

15 Steps For Maternity.

Venue: Royal Lancaster Infirmary Maternity Unit

Date: 20/12/19	Team members: Rebecca Knagg (MVP Chair) and Mel Bunting (Service User Rep)
Ward 17	Hospital Staff Supporting: Alison Mayor (Matron)
<p>Entry to the maternity unit is clearly marked from outside the building and the building is easy to access, situated across from the entrance to the main hospital building. Inside the building, there was no one to greet us on the enquiry desk, but the building was well signposted and it was easy to find both ward 17 and the Delivery Suite. The interiors of the entrance hall are dated, in line with the age of the building, but they are bright, airy and well maintained. Behavioural Standards Framework is on display and some Islamic tapestries.</p> <p>The team were greeted by the Matron, Alison Mayor. Alison made us feel very welcome, she showed us around every area of the ward and was happy to explain terms if needed and to answer any questions we had. On arriving onto ward 17, the atmosphere was very peaceful, quiet and relaxed even though there were many patients currently staying on the unit. Staff were obviously working hard and appeared busy, but they all took the time to greet us and were very friendly and welcoming. It was also observed that staff seem to have very good relationships with each other as they appeared to be working well together and the atmosphere was very friendly and positive.</p> <p>Our first observation of the layout of the ward is that the ceilings are very low, which feel very enclosed. We realise that although this would unlikely be something that would be reasonable to improve, all has been done to make sure that this does not affect people's experience. The walls are light in colour and not cluttered, which help the ward feel more open. There is beautiful artwork on the walls, imagery from Beatrix Potter novels, which is also a great nod to the hospital's nearby surroundings. Equipment is stored away neatly on the corridors; surfaces are clear and no personal records were on view. On arriving at the ward, we could smell disinfectant, though not in an over powering way. The ward smelt clean and the temperature was comfortable. Hand washing is promoted at various points around the ward, with hand sanitiser clearly labelled. Ward 17 has a large, homely day room which patients and their families are able to use at will. Alison also explained that this can be used for discharges, or feeding support when appropriate. The room has comfy chairs, a tv and facilities to make refreshments. On our visit it also had a Christmas tree, which could be a comforting factor for families who have to spend time on the unit over Christmas. There is lots of information in the room, including information on feeding and the local Maternity Voices Partnership group. The team felt that this was a great place to hold lots of information as parents could sit and read through the leaflets and posters at their leisure and in comfortable surroundings without pressure. Information leaflets were spread around the room and the team suggested having one area in the room for the information, or having an interactive piece of technology such as an electronic information board or fixed ipad where parents could access NHS approved information and guidance and local area support. The team did not see information on local support groups or children's centres.</p> <p>Security on the unit is obviously a high priority with staff using a code to gain entry to the ward, after speaking to Alison, she explained that the system will also need the staff member to insert their smart card in the future to add to the security measures. All staff seen on the unit were distinctive by their uniform and ID badges.</p> <p>The Nurses Station is open and airy and kept very tidy, the windows to the room behind also ensure that staff can see if a patient is waiting at the desk, and equally importantly, that patients can see that staff are around.</p> <p>The ward is a mix of four bed bays and single rooms, they were well maintained and clean. The bathrooms are clearly identified and easily accessible, though we didn't see information in the bathrooms explaining how patients could speak to a female member of staff in confidence or</p>	

about Professional Midwifery Advocates (this information may have been available verbally, or in the day room). Chairs and equipment were observed that would be suitable for bariatric patients. The ward also has a Milk Storage room, where parents can access their expressed milk at anytime of the day. To ensure milk is stored correctly and securely, parents are given lockable storage units inside the fridge.

During our visit we were able to speak with a patient who had birthed 10 hours earlier. We observed Alison visiting the patient beforehand, respectfully knocking on the door before entering to ask for her permission for the team to talk to her. (please see case study 1)

Case Study 1	Mother: S	Birthed male 10 hours previously
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S had been admitted to the ward the previous day for an induction, this was her third child and all of her children had been birthed at RLI. S spoke about her birth story, how she had been induced but had tried to remain as active as possible through the labour, after labouring for a few hours the second stage came on quite suddenly and S gave birth whilst on the ward, rather than being taken to the delivery suite.

S told us that she had received the best care on the ward, she said that the ward staff had been very considerate of her wishes and had treated her with the utmost respect. She felt they had communicated well with her and was hoping to be discharged that day. S's baby was thriving and feeding well, though she had had an issue with feeding earlier in the morning. She had asked for some support, but it took a while for a midwife to come as there were doing a handover for the shift change. S explained, that although she had to wait a while, she was really happy with the support that was given. The team asked S about how her experience on the ward compared to her previous births, S told us that her first labour was difficult as she had an induction and spent a lot of time on her own as her husband was not allowed to sleep on the ward. The team explained that there had been some changes since her first birth and that the ward was expecting the arrival of new chairs that are able to lie flat so that partners would have a comfortable place to stay overnight, S agreed that this would be a great addition.

Overall S had a positive birth experience and was very grateful to the staff on the unit.

Delivery Suite

On arrival to the Delivery Suite, the atmosphere was quiet and relaxed in a similar way to ward 17, the hallways had equipment, but this was stored in an orderly fashion. Staff were friendly and polite and greeted the team, they were dressed in their corresponding uniforms and all had visible ID badges so that you could recognise their role on the unit. The suites are situated close to their own operating theatre which is helping to promote the dignity of the women who birth there as there is only a short journey from any of the suites to the theatre. The team was disappointed to see that the first two birthing suites did not have ensuite facilities, but instead share a bathroom which is accessed from the main corridor. We felt that this does not promote the dignity and privacy of the women who birth there. Alison explained that there was an opportunity for a bathroom to be fitted in a large adjacent store cupboard and that both bathrooms could have their doors moved so that they could be accessed from the birthing suites, making both rooms en suite. We recommend that this is done as soon as finances and building surveys can be arranged. The birthing suites themselves are very well maintained and clean, they have resuscitation equipment readily available in the rooms. Lighting can be altered and dimmed in the rooms to the mother's preference and rooms can have aromatherapy or active birth equipment brought in when requested.

The team were able to view the active birth room, this room is bigger and contained a large birthing pool. The midwives had prepared the room to show how it could be arranged to the mother's preference with battery operated candles, Colour changing mood lights, aromatherapy and active birth equipment. The team felt that this room is a huge asset to the delivery suite unit and show that consideration for choice and personalisation is of high priority. Alison explained

that the mother could choose how she would like to have the room for her own comfort, there is also Bluetooth speakers available for mothers to have music playing during the birth/labour if they prefer.

The team were also shown a room that was spacious and might be used in the event of a multiple birth or a birth that may pose higher risk of complication. All rooms visited were clean, well maintained and had a homely feel. We also viewed the Willow Suite, the bereavement room. This room was tastefully decorated and had a calming effect, it was visibly less clinical than the other rooms and benefits from outdoor access to a secluded courtyard. The team felt that this was a fantastic asset to the unit, especially with a pull-out bed so that partners can stay over. There are some refreshment facilities in the room also, so that bereaved parents do not need to walk to other parts of the hospital. It is obvious to the team that a lot of care and thought has gone into providing this facility.

Recommendations:

- Consider that information and guidance be held in one easily recognised location in the day room. Could digital support also be helpful here?
- More information on local community groups available.
- The active birth room and pool is a great asset, but we are sure that many mothers will miss this experience due to capacity. Could the provision of another active birth room with pool be considered?
- Look into turning the first two birthing suites into en suite rooms.
- Consider improving the security of the unit by utilising the existing card readers to require a swipe AND PIN entry with possession of a chipped identity card, or even just a casing to hide the keypad and PIN entry from view
- Consider creating a shadowed bay area or markings on the floor so that service users understand that is the designated storage space for this equipment and it is left there intentionally.

Acknowledgements:

The 15 Steps team would like to thank the Matron, Alison Mayor; the Ward Managers, staff and patients at RLI for being so welcoming, honest and open during our visit. After the visit the team felt a great trust in the staff and facilities at the maternity unit.