

QUESTION AND ANSWER SESSION ON GOVERNMENT MATERNITY
POLICY WITH DR. STEPHEN LADYMAN,
PARLIAMENTARY UNDER-SECRETARY OF STATE FOR COMMUNITY
MONDAY 21ST FEBRUARY 2005

The All-Party Parliamentary Group on Maternity (APPGM) hosted a Question and Answer session on Government maternity policy with Dr. Stephen Ladyman, Parliamentary Under-Secretary of State for Community on Monday 21st February 2005.

Julia Drown MP, Co-Chair of the APPG on Maternity, chaired the meeting. Laura Moffatt MP (Co-Chair) and Baroness Julia Cumberlege (Vice-Chair) also attended.

Guests included:

David Kidney MP	Twins and Multiple Births Association (TAMBA)
Lord Chan	Multiple Births Foundation
Earl of Listowel	City University
National Childbirth Trust	Stillbirths and Neonatal Deaths Society
Royal College of Midwives	Department of Health
Royal College of Obstetricians and Gynaecologists	One Plus One
Royal College of Nursing	Tommy's
Confidential Enquiry into Maternal and Child Health (CEMACH)	National Perinatal Epidemiology Unit
Birth Trauma Association	National Collaborating Centre for Women's and Children's Health
Independent Midwives Association	Baby Milk Action
Association for Improvements in Maternity Services	Maternity Alliance
St. Georges and St. Thomas' NHS Trust	National Family and Parenting Institute
Association of Radical Midwives	NSPCC
	Kings College University
	BLISS

Opening the meeting, Julia Drown MP, Co-Chair of the All-Party Parliamentary Group on Maternity, welcomed the Children's NSF and its potential to improve maternity services over the next ten years. Ms Drown thanked the Minister, Dr. Stephen Ladyman, for attending the meeting and for his willingness to take questions from the audience.

Dr. Ladyman began by telling guests that the Government attached considerable importance to the Children's NSF. Explaining the absence of targets in this NSF, the Minister stated that this was not necessarily the best way to promote local delivery. He made clear however, that there was one key target in the NSF: it was 'mandatory' for primary care trusts (PCTs) and maternity care providers to implement the NSF within ten years. The Healthcare Commission would also be monitoring PCTs' progress in implementing the NSF.

Dr. Ladyman cited the importance of working with the RCM to deliver the NSF. This was a 'vital component to delivery', the Minister stated, making clear that 'Increasing the number of midwives is a key part of what we need to achieve' as the NSF could not be implemented without midwives. He highlighted the need to provide a 'personal service' for

women having babies. Providing choice and meeting women's needs would also drive down health inequalities.

Jane Walker, Consultant Midwife at Homerton University Hospital, asked the Minister about acute units and the Government's plans to invest in primary care. Responding, Dr. Ladyman stated it was 'right' to send money to the front line; this enabled units to identify priorities and to make decisions locally.

Dr. Ladyman acknowledged to guests that PCTs were currently in the process of writing their Local Delivery Plans (LDPs) and emphasised that objectives for developing maternity and children's services needed to be mainstreamed into these plans. PCTs had to work with acute trusts on funding issues.

Liz Stephens, Consultant Midwife, pressed the Minister over recruitment and retention problems in London. In particular, she noted that there were fewer than 50 consultant midwives in England. Ms Stephens asked the Minister whether he would set a recruitment target for each trust as a strategy for improving maternity care services. Responding, Dr. Ladyman stated there would be no formal targets in this area, 'but if there is evidence of best practice we will publish it'. The Minister rejected the idea of imposing central targets on local midwife recruitment. He accepted that staffing was not an easy issue to resolve, pointing out that more progress had been made in recruiting midwives than in retaining them. He emphasised that flexible working arrangements, good leadership and the working environment were absolutely key. The Government was currently on course to recruit 2000 extra midwives by 2006.

Baroness Julia Cumberlege, Vice-Chair of the APPG on Maternity, suggested that a lack of autonomy in their work was one factor hindering the retention of midwives. Birth centres often had fewer problems in recruiting and retaining midwives, Baroness Cumberlege stated, also highlighting the need to provide pregnant women with choice over place of birth. The Baroness expressed concern that many birth centres were now under threat of closure. A national survey of the costs and benefits of birth centres was requested, as this would provide PCTs with good information when deciding the future of maternity services in their area.

Responding, Dr. Ladyman told Baroness Cumberlege that he agreed with her '100%'. The Minister told guests he was 'anxious' to do this research but that he had to find the money to pay for it. The Department of Health had already done some preliminary work, but there were four stages to this research: a review of existing evidence had been started; there was still a need to set up a scoping study; identifying an appropriate organisation to carry out the work; and finding funding. If funding could be found, the research would be carried out, the Minister stated.

Dr. Ladyman also stated that he was not 'pinning his faith' in birth centres being the answer to the midwife recruitment and retention problem.

Brenda van der Kooy, Independent Midwives Association, urged the Minister to create a structure that midwives would be happy to work in. Ms van der Kooy warned that if choice over working practices were not provided, midwives would vote with their feet and not stay in the NHS. Responding, Dr. Ladyman confirmed that the Department of Health was looking at the IMA model and at other working practices, and would respond to the IMA before long. The Department was 'moving forward on a number of areas', he added. The Minister also agreed it was important to create environments in which midwives felt happy.

Patti Rundall, Baby Milk Action, raised concerns over the advertising and marketing of breastmilk substitutes. Ms Rundall welcomed commitments in the 'Choosing Health' White Paper to look at the marketing of breastmilk substitutes but urged the Minister to do more to tackle the 'damaging' information, which was being sent out by formula companies. Responding, Dr. Ladyman told guests he would look into whether Britain could use its forthcoming presidency of the EU to push this issue forward.

David Kidney MP (Stafford) told the Minister that parents in his constituency were having difficulty in finding antenatal classes. Mr Kidney welcomed the Breastfeeding etc. (Scotland) Act, introduced by Elaine Smith MSP, and asked whether the Government would introduce similar provisions in a future health Bill. Responding, Dr. Ladyman stated that he could not make any promises here. He did however state that if this was a clear-cut issue, then it could be looked at.

Ann Seymour, Confidential Enquiry into Maternal and Child Health (CEMACH), told the Minister that CEMACH's funding had been halved in less than three years. Ms Seymour warned the Minister that CEMACH was now being threatened with further cuts. Responding, Dr. Ladyman told guests that he was happy to look at funding issues around CEMACH. The Minister commended the work CEMACH did in addressing maternal and child health and insisted that the organisation would 'not die on my watch'.

Beverley Beech, Association for Improvements in Maternity Services, urged the Minister to provide pregnant women with more choice over where they had their baby. Currently, women could not choose which hospital they wanted to go to, Ms Beech stated, noting that home birth services were not widely available either. Dr. Ladyman acknowledged that there were many parts of the country where pregnant women could not exercise choice. Where women did have choice, this was sometimes removed at very short notice. Referring to choice in the NSF, Dr. Ladyman argued that the Healthcare Commission could challenge PCTs to make sure pregnant women were provided with a range of choices, and 'move out' managers who were not up to the job.

Dr. Ladyman also used this opportunity to discuss Children's Centres, which would provide pregnant women with wider and easier access to midwives and health visitors. The Government wanted 2,500 Children's Centres in place by 2008

Laura Moffatt MP, Co-Chair of the APPG on Maternity, drew attention to the joint Mental Health Bill and the need to provide mothers who were unwell with in-patient care. Ms Moffatt told the Minister that good quality in-patient care was crucial to a mother's recovery. Urged by Ms Moffatt to keep a watching brief here, Dr. Ladyman acknowledged that a wide range of choices did not exist here and that it was important to provide pregnant women with the right information and support.

Alison Macfarlane, City University, pressed the Minister over data on maternity services and the importance of the existing minimum data set. Ms Macfarlane pointed out that more than a quarter of maternity units did not feed into the Hospital Episode Statistics. Dr. Ladyman acknowledged that maternity statistics needed to be improved and felt that the level of investment in the national programme for IT should improve systems and levels of reporting.

Mary Newburn, National Childbirth Trust, explained that the Maternity Care Working Party believed it was a priority as part of implementation of the Children's NSF for the existing

Toolkit for PCTs Commissioning maternity care to be updated. Department of Health officials had been approached about this. Ms Newburn called for a national survey to benchmark the status of maternity services over the NSF's ten-year timeframe. Maternity Services Liaison Committees needed support, Ms Newburn went on, emphasising the need for an updated website and support for the national database of MSLCs. Highlighting the importance of midwifery involvement - from the very start of pregnancy when direct access is now being promoted, and to enable choice, one-to-one care in labour, and extended postnatal care - Ms Newburn asked the Minister how PCTs could be persuaded to invest in increasing the 'establishment' number of midwives.

Responding, the Minister referred to the Healthcare Commission, which could apply pressure on PCTs to invest more in midwifery care. PCTs would be required to survey their own services as part of the NSF, Dr. Ladyman explained, which would help them identify gaps in existing services. The Healthcare Commission would put pressure on PCTs to deliver the NSF.

Professor Lesley Page, Guys and St. Thomas's Hospital, urged the Minister to look at establishment levels for midwives, which were often too low. Highlighting the success of Sure Start programmes in recruiting and retaining midwives, Professor Page suggested that the Government enable more midwives to work in the community. Replying, Dr. Ladyman commended working environment at St. Thomas's, which demonstrated the importance of good leadership.

Belinda Phipps, National Childbirth Trust, identified a real need to adopt the International Code of Marketing for Breastmilk Substitutes. Roxanne Chamberlain, National Childbirth Trust, urged the Minister to provide support to help pregnant women coping with domestic violence.

Bonnie Green, Bliss, welcomed commitments in the NSF, which would provide health professionals with resuscitation training for newborns. Ms Green asked whether the Government would ring-fence funding for this training.

Ian Currie, Royal College of Obstetricians and Gynaecologists, highlighted midwife shortages at his local hospital. Maureen Treadwell of the Birth Trauma Association discussed the cases of several women who had had traumatic deliveries. Ms Treadwell suggested that pressure on hospitals to reduce their caesarean section rates was harming those women who wanted to have a caesarean because of a traumatic birth.

A representative of the Miscarriage Association urged the Minister to invest more in miscarriage support services. The Minister was also asked to provide screening and tests after two miscarriages. Sandra Wheatley, a psychologist, focused on the recruitment and retention of midwives.

Julia Drown MP, Co-Chair of the APPG on Maternity, pressed the Minister on home births and which type of delivery used more midwifery time. Ms Drown asked the Minister to include home births in his research on birth centres.

Replying to this batch of questions, Dr. Ladyman agreed that a baseline survey on the NSF was important. While expressing his support for baseline data, the Minister noted that Trusts would have to collect this data themselves as the DH was trying to reduce central demands on PCTs.

On the issue of domestic violence, Dr. Ladyman used this opportunity to clarify the Department of Health's plans in this area. Midwives would not be required to 'interrogate' all pregnant women as had been reported, the Minister insisted, explaining that midwives would be asked to create environments in which women could volunteer information. Dr. Ladyman made clear that midwives would be provided with advice and training on how to help pregnant women coping with domestic violence.

Turning to the reconfiguration of maternity services, Dr. Ladyman suggested asking mothers what they wanted. The Minister suggested that mothers did not object to a birth centre being located next to an obstetric unit as long as it was a genuine birth centre.

Responding to the question from the Birth Trauma Association, Dr. Ladyman said that there was no pressure on hospitals to reduce their caesarean section rates.

On the issue of screening for women who had miscarried a baby, Dr. Ladyman again emphasised that guidelines and policy decisions had to be evidence based.

Concluding on the issue of home births, Dr. Ladyman told guests that he would consider including this topic in the research on birth centres. Every woman should be able to ask a home birth or birth in a midwife-led unit, the Minister stated. Home birth might for example 'make services more inviting for women from some ethnic minority groups who won't use acute services'. He wanted women 'everywhere' to have that choice'.

For further information, please contact Susan Solanki, APPG on Maternity Secretariat, on 020 8752 2332 or s_solanki@nct.org.uk