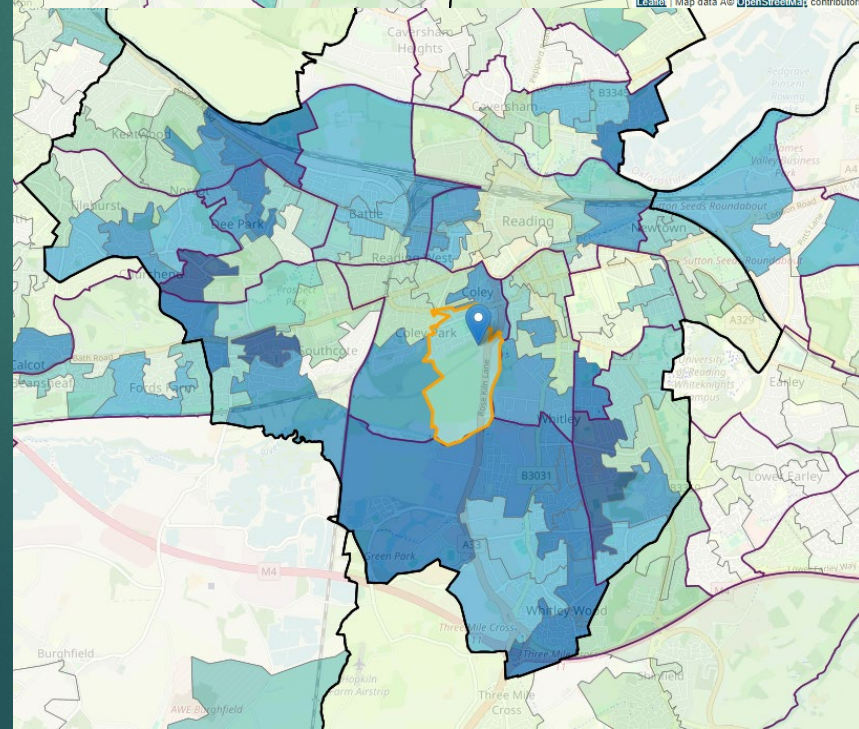
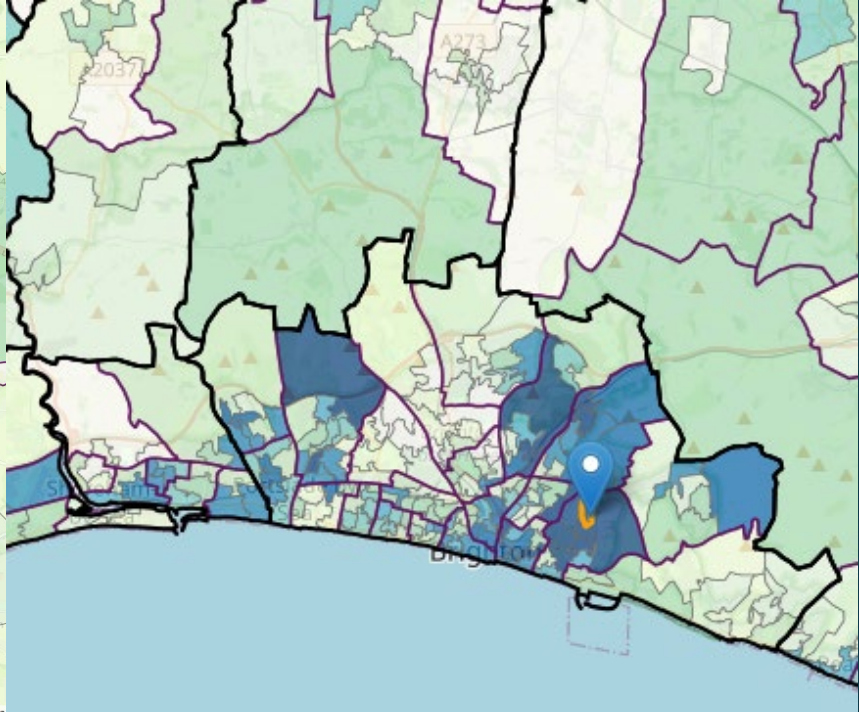
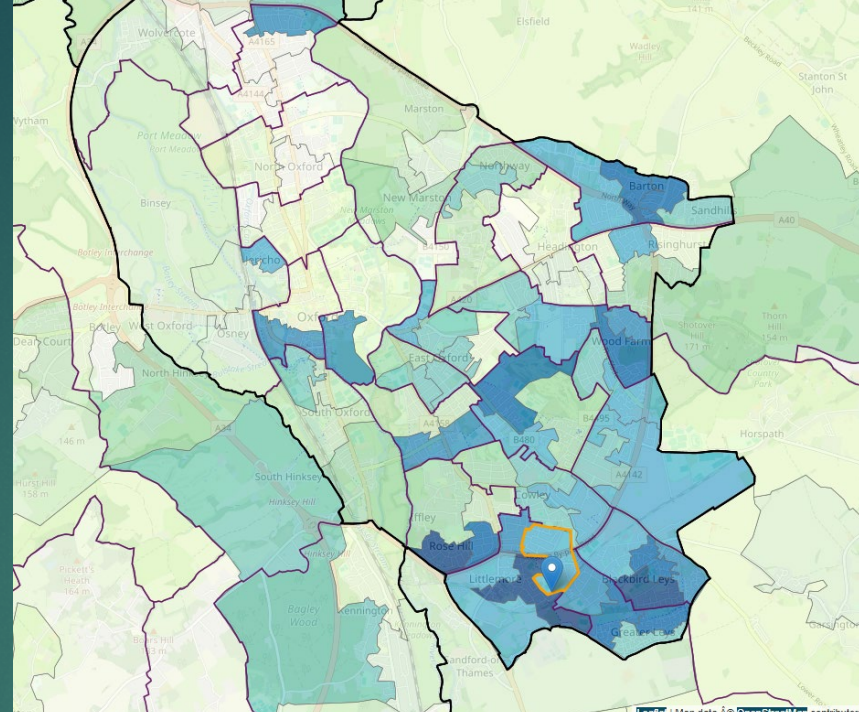
Disparities in healthcare access can lead to an increased number of low birth weight infants, affecting lifelong health outcomes.

Impact on Vulnerable Populations

Low-income families and ethnic minorities face significant challenges due to inequalities in maternity care, leading to adverse pregnancy outcomes.



Stark
inequality
exists in
our region



Staffing Challenges in Maternity Care

- ▶ Maternity services face significant staffing shortages across England.
- ▶ Increased demand for maternity care strains existing workforce resources.
- ▶ Retention of skilled professionals, especially midwives but also obstetricians in training, is a growing concern in the sector. Turnover in SE higher than most other regions.
- ▶ Workload pressures lead to burnout among maternity staff.



NHS SE Region funding vs. rest of England

NHS per capita funding 2023-2024



Voices from the Press: Maternity in England

- ▶ National press highlights the urgent need for maternity care reform.
- ▶ Reports emphasize disparities in maternal health outcomes across regions.
- ▶ Quotes from articles underline the importance of accessibility to maternity services.



But across the region there are variations in policy and service provision.

2024/25
Q3
Oct -
Dec '24

| | | |
|---|-------------------------------|------|
| Thames Valley Wessex | deliveries | 37 |
| all 14 Units in TVW ODN | in maternity unit with NICU | 29 |
| | elsewhere | 8 |
| | % in maternity unit with NICU | 78% |
| Thames Valley | deliveries | 12 |
| Oxford, Milton Keynes, Stoke Mandeville, Royal Berks and Wexham | in maternity unit with NICU | 11 |
| | elsewhere | 1 |
| | % in maternity unit with NICU | 92% |
| Wessex | deliveries | 25 |
| S'oton, Ports, Poole, B'stoke, Winchester, Salisbury, Chichester, Dorset, IOw | in maternity unit with NICU | 18 |
| | elsewhere | 7 |
| | % in maternity unit with NICU | 72% |
| Kent Surrey Sussex | deliveries | 23 |
| all 13 Units in KSS ODN | in maternity unit with NICU | 19 |
| | elsewhere | 4 |
| | % in maternity unit with NICU | 83% |
| Kent | deliveries | 9 |
| Medway, WHH, Darent Valley, QEOM, Tunbridge Wells | in maternity unit with NICU | 6 |
| | elsewhere | 3 |
| | % in maternity unit with NICU | 67% |
| Surrey | deliveries | 8 |
| St Peters, East Surrey, Frimley Park, Royal Surrey | in maternity unit with NICU | 8 |
| | elsewhere | 0 |
| | % in maternity unit with NICU | 100% |
| Sussex | deliveries | 6 |
| Royal Sussex, East Sussex, Princess Royal, Worthing | in maternity unit with NICU | 5 |
| | elsewhere | 1 |
| | % in maternity unit with NICU | 83% |

Eligible preterm babies born in a centre with a NICU and elsewhere by NICU and transfer networks

Status of Free-standing MLUs

| LMNS | Trust | MLU | Currently operational | Number of births in 2024 |
|-----------------|-------|--|-----------------------|--------------------------|
| SHIP | PHUT | Blake Birth Centre, Gosport War Memorial Hospital | Yes | 15 |
| SHIP | | Portsmouth Maternity Centre, St. Mary's Hospital | Yes | 6 |
| SHIP | UHS | New Forest Birth Centre, Southampton | No* | 0 |
| SHIP | HHFT | The Birth Centre, Andover War Memorial Hospital | Yes** | 15 |
| BOB | OUH | Horton Midwifery-Led Unit, Horton General Hospital | Yes | 88 |
| BOB | | Cotswold Birth Centre | Yes | 43 |
| BOB | | Wantage Maternity Unit | Yes | 30 |
| BOB | | Wallingford Maternity and Birthing Centre | Yes | 49 |
| Kent and Medway | MTW | Crowborough Birthing Centre | Yes | 303 |
| Kent and Medway | | Maidstone Birth Centre | Yes | 146 |
| Sussex | ESHT | Eastbourne Birth Centre | Yes# | 31 |

*Intrapartum activity remains suspended since Jan 2020, however it is operating as a community hub for antenatal and postnatal care. UHS are currently undertaking a workforce review and are considering options for how the re-introduction of intrapartum activity could look in terms of adopting a case-loading model. This is expected to be completed within the next 6 months. Women have the options of homebirth and the Broadlands alongside MLU for midwife-led intrapartum care.

** Reopened in June 2024 following 6-month closure.

Reopened in September 2024 following 8-month closure

Some other areas of Variation in SE Maternity Services

- ▶ Induction of labour delay rates vary significantly across Trusts.
- ▶ Access to obstetric theatre space is inconsistent.
- ▶ Provision of PAS services shows notable disparities.
- ▶ And then there areas that matter nationally that we could address as a region – for example reducing experience of birth trauma and the accurate diagnosis of labour

What has NHS SE done as a region?



Our achievements in 2023/24



Webinars and Training

- **55** participations in the Perinatal Pelvic Health webinar
- Over **150** participants in the Triage webinar
- **85** participants on improving Co-production training across **6** sessions
- **3** Forums to support Midwifery Leaders
- **20** Florence Nightingale Foundation graduates
- **187** participants in celebrating excellence in maternity and neonatal events



Deliverables

- SE Maternity Escalation Guidance & OPEL Framework
- #Marvellous social media hashtag
- Quality profile for data insight
- Co-production resource pack
- Pregnancy Transfer Cards into 28 different languages
- Vulnerable migrants resource pack
- #ReadyforParenthood social media campaign
- Personalised Care and Support Planning resource pack
- Interactive IMD and Ethnicity map
- In-utero Transfer Principles document



Support/Peer Group

- Saving Babies' Lives Care Bundle community of practice
- Workforce Forums including Retention Leads Group
- MNVP Forums
- Monthly SROs and Quarterly NEDs Forums
- Monthly PMO calls
- Site visits for:
 - Safety and Assurance
 - Support
 - PMA
 - Quality Improvement



System Development/ Networks

- PREM 7 – Optimisation of the Pre-term Newborn in System Development/ Networks
- PERIdash – Maternity Bed and Neonatal Cot finder
- Maternal Medicine Networks
- MatNeo and Service User Collaboration
- Professional Midwifery Advocate (PMA) networking
- SE Maternity and Neonatal Research Network Group

For example: Maternity – Preterm optimisation

Headlines

- **Dedicated SE regional Neonatal lead** -Good collaboration between ODNs, HiNs and Specialised commissioners to drive improvements in Preterm optimisation.
- **Preterm Optimisation/Prem 7 (Plus) launched in 2022 focus on evidence-based interventions, drive improvements, reduce variation and support a standardised approach to care – monitored quarterly with the ODNs.**
- **SE focus in 2025** is on targeting **women at risk of preterm from Black, Asian and ethnic minority groups** and deprived communities through bespoke QI projects.

Examples:

- **Research study to commence April 2025, data look back over the last 12 months, on preterm optimisation in ethnic minority and/or women living in deprivation to address disparities in care in Kent and Medway.**
- **Co-produced resources** developed that include patient information leaflets, an educational platform for staff to access information and simulation-based scenario training that is provided by the Health Innovation Network.

Interventions:

- **9 Enhanced MCoC teams** supporting those at risk of poorer outcomes –(women living in areas of deprivation and from Black, Asian of ethnic minority backgrounds)- IMD map profiling tool used to identify the targeted areas.
- **Jaundice in darker tone babies -2 successful webinars – over 300 attendees**

Other regionally funded PREM7+ projects (Q4)

Surrey Heartlands LMNS – **Cultural awareness training for neonatal unit staff** across 3 sites.

Wessex and KSS HIN – **Simulation training** and recording of videos, **Human factors. Actors – range of ethnic background** to ensure diversity and support inclusion.

Medway Foundation Trusts – poverty proofing perinatal services (by Child North East) **reducing the disparities** in care for women and families from deprived and minority backgrounds

Monitoring and Governance:

- **Mat /Neo 3 year delivery plan Oversight tool** - used to monitor progress
- **Governance – MNPG and Surveillance oversight meetings for reporting escalations.**



What else?

- Provide access perinatal optimisation dashboard and NEODASH for local data
- Working collaboratively with the region's providers, systems, ODN's and HINs to improve the IUT process to enable more babies to be 'born in the right place' – 1 of the 7 maternity centres with alongside NICU.
- PERIDASH – the region's tool to identify cot and maternity beds quickly. This is a crowd based model and its effectiveness relies on all providers completing submissions
- Currently reviewing the IUT process and region wide IUT principles and the mat/neo escalation framework document is out for comment to providers. Drafting SE region exception reporting policy.
- The team host SE regional learning and sharing events to share learning and best practice and networking opportunities. Next will be Autumn 25, dates TBC.

SE REGION PERINATAL OPTIMISATION PROJECT

- BASED ON BEST PRACTICE THE SEVEN INTERVENTIONS CAN HAVE A SIGNIFICANT AND POSITIVE IMPACT ON REDUCING BRAIN INJURY AND MORTALITY RATES AMONGST BABIES BORN PREMATURELY
- LAUNCHED IN 2022 AS PREM7, 2 FURTHER ELEMENTS ADDED IN 2023 AS PREM7+
- £15K FUNDING TO EACH ODN
- REGIONAL LEAD NEONATOLOGIST
- REGIONAL NEONATAL FOCUSED EVENT IN LONDON FEB 2024
- IMPLEMENTATION – CLINICAL FELLOWS IN PROVIDER, SIMULATION TRAINING, PREM7+DIGITAL PADLET, MERCHANDISE, OPTIMISATION INFO BOOKLET



48

1817 Women giving birth at less than 30 weeks of gestation received magnesium sulphate with the 24 hours of birth.

This potentially means that 48 babies will not develop cerebral palsy, and a cost saving to welfare and society between £38.6 and £48 million.



18

786 women in preterm labour at less than 34 weeks of gestation received intravenous antibiotic prophylaxis to prevent early onset Group B Streptococcal infection irrespective of whether they have ruptured amniotic membranes.

This potentially means that 47 babies were born without Group B strep and that 18 babies were saved.



89-133

Between 89 and 133 babies born at less than 34 weeks gestational age potentially survived because their umbilical cord was clamped at or



30-38

Between 30 and 38 lives were saved because the mother got antenatal corticosteroids.



137-189

Potentially, between 137 and 189 lives were saved due to getting timely interventions.



Birth in a centre with a NICU



Breast milk



Magnesium Sulphate



Intrapartum Antibiotic Prophylaxis



Steroids



Optimal cord management



Temperature



Caffeine



Respiratory management

| Deliverables | BOB | Frimley | HIOW | Kent and Medway | Surrey Heartlands | Sussex |
|--|-----------------------|---------|----------------------|----------------------|-------------------|--------|
| Perinatal Pelvic Health Services are operational and available in line with the service specification across the ICB | Yes (by Q1 end 25/26) | Yes | Yes (by Q1 25/26) | No (by Q4 end 25/26) | Yes | Yes |
| Agreement is in place to sustainably commission PPHS from April 2024 | Yes (by Q1 end 25/26) | Yes | No (by Q3 end 25/26) | No (by Q4 25/26) | No (by Q3 25/26) | Yes |
| Maternal Mental Health Services are Operational | Yes | Yes | Yes | Yes | Yes | Yes |
| MMHS are operational and available across the whole ICB | Yes | Yes | Yes | Yes | Yes | Yes |
| Agreement is in place to sustainably commission MMHS from April 2024 | Yes | Yes | Yes | Yes | Yes | yes |
| Seven Day Bereavement services in place in all Trusts | Yes | Yes | Yes | Yes | Yes | Yes |
| Saving Babies Lives Safety Action 6: | Yes | Yes | Yes | Yes | Yes | Yes |

Headlines: 3-year plan deliverables – key focus areas

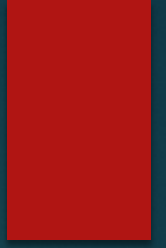
- **Perinatal Pelvic Health Services:**
 - 2/6 systems – Frimley and Sussex, fully operational with sustainable commissioning arrangements.
 - BOB will be fully operational in Q1 25/26.
 - Surrey and HIOW operational by Q1 with a plan for sustainable commissioning.
 - K & M – significant delay – will be fully operational with sustainable commissioning arrangements in Q4 25/26.
- **Saving Babies Lives Care Bundle**
 - All 6 systems are on track with compliance including meeting Safety action 6 for CNST.
- **Seven-day bereavement care**
 - All 6 systems have a 7-day bereavement offer in place across all trusts.
- **EMCoC funding**
 - 9 EMCoC teams in place. All funding accounted for with appropriate plans in place across all 6 systems.

RISKS

- There is a risk that funding for PPHS is not prioritised by ICBs. PPHS is not explicitly referenced within planning guidance, only as part of the 3 YDP, and given the more streamlined priorities and resource limitations, the focus and funding may shift to other areas.
- PPHS provision is multi-disciplinary and appropriately trained physiotherapists are limited, posing recruitment risks for systems.
- ICB restructuring and loss of key personnel affecting progress on implementation.

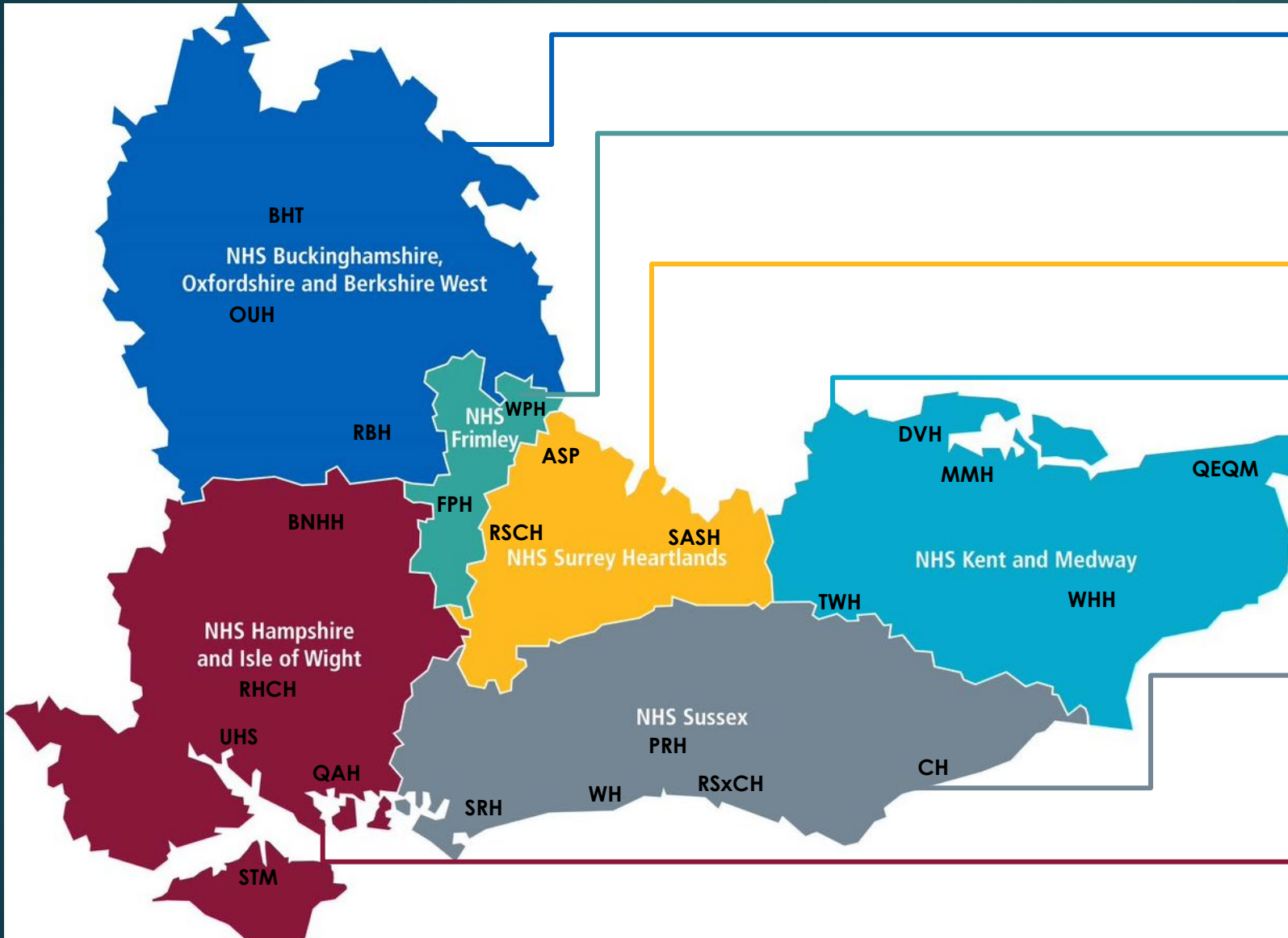
ACTIONS

- Reinforcing that the PPHS is a key element of theme 1 of the Three-Year single delivery plan and a component of 25/26 planning guidance with recurrent SDF funding.
- Continued support at regional level through focused learning and sharing forums (including input from our 2 established early implementers) and exploration of alternative, innovative ways to deliver the service.
- Ongoing oversight through the established governance processes via the SE regional MNP Group, SE regional Perinatal Surveillance Group, regional System Oversight Group and the Regional Quality Group.



2025 - Oversight programme

Visiting Maternity Sites in South East



Buckinghamshire Oxfordshire Berkshire (BOB) LMNS

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Maternity Single Delivery Plan

- ▶ **1. Improving Access and Continuity of Care**
- ▶ **2. Workforce Development and Support**
- ▶ **3. Enhancing Safety and Quality of Care**
- ▶ **4. Addressing Health Inequalities**
- ▶ **5. Improving Service Integration**
- ▶ **6. Engaging Women and Families**



As a Region

- **1. Recognise, celebrate, and disseminate success. Share experiences from various areas.**
- **2. Workforce Development and Support which includes physicians. Implement new regional protocols for hiring locums.**
- **3. Enhancing Safety and Quality of Care – establish regional guidelines – aim for consistency rather than reinventing the process multiple times.**
- **Take early action – boost visibility with Trust boards and amplify the voice of Maternity when changes or investments are required.**
- **4. Tackling Health Inequalities – encourage targeted projects while also improving overall access.**
- **5. Enhancing Service Integration – exchange effective practices.**

Conclusion: Achievements and Future Goals

- ▶ The region has made significant progress in maternal healthcare.
- ▶ Coordinated efforts can enhance service delivery and outcomes.
- ▶ Current pressures necessitate a focused approach for improvement.

