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Dear Catherine

Re: Report from Solihull LINK and Birmingham LINK on Maternity and Breastfeeding Services

Further to our letter dated 3 March 2011, where we acknowledged receipt of the above report, we are now able to provide an explanation to LINKs of any action we intend to take or not take in respect of the report recommendations.

The delay in our response has been due to difficulty clearly identifying the report recommendations. In order to address this we requested a meeting with the report author Dr Natalie Lynch to discuss the research in detail. This meeting took place on 7th April whereby a series of recommendations were identified and our commissioning and provider response is below.

Theme	Recommendation	Commissioner (Solihull PCT/NHS BEN) & Provider (Heart of England Foundation Trust - HEFT) provider actions
Antenatal care and midwife support	Recommendation 1 - Longer appointments with midwives Recommendation 2 - Improved midwife interpersonal skills Recommendation 3 - Continuity of care	The quality of midwifery appointments and interpersonal skills, as opposed to the length of appointment, is an area addressed within the maternity strategy. The maternity strategy and supporting documents can be accessed at the below link.

		<p>http://www.maternityconsultation.co.uk/</p> <p>The strategy proposes that all women will have access to a named team of midwives who will see the woman for more than 90% of their antenatal and postnatal care to improve the continuity of care that women receive. This is currently monitored within the HEFT contract.</p>
Labour and birthing experience	<p>Recommendation 4 - Continuity of care in labour</p> <p>Recommendation 5 - Better communication between midwives/shift changes</p> <p>Recommendation 6 - Midwives to listen more in labour</p> <p>Recommendation 7 - More midwives</p>	<p>Recommendation 4 - 6 will be addressed through the implementation of the maternity strategy.</p> <p>HEFT have conducted a maternity service recruitment programme which has successfully recruited additional midwives and maternity support workers.</p>
Breastfeeding education and support	<p>Recommendation 8 - More realistic and balanced information</p> <p>Recommendation 9 - Greater support for breastfeeding</p> <p>Recommendation 10 - Midwives should observe infant feeding before discharge to home</p> <p>Recommendation 11 - More peer support groups</p> <p>Recommendation 12 - Information/support in other languages</p> <p>Recommendation 13 - Women in later stages of pregnancy to attend breastfeeding groups</p> <p>Recommendation 14 - Advice on other feeding methods</p> <p>Recommendation 15 - Better promotion of Midwife Led Units (MLUs) and greater opportunity to give birth in an MLU</p> <p>Recommendation 16 - Literature/classes in other languages</p>	<p>Solihull and Birmingham East and North PCT have breastfeeding strategies in place.</p> <p>Action plans which are in progress for implementing Baby Friendly accreditation. Full accreditation is expected to be achieved by October 2011. Good Hope Hospital has recently been awarded stage 2 Baby Friendly Accreditation.</p> <p>The Breastfeeding Service Specification includes providing a peer support programme.</p> <p>The strategies and implementation plans cover recommendations 8 – 14.</p> <p>A leaflet has been produced for all pregnant women that describe the options, including Midwife Led Units available to them and where they can choose to give birth.</p> <p>All information is available a different language or format however this is an area which we will continue to review and improve.</p>

At our meeting there was discussion around whether the sample was representative. It is important to reiterate that we understand this report was a qualitative study aimed at finding out how women assess the quality of their care and to formulate a list of suggestions for service delivery improvements. We do not want to detract from the value of this work by trying to determine the generalisation of the findings. The report has been included in our maternity consultation analysis and comparisons made. This analysis and the presentation has demonstrated consistency with the LINKs report recommendations, our local internal surveys and national findings all of which formed our maternity strategy.

Taking all this into account we will not be making a more detailed independent analysis. This decision is aimed at ensuring service improvement is achieved by focusing on the priorities identified within the maternity strategy.

The report will clearly be available to support and inform any future work as maternity service improvement progresses and will be discussed at the Maternity Service Liaison Committee (MSLC). A further meeting will be planned with you in September 2011 at which time we can review the progress made on the immediate priorities, as part of the maternity strategy implementation plan and determine whether a new set of priorities should be agreed.

We look forward to continue working with you to improve maternity services.

Yours sincerely



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Mark Newbold
CEO Heart of England Foundation Trust



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