

# NSPCC Cymru/Wales

**Response to:**

## **Consultation on a Vision for Maternity Services in Wales**

**April 2011**

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## Consultation document

### A vision for Maternity Services in Wales

<b>Consultation Response Form</b>	Your name: Cecile Gwilym, Policy Officer Organisation (if applicable): NSPCC Cymru/Wales e-mail/telephone number: <a href="mailto:Cecile.Gwilym@nspcc.org.uk">Cecile.Gwilym@nspcc.org.uk</a> 0844 892 0290 Your address: Diane Englehardt House, Treglown Court, Dowlais Road, Cardiff CF24 5LQ
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Responses should be returned by **18 April 2011**, to:

Adults and Childrens Health  
Medical Directorate  
Welsh Assembly Government  
Cathays Park  
Cardiff  
CF10 3NQ

or completed electronically and sent to:

[AdultsandChildrensHealth@wales.gsi.gov.uk](mailto:AdultsandChildrensHealth@wales.gsi.gov.uk)

## Introduction

The National Society for the Prevention of Cruelty to Children (NSPCC) aims to end cruelty to children in the UK by fighting for their rights, listening to them, helping them and making them safe.

We share our experience with governments and organisations working with children so together we improve the protection of children and we challenge those who will not learn and change. We campaign for better laws and we educate and inform the public to improve understanding about child abuse.

Our services include the NSPCC Helpline, for adults worried about a child, and ChildLine, the UK's free, confidential helpline for children and young people.

As part of the NSPCC's Strategy to 2016 we are reshaping our services to be more innovative, distinctive and designed to capture and disseminate learning. Through providing cutting edge new services we hope to better understand the real issues and challenges in prevention, protection and the treatment of abuse.

The NSPCC strategy focuses around a number of key priority themes, one of which is children under one. The vision of this strand of activity is to break the cycle of abuse and poor parenting, using the unique opportunities of this life stage for engagement and behaviour change in order to tackle parental risk, promote secure attachment and set the template for positive parenting.

Over the coming years we will develop and test an innovative portfolio of services, to better understand how to prevent poor parenting and abuse. These include:

- A new group-based antenatal education programme supporting the transition to parenthood, including versions for key vulnerable groups such as parents with learning difficulties
- A hospital-based, parent education DVD, preparing all parents of newborn infants for the immediate return home, suggesting ways to cope with pressures such as infant crying and sleeplessness and highlighting the dangers of violent infant shaking.
- An intensive home visiting programme for disadvantaged mothers and their babies, combining reflective functioning approaches with practical nursing and social work support.
- A tool to improve the quality and consistency of assessments of family risk during pregnancy

We hope that the emerging learning from our work in this area as well as our ongoing research programme can inform the Welsh Government's vision for the future of maternity services in Wales.

**Consultation questions (please insert your responses in the box below each question)**

**1. Are the areas covered within the draft Maternity Strategy comprehensive and pertinent?**

NSPCC Cymru/Wales considers that the areas covered within the draft Maternity Strategy are pertinent.

The public health context in Wales shows that persistent health inequalities remain. The Welsh Health Survey 2009 showed that levels of ill-health increased with levels of area deprivation. Those in the most deprived fifth showed the highest rates for each of the illnesses covered.<sup>1</sup> Ill-health has of course adverse effects on pregnancy and birth. NSPCC Cymru/Wales welcomes the fact that the draft Strategy recognises this and seeks to address it.

The Strategy is a good opportunity to review progress in meeting the standards set in 2005 in the National Service Framework for Children, Young People and Maternity Services, and to highlight what remains to be done to ensure that pregnancy and childbirth is a safe and healthy experience for all women across Wales. According to a recent report by the Centre for Maternal and Child Enquiries (CMACE)<sup>2</sup>, 261 women in the UK died directly or indirectly in relation to pregnancy between 2006 and 2008. Despite a decline in the overall UK maternal mortality rate, there has been an increase in deaths related to genital tract sepsis, particularly from community acquired Group A streptococcal disease.

For the first time there has a significant decrease in maternal mortality rates among those living in the most deprived areas and those in the lowest socio-economic group, which is clearly to be welcomed.

The draft Strategy addresses the health needs of expectant and new mothers and their babies in a comprehensive way. However, NSPCC Cymru/Wales considers that the sections which deal with parenting support before and after the birth should be further developed to include issues of poor parenting and abuse, as well as the need for effective systems to identify and address risk factors for abuse during pregnancy and investment in early intervention programmes to reduce maltreatment for under-ones. NSPCC Cymru/Wales considers that child protection and safeguarding issues should be firmly embedded into the draft Strategy for the future of maternity services.

This is particularly important because all children have the right to be protected from abuse and maltreatment under the United Nations Convention on the Rights of the Child (UNCRC) Article 19 of the UNCRC states that:

*“States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.*

<sup>1</sup> <http://wales.gov.uk/docs/statistics/2010/100915healthsurvey09en.pdf>

<sup>2</sup> Centre for Maternal and Child Enquiries (CMACE). Saving Mothers' Lives: reviewing maternal deaths to make motherhood safer: 2006–08. The Eighth Report on Confidential Enquiries into Maternal Deaths in the United Kingdom, BJOG 2011;118(Suppl. 1):1–203.

*Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.”*

Crucially, evidence also shows that under 1s are at high risk of abuse:

- Infants under 1 face around 4 times the average risk of child homicide. The risk is greatest in the first three months and perpetrators are almost always parents.<sup>3</sup>
- Nearly half the children subject to a child protection plan in Wales at 31<sup>st</sup> March 2010 were under 5, with around 27% of those aged under 1. There were also 20 unborn children on the child protection register.
- The main reason for children being subject to a child protection plan at 31<sup>st</sup> March 2010 was neglect, followed by emotional abuse, physical abuse and sexual abuse.
- Non-accidental head injuries among infants represent one of the most severe forms of child abuse, with 13 to 30% mortality rates and significant neurological impairments in at least half of the survivors.<sup>4</sup>

## **2. Is the vision for maternity services right?**

NSPCC Cymru/Wales welcomes the recognition of pregnancy and birth as an event of social and emotional significance. We also support the inclusion of confident, capable and well-supported parenting in the vision for maternity services in Wales, so that children can have a secure start in life.

It is particularly important to tackle parenting issues as part of a vision for maternity services, because pregnancy and the birth of a baby are a critical “window of opportunity” when parents are especially receptive to offers of advice and support. This is a time when the vast majority of parents want to do the best for their child. This is a chance to help parents get off to a good start, and crucially to help set the pattern for effective parenting later on.

For example, hospital based parent education programmes have shown promising results in research overseas.<sup>5</sup> A study in Buffalo, US in which all parents of newborns were shown a short film in hospital highlighting the dangers of violent infant shaking found a 46% decrease in the incidence of abusive head traumas between the study period and the 6 year period before the programme’s introduction.<sup>6</sup> The immediate days and weeks after childbirth are a critical period when stresses such as sleeplessness and infant crying can mean some parents struggle to cope, with potentially disastrous consequences for newborn babies.

That period is also an excellent window of opportunity to provide information which can help foster sensitive caregiving and secure attachment, such as information about understanding babies’ states and how to cope with the psychological and social dimensions of the transition to parenthood.

<sup>3</sup> Home Office (2003): Reducing homicide: a review of possibilities

<sup>4</sup> Dias, M (2005) Preventing Abusive Head Trauma Among Infants and Young Children: A Hospital Based Parent Education Programme

<sup>5</sup> MacMillan, H.L et al (2009) Interventions to prevent child maltreatment and associated impairment. *Lancet* 373: 250-66

<sup>6</sup> Dias, M et al (2005) op.cit.

### **3. Do you feel that the workforce issues have been appropriately addressed? (p12-17)**

Doctors, midwives and Health Visitors play a crucial role in ensuring the health of mothers and babies. They also have an important public health and safeguarding role: promoting good health and positive parenting, identifying additional needs such as physical or emotional health problems and detecting the risk of harm to babies.

It is essential that their training includes robust understanding of how to support parents in the following areas:

- Child protection
- Emotional breakdown and mental illnesses
- Domestic abuse
- Substance misuse
- Infant mental health
- Attachment and child development

NSPCC Cymru/Wales has expressed concerns about the lack of clarity in relation to how the reorganised NHS in Wales is fulfilling its child protection role. We await the outcome of Professor Mansel Aylward's review on this issue with interest.

We also consider that it is important that children's health policy in Wales continue to be driven by collaboration between health officials and their counterparts in departments responsible for early years, safeguarding, families and child poverty.

### **4. Are the challenges for the maternity service appropriate? (p18-19)**

NSPCC Cymru/Wales considers that the challenges for maternity services outlined in the draft Strategy are appropriate.

As highlighted in our response to question 3, the maternity workforce has a key role to play in supporting parents as well as meeting their health needs. NSPCC Cymru/Wales considers that the provision of information and education to pregnant women and new parents should not focus solely on health issues. We welcome the commitment to explore new and innovative ways to engage with maternity service users.

Antenatal education which focuses on the transition to parenthood, with a focus on the relationship between partners and the development of a positive parent-infant relationship shows promising results in terms of both parents and child outcomes.<sup>7</sup> Current provision of antenatal education in the UK is highly variable and there is limited research addressing its effectiveness. A recent systematic review (Schrader-McMillan 2009) found that antenatal education tends to be heavily medicalised in its content, missing opportunities to address the psychological and social impact of the transition to parenthood and set the groundwork for effective parenting. Current provision is also generally perceived to be directed at women, limiting the participation of men. Evidence also shows that the current provision is especially poor at engaging with particularly vulnerable and at-risk groups.

<sup>7</sup> Schrader-McMillan A, et al (2009) Birth & Beyond: A review of evidence about antenatal education

National Institute for Clinical Excellence (NICE) guidelines also provide suggestions for ensuring that some of the most vulnerable women are engaged earlier in pregnancy and are helped to get the most out of the support available.<sup>8</sup>

To address the issues above, NSPCC Cymru/Wales will be piloting a new parent education programme for at-risk parents in its Swansea service centre. *Birth and Beyond* is a new antenatal education programme for at risk parents to support them to provide good care for their babies. The programme will set the template for good parenting and help at-risk parents manage the major transition to parenthood successfully. The intervention consists of a new 8 session group-based parenting programme delivered to at risk parents from the 28<sup>th</sup> week of pregnancy, including two sessions after the birth of the child. The sessions will cover infant development and how parenting can affect their relationships, health and wellbeing. Parents will be taught how to care for a baby and where they can get support.

NSPCC workers will deliver the course with community midwives or health visitors. The teams will work in partnership with local children's services and other local services.

**5. Are the 'Expectations for Improvement' appropriate and would you like to add/remove any? (p 19-23)**

NSPCC Cymru/Wales considers that the expectations for improvement are appropriate.

In particular, we agree that "all new families should be offered support in adapting to the changes needed to love and nurture a new member of the family". We welcome the Welsh Government's intention to provide all new mothers with individualised postnatal care. We also support the view that the Third Sector has an important role to play in delivering parenting advice and support to families. NSPCC Cymru/Wales will be developing and testing an innovative portfolio of services, to better understand how to prevent poor parenting and abuse. This includes piloting a hospital-based programme, where new parents are shown a DVD highlighting the stresses and strains of parenthood, how to cope with them and the dangers of violent infant shaking. Negotiations are now ongoing with the National Public Health Service in Wales to look into the feasibility of delivering the Non Accidental Head Injury commission on a number of sites in Wales, but also potentially on a pan-Wales basis.

**6. What do you consider to be a good outcome measure of a quality, woman-centred service and are those included appropriate?**

A good outcome of a quality, woman-centred service is a positive, safe and healthy pregnancy and birth experience for all women across Wales.

However, progress in offering support to women in their role as a new parent should

<sup>8</sup> <http://www.nice.org.uk/nicemedia/live/13167/50822/50822.pdf>

not only be measured in terms of care planning, breastfeeding rates and partnership with the Third Sector. It is important to measure progress in terms of outcomes for babies and families. The list of measures of progress on page 24 should therefore be amended to include indicators which show more confident and capable parenting for new parents, and a decrease in infant maltreatment. Individualised care planning should also include help to reduce maternal stress.

**7. Are there any critical issues that are not covered?**

**Please see our response to questions 1, 2, 3 and 4.**

**8. How might the draft strategy be improved?**

As highlighted in our response, the Strategy should expand on the support to be provided to new families and to women in their role as parents.

It is also crucial that maternity health policy in Wales is driven by collaboration between health officials and their counterparts in departments responsible for early years, safeguarding, families and child poverty.

**9. We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them.**

NSPCC Cymru/Wales would like to reiterate that child protection and safeguarding issues must be at the centre of a future vision for maternity services in Wales. Parents should be further supported to give their children a secure start in life.

Responses to consultations may be made public – on the internet or in a report. If you would prefer your response to be kept confidential, please tick here:

**Consultation Response Form**

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