

Stakeholder engagement – deadline for comments 17:00 on 13/11/18

email: QStopicengagement@nice.org.uk

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none"> 1. What are the key areas for quality improvement that you would want to see covered by this quality standard? Please prioritise up to 5 areas which you consider as having the greatest potential to improve the quality of care. Please state the specific aspects of care or service delivery that should be addressed, including the actions that you feel would most improve quality.
<p>Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):</p>	<p>The Royal College of Midwives</p>
<p>Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.</p>	<p>None</p>
<p>Name of person completing form:</p>	<p>Mandy Forrester</p>
<p>Supporting the quality standard - Would your organisation like to express an interest in formally supporting this quality standard? More information.</p>	<p>Yes</p>
<p>Type</p>	<p>[for office use only]</p>

Key area for quality improvement	Why is this important?	Why is this a key area for quality improvement? Evidence or information that care in the suggested key areas for quality improvement is poor or variable and requires improvement?	Supporting information If available, any national data sources that collect data relating to your suggested key areas for quality improvement? Do not paste other tables into this table, as your comments could get lost – type directly into this table.
<p>Separately list each key area for quality improvement that you would want to see covered by this quality standard.</p> <p>EXAMPLE: Pulmonary rehabilitation for chronic obstructive pulmonary disease (COPD)</p>	<p>EXAMPLE: There is good evidence that appropriate and effective pulmonary rehabilitation can drive significant improvements in the quality of life and health status of people with COPD.</p> <p>Pulmonary rehabilitation is recommended within NICE guidance. Rehabilitation should be considered at all stages of disease progression when symptoms and disability are present. The threshold for referral would usually be breathlessness equivalent to MRC dyspnoea grade 3, based on the NICE guideline.</p>	<p>EXAMPLE: The National Audit for COPD found that the number of areas offering pulmonary rehabilitation has increased in the last three years and although many people are offered referral, the quality of pulmonary rehabilitation and its availability is still limited in the UK.</p> <p>Individual programmes differ in the precise exercises used, are of different duration, involve variable amounts of home exercise and have different referral criteria.</p>	<p>EXAMPLE: Please see the Royal College of Physicians national COPD audit which highlights findings of data collection for quality indicators relating to pulmonary rehabilitation. http://www.rcplondon.ac.uk/resources/chronic-obstructive-pulmonary-disease-audit</p>

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<p>Key area for quality improvement 1</p> <p>Maternal Mental Health provision of services by community perinatal mental health care team including a specialist midwife in every Trust</p>	<p>More than 1 in 10 women develop a mental illness during pregnancy or within the first year after having a baby.</p> <p>Research, from MBRRACE amongst others, have supported a recommendation to have a specialist Mental Health midwife in every trust. This has not been realised and there is lack of support specifically in the post-natal period in the community when numbers of maternal suicides are high.</p>	<p>Useful information can also be found on the Maternal Mental Health Alliance (of which the RCM is part) website at https://maternalmentalhealthalliance.org/ including variation of the level of perinatal community mental health teams.</p>	<p>Tavistock and Portman NHS Foundation Trust. A competency framework for Perinatal Mental Health. https://tavistockandportman.nhs.uk/training/medical-education/competency-framework-perinatal-mental-health/</p> <p>RCM Every mother must get the help they need. 2017. https://www.rcm.org.uk/sites/default/files/RCM_Perinatal%20Mental%20Illness_A4%20report_final.pdf</p> <p>RCM Caring for Women with Mental Health Problems: Standards and Competency Framework for Specialist Maternal Mental Health Midwives. https://www.rcm.org.uk/sites/default/files/Caring%20for%20Women%20with%20Mental%20Health%20Difficulties%2032pp%20A4_h.pdf</p> <p>MBRRACE_UK. Saving Lives, Improving Mothers' Care: Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2014–16. https://www.npeu.ox.ac.uk/downloads/files/mbrrace-uk/reports/MBRRACE-UK%20Maternal%20Report%202018%20-%20Web%20Version.pdf</p>
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<p>Key area for quality improvement 2</p> <p>Equitable access to smoking cessation programmes in pregnancy and postnatal period</p>	<p>Smoking cessation remains one of the interventions in the ambition to reduce stillbirth, neonatal death and prematurity. It is part of the Saving Babies Lives Care Bundle, and is subject to a target from the Secretary of State. Smoking in pregnancy is highly correlated to deprivation.</p>	<p>Smoking is a modifiable behaviour, but people require specific interventions to quit (and stay quit) successfully; willpower alone does not have the same cessation rates. “The best way to quit is with expert help from local stop smoking services together with stop smoking aids. In 2017 to 2018, half (51%) of smokers who got this package of support managed to quit and among those who used an e-cigarette in their quit attempt, the success rate was up to 63%.” (PHE, 2018). Services in the community for smoking cessation are patchy but critical for reducing poor neonatal outcomes. The Saving Babies Lives Care Bundle analysis thus far finds that smoking cessation, of the four interventions of the bundle, is the weakest.</p>	<p>Smoking and Pregnancy Challenge Group Review of the Challenge 2018. http://ash.org.uk/download/2018-challenge-group-report-final/</p> <p>Tommy’s. Evaluation of the implementation of the Saving Babies’ Lives Care Bundle in early adopter NHS Trusts in England. www.manchester.ac.uk/discover/news/download/573936/evaluationoftheimplementationofthesavingbabieslivescarebundleinearlyadopternhstrustsinenglandjuly2018-2.pdf</p> <p>PHE press release, One person quits smoking every 80 seconds in England https://www.gov.uk/government/news/one-person-quits-smoking-every-80-seconds-in-england</p>
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<p>Key area for quality improvement 3</p> <p>Co-locating IDVAS within a hospital setting can improve health and wellbeing outcomes for victims of domestic abuse.</p>	<p>MBRRACE reports over many years have found a strong link between domestic violence and maternal death. Domestic abuse also is links to poor neonatal outcomes, including pre-term birth. Women access healthcare after episodes of violence; on average women who die of homicide from intimate partners have had contact with healthcare services as a result of violence before.</p>	<p>The findings of SafeLives' research, which provides evidence from over 4,000 victims supported in hospital and community settings, show that we are missing opportunities to identify victims of domestic abuse – particularly the most vulnerable – and that locating a team of Independent Domestic Violence Advisors (IDVAs) within a hospital is a key way to address this.</p>	<p>See various MBRRACE-UK reports into maternal death, including MBRRACE_UK Saving Lives, Improving Mothers' Care: Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2014–16. https://www.npeu.ox.ac.uk/downloads/files/mbrbrace-uk/reports/MBRRACE-UK%20Maternal%20Report%202018%20-%20Web%20Version.pdf</p> <p>Safe Lives. A Cry for Health. http://www.safe-lives.org.uk/sites/default/files/resource/s/SAFJ4993_Themis_report_WEBcorrect.pdf</p> <p>RCM. Supporting survivors of domestic abuse to register to vote. https://www.rcm.org.uk/sites/default/files/Anonymous%20voter%20registration%20in%20the%20UK%20A5%20204pp_4Final1_0.pdf</p> <p>Department of Health guidance for health professionals on responding to domestic abuse. http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/597435/DomesticAbuseGuidance.pdf</p>
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<p>Key area for quality improvement 4</p> <p>Obesity/ Weight management in pregnancy and postnatal period</p>	<p>Obesity in women of child bearing age is increasing. The MBRRACE-UK Confidential reports have highlighted obesity as a factor in maternal mortality.</p> <p>Associated health risks and morbidity including pre-eclampsia, venous thromboembolism and gestational diabetes, and higher rates of labour induction, delivery by caesarean section, general anaesthesia and anaesthetic complications morbidity and adverse perinatal outcomes increased stillbirth and neonatal deaths are a concern maternal health.</p>	<p>Previous Confidential enquiry projects triggered from reports i.e. (CMACE 2010 Maternal obesity in UK: findings from a national projects) give data and recommendations but the current MBRRACE reports do not provide an improved picture.</p> <p>Many stakeholders agree that there is a gap in the guidance for safe weight gain in pregnancy for a UK population.</p>	<p>[We understand NICE are working on weight gain in pregnancy]</p> <p>https://www.npeu.ox.ac.uk/mbrance-uk Confidential Enquiries</p> <p>UKMidSS – NPEU https://www.npeu.ox.ac.uk/ukmidss/publications Obesity study publication pending</p> <p>CMACE 2010 Maternal obesity in UK: findings from a national projects http://www.publichealth.hscni.net/sites/default/files/Matern al%20Obesity%20in%20the%20UK.pdf</p> <p>The healthy eating and lifestyle in pregnancy (HELP) feasibility study https://www.magonlineibrary.com/doi/10.12968/bjom.2014.22.10.727</p>
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<p>Key area for quality improvement 5</p> <p>Midwife-led continuity models of care targeting vulnerable women; homeless, migrant and refugee population, sex-trafficked women, women with psycho-social problems including drug abuse</p>	<p>The poor perinatal outcomes that these women face are well reported in Confidential Enquires and other reports. The recommendations in improving safety and quality of care to these populations consistently include named midwife, continuity of care, co-ordination of care plan with multi-agency approach.</p> <p>Continuity of care is part of the NHS transformation programme</p>	<p>The latest Cochrane review finds midwife led care related to continuity of care is the only intervention reducing preterm birth and perinatal mortality https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012505.pub2/full?highlight=Abstract=preterm%7Coverview%7Cbirth</p>	<p>RCM. The contribution of continuity of midwifery care to high quality maternity care. https://www.rcm.org.uk/sites/default/files/Continuity%20of%20Care%20A5%2012pp%202107_6.pdf</p> <p>RCM Continuity Care of Position Statement see https://www.rcm.org.uk/sites/default/files/Continuity%20of%20midwife-led%20care.pdf (being updated)</p> <p>Measuring Continuity of Carer: A monitoring and evaluation framework https://www.rcm.org.uk/sites/default/files/Measuring%20Continuity%20of%20Carer%20-%20A%20monitoring%20and%20evaluation%20framework%20FINAL%20VERSION.pdf.</p> <p>NHS England. 2018-19 Planning Guidance – include target for NHS providers to provide women with continuity model of midwifery care. https://www.england.nhs.uk/publication/refreshing-nhs-plans-for-2018-19/</p> <p>NHS England: Better Births: A five year forward view for maternity. https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf</p>
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Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- Please provide concise supporting information for each key area. Provide reference to examples from the published or grey literature such as national, regional or local reports of variation in care, audits, surveys, confidential enquiries, uptake reports and evaluations such as impact of NICE guidance recommendations
- For copyright reasons, do not include attachments of **published** material such as research articles, letters or leaflets. However, if you give us the full citation, we will obtain our own copy
- Attachments of unpublished reports, local reports / documents are permissible. If you wish to provide academic in confidence material i.e. written but not yet published, or commercial in confidence i.e. internal documentation, highlight this using the highlighter function in Word.

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