# STATES OF JERSEY

# REVIEW OF MATERNITY SERVICES (S.R.9/2021): RESPONSE OF THE MINISTER FOR HEALTH AND SOCIAL SERVICES

**Presented to the States on 22nd September 2021**
**by the Minister for Health and Social Services**

**STATES GREFFE**

# REVIEW OF MATERNITY SERVICES (S.R.9/2021): RESPONSE OF THE MINISTER FOR HEALTH AND SOCIAL SERVICES

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| **Ministerial Response to:** | S.R.9/2021 |
| **Review title:** | Review of Maternity Services |
| **Scrutiny Panel:** | Health and Social Security Scrutiny Panel |

## INTRODUCTION

I welcome the Panel's review of maternity services and thank members for the opportunity to comment and respond to the findings and recommendations.

## FINDINGS

| | Findings | Comments |
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| 1 | It has been recognised by the majority of service-users and maternity staff that the current maternity facilities within the General Hospital are inadequate and highly unacceptable. The Panel is therefore pleased that a commitment has been made to upgrade the facilities imminently. | Accept. |
| 2 | Evidence suggests that there has been little active involvement in the refurbishment plans of the current maternity unit with women who are recent or future users or with the midwives providing services. | Acknowledged. Please see recommendation 1. |
| 3 | Without a clear strategy for the maternity services, the planned upgrade works appear to have been led by the need for improved estates rather than a chance to improve the model of care. | Acknowledged. |
| 4 | Standalone midwife led maternity units are a safe and cost-effective choice for women experiencing a 'normal' pregnancy and upgrading two rooms within the current maternity unit does not necessarily equate to a midwife led facility. | Acknowledged. |

| | Findings | Comments |
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| 5 | The Panel has concerns regarding the plan to refurbish the current Maternity Unit in phases over a two-year period, whilst remaining fully operational, and the potential disruption this may cause to the service provided to women and their families and to the staff working in the Unit. | Accept.<br>Measures are in place to minimise disruption to women and staff, whilst vital backlog of maintenance work continues. |
| 6 | Whilst maternity services appear to be 'safe' when considered through the lens of major empirical measures such as perinatal mortality or major physical trauma, it is the emotional component of quality that appears to be lacking at times. A lack of emotional safety in the delivery of care is leaving women feeling unsafe, unsupported and with negative opinions of the service. | Acknowledged.<br>We are transitioning to a continuity of care midwifery model which will support the development of the professional relationship between all mothers and midwives. We are working on public health messaging to inform mothers on their choice of place of birth and care. |
| 7 | Continuity of care contributes to improving quality and safety of maternity care. High quality evidence indicates that women who receive care in these models are more likely to have effective care, a better experience and improved clinical outcomes. | Acknowledged. |
| 8 | 58 per cent of women who have birth in the last five years did not see or speak to the same midwife every time at their antenatal check-ups and 55 per cent did not see or speak to the same midwife when receiving postnatal care. | Acknowledged. It is noted that these statistics reflect only those that completed the Review of Maternity Services Survey, where 656 people out of the approximately 4,579 women who gave birth over the last five years responded. This is not a whole reflection of the Maternity Services activity for the last five years.<br>This equates to 8.3% and 7.9% of Maternity Services activity, respectively. |
| 9 | Differing advice provided to women by maternity staff, usually following the birth of their baby, has led to confusion and increased levels of anxiety. | It is noted that consistent written information is provided to each woman following delivery and through the antenatal period in the form of Antenatal Wellbeing Wallets and Postnatal Discharge Packs. |
| 10 | Continuity of care in the antenatal, intrapartum and postnatal periods of pregnancy would improve women's trust in their caregivers and help them | Acknowledged. |

| | Findings | Comments |
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| | to build and maintain relationships and rapport. Furthermore, evidence suggests that continuity of care would also improve women's emotional wellbeing and mental health during and after pregnancy. | |
| 11 | Whilst there is a clear intent within the maternity team to provide greater continuity of care, it is evident from the concerns received that there is much more progress to be made. | Acknowledged. |
| 12 | The development of a women centred midwife led model of care would enable women to receive the majority of care in community settings with a focus on normality, the family and a positive transition to becoming a mother. | Accept.<br>We are transitioning to a continuity of care midwifery model which will support the development of the professional relationship between all mothers and midwives. We are working on public health messaging to inform mothers on their choice of place of birth and care. |
| 13 | Kindness and compassionate care is something that every woman, baby and family deserve and should expect from all midwives, doctors and members of the maternity team. | Accept. |
| 14 | Whilst the majority of women who engaged with the review felt listened to, supported and respected throughout the three stages of pregnancy, a significant percentage did not receive the level of compassion and kindness that you would want, or indeed expect, when receiving maternity care. | Acknowledged. |
| 15 | Steps are currently being taken by Maternity Services to address communication issues, to bring compassion back into the heart of the service and to embed a more cohesive culture. | Accept. |
| 16 | Currently, there is no system-wide agreement to a single maternity strategy which describes agreed outcomes and performance goals for maternity services. | Acknowledged. Please see recommendation 5. |

| | Findings | Comments |
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| 17 | Whilst a maternity strategy is being developed, a Task and Finish Group should be established to drive forward the necessary transformation to maternity services. | It is noted that there is a Task and Finish Group in situ which commenced in September 2020. |
| 18 | Critical indicators need to be identified and agreed to allow the maternity team to determine whether the service is of high quality. | A Maternity Services dashboard has been in use, since September 2020, following the establishment of the Task and Finish Group. Please see recommendation 8. |
| 19 | Currently, there does not appear to be coherent workforce strategy which underpins maternity services or that could be used to support a new maternity strategy. Such a strategy is vital for assessing whether the midwifery workforce is adequate for a new model of midwife led care. | Acknowledged. Please see recommendation 10.<br>A Maternity Workforce Strategy is being developed which will be aligned with the Maternity Strategy and will be published in 2022. |
| 20 | Insufficient staffing resources may be compromising the effectiveness of the care provided to mothers, babies and their families. | Reject. |
| 21 | The inclusion of midwives who provide specialist services, such as perinatal mental health, safeguarding and practice development is essential to providing high quality care. | Accept.<br>These roles are fundamental to our service and will be incorporated into our workforce strategy. |
| 22 | The current leadership structure is not appropriate for providing leadership to the work required (particularly developing a maternity strategy) and for ensuring a consistent clinical model and a robust system of clinical governance in the maternity service. Furthermore, under the current leadership model, the voice of the midwives is not heard in the right fora and both the midwifery and the medical leadership must be for the entire maternity pathway not focused on the hospital component. | This will be considered in line with recommendation 11. |
| 23 | Maternity Services policies are open to interpretation and can be applied differently according to the specific | Acknowledged. As part of the continuous process, the policies are under review. |

| | Findings | Comments |
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| | member of staff, leading to a "*discordance in care*". | |
| 24 | There is an opportunity to improve the governance process of ratifying policies and standard procedures, as well as ensuring these are shared across the entire system (for example, to new midwives, junior doctors, GPs, Health Visitors, Perinatal Mental Health specialists etc.) | Acknowledged. |
| 25 | In concurrence with a previous review undertaken by the Royal College of Obstetrics and Gynaecology, it was found that more rapid progress needs to be made with ratifying policies as well as communicating and monitoring adherence. | Acknowledged.<br>There is an enhanced governance structure which allow for timely review and ratification of policies. |
| 26 | There is currently no clear culture to uniformly encourage informed choice by the service, rather it appears to be largely driven by women themselves. | Acknowledged. |
| 27 | Once the refurbishment of the maternity unit is complete, women will have a choice of home birth care, traditional maternity care or birthing on the new midwife-led birth units. | Accept. |
| 28 | Whilst the majority of women feel involved in the decisions about their care, some reported feeling unsupported with their choices or coerced into agreeing to the type of care received. | Accept. It is noted that information regarding the type of care is distributed through leaflets, signposting, website information and communications. This forms part of the Public Health work. |
| 29 | Women and their partners are not always given the opportunity to discuss or understand their options of care and are not routinely given access to evidence and guidelines to help them make informed decisions. | Acknowledged.<br>We are transitioning to a continuity of care midwifery model which will support the development of the professional relationship between all mothers and midwives. We are working on public health messaging to inform mothers on their choice of place of birth and care. |

| | Findings | Comments |
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| 30 | Maternity Services and the Health Visiting services have both achieved Stage one accreditation of the UNICEF Baby Friendly Initiative programme. | Accept. |
| 31 | A significant number of women reported receiving either inadequate breastfeeding support, or a lack of compassion and respect about how they wished to feed their baby. The promotion of breastfeeding has to be underpinned by women having ready access to highly trained professionals, in the hospital, the community and at home, who provide easily accessible and consistent support and advice. | Acknowledged. It is noted that all midwives receive training in infant feeding. Annual updates are provided to staff in line with the Baby Friendly Initiative recommendations. |
| 32 | In some cases a lack of breastfeeding support from maternity staff and health visitors post birth and a lack of respect for women's choices as to how they wished to feed their baby had consequences for the mum's emotional well-being and mental health. | Acknowledged. |
| 33 | Staff and resource constraints have led to breastfeeding 'champions' being unable to be released for work towards the Baby Friendly Initiative. As a result, it is unclear when the Maternity Unit may be ready to progress to Stage 2 accreditation. | Acknowledged. We are aiming to achieve Stage 2 accreditation by Spring 2022. |
| 34 | The Health and Community Services' intention is to recruit a breastfeeding midwife specialist who would help lead and drive training beyond the Baby Friendly Initiative. | Accept. The Breastfeeding Midwife Specialist will be referred to as the Infant Feeding Specialist Midwife. |
| 35 | UNICEF Baby Friendly Initiative strongly supports the view that pregnancy is the right time for midwives to discuss infant feeding and that it should be on a one to one basis around 34 weeks of pregnancy. Despite this, 29% of respondents to the Panel's survey were not provided with relevant | Acknowledged. It is noted that these statistics reflect only those that completed the Review of Maternity Services Survey, where 656 people out of the approximately 4,579 women who gave birth over the last five years responded. This is not a whole reflection of the Maternity Services activity for the last five years. |

| | Findings | Comments |
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| | information about feeding their baby during pregnancy. | This equates to 4.2% of Maternity Services activity. |
| 36 | Despite relevant information being available online, we found that the majority of women that engaged with the Panel were not made aware of the maternity page on the Gov.je website during their pregnancy and did not know it existed. | Acknowledged. Please see recommendation 19. |
| 37 | Despite being advised that women were routinely asked about their emotional well-being and mental health at their first contact with primary care or their booking visit with the midwife, 21% of respondents to our survey reported that neither their GP or midwife had enquired about their mood or feelings during pregnancy. | It is noted that these statistics reflect only those that completed the Review of Maternity Services Survey, where 656 people out of the approximately 4,579 women who gave birth over the last five years responded. This is not a whole reflection of the Maternity Services activity for the last five years.<br>This equates to 3.0% of Maternity Services activity. |
| 38 | A new pathway for perinatal mental health has been developed with the intention of making the referral route clearer and more consistent for expectant and new parents. The highest priority within the pathway is an emphasis on the identification of needs at the earliest point and early intervention. | Accept. |
| 39 | The Panel was pleased to learn that the Health and Community Services Department has committed to recruiting a Perinatal Mental Health Midwife to better support staff providing and women receiving mental health support. | Accept. |
| 40 | A lack of continuity in care during and after pregnancy could impact on the ability of a women to form trusting relationships with their midwives, leaving them feeling uneasy about discussing personal matters, such as their emotional wellbeing. | Acknowledged. |

| | Findings | Comments |
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| 41 | One in ten fathers/partners experience mental health issues during pregnancy and a year after birth. Despite this, the majority of women (314) who responded to the Panel's survey said that the baby's father/their partner was not asked about their emotional wellbeing following the birth of their baby. | Acknowledged. Please see recommendation 23. |
| 42 | The quality of bereavement care can have a considerable effect on the wellbeing of parents and their families in the time immediately following the loss of a baby, as well as in the longer term. | Accept. |
| 43 | Whilst midwives and neonatal are offered training in respect of baby loss, it is unclear as to whether there are currently any requirements for members of staff to receive such training on a regular basis. | Accept. |
| 44 | Delays in the delivery of de-brief sessions following traumatic births can negatively impact parents' mental health. However, we found that, in the majority of cases, women and their partners are not offered the opportunity to ask questions about their labour. | Acknowledged. Please see recommendation 25. |
| 45 | There are undoubtedly positive developments being made in the field of perinatal mental health within maternity services. However, progress needs to be made quickly and the impact of the investment needs to be monitored. | Accept. |
| 46 | The establishment of the Maternity Services Partnership is a very welcomed development and is an excellent vehicle for enhanced communication between maternity services and women and to ensure continuous involvement of, and | Accept. |

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| | feedback from, women and their families. | |
| 47 | The Panel's own survey, with a high level of respondents, demonstrated that women wish to have their say on their experiences of maternity care. The development of a maternity survey that collected the views of the women on a regular basis would be extremely beneficial for collating and assessing service users' experiences. | Accept. |
| 48 | One of the immediate actions that was recommended following the 2020 Ockenden Review in the UK was that all Trusts must create an independent senior advocate role to ensure that women and their families are listened to and their voices heard. | Acknowledged. It is noted that the Independent Senior Advocate role is fulfilled by a Non-Executive Director within NHS Trusts. Greater consideration is required to understand how this role would translate into a different health care system in Jersey. Please see recommendation 29. |

**RECOMMENDATIONS**

| | Recommendations | To | Accept/ Reject | Comments | Target date of action/ completion |
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| 1 | The Minister for Health and Social Services must ensure that all Maternity Staff are given the opportunity to be involved at some point during the design stages of the Maternity Unit refurbishment. The Minister must also engage with the Maternity Voices Partnership, and the public in general (including fathers/partners), to ensure that recent and future users of the service | Min HSS | Accept. | To ensure the opportunity to be involved has been formally offered during the design stage, a meeting will be organised with:<br>• Maternity Voices Partnership (representing public, recent and future users of the service)<br>• Minister for Health and Social Services<br>• The Refurbishment Design Team<br><br>It is noted that the design plans have been circulated to Maternity Staff throughout their revisions, since 2017. | Completed in July 2021. |

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| | are able to share their views. | | | | |
| 2 | The Minister for Health and Social Services should engage an independent estates expert to assess the options for the upgrade work, including a standalone midwifery-led unit, to the Maternity Unit and provide a more rapid response. | Min HSS | Reject. | The refurbishment design commenced in 2017, with external construction works commencing on 5th July 2021, and internal construction works due to commence on 16th August 2021.<br>To allow for an independent estates expert at this time will lead to a delay in works commencing and will result in:<br>• Delay in construction works and completion date<br>• Dissatisfaction on the part of current and future service users, their families and Maternity Staff<br>• Increase in costs<br>Delay to the implementation of new ways of working. | N/A |
| 3 | The Minister for Health and Social Services must ensure that a midwife-led model of care is defined which incorporates, at a minimum, continuity of care in the antenatal and postnatal period, with the ambition of extending this to the intrapartum period. The main objective of the model should be to ensure that care is delivered in the home, or as close to home as possible, to reduce inconsistency of advice in both the antenatal and postanal periods, and to increase women's satisfaction with the service. | Min HSS | Accept. | Due to the constraints on the service during the pandemic, work that was underway regarding continuity had to be changed to ensure that care delivery could continue whilst meeting the public health guidance. This ensured access to midwives was maintained throughout, without compromising care. This has had an impact on the continuity of care, which we are now addressing.<br>Community midwives currently have a caseload of women who are seen in GP Surgeries. Wherever possible, these women are followed up post-natally by the same midwife. | Ongoing. |

| | Recommendations | To | Accept/ Reject | Comments | Target date of action/ completion |
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| 4 | The Minister for Health and Social Services must ensure that the Local Committee, developed following the initial Culture Summit, includes multi professional and across sector representation and that the Culture Strategy is published as an integrated part of the Maternity Services Strategy. Furthermore, the Culture Strategy should be a statement of the overarching values of the maternity service and the behaviours that will underpin those values. | Min HSS | Accept. | The Culture Strategy is being developed, which includes the behaviours framework, and is to be published by January 2022.<br>This will form part of the Maternity Strategy. | End of Q2 2022. |
| 5 | The Minister for Health and Social Services must ensure that a system-wide maternity strategy is developed without delay which includes cultural values, the proposed model of care (including choices of maternity care and continuity of carer), the maternity care pathway (community/parish led maternity service), expected outcomes, performance measurement framework with KPIs/benchmarks and approach to oversee policy development | Min HSS | Accept. | The system-wide Maternity Strategy is under development and is due to be published during 2022. | End of Q2 2022. |
| 6 | The Minister for Health and Social Services must establish a system wide | Min HSS | Partially accept. | A Maternity Services Task and Finish Group commenced in September 2020 with a specific focus on the maternity | To be established by |

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| | Maternity Task and Finish Group that is accountable to the Independent JCM Board. This should include a dedicated project manager. The remit of the Group should be to drive forward the development of the Maternity Strategy and to undertake the recommendations identified in the Panel's report. | | | service. This will be replaced by a system-wide group which will report into the HCS Board. | October 2021. |
| 7 | The Minister for Health and Social Services must establish a comprehensive system of performance management, including an annual service user survey and staff survey, to enable benchmarking against other appropriate maternity services. | Min HSS | Accept. | Performance Management is presently undertaken by:<br>• HCS Performance Management Standards (reportable monthly).<br>• This will imminently include KLOEs (Key line of Enquiries CQC (Care Quality Commission) NHS).<br><br>Service User Survey is presently undertaken by:<br>• My Experience (service users)<br>• My Experience Champions (staff to support implementation of user feedback)<br>• PALS (Patient advice and liaison service)<br>• Maternity Voices Partnership<br><br>Staff Survey is presently undertaken by:<br>• Be Heard. Currently held every two years. We acknowledge that a form of staff survey could be undertaken yearly. | N/A |

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| | | | | Benchmarking is presently compared against:<br>• NHS Digital for English national mean.<br>• National ONS Data.<br>• Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK).<br>• Patterns in maternity care in English Hospital Royal College of Obstetricians and Gynaecologists (RCOG).<br>• National maternity and perinatal audit.<br>• Pre-term birth national standard.<br>• Department of Health for England, working towards a Smoke Free Generation.<br>• Healthy Lives, Healthy People Strategy.<br>• NHS 5 Years Forward View.<br>• RCOG 2018 Alcohol & Pregnancy standards.<br>• BFI 2020 standards.<br>Inter-island working with Guernsey & IoM | |
| 8 | The Minister for Health and Social Services should establish a dashboard similar to the new National Maternity Dashboard to enable easy comparisons, such as Clinical Quality Improvement Metrics, with other maternity providers. The dashboard should be made publicly available. | Min HSS | Accept. | Maternity Services presently use a Maternity Dashboard, benchmarked against the National Maternity Dashboard. This dashboard is continuously reviewed and developed. It is noted that Clinical Quality Improvement Metrics are included.<br>The data within the dashboard is being validated, to allow for the dashboard to be made public from January 2022. | January 2022 |

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| 9 | The Minister for Health and Social Services should engage the Jersey Care Commission to support the maternity system to establish a robust and measurable quality framework, with suitable resources allocated | Min HSS | Reject | The responsibility for this framework sits with HCS. | N/A |
| 10 | The Minister for Health and Social Services must develop a maternity workforce strategy to consider future workforce requirements, assess different roles to support all aspects of maternity care and explore options for staff rotations with partner organisations. | Min HSS | Accept | A Maternity Workforce Strategy is being developed which will be aligned with the Maternity Strategy and will be published in 2022. | End of Q2 2022. |
| 11 | The Minister for Health and Social Services should develop an appropriate leadership team for maternity services, including the appointment of a Director of Midwifery and an Associate Medical Director, who is also Lead Obstetrician. | Min HSS | Partially Accept | We accept the Director of Midwifery recommendation. However, we will be appointing a Clinical Lead for Obstetrics rather than another Associate Medical Director. The job descriptions for these roles are currently being drafted. | Aim to be in post by year end 2021. |
| 12 | The Minister for Health and Social Services must endeavour to complete all actions from the Royal College of Obstetrics and Gynaecology reviews of maternity services and have a complete set of key organisational | Min HSS | Partially Accept | There has not been a review from the Royal College of Obstetrics and Gynaecology. However, an independent review was undertaken and all actions arising have been addressed through the Maternity Task and Finish group.<br>Maternity Services is constantly reviewing and updating guidelines and | Complete year end 2021 |

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| | policies in place by the end of 2021 | | | will defer to national guidelines in the absence of local guidelines. | |
| 13 | All birthing women and their partners should routinely be provided with evidence and information concerning their options in respect of pain relief and birth choices, highlighting benefits and risks, and given the opportunity to discuss and understand these prior to labour. All information should be delivered clearly and in a non-judgmental way. | Min HSS | Accept | All women are offered a discussion to clarify birthplace choice and options available for pain relief, as near to 36 weeks as possible.<br>The Handheld Records contain information regarding pain relief options as well as signposting to websites for further information. | N/A |
| 14 | The Minister for Health and Social Services should consider opportunities to better link breastfeeding and perinatal mental health support services together and train volunteers locally to provide peer support services. | Min HSS | Accept. | Since July 2021, Mind Jersey is providing peer support for perinatal mental health. This service also includes partners.<br>Information regarding this service is being disseminated to the multi-disciplinary team. | Completed.<br>Ongoing. |
| 15 | The Minister for Health and Social Services must ensure that breastfeeding champions are given protected time to undertake the work and training necessary to fulfil their role. | Min HSS | Accept. | Will form part of the workforce review, to ensure they are provided with protected time to undertake work and training as necessary. | December 2021. |
| 16 | The Minister for Health and Social Services must ensure that the whole maternity system, including GPs, Midwifery, Neonatal and Health Visiting services, | Min HSS | Accept. | This will be led by the system-wide Maternity Task and Finish Group.<br>The Infant Feeding Specialist Midwife (Recommendation 31) would work with multi-disciplinary team to ensure the commitment is maintained and | Spring 2023. |

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| | demonstrates a commitment to achieving Baby Friendly status and that the plan to achieve BFI full accreditation by Spring 2023 is owned by every service, adequately resourced and closely monitored. | | | developed across the health economies. This role is currently at advert for a six-month secondment. Continuation is reliant on funding. | |
| 17 | The Minister for Health and Social Services must ensure that the utmost priority is given to appointing a specialist breastfeeding support midwife by the end of Q1 2022 to champion the UNICEF standards and mentor/upskill staff whose breastfeeding support skills require refinement | Min HSS | Accept. | | End of Q1 2022. |
| 18 | The Minister for Health and Social Services should ensure that relevant information about infancy feeding and, specifically, how to deal with breastfeeding issues, is provided to women and their families routinely during their antenatal appointments. | Min HSS | Accept. | The appointment of an Infant Feeding Specialist Midwife would ensure information and support is available to all women and their families.<br><br>Routine information provided through antenatal appointments needs to be developed in conjunction with Health Visitors who are provided through Family Nursing and Home Care (FNHC). | End of Q1 2022. |
| 19 | The Minister for Health and Social Services should ensure that the "Pregnancy and birth' page on the Gov.je website is regularly updated and that women are made aware of the website during the very | Min HSS | Accept. | The "Pregnancy and Birth" website page is currently being reviewed and will be updated by January 2022.<br>The website has been promoted via the maternity Hand-Held maternity records, latest edition.<br>Further to this, the opportunity is being explored for the website to contain | January 2022. |

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| | early stages of pregnancy. | | | embedded live links to ensure information is instantaneously updated from notable websites. | |
| 20 | The Minister for Health and Social Services must ensure that every expectant mother is routinely asked about her feelings and mood at every antenatal appointment to ensure that any issues are recognised and acted upon as early as possible. | Min HSS | Acknowledged. | We acknowledge this feedback and recommendation; work is ongoing to ensure a consistent approach. | Ongoing. |
| 21 | The Minister for Health and Social Services must appoint a specialist perinatal mental health midwife by the end of Q1 2022. | Min HSS | Accept | In developing the Maternity Strategy, a Midwife Specialist for Perinatal Mental Health had been identified as crucial to the Perinatal Mental Health Pathway and for the care of women and their partners affected by mental health. | End of Q1 2022. |
| 22 | The Minister for Health and Social Services must ensure that, when recruited, the Perinatal Mental Health Midwife organises and encourages education and training of all midwives in perinatal mental health and the delivery of care to make sure there is a consistent assessment and referral across all services. | Min HSS | Accept | | End of Q1 2022. |
| 23 | The Minister for Health and Social Services must introduce guidance which ensures that all fathers/partners are routinely asked about their mental health (either | Min HSS | Accept | This will be addressed with the appointment of a Perinatal Mental Health Midwife Specialist and the roll out of the pathway. | N/A |

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| | directly or through the mother) during pregnancy and following the birth of the baby. The Minister should ensure that as part of the pathway, access to mental health support for fathers/partners should be expedited. | | | | |
| 24 | The Minister for Health and Social Services should consider the recruitment of a bereavement midwife, or the training of a current midwife into this position, in order to better support families going through baby loss. | Min HSS | Accept | | End of Q1 2022 |
| 25 | The Minister for Health and Social Services should ensure that the de-brief service following birth is universally offered to women and adequately resourced. Women and their families should be made aware of the service postnatally whilst both in hospital (if the women had a hospital birth) and at home. The Minister should ensure that adequate mental health support is available to diagnose and treat women with birth-trauma-related PTSD symptoms. | Min HSS | Accept | Maternity Services is developing a more universal offer of support.<br>Midwives will be trained and supported to offer debriefs to all women and to refer to a Professional Midwifery Advocate (PMA) or Consultant for further debriefing.<br>The PMA service is currently provided as a 24/7 service. Midwives are undergoing training to become PMAs and it is anticipated that their training will be completed by April 2022. | N/A |
| 26 | The Minister for Health and Social Services | Min HSS | Accept | | N/A |

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| | should provide quarterly updates to the Panel in respect of the new perinatal mental health pathway for assurance that maternity and mental health staff are working collaboratively and delivering consistent care to women and their partners. | | | | |
| 27 | The Minister for Health and Social Services must ensure that the Maternity Voices Partnership reports to the maternity services leadership team on an annual basis to provide feedback from women and their families as to their experiences of the service | Min HSS | Accept. | The Maternity Voices Partnership was set up in early 2020 and unfortunately due to Covid-19 there was a delay in formalising the reporting mechanisms. We acknowledge this feedback and recommendation. | Decembe r 2021. |
| 28 | The Minister for Health and Social Services should request feedback of families on their experiences of maternity care. This could be an annual or a bi-annual survey and/or during the six-week and two-year checks. | Min HSS | Accept | This recommendation will be actioned through the Maternity Task and Finish Group in conjunction with FNHC. | Ongoing. |
| 29 | The Minister for Health and Social Services should create an independent senior advocate role within maternity services which reports to the Health and Community Services Executive Team. | Min HSS | Accept. | | |

**CONCLUSION**

I would like to thank the Panel for conducting its review of maternity services and for its valuable and comprehensive report.

I am pleased to accept 24 of the 29 recommendations in full. Of the rest, I have partially accepted three and rejected two. Those rejected relate to Recommendation 2 – on the grounds that the refurbishment work has already started on the unit and I would not wish to delay this important work – and Recommendation 9 – on the grounds that the responsibility for this work sits with Health and Community Services and not with the Jersey Care Commission.

This report has and will continue to inform the way in which we develop our maternity services now and in the future to the benefit of women, children and families. Progress against the recommendations will be monitored by the HCS Board.