Making a difference to maternity care

Voicing the needs of parents to a room full of health professionals and commissioners could be a daunting task but NCT antenatal teacher Laura James relishes her role on her local Maternity Services Liaison Committee – here she explains the huge difference it can make for all parents.

Maternity Service Liaison Committees (MSLCs) were established in 1984 as a way of enabling women to help shape the maternity services they were using.¹ MSLCs are collaborative, meeting at least four times a year, and bringing together health care professionals including midwives, health visitors, obstetricians, neonatologists and anaesthetists, with commissioners, representatives from public health, local Children’s Centres and crucially, the women who use the services and groups which represent them. The NCT has a long history with MSLCs and many NCT practitioners around the country are involved with their local committees.

Some MSLCs were disbanded following changes to NHS commissioning structures in England in 2013, but the majority of NHS trusts in England

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Laura James is a NCT antenatal practitioner. Since gaining her Licence to Practice in 2012 she has become heavily involved with her local Maternity Service Liaison Committee and won the ‘Voice of Parents’ NCT practitioner award at babblelive! in September 2015. As well as chairing and promoting the committee, she is currently applying to become an NCT Excellent Practitioner. She lives and works in Bromley, Kent, with her husband and two children aged eleven and eight.

¹ MSLCs were established as a network of voluntary liaison groups, with the aim of improving maternity services for women and their families. They bring together health care professionals and women who use the services, with the aim of improving the quality of care provided.
do have an MSLC in place (according to a recent NCT survey of Heads of Midwifery – to be published soon). How active the groups are varies across trusts. The Department of Health is due to publish an updated edition of the 2006 national guidelines for MSLCs, commissioned by NHS England’s Head of Patient Experience, and supported by Julia Cumberlege, chair of the national maternity review. These guidelines underpin the value of MSLCs as independent advisory committees, ensuring that the body that commissions maternity services listens to, and takes account of, the views and experiences of both those who use and provide local services. The recently published National Maternity Review from Baroness Julia Cumberlege, also highlights the role of MSLCs, stating that ‘Maternity Service Liaison Committees (MSLCs) provide a means of ensuring the needs of women and professionals are listened to and we saw how effective they could be when properly supported and led.’

In Autumn 2013 I was approached by consultant midwife Pauline Cross who was planning to set up a new MSLC at the Princess Royal University Hospital (PRUH) in Farnborough, Kent. The hospital was about to be taken under the wing of King’s College Hospital NHS Foundation Trust, after the dissolution of South London Healthcare Trust.

After the first couple of meetings, I was voted in as chair and had a very steep learning curve. Luckily Pauline was on hand to give some guidance and make sure we were off on the right foot. We also benefited hugely from an NCT VOICES workshop in February 2014, facilitated by Gillian Fletcher, who expertly guided us through our aims and achievements to date and helped us form a tangible action plan for the year ahead.

I had said yes to that initial invitation from Pauline because I had spent the last few years as an antenatal teacher helping to improve maternity experiences for a small number of individuals in each class I facilitated. I recognised that becoming involved with the MSLC would help me ‘widen the net’. Why would you not want to try to reach as many parents as possible in your local area and actively do something to improve those services that your clients are accessing?

Our local MSLC exists in order to plan, monitor, develop and improve maternity care for women, partners and families in Bromley. Our Terms of Reference are based on the Department of Health guidelines which recommend that the committee should have a lay chair and that a third of the committee should be made up of service users or service user representatives, in other words, parents or those who represent parents. We have representatives from different parent voice groups including doulas, the Stillbirth and neonatal death charity (SANDS) and the NCT. Several different factors make up a successful, robust MSLC and I’d like to outline why I think our MSLC works so well.

Firstly, we have a cohesive, driven, dynamic team, no hierarchy, and a real sense of everyone working towards one purpose. Having simple icebreakers at the start of each meeting, including asking the group to share something that is not maternity-related, for example, something they do in their spare time when the weather is fine, help to foster this notion of equality. In addition, we have a Development Day once a year during which we vote on
our action plan. Everyone’s views are respected and carry equal weight. This idea of equality can be a difficult line to walk. It can sometimes be challenging for healthcare professionals to listen to the voice of service users and it can likewise be daunting for women who may feel, as they don’t have a medical qualification, that they are not qualified to have an opinion. However, our team of healthcare professionals are exceptionally respectful and actively engage with and listen to the women’s voices.

Secondly, we seem to spend a lot of time on social media. Platforms such as Facebook and Twitter enable us to network with other MSLCs and healthcare professionals nationwide to share ideas, challenges and successes. It is also a good forum for getting feedback from women and publicising the work of the MSLC. Recently we devised a poster thanking the staff on the maternity wards for their hard work, as feedback from our Walk the Patch scheme (see achievements below) has been so positive. We uploaded the poster to Facebook and to date it has been shared 34 times and reached 4837 people, with other MSLCs keen to do something similar (see more examples at www.facebook.com/BromleyMSLC and @bromleymslc on Twitter).

Thirdly, I think our committee was established in the right place at the right time, by someone with a wealth of experience. With the change in hospital trust, it seemed as though support and a willingness for it to succeed were there from the start. We had achievable Terms of Reference that set out clearly how the committee was to be run, funded and maintained by the Clinical Commissioning Group (CCG), members of which have been extremely supportive.

That is not to say that there are not barriers and obstacles to our smooth running. We, along with many other MSLCs, have difficulty recruiting and retaining service users from vulnerable and hard-to-reach groups. We would like our committee to be representative of all women who use local maternity services and we are certainly not there yet.

One of the other obstacles is the sheer amount of volunteer time the committee takes up. It is a constant juggling act, as in many jobs, trying to find the right work/family life balance. In addition to the day-to-day running of the committee, there are always external meetings and some weeks a chair can spend approximately 20 hours working for the committee.

Achievements

We are extremely proud of our achievements since we were established, which include:

- designing a poster showing the birthing room which is now on display in all the birthing rooms on Labour Ward;
- implementing Walk the Patch in the hospital: once a month a service user committee member will tour the ward and talk to women about how their experience has been and if there are any improvements they would like to see. This information is then fed back to midwifery managers. We are about to start a similar scheme in the community (at antenatal and postnatal clinics in the local Children and Family Centres);
• helping to shape a new perinatal mental health pathway in Bromley. We provided testimonials from women who had experienced perinatal mental health issues and these testimonials helped to secure the funding from the clinical executive for a new pathway. The service users continue to play a role in advising on the pathway and services should be operational within a few months;

• running a range of consultations and surveys on local maternity services, including one on tongue-tie services;

• improving the birth environment in two rooms on Labour Ward (effectively making them more home-from-home rooms). The MSLC drew up a wish list of items we would like to see in the rooms and the entire list was donated by the baby loss charity 4Louis; and

• creating and displaying these birth affirmations (inset) in birthing rooms on Labour Ward.
Whose Shoes?

In January 2016 our MSLC co-hosted a Whose Shoes?® event at the Princess Royal University Hospital, Bromley. These interactive workshops are the brainchild of Gill Philips and bring together those working in maternity services with service users to discuss maternity issues. Participants make pledges about how their practice will change as a result of the workshop and the MSLC aims to ensure that the action plans are followed over the next year. The Whose Shoes® initiative is closely linked to the #MatExp grassroots Twitter campaign which aims to improve maternity experiences for everyone; service users and healthcare professionals alike.

At the recent babblelive! 2015 NCT conference for practitioners and volunteers, Nick Wilkie, the new CEO of the charity, spoke of his desire to see the NCT reach as many people as possible. This was highlighted by the choice of plenary speakers: single mother Anya Harris, Tim Atkinson, a stay-at-home dad and Emily Slater from the Maternity Mental Health Alliance. All three speakers represent groups that the NCT may not traditionally have reached, but is actively trying to engage with. I passionately believe that the work of NCT practitioners dovetails beautifully with the work of MSLCs and is highly reciprocal. Practitioners already have knowledge of clients’ hopes and fears surrounding birth and can be real advocates for those parents. By becoming involved with an MSLC, I feel as though I am working to improve maternity experiences for all local families, not just the eight couples on a course at any given time. It is my way of reaching groups who might not access NCT classes. Equally, as a practitioner, my work on the MSLC has been so beneficial for my teaching. I now have a thorough understanding and knowledge of how my local unit works, which can only benefit my clients. I also have a great professional working relationship with the healthcare professionals there, so I can ably assist my NCT clients by signposting, and feedback any concerns directly to the midwifery managers. As well as urging anyone with an interest in maternity to join their local MSLC, I would especially recommend NCT practitioners who want to enhance their practice to get involved with their local committee; it is thoroughly rewarding to know you are helping to make a difference to so many families’ lives.

References:
Resources
NCT resources on MSLCs, including the practical guide to MSLCs, consensus statement on MSLCs released by NCT, the Royal College of Midwives and Royal College of Obstetricians and Gynaecologists, case studies and templates:
https://www.nct.org.uk/professional/mslcs

Care Quality Commission ‘Maternity services survey 2015’:
http://www.cqc.org.uk/content/maternity-services-survey-2015

NICE antenatal care pathway:
http://pathways.nice.org.uk/pathways/antenatal-care#content=view-node%3Anodes-women-who-had-problems-in-a-previous-pregnancy

NICE guidance on intrapartum care for healthy women and babies:
http://www.nice.org.uk/guidance/cg190

NICE guidance on the patient experience in adult NHS services: improving the experience of care for people using adult NHS services, February 2012:
https://www.nice.org.uk/guidance/cg138

NHS England maternity review:
https://www.england.nhs.uk/tag/maternity-review/

What other members of MSLC, Bromley, say:
I feel so valued by the team we work with and believe we really make a difference.
As I have no medical background it’s great being able to objectively review situations and be honest about potential improvements without getting caught up in workplace policies and opinions. It’s an amazing team of people who really care, and great to see people have a voice.

Service user rep

As both a parent and a professional working in the NHS I have found the MSLC to be a very valuable body, willing and able to provide time, information and qualified perspectives to help improve maternity services for all. I also really like the way they work with us, as a considered, critical friend.

Service user and NHS professional

To me it is local women empowered to improve services for local women. Women ensuring the services we provide are relevant to the changing needs of our community.

Healthcare professional

Like-minded individuals who are in pursuit of compassionate and contextual maternity care and are committed to making a difference to women and their families. A positive driving force. For me personally the MSLC has inspired and motivated me to keep going, and provided me with courage and resilience when times are tough.

Healthcare professional