National Patient Safety
Improvement Programmes

Maternity
and Neonatal

Regional Perinatal Equity Network

9th January 2025

14:00 -16:00

Delivered by:
Health Innovation Network

Led by:
NHS England
NHS Improvement

National Patient Safety Improvement Programmes

Health Innovation West of England

Health Innovation South West

NHS

Maternity and Neonatal

Welcome and Introductions

Ann Remmers, Maternity and Neonatal Clinical Lead,
Health Innovation Network West of England

Health Innovation Network

Led by:
NHS England

National Patient Safety
Improvement Programmes

Maternity and Neonatal

Time	Activity
14:00	**Welcome and Introductions** Ann Remmers, Maternity and Neonatal Clinical Lead, Health Innovation West of England
14:05	**Quality improvement in BNSSG – Improving Community Teams Awareness and Knowledge of Racial Disparity in Preterm Birth: Signs and Symptoms** Sneha Basude, Consultant Obstetrician, UHBW Layla Green, Patient Safety Lead Maternity & Neonatology, BNSSG
14:25	**Meaningful Co-production: Signs and Symptoms of Preterm Labour** Natalie Qureshi, Maternity Voice Partnership Lead, Greater Manchester ICB Caroline Finch, Programme Development Lead PSC, Health Innovation Network Manchester Catherine Brewster, Maternity Voices Partnership Lead, Greater Manchester & Eastern Cheshire Local Maternity & Neonatal System Najma Khalid, Women's Chai Project
15:00	**Break**
15:10	**Melanatal** Ruby Jackson, Midwife, Founder Melanatal and NHS Clinical Entrepreneur
15:45	**Increasing Accessibility to Information** Donna Butland, Maternity and Neonatal Service User Voice Lead Julie Smith, South-West Professional Manager, NHS England
15:35	**System barriers to delivering equity plan - looking ahead** Ellie Pollock, Service Improvement Officer, Maternity and Neonatal Service Dorset
15:55	**Closing Remarks** Ann Remmers
16:00	**Finish**

Delivered by:

Health Innovation Network

Health Innovation South West

Health Innovation West of England

Led by:
NHS England


What Have You Done
In 2024
To Make You
Feel
Proud!


What are your aspirations for 2025
CAUSE YOU'RE MOVING ON UP!

National Patient Safety Improvement Programmes

Health Innovation West of England

Health Innovation South West

NHS

Maternity and Neonatal

Quality improvement in BNSSG – Improving Community Teams Awareness and Knowledge of Racial Disparity in Preterm Birth: Signs and Symptoms

Sneha Basude, Consultant Obstetrician, UHBW
Lisa Kirk, Consultant Obstetrician, NBT

Health Innovation Network

Led by:
NHS England

Healthier Together

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

NHS RACE & HEALTH OBSERVATORY
Breaking barriers for better health

NHS Race and Health Observatory: Learning Action Network

Improving Outcomes in Black Mothers and Babies Having Preterm Birth

Sneha Basude
Clinical Lead, BNSSG LMNS

Race and Health Observatory LAN

- NHS RHO work to tackle health inequalities
- Successful application to be part of LAN; 1 of 10 systems/trusts nationally with an aim to reduce poor outcomes in black and /or Asian women and birthing people and tackle racism within healthcare.
- Launch end of January 2024. Trust and LMNS senior team invited. Attended by Shane Devlin and Rosi Sheppard senior sponsors.
- Ten groups chosen across the country
- Four areas of focus to choose from: Gestational diabetes, PPH, perinatal mental health and preterm birth.

RHO Anti-Racism Principles

1. **Demonstrate leadership by naming racism**, engaging seriously and continuously with the ways in which racism impacts the lives of the patients and the public, and actively working to dismantle it.

2. **Understand and acknowledge** that structural, institutional and interpersonal racism all impact on health and be clear about where accountability lies for improvement and progress. Create transparent pathways for raising concerns and tangible steps for addressing them.

3. **Meaningfully involve racially minoritised** individuals and communities in in every stage of developing a service or intervention, including ensuring that teams and decision-making structures themselves are racially diverse and fundamentally inclusive.

4. **Collect and publish data** on race inequity in its entirety, ensuring it directly informs policy, strategy, and improvement. Where data is not available, change policies to ensure that data is collected.

5. **Identify racist bias** in policies, decision making processes, and other areas within your organisation.

6. **Apply a race-critical lens** to the adoption of any interventions or improvements to be tested, and to the design and delivery of services.

7. **Evaluate and reflect** on interventions using metrics that recognise the role of racism as determinant of health. These evaluations should seek to understand the extent to which interventions mitigate the impacts of racism

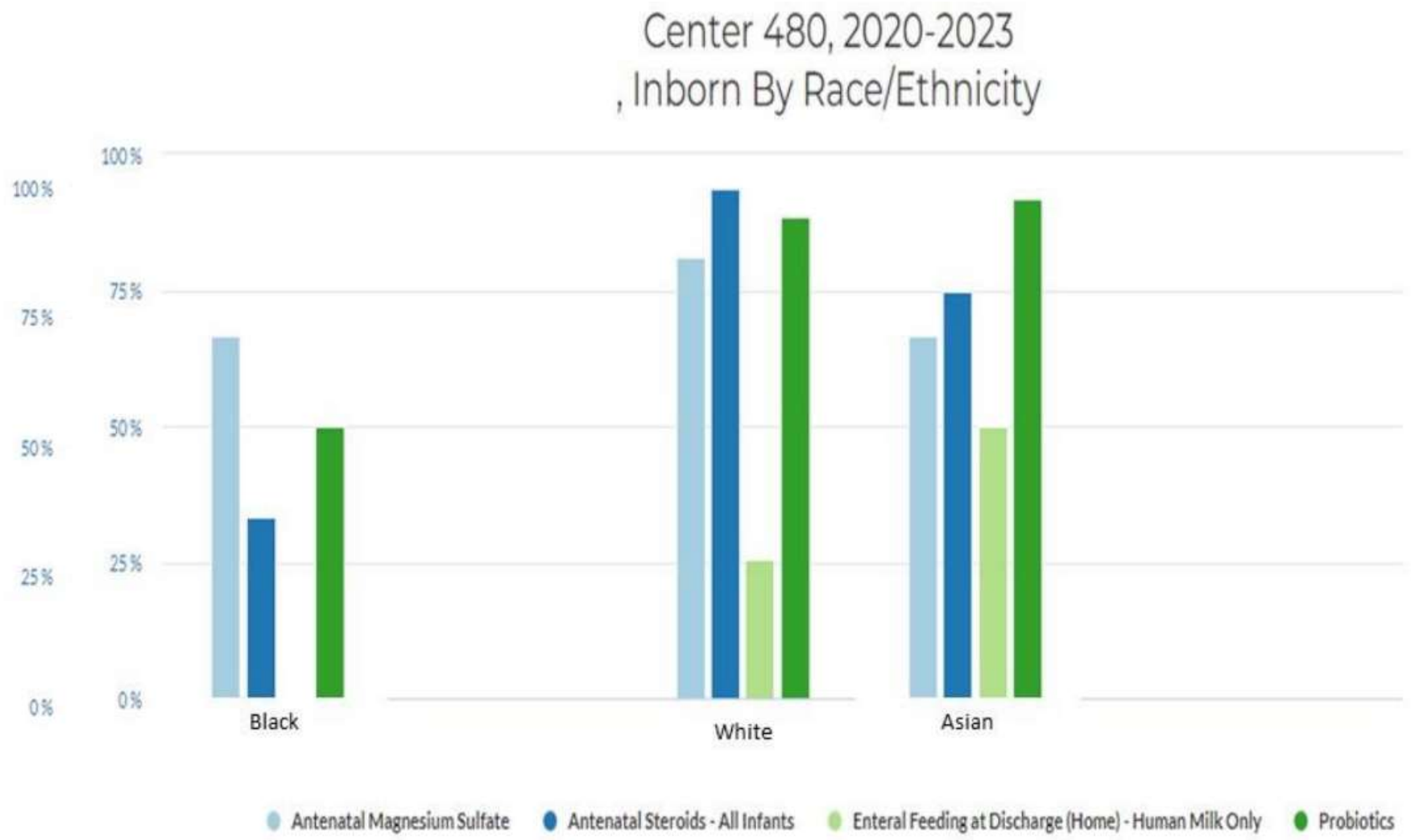
Our Team

- Layla Toomer- Patient Safety Lead Maternity & Neonatology, BNSSG ICB
- Sneha Basude- Clinical lead Obstetrician, BNSSG ICB
- Lisa Kirk- Obstetrician, NBT
- Lucy Parchment- Midwife, BNSSG ICB
- Terri Gnani- Midwife, BNSSG ICB
- Ann Remmers- Clinical Lead, Health Innovation Network
- Noshin Menzies- Senior Programme manager, Health Innovation Network

Why Focus on Preterm Birth

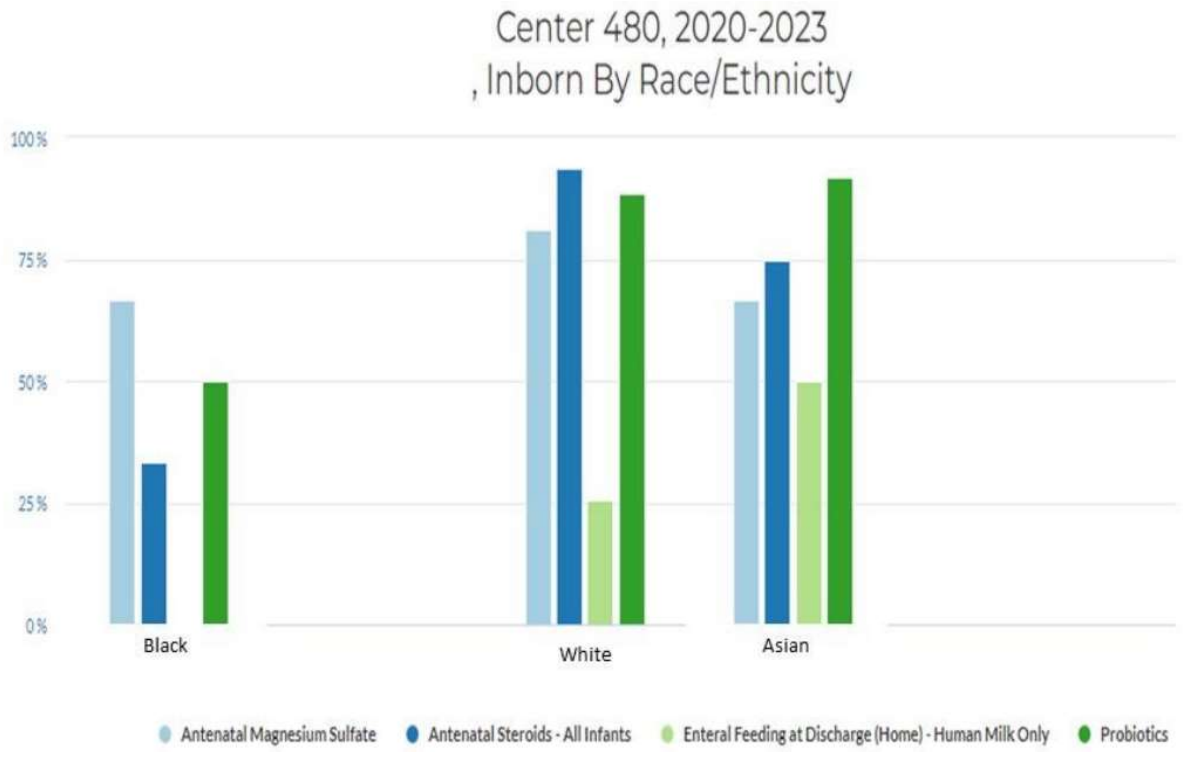
- Preterm birth is the single largest cause (70%) of infant mortality in England.
- According to the 2021 census 18.9% of the population of BNSSG is from a Minority Ethnic group.
- In BNSSG the infant mortality rate is 2-3 fold higher in babies from Minority Ethnic groups, compared to the White ethnic group.

Baseline data for Preterm Birth



preterm/population of focus

- Women from global majority groups have higher preterm birth rates.
- Bristol Vermont Oxford Benchmarking Network; 2020-2023
- Women racialised as Black who have had a pre-term birth prior to 34 weeks
- Bristol has a 18.9% of the population identifying from within this group. Preterm birth is the largest cause of infant mortality in England (70%).
- Within Bristol, North Somerset and South Glos, infant mortality rate is 2-3 times higher in babies* from the global majority, compared to the White ethnic groups



Aim statement

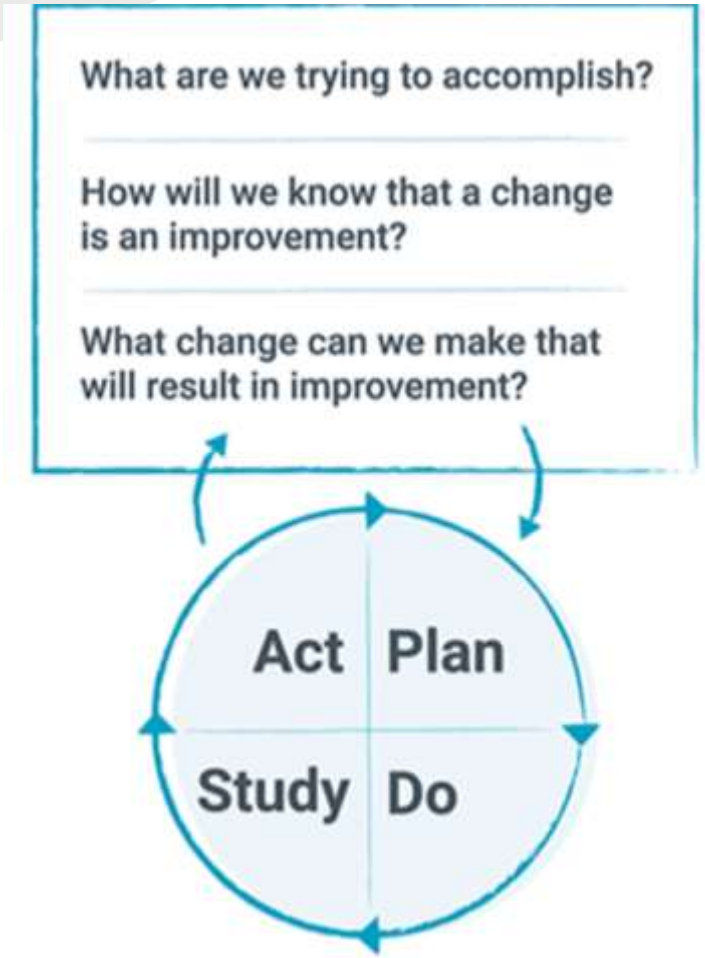
To increase antenatal steroid and magnesium sulphate administration in our population racialised as Black at risk of pre-term birth within BNSSG by March 2025

Measure Type	Chosen Measures (quantitative & qualitative)
Outcome Measures (1-2)	1) Antenatal steroids administration from 30% to 80% and MgSo4 from 60% to 80% for women racialized as Black 2) Improved understanding and experience of women who have had a pre-term birth
Process Measures (~3)	Identify all pre-term births weekly Identify all women who have not received the full course of antenatal interventions and undertake qualitative interviews to understand barriers and challenges
Balancing Measures (~1)	Trauma informed and culturally sensitive approach- trusted person to undertake interviews (to ensure no added trauma caused to our vulnerable cohort)

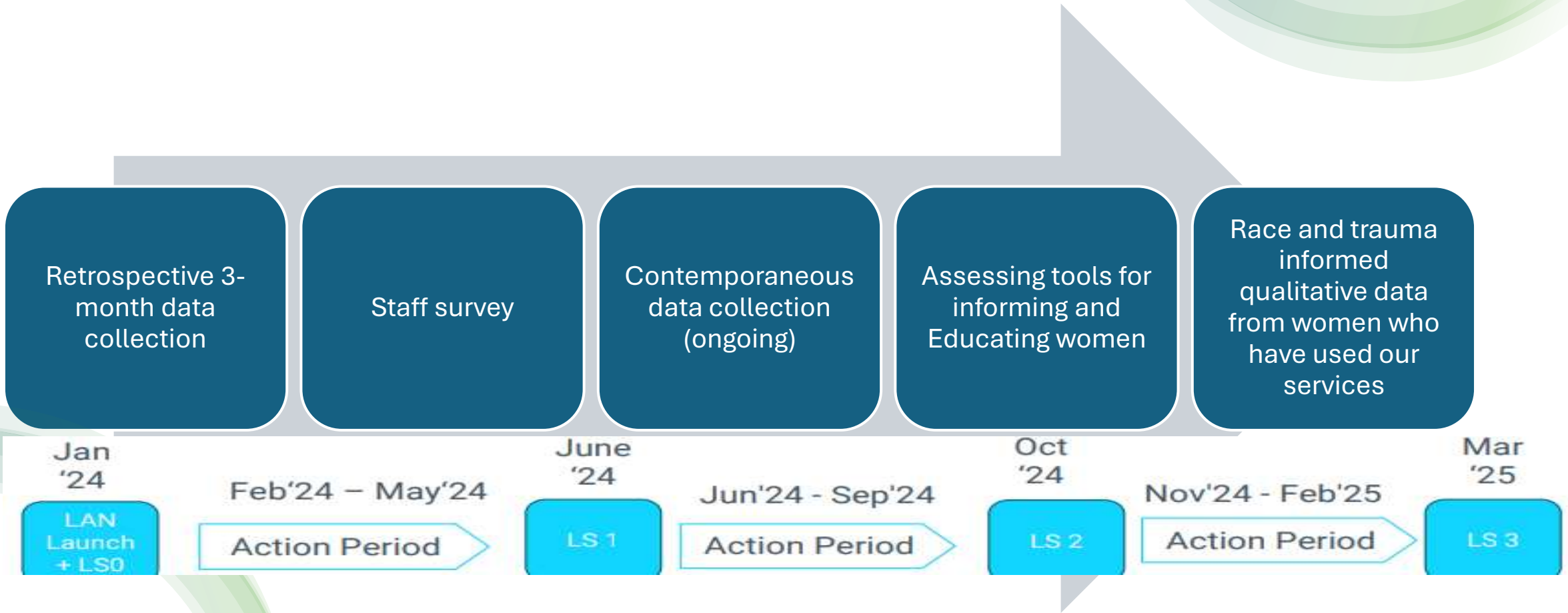
3 Part Data Review

- Staff survey
- Retrospective and contemporaneous data review
- Birthing people's views and experiences

To coproduce better service



Time line


Retrospective 3-month data collection
Staff survey
Contemporaneous data collection (ongoing)
Assessing tools for informing and Educating women
Race and trauma informed qualitative data from women who have used our services
Jan '24
LAN Launch + LS0
Feb'24 – May'24
Action Period
June '24
LS 1
Jun'24 - Sep'24
Action Period
Oct '24
LS 2
Nov'24 - Feb'25
Action Period
Mar '25
LS 3

1. Retrospective data collection

- 3 Month data collection (Both Trusts in BNSSG)
- No themes identified
- Issues identified with ethnicity data collection both on Maternal and Neonatal Badgernet (based on 2001 census, being revised)

2. Staff Survey

- Lack of awareness of disparities of outcomes
- Looking at evidence around MgSo4 benefits up to 34 weeks
- Once themes are identified from contemporaneous data collection- barriers such as lack of information, delays in presenting (eg gate keeping from Triage) will inform PDSA

3. Contemporaneous data collection

- Data for All preterm births in BNSSG collected contemporaneously
- Quantitative data
- Quantitative- anti-racism lens, potential obstacles to accessing/recieving care
- Ongoing

4. Assessing tools for informing and Educating women

- Tommy's leaflet on preterm birth symptoms
- Patient feedback about information on preterm birth symptoms, understanding
- Phone call by MNVPs to women who ae willing to give feedback
- Ongoing

5. Service user survey

- Service users from Global majority who have had previous preterm birth
- Race and trauma informed qualitative data (BMM)
- Funding agreed
- Plan to commence in Jan 2025

Anti-Racism Approaches Used

- Considered ways for sensitively approaching our cohort of choice, being culturally and racially aware
- Working with BMM partners to gather qualitative data
- Perinatal staff undertaking anti-racism training- Black Maternity Matters
- Disparity awareness- exploration of barriers- eg bias within notes, access issues, language barriers etc

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Next Steps

- Analyse data from the Preterm birth information leaflet feedback from service users
- Qualitative interviews to inform PDSA cycle
- Escalate the concerns with ethnicity data and incorporate improvement in our BNSSG Perinatal dashboard under development

Healthier Together

NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Thank you

NHS RACE & HEALTH OBSERVATORY
Breaking barriers for better health

National Patient Safety Improvement Programmes

Health Innovation West of England

Health Innovation South West

NHS

Maternity and Neonatal

Meaningful Co-production: Signs and Symptoms of Preterm Labour

Natalie Querishi, Maternity Voice Partnership Lead, Greater Manchester ICB
Caroline Finch, Programme Development Lead PSC, Health Innovation Network Manchester
Catherine Brewster, Maternity Voices Partnership Lead, Greater Manchester & Eastern Cheshire Local Maternity & Neonatal System
Najma Khalid, Women's Chai Project

Health Innovation Network

Led by:
NHS England

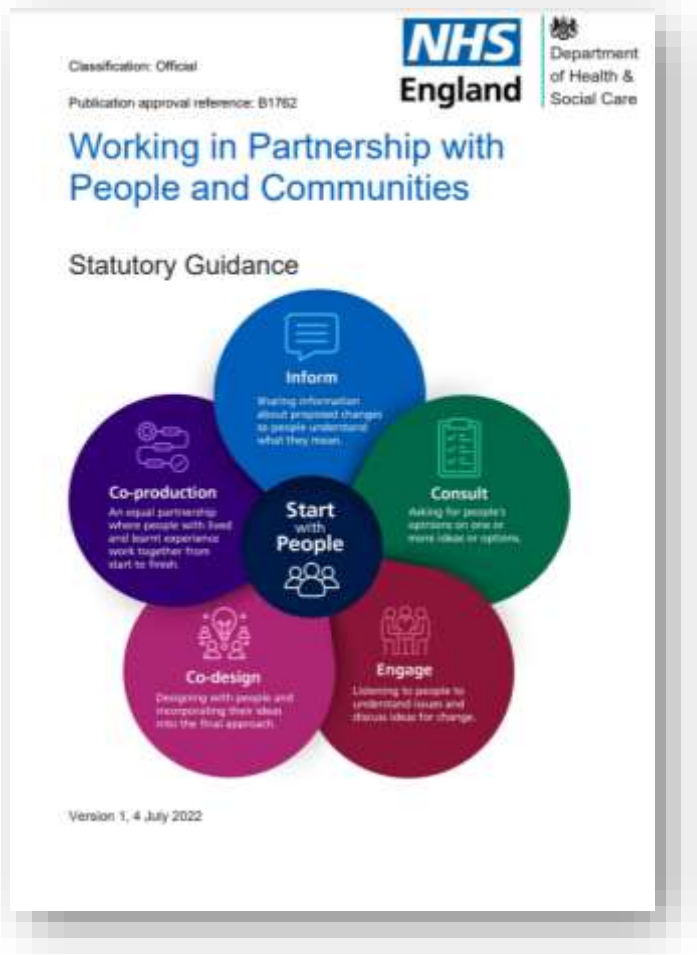
Coproduction in action

Caroline Finch
Programme Development Lead, Health Innovation Manchester

Natalie Qureshi & Cathy Brewster
Greater Manchester & Eastern Cheshire Maternity & Neonatal Voices Partnership (MNVP) Leads

Najma Khalid MBE
Founder & Director, Women's CHAI Project

Why coproduce with service users?



Proportionate Universalism

Equality

The assumption is that **everyone benefits from the same supports**. This is equal treatment.

Equity

Everyone gets the supports they need, thus producing equity.

Inclusion

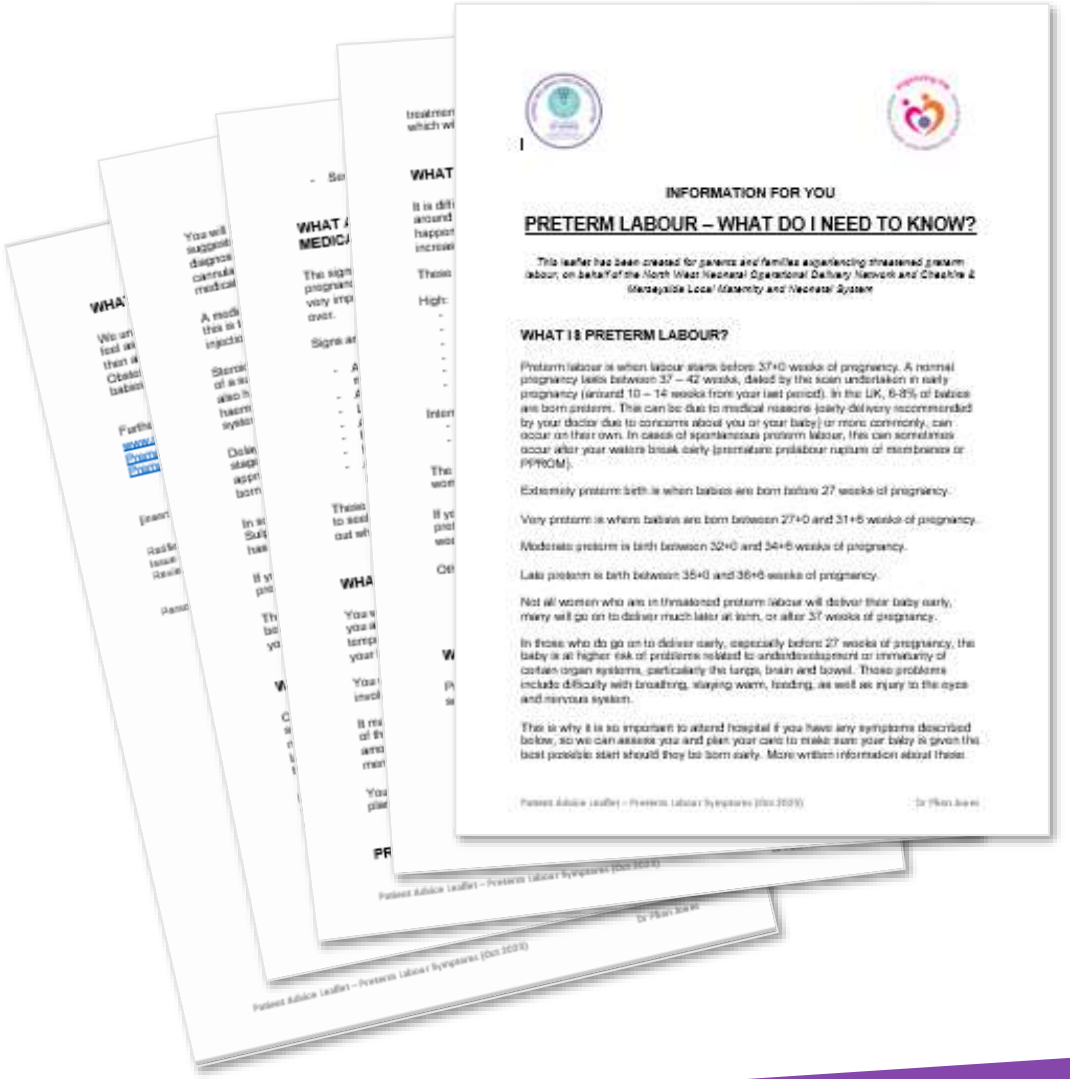
All 3 can see the game without supports or accommodations because **the cause(s) of the inequity was addressed**. The systemic barrier has been removed.

Project: signs & symptoms of pre-term labour

The brief: Create information for all women and birthing people about the signs and symptoms of pre-term labour

The approach:

- Health literacy lens
- Desk review of existing information
- Focused co-production events
- Co-development of new resources
- Iterative design, testing and evaluation



Targeted community engagement

Women's CHAI Project
Care, Help & Inspire

GREATER MANCHESTER & EASTERN CHESHIRE
Maternity Voices
Networking Maternity Voices Partnerships in GMEC

Session one: What we heard

"Do you know what 'pre-term' means?"

"No, I have not heard of the phrase 'pre-term' I'd say, 'baby coming early '."

"Women smile and nod like they've understood but haven't really"

"You assume babies are born at full term unless you know anyone it's happened to"

"How would you get information?"

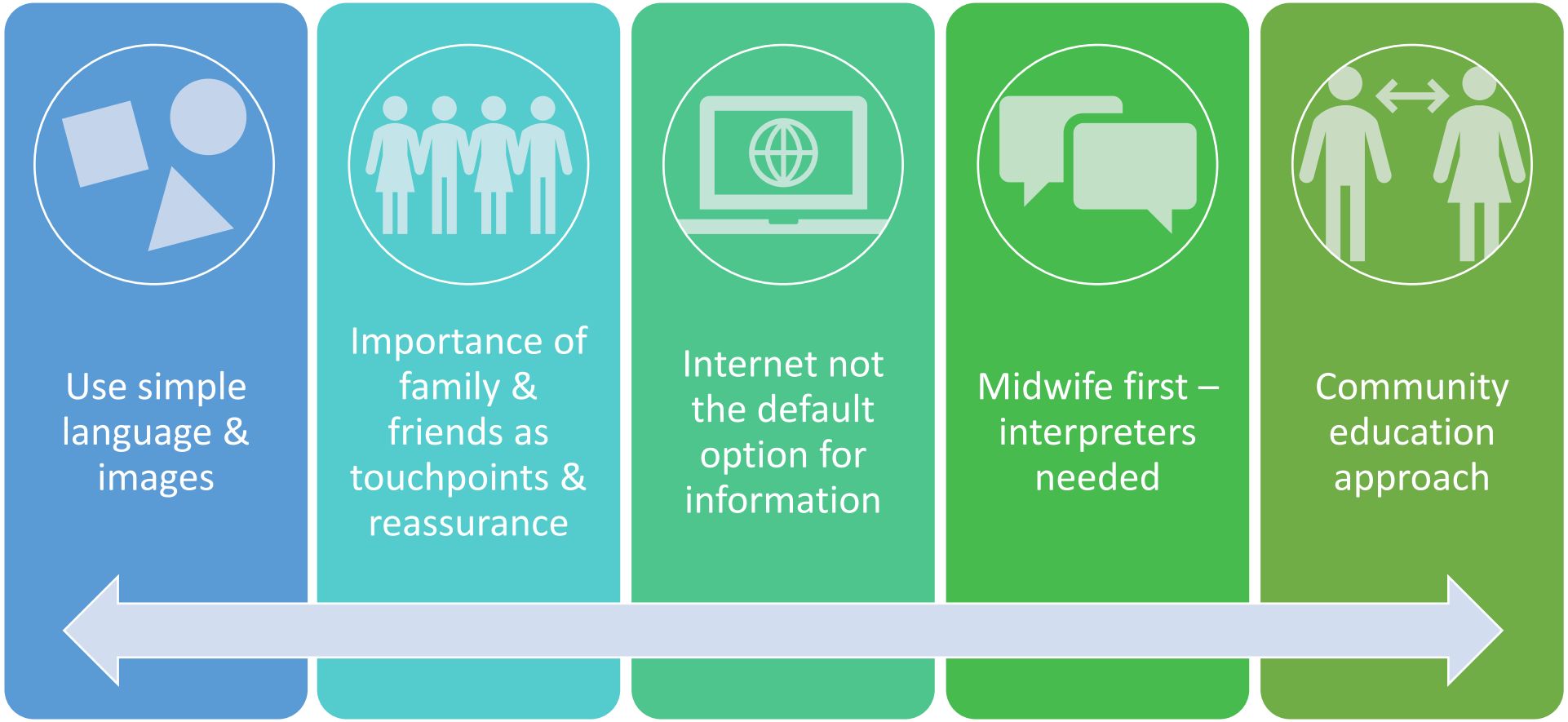
"The internet gives you too much information"

"Not everyone can read and write"

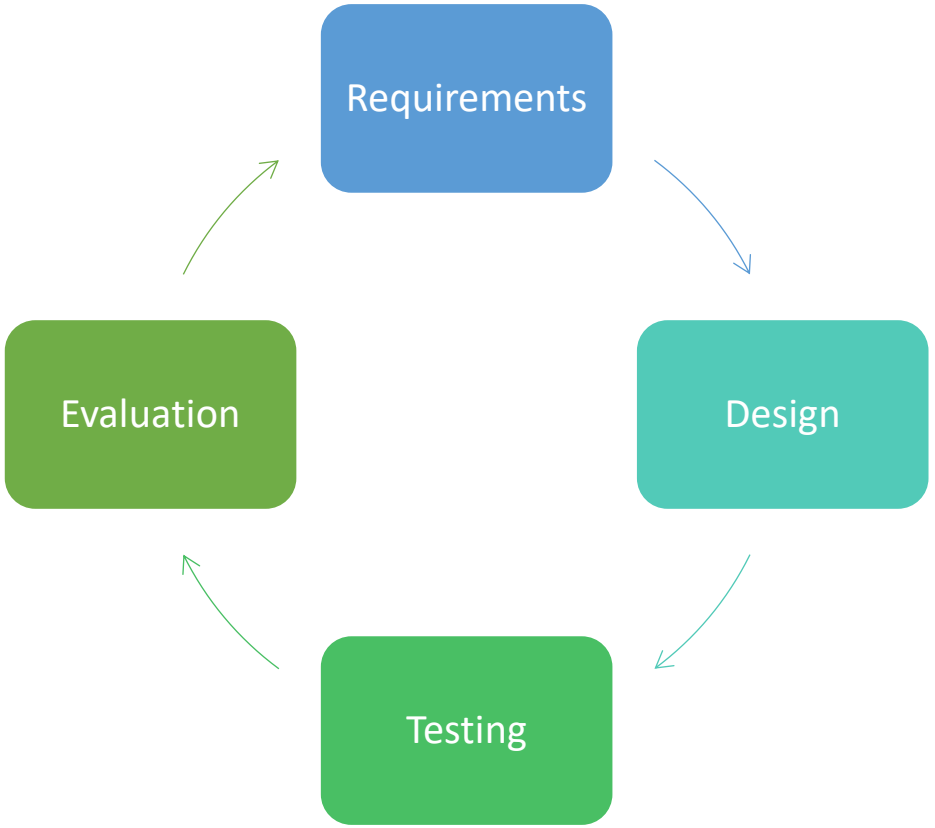
"Reading about problems can be bad luck"

"I'd ask my family if I had any concerns like bleeding"

Feedback themes



Session two: Co-design of information



Testing


GLOBAL PERINATAL SERVICES
PRETERM SIGNS & SYMPTOMS
Preterm Labor occurs BEFORE the 37th week of pregnancy and can lead to premature birth. The earlier premature birth happens, the greater the health risks for you and your baby.
CONTRACTIONS
CRAMPS
BACKACHE
PELVIC PRESSURE
VAGINAL DISCHARGE
WATER BREAKS
RISK FACTORS
WHAT YOU CAN DO
WANT MORE TIPS?

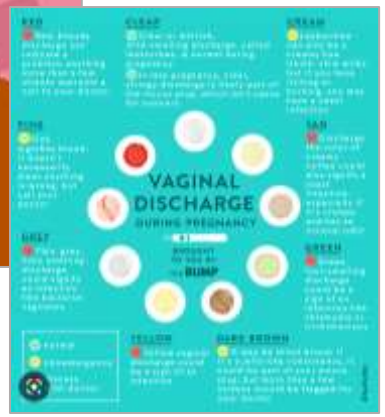

Water Breaking Signs


What is
Water Breaking?
leakage of
Amniotic Fluid


DEALING WITH
VAGINAL BLEEDING
DURING PREGNANCY


SIGNS AND
SYMPTOMS OF
EARLY LABOUR
Sed Diam Nonum
Voices for Choices


Spotting
Light period


VAGINAL
DISCHARGE

IS IT OK FOR ME AND MY BABY?

Signs your baby may come early

NHS

When are babies born?

1 baby in 250 born under 27 weeks

2 babies in 250 born over 27 weeks to under 32 weeks

18 babies in 250 born over 32 weeks to under 37 weeks

229 babies in 250 born over 37 weeks

Most babies are born after 37 weeks of pregnancy. But about 1 in every 12 babies are born early. Early or premature babies may need extra care after birth on a neonatal unit. The earlier a baby is born, the more likely it will need extra care.

8.6% of babies are born early. 1 in 12 babies are born early.

1 in 12 babies are born early.

In the North West of England, 73,468 babies were born between April 2022 and March 2023. Out of these, 6,301 babies (8.6%) arrived early, before 37 weeks. This data was gathered by the North West Neonatal Operational Delivery Network.

NHS

If you notice any signs in this leaflet, call maternity triage straight away (number below). Let the midwife know your symptoms. They might ask questions to assess if you or your baby need any checks. The midwife will tell you what to do next.

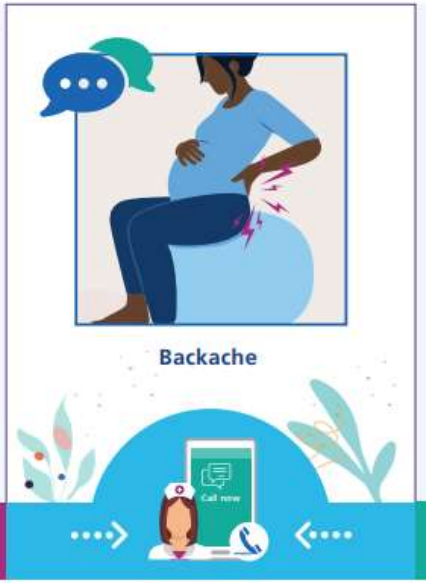
Phone

With thanks to the Women's CHAI Project for their advice and support on this project

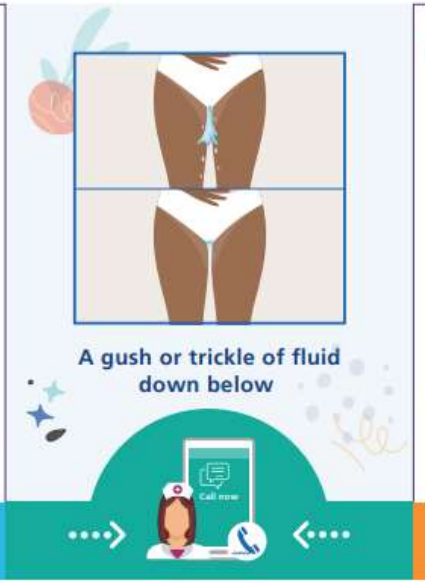
Voices for Choices

Pain or stomach hardens (tightenings)

Pain or pressure down below

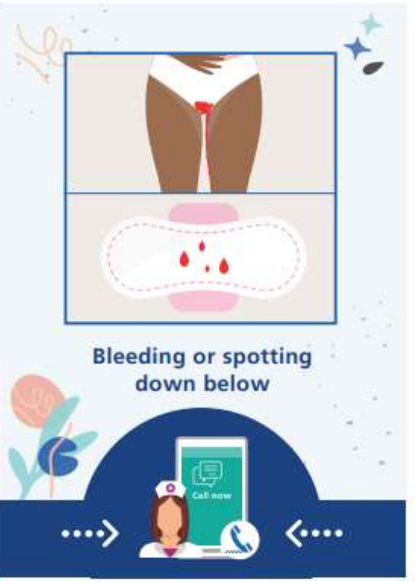


Backache



A gush or trickle of fluid down below

Sticky or creamy fluid down below



Bleeding or spotting down below

Session three: Feedback

“This looks like a fantastic piece of work - I really like the format with the illustrations. ”
Consultant obstetrician

“The images are understandable for anyone come from outside of UK, and a reminder that you need to ring if you have any problems.”
Chai Woman

GREATER MANCHESTER & EASTERN CHESHIRE
Maternity Voices
Networking Maternity Voices Partnerships in GMEC

Thanks for listening. What questions do you have?

National Patient Safety
Improvement Programmes

Health Innovation West of England

Health Innovation South West

NHS

Maternity and Neonatal

Break

Health Innovation Network

Led by:
NHS England

National Patient Safety Improvement Programmes

Health Innovation West of England

Health Innovation South West

NHS

Maternity and Neonatal

Melanatal

Ruby Jackson, Midwife, Founder Melanatal and NHS Clinical Entrepreneur

Health Innovation Network

Led by:
NHS England

National Patient Safety Improvement Programmes

Health Innovation West of England

Health Innovation South West

NHS

Maternity and Neonatal

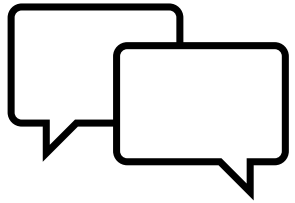
Increasing Accessibility to Information

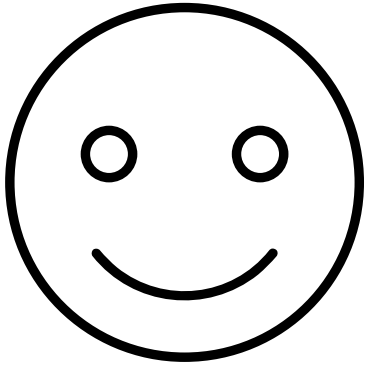
Donna Butland, Maternity and Neonatal Service User Voice Lead
Julie Smith, South-West Professional Manager, NHS England

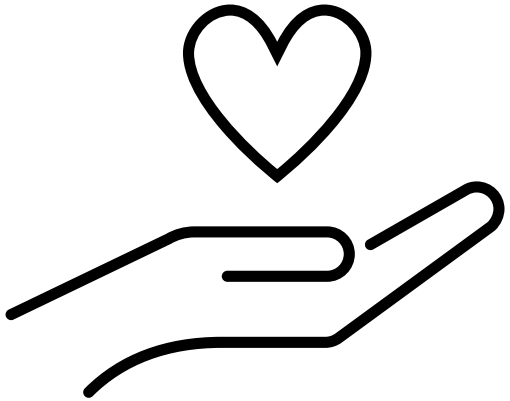
Health Innovation Network

Led by:
NHS England

Accessibility of Information



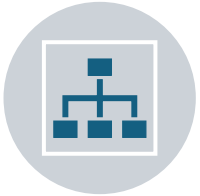




We maximise the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

We must think about 3 aspects of accessibility whenever we communicate:

Format: Give people control by using open and flexible formats (for example, web copy in HTML not PDFs).



Structure: Make your content easy to navigate.

Content: Everybody must be able to access everything you say.

Consider how easy your content is to read, listen to, watch, share, use and understand.

Accessibility must be considered at the start and throughout your work.

Format

The most fundamental choice you will make about the accessibility of any content is the format we choose. Some formats will allow people much more control over how they access what we are saying.

Web pages, not PDFs

We are legally obliged to publish all online information in accessible formats. Publishing PDFs online does not meet this requirement. PDFs are designed to lock down the formatting of documents and present information in a standard way (usually for printing).

This makes it hard for people to change content to meet their needs.

For example, PDFs make it difficult for people to:

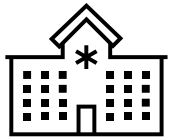
- make the font bigger
- increase the space between lines
- change the background or the font
- Translate
- use a screen reader

Structure

Having a logical structure of headings and subheadings helps people quickly find the information they need. Assistive technologies use headings to help readers navigate through documents.

Create a logical structure for your content. What are your main sections? And what are the subsections? Keep this structure consistent throughout your content. Your headings should tell the reader in plain English what they are going to get from each section and subsection.

What happens at the hospital?



The doctor or midwife at the hospital will examine you and offer you tests to find out if:

- your waters have broken
- you’re in labour
- you have an infection.

These tests may include:

- a vaginal examination to check if your cervix is opening
- blood tests to check for infection
- urine tests to check for infection (or protein, which can be a sign of pre-eclampsia)
- checking your pulse, blood pressure and temperature
- feeling your bump to check the baby’s position
- monitoring and recording any contractions
- a check of your baby’s heartbeat
- a vaginal swab to see if your body is preparing to give birth.

Content

Making information accessible means structuring content logically, prioritising important information and reducing the volume of words. Avoid long introductions, acknowledgements and backgrounds that delay people reaching the important information they need.

Keep sentences and paragraphs short to make the information easy to read and understand

People who need to translate/understand English and those with low levels of literacy prefer plain language.

- Use 1 word, not 3.
- Use everyday words.
- Explain medical and complicated terms.
- Use infographics/pictures where possible

Hormones can be put inside your vagina using a vaginal tablet (pessary) or a gel, or given as tablets that you swallow.

Devices such as balloon catheter (a small balloon, full of water) or an osmotic dilator (a type of sponge) can be used to widen your cervix.

If your waters have broken early (preterm pre-labour rupture of membranes – PPROM)

Piles (haemorrhoids) are lumps inside and around your bottom (anus)

Alternatives suggested in brackets.

- additional (extra)
- advise (tell)
- Women/people (you)
- commence (start)
- complete (fill in)
- comply with (keep to)
- consequently (so)
- ensure (make sure)
- forward (send)
- in excess of (more than)
- in respect of (for)
- in the event of (if)
- on receipt (when we/you get)
- on request (if you ask)
- particulars (details)
- per annum (a year)
- prior to (before)
- purchase (buy)
- regarding (about)
- should you wish (if you want)
- terminate (end)
- whilst (while)

National Patient Safety Improvement Programmes

Health Innovation West of England

Health Innovation South West

NHS

Maternity and Neonatal

System barriers to delivering equity plan - looking ahead

Ellie Pollock, Service Improvement Officer Maternity and Neonatal Service

Health Innovation Network

Led by:
NHS England

Dorset LMNS Successes

Pre-Paid SIM offer rolled out at both trusts for those experiencing digital exclusion

Maternal Mental Health Service

Perinatal Mental Health Service is in place to accept referrals and support women throughout their antenatal and postnatal journey

The Maternity Advice Line (formally Labour Line) was rebranded and relaunched

Implemented a continuity of care team at UHD with plans to implement a team at DCH in 2025

Smoking cessation service in place to support women and their partners to stop smoking

Launched our Dorset Infant Feeding and Child Nutrition Strategy

Dorset LMNS Planned Work 2025

Personalised Care

- Ensure personalised care and support plans (PCSPs) are available in a range of languages and formats, including hard copy PCSPs for those experiencing digital exclusion

Translation and interpretation

- Make translation services available and easy to use on the maternity and neonatal units

Early Booking

- Implement NICE CG110 antenatal care for pregnant women with complex social factors
- Improve our early booking rates for women who attend booking by 10 weeks, 12+6 weeks and 20 weeks

Local Maternity and
Neonatal System Dorset

quity and equality five-year action plan

quity for parents, carers and babies from minority communities and those living in the most deprived areas.

What we want

maternity care service that is truly accessible to everyone in Dorset. From the moment you start
ve a baby, throughout your pregnancy, and after your baby arrives, we want to make sure you get care that is safe, fair and personalised to you.

Working together

with local NHS services, the councils, health visitors, Maternity Voices Partnerships and communities,
d local people to make sure your needs and the needs of your family are at the heart of everything we do.

How we're going to do it

e years we will focus on key actions to improve maternity services and make sure the care you get
s your needs. We will track our progress while we put these actions in place. Some of the areas we will focus on include:

- ecords available digitally, in different
d formats
rnal medicine networks
ic data quality and supporting digital
- the diabetes prevention programme
ly antenatal care for people with complex social
tors
- Improving accessibility to perinatal mental health services
- Creating personalised care and support plans
- Promoting healthy weight during pregnancy
- Stopping smoking during pregnancy
- Dorset infant feeding network improving its infant feeding experience and outcomes
- Staff training

For more information visit www.maternitymattersdorset.nhs.uk

Equity and Equality System Opportunities

What has gone well and has been successfully implemented?

What are the barriers to delivery? Do these look the same across our systems?

What are our opportunities for co-production and shared learning?

National Patient Safety Improvement Programmes

Health Innovation West of England

Health Innovation South West

NHS

Maternity and Neonatal

Closing Remarks

Ann Remmers, Maternity and Neonatal Clinical Lead,
Health Innovation Network West of England

Health Innovation Network

Led by:
NHS England

National Patient Safety
Improvement Programmes

Maternity
and Neonatal

Evaluation:

Delivered by:

Health
Innovation
Network

Led by:
NHS England

National Patient Safety
Improvement Programmes

Maternity
and Neonatal

Next Event:

Regional Perinatal Equity Network: 2 April 2025 at 10:00 am - 12:00 pm

Delivered by:

Health Innovation Network

Led by:
NHS England

National Patient Safety
Improvement Programmes

Maternity and Neonatal

Thank you!

julie.smith116@nhs.net
Noshin.menzies@healthinnovationwestofngland.com
sally.hedge@healthinnovationsouthwest.com
Max.hornby@nhs.net

Delivered by:
Health Innovation Network

Led by:
NHS England