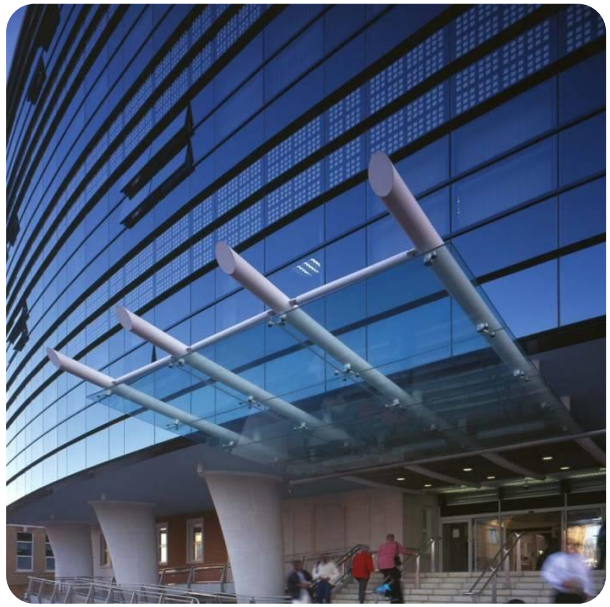
Women's Health Services

Health Scrutiny Sub-Committee
Princess Royal University Hospital

March 2022



Our Maternity service – Bromley

- King's College Hospital NHS Foundation Trust maternity services are delivered across two sites: Denmark Hill (DH) and the Princess Royal University Hospital (PRUH).
- The PRUH maternity service is provided by over 400 staff who care for on average 4000 births each year. The service is rated "Good" by the Care Quality Commission.
- We are proud to provide supportive, personalised and high-quality maternity care to women living in and around Bromley.
- We offer maternity care from both our hospital and community hubs. Our main maternity hospital for the south sites is based at the Princess Royal University Hospital site.
- There is a dedicated midwifery led suite (Oasis) and the service is supported 24 hours a day by the maternity triage service and the labour ward.
- The midwifery teams provide maternity services at a range of health centres, GP practices, children's centres and other community settings.
- Care pathways are in place to support a variety of women's health needs, such as diabetes services, perinatal mental health, migrant women, and safeguarding and substance misuse. The maternity team also cares for women whose pregnancies require maternal medicine with a high-risk midwifery team.

Our Key Initiatives: 2022

- **Transitional care unit** – Funding was allocated in February ’22 to establish a Transitional Care Unit at the PRUH. It aims to provide support for babies that require more intervention, keep the family and baby together, reduce unnecessary admissions to the neonatal unit, and support the ongoing delivery of improvements related to CNST (Clinical Negligence Scheme for Trust).

- **Additional Staffing** - We have accessed national funding to create an additional 13 posts across our service. These include the development of midwife practice development roles, increased staffing levels on the birth centre, and the introduction of a communication midwife lead.

- **Estates** - We are altering the maternal assessment unit estate to improve user experience and safety with improved spaces and patient waiting areas.

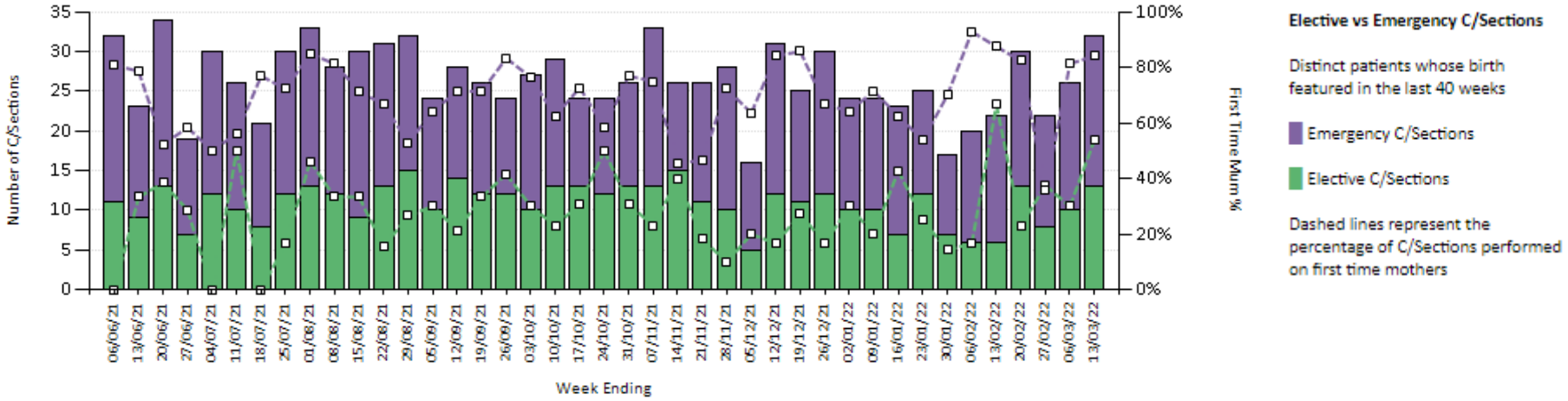
- **Birthing pool** – We are investigating replacing inflatable birthing pools with plumbed in birthing pools to support choice of birth and safety for high risk women.

- **Staff wellbeing** – We are developing a proposal to establish professional midwifery advocacy service to support staff wellbeing and provide structured sessions where midwifes can discuss concerns.

- **Clinical Leadership** – We have established a dedicated matron role for triage and the birth centre to support and develop care to provide a better experience for service users.

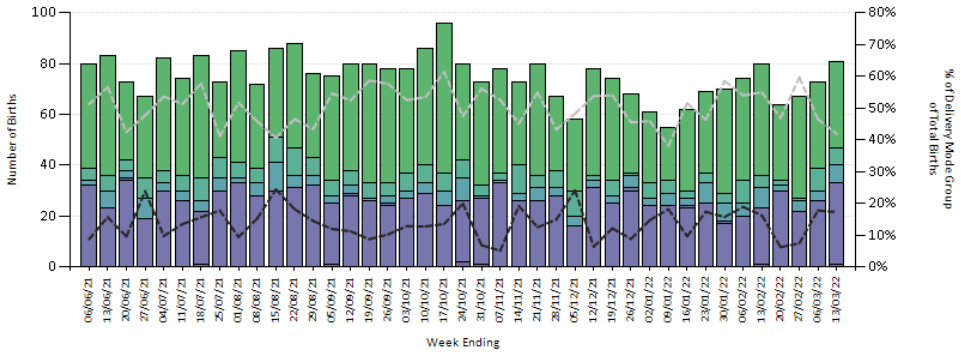
Deep dive: Caesarean Sections

- A caesarean section (C-section) is an operation to deliver the baby through a cut made in the mothers tummy and womb.
- A caesarean section may be recommended as a planned procedure at the mother's request or for medical reasons, or can be a life-saving emergency procedure.
- Caesarean sections form an essential part of care to ensure the safest possible birth, but there are risks and complications associated with maternal and neonatal morbidity and mortality with increasing operative interventions.
- There has been an increase in emergency and planned caesarean section birth rates in the NHS over the last decade – and in the latest national data 15% of deliveries were elective caesarean sections and 18% were emergency caesarean sections.
- We work with mothers to understand their preferred birthing choice, and our current planned and emergency caesarean section rates are 30.6% of all deliveries.
- To improve patient discharges post caesarean section we operate EROS (Enhanced recovery for elective caesarean section), with dedicated midwifes to support this pathway.



Deep Dive: Instrumental Deliveries

- An assisted birth (also known as an instrumental delivery) is when forceps or a ventouse suction cup are used to help deliver the baby.
- An assisted delivery is used in about 1 in 8 births nationally, and may be needed if:
  - The mother has been advised not to try to push out the baby because of an underlying health condition (such as having very high blood pressure)
  - There are concerns about the baby's heart rate
  - The baby is in an awkward position
  - The baby is getting tired and there are concerns that they may be in distress
  - The mother is having a vaginal delivery of a premature baby – forceps can help protect the baby's head from the perineum
- The level of assisted birth at PRUH is 13%, which is in line with national rates.



DELIVERY MODE	12/12/21	19/12/21	26/12/21	02/01/22	09/01/22	16/01/22	23/01/22	30/01/22	06/02/22	13/02/22	20/02/22	27/02/22	06/03/22	13/03/22
Spontaneous Vertex	42	40	31	28	21	32	32	41	40	44	30	40	34	34
Forceps	2	6	1	6	5	3	4	4	9	5	2	1	9	7
Ventouse	3	3	5	3	5	3	8	7	5	8	2	4	4	7
Breech	0	0	1	0	0	1	0	1	0	0	0	0	0	0
C/Section	31	25	30	24	24	23	25	17	20	22	30	22	26	32
Other	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Vaginal Delivery %	53.8 %	54.1 %	45.6 %	45.9 %	38.2 %	51.6 %	46.4 %	58.6 %	54.1 %	55.0 %	46.9 %	59.7 %	46.6 %	42.0 %
Instrumental Delivery %	6.4 %	12.2 %	8.8 %	14.8 %	18.2 %	9.7 %	17.4 %	15.7 %	18.9 %	16.3 %	6.3 %	7.5 %	17.8 %	17.3 %

Deep Dive: Induction of Labour

Induction of labour (IOL) is offered when it is thought that the outcome of the pregnancy will be better if labour is artificially started.

In 2021, PRUH undertook 1236 inductions, with a success rate of 83% (*mode of birth detailed opposite*).

In November 2021, NG207 was published, which highlighted significant changes to recommendations and we expect to see a rise in induction of labour (modelled at 163 deliveries per year at PRUH).

We aim to ensure:

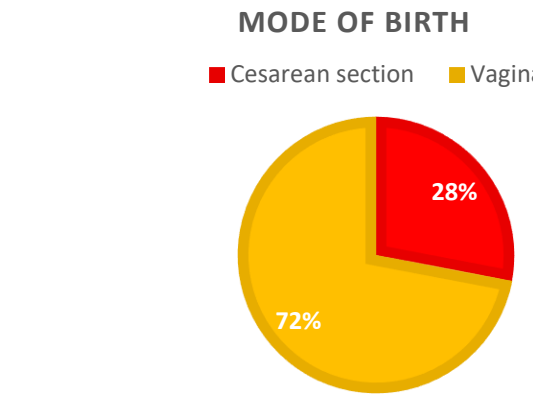
- Induction is offered only when evidence demonstrates it is the safest option
- Induction of labour is a choice, made without coercion
- Service users have access to all the information needed to make an informed decision
- Decisions are respected, and alternatives are explored/ offered
- Induction of labour experience is positive & improvements made when needed

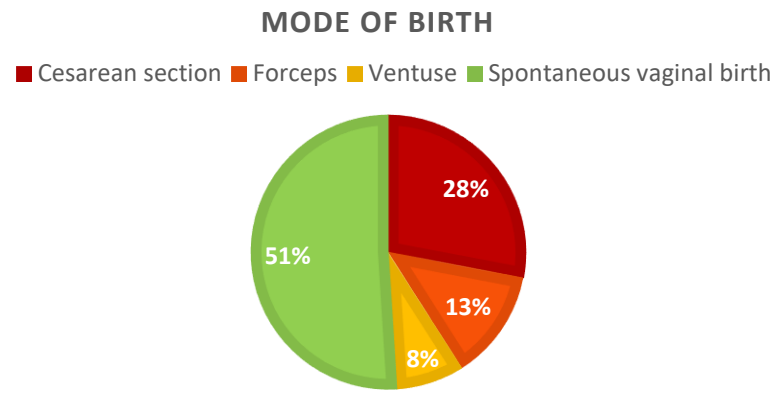
Key actions

- Increased emphasis about informed decision making & alternatives
- Post-dates induction to be offered to all women at 41 weeks
- Membrane sweeps to be offered to all women at 39 weeks
- Discussion of options for LGA without diabetes

We have developed a new pathway "Outpatients induction of labour" pathway, where suitability for outpatient IOL will be first assessed during the postdates assessment by the community midwives

Induction Of Labour (IOL) birth outcomes audit 2021 PRUH



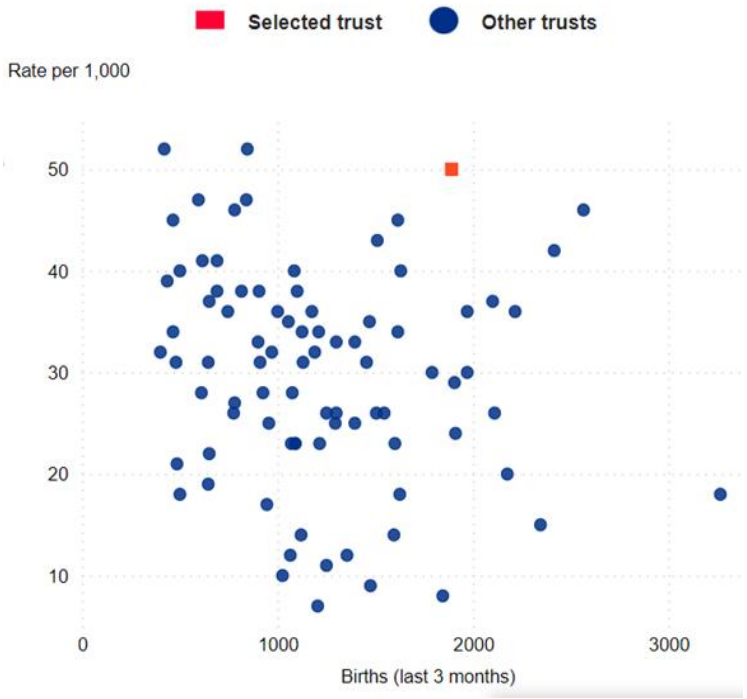


Deep Dive: Postpartum Haemorrhage (PPH)

Postpartum Haemorrhage (PPH) is the most common form of major obstetric haemorrhage. The traditional definition of **primary** PPH is the loss of 500 ml or more of blood from the genital tract within 24 hours of the birth of a baby. Blood loss is measured using the following measures; weight, estimation and theatre records and is then recorded onto Badgernet.

PPH is classified as minor (500–1000 ml) or major (more than 1000 ml), with major divided to moderate (1000–2000 ml) or severe (more than 2000 ml).

PRUH is an outlier for PPH (graph opposite) and the clinical teams have conducted audits in 2021 on both sites to understand any variance in practice which could be driving the higher level of PPH at the PRUH.



The audit found:

- A very small proportion of patients had a blood transfusion or any serious morbidity
- No patients required an emergency hysterectomy
- No patients required an ITU admission
- One patient needed to return to theatre
- Caesarean Sections were appropriately supervised or performed by Consultant obstetrician if difficult

Following the audit the service has developed an action plan to address current PPH rates. The key actions are:

- Key information relayed through the “Message of the week” at daily MDT handover
- Clear escalation processes to ensure that there is a rapid response
- Regular audits to review PPH levels across the service

A review of the data from 2019 and 2020 has shown a reduction in births with a total blood loss of 1.5l from 4.1% to 3.85%, and blood loss of 2l from 1.67% to 1.36%.

Diversity and Inclusion

At King's diversity, equality and inclusion at the heart of everything we do.

Our maternity services are accessed by a diverse population, with 22.80% of births in 2021 in an ethnic minority service user (up from 15% in 2017).

The 2020 MBBRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) showed black women and birthing people are 4x more likely, and Asian women 3x more likely, to die than their white counterparts.

The report also showed that compared to white babies (34/10000), the stillbirth rate is more than twice as high in black babies (74/10,000) and ~50% higher in Asian babies (53/10,000).

At King's a dedicated Consultant midwife leads on Equality, Diversity and Inclusion (EDI) work streams within Maternity to ensure our services address and optimise outcomes. In addition they ensure our service users are signposted to different initiatives in collaboration with the Maternity Voice Partnership (MVP).

King's are not and outliers in outcomes of our Black, Asian and ethnic Minorities (BAME) service users however recent data for the PRUH identifies an increasing trend, the care group has therefore developed the following work streams to encourage empowerment and self advocacy;

- Collaborated with FivexMore to pilot "Colourful birth" maternity notes wallets as a tool of self advocacy and recognition of the trusts understanding and collaboration to improve disparities in outcomes.
- Antenatal workshops aimed at Black, Asian and minority ethnics launched in October 2020 as a safe space for the service users to highlight concerns, gain information, particular to their needs and understand services that they may utilise.
- Postnatal feedback forums in conjunction with MVP and local community groups that are aimed at the BAME communities.