Jersey Maternity Voices Partnership – 15 November 2021

Overall:

It would surely have been sensible to have the full outcomes of the scrutiny panel review of maternity services before making decisions about the improvements needed over the next 4 years?

During the launch of Maternity Voices we have done 8 staff/service provider presentations and have reached out numerous times to the consultants and doctors to explain how we will be operating. We have had zero response from hospital doctors in attending a launch or finding out more which seems to fly in the face of a patient centred approach to care. GP's have also failed to engage so again ignoring the requirements of their customers. The culture around putting patients first will need to change in order for these plans to be effective.

Perinatal mental health (PMH):

- The funding should be itemised separately or there is a risk that it isn't prioritised.
- The funding is listed under the Children's Health Recovery Plan - this is about adult mental health, these people's mental health is not only important because of the potential impact on their children. We should be addressing this issue independently of its potential impact on children.
- The PMH service proposed appears to focus mainly on adults who are already experiencing mental health difficulties or who have complex needs - not the bulk of those needing support who are otherwise not in the "system".
- "An integrated perinatal mental health service will be established that will reduce the longer-term impact of perinatal mental health on the child and their parent including the future potential for high-cost children's social care and/or adult statutory services"
- Most people struggling with their mental health are nowhere near needing statutory services or their children being taken into care and this statement is frankly offensive. Our feedback from users shows that it is more than 20% who struggle with their mental health and need support. A fact supported by the over-subscription to Mind's Peer Support Service and JTT. Most require support for a relatively short period of time in the same way they need physical health support post-birth for a short period of time.
- Building on the network of existing providers is insufficient to meet the needs of families on the island. We need a dedicated and experienced specialist perinatal team. We used to have a dedicated perinatal mental health nurse who provided this service.

Obs and Gynae:

- The following aims we agree with
- Always put the patient first
- Zero harm and patient safety
- Creating outstanding leadership and working together as teams of professionals
- Regulation inspection and accountability
- Metrics and outcome

- the method to achieving them seems to ignore the patient/user feedback which regularly cites too many consultants and not enough midwives.
- Most users feedback that they needed better support in terms of shared decision making, help on the maternity ward and help with their baby. Most feedback on consultants focussed on lack of communication skills, inconsistency of approach and advice, no shared decision making and never seeing the same one twice.

- most of the evidence in this space suggests that more consultant-led care leads to more interventions and no decrease in risk. In fact in our hospital we have now moved to having 2/5 labour rooms being midwife-led which means no consultants will be supervising those births unless called upon in an emergency.
- The document also references “strong clinical leadership” and “increased consultant presence” neither of which are backed by evidence that they create better outcomes for birthing people or are in response to feedback from users on what they need.
- The focus on diagnosing conditions and more on-island treatment is welcome, especially where this relates to service on Rayner Ward. We especially see negative feedback on the treatments/support from the Early Pregnancy Assessment Unit.