

## Response ID ANON-FQ94-PME7-W

Submitted on 2015-09-23 14:24:56.088853

### Tell us about you

1.1 If you wish to be kept informed of the progress of the maternity review, please enter your email address here:

Email address::

carmel.bagness@rcn.org.uk

1.2 Please enter your postcode.

Postcode::

W1G 0RN

1.3 Which of the following describes your involvement with NHS maternity services?

Charity/representative group (please answer questions in section 4)

Other::

### Section 4: Comments from representative groups, charities and other interest groups

4.1 Which users/groups/organisation do you represent?

Which users / groups / organisation do you represent?:

Royal college of Nursing

4.2 What do you think are the barriers to providing high quality maternity services?

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Barriers to providing high quality maternity services

- Resources

- o Human resources – enough midwives appropriately prepared to provide service to meet local needs

- o Recognising increasing complexity (both physical and social) of women who are using the service)

- o Obstetric cover to meet needs of women identified as high risk obstetrically, issue about 24/7 cover

- o Best and most appropriate use of support staff to provide complete service.

- o Environment: - use of midwifery led care, use of children's centres, postnatal care clinics and the wider community appropriately.

- Lack of knowledge about pathways, structures and processes can have a negative impact of effective care

- Challenges of access to continuing professionals development because of volume of work load can have a negative impact on care

- Critical challenges in some areas of a maternity care leave staff moral and motivation lower, which can be a barrier to effective care.

- Poor morale of staff is also impacted on by negative news stories

- Volume of recording / paperwork required, in particular duplication, and poor access to integrated IT systems.

- Funding of services – the Tariff, as it currently stands does not allow for continuity of care, excludes some areas of practice, and is reported to be not fit for purpose.

- Devolution of funds such as smoking cessation to local authority and general fragmentation of commissioning of maternity services has led to some areas of practice being less well supported.

- Inconsistent choices for care provision in different areas leads to unrealistic expectations by some mothers and midwives.

- Multiple uncoordinated modes of audit of practice can be a barrier, with a focus on some issues to the detriment of others, which are less well scrutinised.

4.3 What do we need to do to make maternity services better?

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- Acknowledgement that we cannot presume services can be unlimited

- Using local intelligence to commission local services to match local need,

- Create realistic local offer based on best evidence and actively engage with all women who use the services, especially disadvantaged and vulnerable, as well as all others.

- Continuity of Care and carer – shown over again to improve outcomes, balanced with evidence on use of midwifery led care for women who are suitable.

- This would also reduce risks of breaks in end to end pathways of care, especially for women with identified medical, obstetric mental health or social needs.

- Better use of midwifery led care – evidence available.

- Consistent education and training, with a commitment for access.

4.4 Do you wish to submit your response?

Yes - I wish to submit my response