AIMS For a better birth...

National Service Framework Maternity Module

Open Forum Event in Leeds, January 2003

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The 'National Service Framework' sounds as unalluring as NHSspeak can get but, if the pattern of existing NSFs is followed, maternity services could be redrawn within the next two or three years. The Changing Childbirth initiative of the early 1990s fell away due to a lack of ongoing funding for pilot projects and a change of government. Fortunately, the Audit Commission's 1997 report 'First Class Delivery: Improving Maternity Services' has refocused attention, and its detailed recommendations have pointed the way forward.

The NHS Plan (2000) aims to reconfigure and modernise all health services through a series of planning frameworks, to be implemented over a 10- year period throughout England and overseen by 28 strategic health authorities. The implementation of NSFs is not optional: local services must be reconfigured to deliver the nationally prescribed standards. The Children's NSF was extended at an early stage to include maternity, and an external working group was set up "to define standards that will enable childbearing women and babies to achieve optimum health and wellbeing" and to focus on "the needs of the more disadvantaged and on providing a flexible and holistic service."

The User Involvement subgroup arranged open forums in London and Leeds, inviting user representatives from Maternity Service Liaison Committees and voluntary organisations (though neither Community Health Councils nor AIMS were included). The 40 or so Leeds delegates included midwives, Sure Start workers, mothers and a lone father. The emphasis was very much on sharing best practice and looking at innovative schemes. We were told very firmly at the outset that complaints and moans were not acceptable!

The morning session looked at the history of user involvement in maternity services and the NHS proposal to replace Community Health Councils with a range of local bodies like PALS (Patient Advice and Liaison Services), patients' forums in every Trust, independent complaints and advocacy services, and local government overview and scrutiny committees. It is all horrendously complicated and, apart from PALS, as yet untried. But it looks as if MSLCs will survive. Although some of those previously run by local health authorities have been disbanded, others have been taken over by local primary care trusts while hospital-based MSLCs have simply carried on as before.

Small discussion groups considered the current formal structures for user involvement. MSLCs were

generally considered worthwhile, though the user representatives were often accused of being unrepresentative, but much the same criticism could be applied to the obstetrician, health visitor or midwife on the committee. In some areas, labour ward forums have effective user input, although there could be problems with the clinical nature of the discussions. Everyone agreed on the need for training for the whole committee, not merely for the user representatives.

It was suggested that we consider different categories of 'user representatives': there are the current users, whose views are especially important, but preferably not gathered on the postnatal ward amid the euphoria of having produced a healthy baby. Recent users could provide more considered views of their experiences, which could be taped or videoed.

The term 'user advocates' was put forward as a useful way to describe those women who retained an active interest in maternity services even though their families were complete. They could provide a historical perspective and, by being well-informed of national as well as local developments, gain the respect of health professionals.

The afternoon speakers outlined a variety of innovative projects in their areas. It was instructive to hear how government initiatives such as Health Action Zones and Health Improvement Programmes had been harnessed to provide funding for maternity schemes. In Blackburn, for example, a consultant midwife post in public health provides a drop-in facility for Asian women, which is greatly appreciated. Sure Start projects throughout the country are employing midwives and community development workers, many with health education training, to support pregnant women and young families in deprived areas. Breastfeeding support, in particular, is beginning to show positive results.

Everyone agreed that real, as opposed to token, user representation could only be achieved if all those involved were highly committed. Health professionals must recognise the value of feedback - both positive and negative - while user representatives need training and ongoing support to serve as accurate reporters for local women from every background.

This meeting addressed only the user involvement segment of the Maternity Module of the Children's National Service Framework; the other subgroups of this module - prebirth, birth, postbirth and neonate, inequalities and access - are overwhelmingly composed of health professionals. AIMS must keep a close watch on the consultation process to make sure that the voice of the consumer is heard.

For more information, access the website: www.doh.gov.uk/nsf/children/externalwgmaternity