**Milton Keynes Maternity Voices Partnership**

**April 26th - 11am to 1pm**

**Online via Teams**

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| **Minutes** |
| **Attendance**  Welcome & Introductions put into the chatbox  Attendees:  Roxanna Clarke, Temi Bademosi, Janice Styles, Anthony Baker, Louise Allnatt, Catherine Crossan, Elizabeth Payne, Lucy Napthine, Mary Plummer, Angela Weatherly, Natalie Lucas, Tracy Keech, Natasha White, Carrie-Anne Davies-Bateman, Rayo Balugon, Emma Johnston, Gloria Aldridge, Emma Mitchener, Janet Liddie, Diane Gray, Charlotte Quarrie, Christine Edley,  Recording approved  ,  **Previous Minutes:**  **MVP update: RC**  - MVP to show our finance accounting and accountability, which we have got the report for now, which will share with you after the Minutes.  - **MVP claiming for additional hours**:- between myself and Temi trying to get everything up to date and preparation for our funding approval, This was agreed in last meeting and when we contacted the LMS.  -Feedback themes:- **Homebirth promotion,**  **Breastfeeding areas** - **E M:** We have a joint policy now with our nursing colleagues about what happens and how we follow up with mothers that are breastfeeding and and more different readmitted. And so the nursing teams know to contact us if that's the case and we can support with equipment which parents may need.  **Aquanatel classes: N.L**: The Physio Department are quite keen to sort of lead with it with some support from midwifery and they've been able to secure some time at one of the local leisure centres. I just need to follow up with them to find out what their plan is with that and how we can support with it. It was discussed recently but we do not a full update as of yet.  - **CQC Update**:: looking at how the results will be shared and what the official response would look like E.M**-** Not heard anything as of yet from Melissa, but this can be followed up after the meeting. MD, EM and RC and TB to meet to discuss updates  -**Informed decisions-** looking at how service users are supported with getting more information they would like to make an informed choice.. So that's our ongoing projects that we will discuss going forward.- Ongoing  RC; Any questions around the Minutes from last time?  **MVP Update R.C**    **Finance update** – end of year and upcoming year funding (Finance showed on powerpoint please see attached)  **-Additional hours** that we claimed mostly December and March, mainly to do with around the funding application, work plan that we had to put in for this year's funding  -**Service user involvement-** service user payments and expenses for supporting us with projects. i  interviews and face to face events.  **Events,Marketing and Training**- we got a new banners leaflets and We've had some uniforms printed out.And then there was some training course last year as well as I came in as a new chairperson.  **Funding:**  funding for last year was delayed. We only got this in January and which was the funded from April to March, April 22 to March 23. So we do have a significant amount of that left over and we are gonna be in discussions over the next few weeks about how we use that and what work plan we're going to have put together.  **Appraisal/New Roles**  We had a successful appraisal for our finance for the upcoming year. We were awarded a total of 33,000 for this coming year. which means myself and Temi, can continue to do 6 days each, so a total of 12 days a month as chair people and we want to look at taking on 2 new roles. An engagement lead role for four days a month and a neonatal lead role for two days a month, This will be a one year pilot project. As our funding isn't guaranteed, but we do have a significant amount to be able to do those, the job descriptions have gone round for comment and if everybody is happy with that after today's meeting, we will hopefully put them out for advert, which is going to be really exciting for us. And we were also awarded some additional funding. So there is a project currently going on across Bedford, Luton, Milton Keynes, for preconception.  **Job Descriptions**  **Advertising – mum to mum/goto business, toddle about magazine, CMK babychange**  **-**Centre MK shopping Centre just this week have placed our leaflets into the baby change area. The main baby change area and they're looking at a couple of places that they can display our poster as well. So we've had our leaflet blown up into an A3 poster. I'm really hoping that means that we can get out to more people and raise the awareness of the MVP  . we've done some paid for some subscriptions to certain businesses. So the mum to mum group, which is also known as the Go to business in Milton Keynes.And we've got a year’s long subscription with them, which allows us to post in their Facebook group and also promotes the MVP on their website.And and we're allowed to post in their weekly. So that would really help us to gather feedback. So we'll be sharing our survey and any projects that we've got coming up in there as well. And we have the toddle about magazine subscription, so that goes out mainly across Bedford and Luton, so Bedford and Milton Keynes, and it's a half page advert and a lot of the the magazines go out to people that subscribe to the magazine and a lot of childcare settings as well. And the advert is printed quarterly. It's gradually building momentum. It is a little bit slower than we expected, but it is the website and the advert are directing people to the Maternity Voices website. So we've had an 80 clicks in the last month on that one.  **Website**-  we have got our new Maternity voices website that's been supported by the Bedford chairs to set this up and the link is there for anyone that wants to see that and that will look. That link is also the healthier together website that launched from the ICB this week.  **Events – 360 fair, Meet the Team, children's centre and Matneo conference:** This quarter we've been to the 360 parent and toddler fair that was last week and really fantastic turnout. It was a sold out event. We spoke to around 30 service users and massively increased the awareness of the MVP. So most people had not heard of the MVP before that event. I am still working my way through all of the feedback, but one really exciting thing was that we got to see t  but one really exciting thing was that we got to see the mayor which was a completely surprise to us and she was really keen to learn about what the MVP do, how we work with the local hospital. So that was really exciting to talk to her about that.  - we had the meet the team event at the Academic centre on Friday evening. Again, we spoke to around 30 to 35 expectant families and we've got some feedback around their experiences so far and also previous experiences that they had. Again, I'm working through that as that was only Friday.And but really positive feedback about the event, a lot of the service users were really grateful for the opportunity to be able to ask lots of questions, get lots of information and they felt really, re assured by about with the people that they'd spoken to.  -We held two online listening events, so the one was held at lunchtime and one was in the evenings for allowing accessibility based on what service users said would work with them.  .  - Temi went to one of the children's centres and attended a mum and baby group.And then some other bits and pieces that we've been up to.  - Temi attended the maternity and neonatal summit in Leeds and in the photo you can see Emma, who's the Co chair for Luton as well. We work quite closely across Bedford Luton and Milton Keynes Mvps.she was lucky to meet Jacqueline Dunkley. Bent. MVP chair and service user input was very key and core at the even. It highlighted how important what we do is and making sure we are funded, making sure we've got the space to do it. So that was really great to see how we can continue to work together.  **Membership**  we have tripled our service user members and and I just wanna say a massive thank you to all of them because they are continually supporting us. We have a WhatsApp group that is very, very active and always asking us for different projects and things and updates on what's going on. And if we ask for feedback on any projects, they respond so quickly. And as you can see from the photos, we've had actually a couple of our service users, volunteers come and support us at the events as well and we hope to do more of that going forward.  **Health Mother, healthy pregnancy**  . Myself and Temi and Emma from Luton attended the healthy mother, healthy pregnancy event launch. We got to meet lots of healthcare professionals across Bedford, Luton and Milton Keynes to look at preconception advice.  **Equipment**  We were really lucky to get IT equipment donated from John Lewis which we had planned to use our budget for.. We received a laptop each and a tablet for us to be able to take to events so that we had the option for translation at our face to face events and having access to the survey.  So we have saved a huge amount of our funding, which we can spend on hopefully some more things and that's gone into. So the pot for the new roles. So we'll be able to continue those for longer. So the laptops are gonna be used by Temi and also who we get into the new post and then we've got the tablet as well. And you can also see from the photos, we've now got a lovely uniform. So we've got some T-shirts and some hoodies with our logo on and also some white T-shirts with the logo on for when service users come and volunteer. This allows people to recognise who we are.  **MNVP** – plan over the next 6 months without name change whilst we are doing the neonatal scoping.  **Feedback themes** -birth reflections service, Gestational diabetes  -**Birth reflections service**-The birth reflection service and the debrief. So we were getting a lot of feedback that there was a difference in the service that people were experiencing and during the birth reflections appointment and whether or not they received a debrief on discharge after birth. So I had a meeting with Cat last week and yesterday. We met with the obstetrician consultant, the gyn consultant and consultant midwife. We are looking at reviewing the guideline and patient information leaflet on that part. **Catherine Crossan**, the meeting ended up being a lot more about debriefs than the birth reflections. Obviously they're two separate services and I've sent out the birth reflections guideline for people to have a look at, but in terms of debriefs, it's kind of a bigger conversation around the service and how we kind of develop that and how it runs because there was some kind of inconsistencies with who was being offered them. we are looking into how consultant debriefs are working and being offered.  .  -**Gestational diabetes** midwives had a meeting with Roxy to discuss, Louise Allant (Diabetes advisor) explained that there were no updates at this time,HoweverI has been in , trying to be in contact with comms to get their website updated, but haven't heard anything for a few weeks now. LA to chase up and update.  **New roles** -  Engagement and neonatal leads where additional funding will go towards these roles. We will be sending out the agreed job description and aim to shortlist and interview by June. Our plan is to try and get into the children's centres at least once a month and which the new engagement lead will hopefully be able to support us with, to give us that bit more flexibility.  **Labour ward refresh**  **Mary Plummer:**The purchased birthing equipment arrived and is available on the labour ward now, and the ceiling panels I've just been contacting our Estates Department and the manufacturers today because they should be arriving very shortly. They were just testing the ceiling clips to make sure the ceiling clips were right for our ceilings and then they should be able to come and fit them now  **Neonatal**  **Diane Grey:** if we could include a little about a little section about the neonatal unit in there, a couple of our parents who obviously maternity service users too and are just wondered whether if we could just say the number of term admissions and preterm admissions so that parents understand that obviously the Natal unit exists, but also the term and preterm babies do get admitted to the DNA to unit.  **Tony Baker**:Milton Keynes has recently started lots of building work on the neonatal unit. -some of the special care cots have been moved into another area to increase space. The amount of cots are not increasing, just the space around them.  –We are at the next stage of building a new parents' sitting room. The old store room has been converted into a new sitting room and we have combined it with the parent's kitchen to improve facilities for the parents. That is the work that started this week  This work unfortunately means that we've had to reduce our parent rooms ,(which can be slept in ) by one whilst this work is being completed. A short term pain of having that is that long term gain that much better accommodation for parents.  **Diane Grey:**We are working with a group of parents to help us design the use of that space. We received some money from our charity that has been raised and donated that we're using to redevelop the whole space for families.  Roxy, I know you shared the paddlet which was one of our network projects that has gone live in Milton Keynes.  **Family integrated care**  **DG** had parents help us co- produce our admission leaflet and we've got brand new designed cupboards that are lovely, which staff like to. Parents can write their names on it because it matters to them that we use their names, not just mum and dad. There is a whole space that they can write other messages and what matters to you on a board. People are really liking those and some of our parents have come back and helped us.  For after discharge, we have also developed our parent information folders too, looking at how we give information.  We have set up a neonatal library to encourage parents to read to their babies whilst on the unit.  We have our parents come and help us with our training. We have family integrated care workshops every quarter that parents come back and support us with, and also we have breastfeeding study days as well. They have parents either present or with recorded stories that they share.  It will help our families a lot. We've offered a psychologist a post as a neonatal psychologist for two days a week. I can't tell you any more details on that, but that is a positive step forward. On Friday we are interviewing 3 OTS as we got some money from Ockendon to have a neonatal OT. So that will be both of those are brand new roles that we've not had before at Milton Keynes, but will be a huge part of our family integrated care and our experience.  From a network point of view, we've got a new role that we'll be introducing in June, which is a network wide role and around repatriation. So it would be very much maternity and neonatal working together for this. So the link nurse role is looking at the communication that happens for our families when their babies are delivered in other units. So for us, it usually is Oxford, but obviously it can be anywhere in the country and how they link. So we currently liaise with the staff here and the staff at the other hospitals and sometimes that goes really well and sometimes it doesn't go so well, but it's just looking at communication as soon as we know that that baby is either delivered in another unit or that mum knows she's going to be transferred to another unit and working with the whole family. So the link Nurse role is to communicate with the family as soon as we're aware of them and throughout until they've been brought to a unit closer to home and the network team. And Emma as our parent engagement leader have worked with families to develop a whole package. This is being piloted and developed so video, leaflets and documents that have been used so. And it's been really well received in the pilot sites. So that will be from June.  **Statistics:Home Birth/Water birth and neonatal**  **Roxy-**  How the data is reported for home and water birth.  **Natalie Lucas** Data from E-care system only records when a woman gives birth in the water but not if they only laboured in the pool. This is also the case for home birth, if a baby is born at home it is recorded as a homebirth, but if they are transferred for any reason then it is not.  **DG**  A couple of our parents who are maternity service users too, have wondered whether we could just say the number of term admissions and preterm admissions so that parents understand that the Neonatal unit exists, but also that term and preterm babies do get admitted to the unit.I didn't know who the right person to ask that was, but we're just why you brought it up then that would be great.  **NL** I can speak to Lisa, who's taking over from Abby, who provides all the data to the comms team to put that together. I will ask about getting that data.  **DG** Just the admissions and whether it is term or preterm would be great. I think if it is included on the main one then it because it joins us together then as you know, we're trying to do. I think if it's seen antenatally by other people or in general, then I just think it increases that awareness that babies do come to us sadly.  **NL to ask Lisa if the data can be added to the statistics and get back to mvp via email**  **Mental Health**  **sleep hygiene packs**  **Elizabeth Payne** We have rolled it out to every woman that comes in to have their baby. We've got an antenatal pack and a post Natal pack. They are predominantly the same. Apart from the post Natal packs don't have the ear plugs in them, so we recognise that for the antenatal ladies, they can be in for a week before going to the labour ward, their sleep’s disturbed, they're stressed, they're anxious, they're worried. So having those ear plugs is a little bit of a life saver and having a little cat naps and things.  So looking forward to when the flyer is all agreed so that that can go in there as well. That's gone out for comment and that hopefully will be back within the next week.  **RC**  i know it's a sort of a pilot project to see how it lands in the feedback, the link to the feedback will be posted on our socials quite quickly over the next couple of months to try and help you gather that feedback as wel**l**  **GA** We want to work closely here with Roxy.and Temi, as we always have done. To really get mental health back on the agenda and particularly if there are any women or partners, particularly as well, you know, would like to really be flying the flag for us and working closely with us to feed back their mental health experiences. including positive experiences, things that we could do better. This is how we learn and move forward.  We are working towards something called accreditation with the Royal College psychiatrist. This has been a long process. We've had two peer reviews over the last couple of years, one just before COVID doing a virtual 118 months ago. We've got our first accreditation review, in the middle of June. We have been working on this day and night. We have lots of evidence to submit. We've sent out yesterday a link to 12. Women who have used our service and at the moment I've got eight partners because they have to send in anonymous feedback to the Royal College psychiatrists. So that's under way. The same with professionals, we have sent out the links to our partner organisations, so that's.  We have a pack for carers but it's a bit generic so we want to have something that's quite bespoke so we'd very much like to hear back what partners think. Partners don't tend to see themselves as carers because they're the dad, they're the husband, they're the partner. It may not be a partner, it could be a significant other. One of the families we worked closely with, the most important person for that mum was her grandmother. So it's very eclectic when we say the word carers. We want to know what do carers want? If we're putting together a carers pack, we can have good ideas. We can put generic CNWL information in about us. But we want to hear what would be useful.  We've got a walking group and talking to the families there, but please give feedback either to Roxy and Temi or directly to myself as team manager.  We now have a specialist pharmacist in our team, so that ties in with the preconception work and for women who are pregnant or postnatal and breastfeeding that we now have a specialist pharmacist who can also give that advice about medication as well for women who are planning pregnancy.  I hope that we are going to be back on the MVP agenda regularly, so I'll try and put together a little snapshot in a presentation, maybe for the next meeting . So we can give a more formal update. RC and TB to ensure mental health have regular slot on agenda  **RC**  I'm really keen to be involved in what that carer's pack looks like and that just my initial thoughts on that is for myself, I wouldn't have considered my husband a carer in the traditional sense that everyone thinks of it. So I think that it's a really exciting project and definitely would like to link in on next just from the events that we've had over the last week. We do have quite a lot of partners come and talk to us about their perspectives and where do they fit in in the journey and who speaks to them and what information they're provided with. We are definitely happy to link in with that, but perhaps we can catch up outside of this.  **GA**  The take home message from the meet the team last Friday and the previous event which we did back in the winter as well. There were really meaningful conversations that we were having with the prospective fathers who were there and how we were trying to focus to make awareness of Dad's mental health and dad's mental health really matters. And that partners weren't even thinking about that but the events have been fantastic and we've had such meaningful conversations. I'll keep you updated, Roxy, and I'll tie you in with Steph who is leading the team.. GA to do introduction tp Steph  **RC**  Yeah, that would be great because like so I think we had some feedback from that event as well. And also the parent and toddler fair, we had a few of the partners come and talk to us about their experiences and sort of like say how they fitted in. So that would be really great to see what support would be up there for them. And we've had a couple of charity approaches as well for a lady that provides sort of counselling the safe space for men and partners to come and talk. And she said that was one of the consistent things that she gets is that where the partner's been for a traumatic birth, where does the partner get that support and and things. So yeah, it would be really great to link in on that one.  **GA**  Yeah, very much so. And it's high on the national agenda as part of the long term plan that we assess the word assesses used very loosely cause we're not opening a mental health record for further or partner, but it is part of the LTP that we're very mindful of fathers and partners and we sign posts them to the most relevant service.  The nursery nest is fab. Work with partners. If she's teaching baby massage to a mum. She teaches it to the parents. So whoever the what? The family construct is. She teaches it to both of them if they're present.  We've applied through our midwives, Liz and Caroline to have a stand in MKUH entrance next week to coincide with maternal mental Health Awareness Week and we're hoping to get a stand in the entrance of the hospital Friday to tie in with the International Day of the Midwives. But we'll keep you updated if we're going to be there because we haven't heard back from MKUH yet.  **Preconception / Healthwatch**  **TK**  45% of pregnancies are unplanned and the project is looking at the 45% of people trying to get them along to talk about preconception health when they are not planning a pregnancy. We need to figure out a strategy to kind of reach those people. We have been asked to work alongside the MVP to organise a kind of service user questionnaire around preconception. We are going to run a series of events ourselves. We have been asked to really concentrate on those from deprived areas, black and Asian women who have poorer birthing outcomes. We were thinking of holding a like a well woman event. getting people along to talk about all sorts of topics such as Sexual health, breast screening, cervical screening, perinatal postNatal, . But have a real focus on that preconception care.There is also, , dangers in short gaps between pregnancies. So it's about talking to those women who have had children already that aren't thinking about contraception or aren't necessarily.Planning on getting pregnant but not necessarily thinking about what they're doing to prevent that. I want to include some mental health support because I think there is value in talking to women.There's a lot around that kind of perinatal mental health and postnatal mental health. But there's not an awful lot about beforehand making sure you're kind of mentally in the right place to deal with everything that's going to change in your life once you, once you get pregnant.  I think we need a really in-depth conversation to find out what information people would be interested in. But then how to get that information out and how to make it accessible at pharmacies and GPs. focusing on getting healthy before they get pregnant.  We need to make sure that if they do, then make the effort to go somewhere that they're not knocked back. The preconception work is for just over a year.  **TB**  i just wanted to highlight the gap of when a woman has a baby and may have had a condition and have been told to make contact before they get pregnant again but they are not told where to go, until they fall pregnant again.  **TK**  On the back of that, We've approached the recovery college to do a mental health course. As there needs to be some kind of support, advice, what are my alternatives and how can I change my medication? Should I stop it? hoping to be working up a course for the recovery college.  We have to take this in baby stages. As nothing's set in concrete as yet, but yet it's just such a huge as it covers all areas of health.  **Natasha White**  Dr Anya did suggest that it was for the point of contact for these women. Who have uncontrolled epilepsy or who may have experienced pre eclampsia before and maybe have a high risk pregnancy the second time round that actually there they are entitled to see their obstetrician a lot sooner than what they.  **J L** women with pre-existing diabetes as well or even women with previous gestational diabetes. We're really keen to get hold of people's preconception if they've got pre-existing diabetes and we do offer a preconception service at the hospital so people can contact me,Louise or the diabetes midwife nurse and we can organise that for them. We don't do that for gestational diabetics. But it is really important that they do plan their pregnancies. To make sure that they have been checked to make sure they haven't developed Type 2 diabetes and before, in between their pregnancies, which quite a few of them do seem to. So that's this is another issue that we could talk, you know, we could put onto the preconception agenda. It's very important. MVP to continue to link inn with Janet to support preconception work as it develops .  **RC**  To summarise from the MVP perspective we were awarded some funding for this. So our plan is to recruit someone to help lead us on this preconception project and work across the different places that we can impact like we can have input in the different areas.  **Perinatal Pelvic health**  **Christina Edley**  A quick update for the perinatal Pelvic health service. And I just wanted to say firstly, thank you to all the service users who have been giving feedback on the pathways that we've been trying to publicise. We have recently launched the antenatal pathway that Lauren's taken out to a few places for feedback and she gave me back today. Over the coming weeks I will be looking at the postnatal pathway.  We have sent round some patient information leaflets for feedback as well. So greatly appreciate that and hopefully we'll be seeing them in use. Some of them are already in use and have been historically but have been updated with MVP comments. We've got a couple of new leaflets that are going out in the booking pack and discharge pack as well.  We are also busy working with launching risk assessments. I'm keen to highlight pelvic health dysfunction or pelvic floor dysfunction as a preventative at booking as well as and trying to pick up those before they become symptomatic.  **MKUH Update**  **Cat Crossan** - PMA - Padlet  **TB:** What is a Padlett?  **CC:** it is a digital resource. You can have them set out in various different ways, but are quite like the shelf. Once you can have different columns and you just can share links or files or photos. So you can view it on the website so you can share it via. If I click that you can have a QR code or you can just copy a link and send it to people. You can embed it in the website, share all over the place. Really QR codes for it. Quite handy because you can just have a poster up. They can be given a piece of paper at discharge with a QR code and the numbers to call so then they can just scan it on their phones and once they have scanned it in then they can save it to their desktop or to their favourites. information leaflets can be accessed.  **NW** As a service user, I think that would be lovely to have all of the resources in one place, cause obviously I know you get a particular kind of leaflets or booklets depending on your specific circumstances, but to that have external links that you can search yourself, but to be able to, go onto a padlet during the night feeds would be fantastic. You know, on your phone that it really would be useful.  **CC**  **Y**eah, that's the most people seem to look at things on their phones now, and obviously we'd still be able to have the paper copied for anyone that didn't have access to a phone or a computer or anything. And then I guess once they're made, then they can go through clinical decisions just to make sure we're happy. But all of the links on there are   National things like Lullaby Trust and NHS website which are verified.  **TB** Will it be accessible in different languages in the digital copy or will it be easy to translate?  **CC**  It would be more a case of when you click on each link whether the website then cause it's a link to each sort of post is like a link to a website or a leaflet. So if the website itself is translatable, then yes, there is the multilingual section as well. So there's links in there to like baby friendly and lullaby trust and screening leaflets into other languages.  I mean, on our computers we have like the digital read essay, you can kind of change languages and things for the whole website that you're on. So it would read everything out to you like that.  just the information shared which would just need to be in a different language.  I mean, at the moment, discharge packs are all in English so. There's at least more information on there. I mean, I tend to print off information in other languages if I've got someone, so I'll print off the baby friendly information in their language or the lullaby trust to send home with them. But this would then be on the On the padlet  **RC**  Thank you, Kat. I think that's I think that's landed really well. It looked really exciting. I think it does make it does really simplify and all of that information just one of the questions. Ohh sorry Gloria. I'll let you go first.  **GA**  Just quickly, just added into that East of England region of produced some leaflets specifically about perinatal mental health, but in various languages that so they're not specific to the localities, but it it may be that we also send you the links for those because we've got the links in different languages and on our website we've got the links to some films that have been put together by the Acacia trust. Again, around mental health, but in different languages, so it might be worth having those two added to. I can send though I'll send them to Liz to pass on to you. Ga to ask Liz to send Cat mental health leaflets  CC  That would be amazing.  **RC**  I think that's the thing that we're getting from services. The information's out there. It's just what is important and where do they find it because there are so many different places, especially where we've got like, nwn MKH sort of working together and then you've got the Ms. And so I think having that one central place would be really helpful. And my only question that I was gonna ask for me is that once they're up and running, how do we ensure that the information on there is kept up to date? Who is there like with that fall under response because one of the problems we've had recently is around, like, just basic contact numbers not being up to date.And so that would be my. How is how is it managed long term or we would I think they'd be a need for service users to make sure that if they were looking for like phone numbers or particular information that is kept up to date that would be my only worry. I love it. This is because I love the look of it. But and I don't wanna be negative but I just conscious at that could be a point.  **CC**  I mean, I suppose it's the same with leaflets and things, so you'll need updating whoever's responsible for updating the leaflets and the information that's already being given out. So I guess, like the ward managers and.  **RC**  Yes. If you can keep us up to date on that, I'll be really great. And then we can see if we can link in as well and see, you know, we can ask our service users as well information they'd like or if there's anything in particular they've struggled to find. They've been found as useful perhaps that we could be included and that'd be really helpful.  **CC**  I can add things in as we go along. , The other ones used to evolve when service users would suggest things that were really helpful. So I'd put it in.Cat to update MVP of padlett updates.  **Emma Mitchener**  We had our CQC visit and a huge thank you to you and Temi for your support on the 8th and 9th of March with the CQC to thank you again for that. And again we're just waiting for the initial draught report to come through for us to go through. So we wait with baited breath for that.  We had our healthy lifestyle and our healthy pregnancy clinic comments on the week commencing the 17th and so far that's gone really well. So that takes place all day on a Tuesday and Thursdays afternoon at Brooklands Medical Centre Wendy sees around 20 service users per week. Those service users that book their pregnancy with BMI of 30 and above. It is really about just giving that element of Reassurance around advice of how to use a healthy pregnancy, whether it's nutrition, exercise. So we wanted to steer away from words such as obese, exercise etc, because it can be quite a sensitive subject, especially for women. So we are using terms like movements. So what movements are healthy in pregnancy? if you're not used to doing exercise, what's healthy enough to do while you're pregnant and then immediately postnatally and also taking into account there is a cost of living crisis. So we just need to be very mindful of the types of things that we're advising and where they can go and get support within the local community, also taking in and being culturally sensitive as well taking in the cultural needs of our community. We look forward to reporting back on how that's going.  We also started our in the same week and the two are very aligned is our in House smoking cessation service. So that our smoking cessation support worker again is contacting all of those service users whose initial CO reading at booking is 4 and above and offering them the opportunity to have Nicotine replacement therapy options.  With our central beds, colleagues, they have a tobacco dependency programme, there has been funding to support that project and get it off the ground. So the idea is that they're looked after through a 12 week period of their pregnancy with nicotine replacement therapy, making sure that we have options when they're coming in as an inpatient,immediately postnatally and the plan will be to visit them at home, looking to make sure that carbon monoxide monitored in their homes so it's not just about smoking per se, it is also about their exposure to inhalation substances that are unhealthy. This is what Wendy is going to be doing.  Sleep packs have been extremely positive. It has only been in place for a couple of weeks as well. So we really had a real focus on healthy initiatives. A huge thanks to Liz because Liz conscious of the embrace report, talks and discussions around insomnia and the increased suicide rates and how sleep deprivation does actually contribute. understandably, too much mental health deterioration. So the sleep packs are designed in order to give, just give a little bit of extra comfort to our service users. The packs create some comfort, there's some hand cream, lip balm, some post it notes and a pen because often, you know when you've had a baby, you have lots of questions, but you don't have anything to write them down. And then the next day or hour you have forgotten. So really it's about giving them the chance to write things down, even if it's at 2:00 in the morning feeding the baby, they can just write a question down if there's something about their care, they're not sure of.  We also have the MVP leaflet in there as well to make sure that the service users have got that. A point of contact to give service users feedback if that's something they want to get involved in later on as well as to improve the services. In addition there's going to be a leaflet in there around mental health postnatally as well. They need to be formatted and then we'll print that out to be added to the pack.  So lots of real health initiatives really alongside the public health agenda which is really important.  **LMNS update:**  Angela Weatherley  I'm Angela weatherly. I'm the clinical lead midwife for Bedford Luton and Milton Keynes, LMS local maternity and their natural system.  Key highlights for us are that  the three-year delivery plan for maternity and neonatal services that was published at the end of March that you were talking about at the national event where you met Jacqueline Dunkley, Bent Temi and now we're working through a gap analysis for the Integrated Care Board about the how these responsibilities that are set out in that document and we're planning an element in the board workshop for June to look at what that means for our local system and setting the key priorities for 2023 to 2024. As part of that, reviewing the governance in line with it.  Then there's the patient safety incident Response Framework which is replacing the serious incident framework and that has that's something that all trusts are integrating and has to be up by autumn 23. It is a completely new way of looking at serious incidents, and it's a big change for services and we're looking at what that means for the integrated care boards quality team.  The funding to support local maternity voices partnership has been agreed and the next steps for that is finalising the work plans.  **AOB**:  **RC:** feedback from service user regarding infant feeding lead has been absent  **EM:** infant feeding lead is due to return this week, however all staff are trained to support infant feeding.  **Date of next meeting: 26 July 2023** |
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