

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
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ANSWER TO BE TABLED ON MONDAY 2nd NOVEMBER 2020**

Question

Following the answer to Written Question 347/2020, will the Minister advise –

- (a) the dates, times and content of the social media posts relating to the inaugural Maternity Voices Partnership (M.V.P.) meeting, and will he attach the minutes of the inaugural meeting in his answer;
- (b) the date of the next planned M.V.P. meeting;
- (c) how those who have accessed maternity services in the recent past, but who are no longer accessing them, can participate in the M.V.P.;
- (d) how the needs and the voice of the father or second parent are taken into account; and
- (e) how the M.V.P. is including the voice of the child, and if not, will he explain how this is to be addressed?

Answer

a) On 19th February 2020, a Facebook post was published by Government of Jersey. The post read:

“Jersey Maternity services are looking at ways maternity care in Jersey may work in the future. We want to hear from you if you have had a baby in Jersey in the last five years, whether this was in hospital or a home birth. Please contact health@gov.je if you would like to be involved in initial discussions about how your voice and opinion can shape the future of Maternity services.”

- The post received 59 likes and 46 shares
- The post received 23 comments.

Over 50 women initially responded via email to the Facebook post, and subsequently 20 were invited to attend. Eleven women were able to make the chosen date and time. One woman had accessed maternity care as recently as ten weeks ago and another had accessed maternity care four years ago.

The notes of the inaugural meeting are attached.

b) It is hoped that the next Maternity Voices Partnership meeting will take place in December 2020. There may be a requirement to hold two meetings in order to safely adhere to social distancing guidelines as per Covid-19 recommendations. At present, work is being undertaken to secure an appropriate venue for the next meeting. The occurrence of Covid-19 has caused understandable delays to the establishment of the MVP and subsequent meetings. If Covid-19 continues to present challenges to achieving face-to-face meetings, virtual meetings will be considered using online conferencing platforms.

c) The MVP will very much encourage and welcome engagement from women who have accessed maternity services in the past, but who are no longer accessing them. The following methods of recruitment may be considered to ensure adequate representation of women that had their baby some time ago:

- Appropriate use of social media posts and advertisements (note that with support from the Government of Jersey Communications Team, such posts can be targeted to women who have given birth in specified years)
- Appropriate engagement with media outlets such as TV and news agencies
- Designated website for the MVP
- Collaboration with other agencies including, but not limited to: GP surgeries, nurseries/schools, Health Visitors, Brighter Futures, Women's Refuge, and Le Bas; these agencies have continued access to, and engagement with, women who have accessed maternity care in the past 5 years and who are not immediately postnatal
- Annual or bi-annual survey for women and their birth partners/family to complete – advertised using social media platforms, media outlets and via engagement with other agencies - as mentioned above.

It is also imperative that the MVP includes a diverse range of service-users that are representative of Jersey as a whole, including disadvantaged and marginalised groups. It is suggested that local service-users and their families should constitute at least one third of membership (NHS Effective co-production through local Maternity Voices Partnerships, 2018).

d) Following its successful establishment, there will be opportunity for fathers, second parents and birth partners to engage with the MVP. MVPs ensure that women and their families remain at the centre of their care and are actively involved in service development and improvement (NHS Effective co-production through local Maternity Voices Partnerships, 2018). This is in line with the Jersey Care Model - a model of care that will ensure that Jersey healthcare services deliver person, family and home-centred care. The Maternity Survey may be an annual or bi-annual survey for women and their birth partners to complete to offer feedback regarding their experiences with maternity services and fathers, second parents and fathers will be invited to complete this. Further to the above, one idea is to develop *'what matters to you'* coffee mornings in Jersey (successfully used by Better Births Gloucestershire). This will allow informal and relaxed attendance of women and their families (including fathers, second parents and birth partners) to chat and discuss areas for improvement in maternity services.

e) The MVP represents the family as a whole. Establishment and successful maintenance of the MVP will ensure long-term co-production and positive transformation of maternity services. Co-production is defined as *"a way of working that enables people who use health and care services, carers and communities to come together in equal partnership; and engages groups of people at the earliest stages*

of service design, development and evaluation.” (Coalition for Collaborative Care, 2016). Effective co-production is absolutely essential in ensuring that service-user voices are effectively heard, and listened to – this includes the voice of the family as a whole.

Summary of Findings – Initial Feedback from Women 27/02/20 in preparation for the establishment of the Maternity Voices Partnership

Minutes

The aim of the session was to gain initial feedback from women regarding the care they received during the childbearing continuum, including antenatal, intrapartum and postnatal care. The women had been invited to attend the two hour session after responding to a social media post on the Government of Jersey Facebook page. Over fifty women initially responded via email to the Facebook post, and subsequently twenty were invited to attend. Eleven women were able to make the chosen date and time. One woman had accessed maternity care as recently as ten weeks ago, and another had accessed maternity care four years ago.

All women present were extremely keen to engage in the long-term with a Maternity Voices Partnership. We asked women why they felt ‘Maternity Voices’ mattered, and the following was said:

- “Without the voice of women, how can decisions be made?”
- “The maternity service needs to move forward – it feels the same as it did eight years ago!”
- “We need feedback from women to improve the service.”
- “Mums and midwives need to work together.”
- “Culture change has to come from the top!”
- “Now is the time to do it! A new hospital, and a new care model.”

The women felt that a Maternity Voices Partnership would provide a centralised, robust support mechanism for ongoing feedback and service improvement.

Maternity Survey

Prior to the session, women were asked to complete the NHS (2019) Maternity Survey as a means of piloting the survey, and gaining feedback regarding what worked well and what didn’t work well.

Following the session, the completed surveys were reviewed and key themes identified.

After completing the survey, the eleven women present all agreed that:

- The survey effectively splits the antenatal, intrapartum and postnatal experiences and this was useful as feedback could be very different for each
- The survey was very thorough and comprehensive
- The survey should be online, and available in other languages, in order to capture a wider audience
- The survey is perhaps too long and there are some areas of repetition, which may deter some women from engaging
- A one to ten scoring system may work better, as some women felt it was difficult to summarise care as excellent, good, average, below average or poor
- There should be a small section for birth partners to complete.

Key themes

1. Continuity of care

2. Breastfeeding support
3. Facilities for women and their birth partners in the maternity unit
4. Desire for a midwife-led birth centre
5. Personalisation of care
6. Mental health
7. Agency Midwives and locum Doctors
8. Postnatal care
9. Communication (with women, and between professionals)

Model of Care

To end the session, we discussed the model of care that women would like to see implemented in Jersey, and questions were focused around:

- Who delivers the care?
- How is the care delivered?
- Where is the care delivered?

‘Continuity of care’

- Some women report seeing a different midwife at every antenatal and postnatal contact, although approximately 2-3 women present reported that they saw the same named midwife antenatally and postnatally.
- All eleven women who were present reported they would prefer care delivered in small teams of 3-4 midwives.
- They would value one ‘named’ midwife who they would ideally see the most, but would love the opportunity to meet all midwives on their named team prior to labour and birth.
- Women relished the idea of having the same team of midwives throughout the antenatal, intrapartum and postnatal periods.

All women agreed that continuity of care via small teams of midwives in the antenatal, intrapartum and postnatal periods would improve trust in their caregivers a build and maintain relationships and rapport. A number of women felt that continuity of care would have improved their mental health too.