Maternity and Gynaecology Unit
Bolton NHS Foundation Trust

Annual Report 2012
We are delighted to introduce the 1st Annual Report for the Maternity Service for women who are booked to deliver at Bolton NHS Foundation Hospital. This first report covers the calendar year of 2012. The last 12 months have been particularly interesting as it saw the completion of the “Making it Better” programme where maternity services across Greater Manchester, with the closure to In-patients maternity services at our neighbouring sites both at Salford (in November 2011) and Bury (March 2012) –with some of the staff from these units joining the team at Bolton. The title of “Super Unit” was given to us partly because of the numbers but also because of the level of specialised care we deliver. Thus, this report covers some of this transition process. We hope you will be reassured as to the quality of the service that we have delivered whilst these changes have been ongoing and also some other notable achievements.

Within the gynaecological services our unit has been one of the first in the Northwest region to introduce outpatient female sterilisation and a new method for the treatment of miscarriage. Being woman-friendly, these advances have proved to be very popular whilst embracing new technology demonstrates the unit’s endeavour to continue to be progressive. To ensure high quality care, the numbers of Consultant Obstetrician and Gynaecologists has been increased to 15, who provide 98 hours cover for Delivery Suite and emergencies. In addition they also deliver specialised care in clinics and operating theatres. The service is also supported by 7 Speciality Doctors who are permanent members of staff, as well as 11-13 trainee doctors.

The unit is fully complemented by midwives, nurses and support staff, some of who undertake specialised clinical roles. We could not have done these without our excellent group of staff working across the unit.

We have plans to continually improve our service and I hope that we will be reporting these in future annual reports.
Antenatal Clinics

Community midwives provide antenatal care close to women’s homes.

Antenatal care is provided for the women of Bolton, Salford and Bury in a variety of ways. Our aim is to provide a high standard of care for all women who access our services and we continually strive to improve these services.

The Antenatal Clinic at The Royal Bolton Hospital has different clinics which run alongside each other throughout the day Monday to Friday. All women attend the antenatal clinic for their first appointment following the 12 week scan. At this visit they will have their notes completed and a midwife will check if they need any further hospital appointments. Most women would not need to attend Consultant led clinics as they will not have any medical or pregnancy related problems and care will be provided by their community midwife. For those women who are identified as needing care provided by a doctor, an appointment will be made to attend the most appropriate clinic.

Due to the reorganisation of maternity services in Greater Manchester, we also welcome women from parts of Salford and Bury who wish to give birth at Bolton. In order to minimise the need to travel greater distances for these women, we provide satellite clinics at Salford Royal and Fairfield General Hospitals. These clinics are staffed by Bolton to provide care closer to home. Occasionally, there is a need for these women to attend the Royal Bolton Hospital for some aspects of their care but we strive to keep this to a minimum.

We are currently auditing our clinics in order to establish where improvements can be made and would welcome suggestions from women accessing our services. Our vision for the future is to reassess how we organise our clinics, listen to the views of the women using our service, and adjust the clinics to accommodate their needs. We envisage clinics which will minimise waiting time and run outside of current working hours in the near future.

Joint Obstetric Haematology Service

Common haematological (blood related) disorders affecting pregnancy are

- Thrombocytopenia (low platelet count)
- Blood cell antibodies
- Haemoglobinopathy (sickle cell anaemia & thalassaemia),
- Inherited bleeding disorder such as Von Willebrand disease
- History of thrombosis (blood clot)
- thrombophilia etc.

These conditions can have significant impact on maternal and fetal health; hence women with these conditions require careful monitoring and management of their pregnancy, labour and delivery. Because of this, a multidisciplinary obstetric haematology service was set up in February 2011. The clinic runs fortnightly (alternate Wednesday PM).

The team includes,

- Consultant obstetrician
- Consultant haematologists
- Blood transfusion scientist

The team works closely with anaesthetists and neonatologists to provide high quality evidence based care.

Future goal

We aim to expand this service and in future be able to see women with haematological disorders for postnatal follow up and for pre-conception counseling.

This would help alleviate women’s anxiety regarding future pregnancy and optimize pregnancy outcome. We also aim to recruit a specialist midwife co-ordinator in our team who will be able to provide advice, care, and support from the beginning of pregnancy.
Diabetes Clinic

Diabetes is one of the most common but potentially serious medical disorders which can complicate pregnancy. It may have a significant impact on the health of both mother and baby. Careful planning and close surveillance of a pregnancy is paramount to ensure the risks are reduced.

We aim to set up a pre conception clinic during the next twelve months, to help women with diabetes enter pregnancy in an optimum state of health. By educating mothers and their health providers about the risks associated with diabetes, we hope to reduce the incidence of complications developing in either the mother or her baby.

At the Royal Bolton Hospital, we are one of few Trusts within the region who have a full complement of doctors, specialist midwife, nurses and dieticians all contributing to the multi-disciplinary team. This is in line with current national standards and recommendations. It ensures any problems that arise are dealt with promptly and efficiently, thereby improving pregnancy outcomes.

For women who develop diabetes for the first time in pregnancy, this multi-disciplinary approach provides education, advice and support to allay any fears that the mother may have, helping her and her family to remain in control and feel cared for throughout an enjoyable pregnancy.

<table>
<thead>
<tr>
<th>Age at booking</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>14</td>
<td>3</td>
<td>4</td>
<td>3</td>
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<tr>
<td>15</td>
<td>15</td>
<td>21</td>
<td>16</td>
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<tr>
<td>16</td>
<td>60</td>
<td>55</td>
<td>56</td>
</tr>
<tr>
<td>17</td>
<td>80</td>
<td>104</td>
<td>79</td>
</tr>
<tr>
<td>18</td>
<td>145</td>
<td>134</td>
<td>133</td>
</tr>
<tr>
<td>Total</td>
<td>305</td>
<td>320</td>
<td>287</td>
</tr>
</tbody>
</table>

Number of teenaged, pregnant women cared for at Royal Bolton Hospital

‘Teenager and Pregnant’ Clinic

“Teenager and pregnant” clinic runs every Friday morning in the Princess Anne Maternity Unit and provides additional support and advice from agencies in addition to clinical advice. The young parents support worker completes an assessment in clinic and develops a support package which includes sign posting and referral to a range of other services particularly around social, housing and educational needs. There is a teenage parent pathway at Bolton College, with roll on, roll off entry throughout the academic year. There is also a personal and social development course which includes modules and sessions on addressing the poor outcomes for teenage mothers and their babies, including; breastfeeding, alcohol and drugs awareness, budgeting skills, healthy eating, safe sleeping, behaviour management and smoking cessation.

Future contraception advice and planning is provided by a dedicated adolescent health nurse/health visitor. All pregnant teenagers are invited to a 36-week appointment where breast feeding, safe sleeping and contraception is discussed. A contraceptive plan is developed and plans made for commencement of the chosen method by day 21 following delivery. The young mothers are followed up post delivery to ensure contraception has been put in place. Some new mothers have contraception commenced whilst in the maternity unit where implants can be fitted and those who are discharged early can be followed up by specialist nurse who can do home visits and provide long term reversible contraception.

Bariatric Pregnancy clinic

This antenatal clinic runs on a Monday afternoon and provides support and obstetric advice for those women who have a BMI of 40 or more. The purpose of the clinic is to be proactive in identifying any factors related to obesity which may complicate pregnancy, and to encourage positive changes in lifestyle in terms of diet and exercise for the pregnancy and postnatal period.
Multiple Pregnancy Antenatal Clinic

In order to optimise care there is now a dedicated Antenatal Clinic for those with Multiple Pregnancy. In outlying clinics at Bury and Salford patients with a multiple pregnancy are referred to the dedicated clinic only if there are problems.

Number of women with multiple pregnancy

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twins</td>
<td>54</td>
<td>62</td>
<td>87</td>
</tr>
<tr>
<td>Triplets</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Quads</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Antenatal Screening

As a Trust we aim to offer high quality equitable screening programmes accessible to all women during pregnancy. These programmes are in line with national standards and guidelines and aim to provide an efficient system of screening tests with effective pathways of care appropriate to the results.

Women are provided with a leaflet from the National Screening Committee entitled: ‘Screening tests for you & your baby’. They are given the opportunity to read this and discuss the tests with their midwife before making a decision and consenting to accept antenatal screening. If tests are declined the opportunity to review this decision will be available later in the pregnancy.

The Specialist Midwife for screening is responsible for the coordination of these national programmes, and the education and training of members of the multidisciplinary team. She is also a resource for specialist information, quality assurance, audit and monitoring, and ongoing support for all women who choose to have their baby at Bolton.

The antenatal screening tests currently offered are:

Full Blood Count
Anaemia is a condition in which the woman’s capacity to transport oxygen to the tissues is reduced because of a lack of haemoglobin. It is common during pregnancy when a woman is deficient in iron and vitamins. This test is done to identify anaemia.

Blood Group/Rhesus status/Red Cell Alloantibodies
Identifying a woman’s blood group, rhesus status and screening for red cell antibodies in pregnant women is important to prevent haemolytic disease of the newborn and to identify possible transfusion problems.

Haemolytic disease of the newborn, or rhesus disease, happens when antibodies in a mother’s blood attack her baby’s blood cells. It may cause jaundice, severe anaemia, heart failure or even death.

Identification of a problem of this nature antenatally requires a specialist review in our joint Obstetric Haematology clinic.

Down’s Syndrome Screening Programme
At Bolton we offer the Combined Screening Test in the first trimester and the Quadruple Test in the second trimester. The Combined test has the better detection rate, but the Quadruple test offers screening to women at a later gestation if required, or when first trimester screening was not possible.

Women who receive a high risk result following this test will be invited to meet with the Specialist Midwife to discuss the result and be offered further options for prenatal diagnosis.

At Bolton we provide first trimester diagnostic testing in the form of a Chorionic Villous Biopsy, and second trimester diagnostic testing in the form of an Amniocentesis.

Fetal Anomaly Screening Programme
A detailed ultrasound scan is offered to identify abnormalities in the baby at 18+0 to 21+6 weeks of pregnancy.
Any abnormalities identified at this scan will be reviewed by one of our Consultants with a special interest in ultrasonography. If a specialist opinion is required a woman will be referred to our tertiary Fetal Medicine Unit at St. Mary’s Hospital Manchester. The specialist midwife provides the crucial link between the clinicians and the family providing support throughout the pregnancy.

Haemoglobinopathies Screening Programme (Sickle Cell & Thalassaemia)
A blood test and ethnic assessment at 8-10 weeks of pregnancy identifies parental carriers of significant genetic blood disorders.
The identification of a mother who carries an abnormal haemoglobin will initiate a pathway of further investigations and specialist counselling to establish the risk to the baby.

**Infectious Diseases in Pregnancy Screening**

- HIV
- Hepatitis B, C
- Syphilis
- Rubella

A blood test at 8-10 weeks will identify any woman affected by HIV, Hepatitis B or Syphilis. These women will then be offered timely, specialist care with the most appropriate health professionals in order to ensure the best possible outcome for their baby.

**Asymptomatic Bacteriuria**

A mid stream specimen of urine is tested for infection at booking and if positive, treatment is provided in the form of antibiotics by the GP. Early diagnosis and treatment of this infection can prevent preterm delivery and other complications.

The above screening programme will provide women with timely information, enabling them to make important decisions and choices with regard to the care and management of their pregnancy as well.

**Fetal Medicine**

Fetal medicine is aimed at ensuring the health and well-being of the fetus (baby in utero) during pregnancy, and the identification of abnormalities. The service includes the following:

- A 1st trimester dating of the pregnancy-
  - To determine the number of babies
  - To screen for conditions that could seriously affect the baby such as Down’s syndrome. This is performed by measuring the skin thickness at the back of the baby’s neck along with taking a blood sample from the mother.

At 18-21 weeks a fetal anomaly scan is performed to check all the baby’s structures and determine placental site.

Later in pregnancy scans may be needed for other problems such as checking growth of the baby where needed.

The fetal medicine service is provided by a team consisting of the Ultrasonographers, 4 Consultants (3 Obstetricians and 1 Radiologist) 1 Specialist Midwife and support staff.

Over the last 2 years we have increased our diagnostic ability by performing chorion villous biopsy here to check the fetal chromosomes.

<table>
<thead>
<tr>
<th>Amniocenteses</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
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<tbody>
<tr>
<td>Chorion Villous Biopsy</td>
<td>20</td>
<td>46</td>
<td>48</td>
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Over the last 7 years, there have been 3 miscarriages following 650 amniocenteses and 1 miscarriage in the last year. Royal College of Obstetricians & Gynaecologists states that the risk of miscarriage is approximately 1/100 following amniocentesis and 1-2/100 following chorion villous biopsy procedures.

**Antenatal Day Unit**

The Antenatal Day Unit at the Royal Bolton Hospital provides a service for women who need a higher level of care than a clinic appointment, but do not immediately require admission. There are appointments from 8:30 am until 5:00 pm and we are open 8:00 am until 6:00 pm during the working week. This is likely to expand in the future as the need for this service increases.

Women attend the unit mainly for testing for diabetes in pregnancy (GTT), monitoring of the baby’s heart and blood pressure profiles for women whose blood pressure is running a higher than expected, but we also see women for a variety of other reasons according to their individual needs.

The unit is staffed by midwives who provide and assess care for the women who attend. Doctors are not present in the unit but a medical opinion is sought when required. Some women need to see a doctor and this may involve a period of waiting until the doctor is able to attend. We always aim to see women as soon as we can, but occasionally we receive a high level of referrals which may result in longer waiting times. Occasionally a woman may need to be seen
elsewhere in the hospital or admitted. We understand that women attending the unit may be anxious regarding the problems they have developed which require a higher level of monitoring. We always strive to allay fears as much as possible and answer questions as they arise. We encourage women to let us know their concerns and welcome any suggestions they may have in order to improve the service we provide.

Stillbirths

The stillbirth rate at Bolton NHS Foundation Trust is low in comparison with Maternity units of a similar size in the Greater Manchester region. In 2012 it was lower than national average.

Our strategy for reducing stillbirth

- Closely monitor our stillbirth rate. It is displayed on our performance indicator on maternity dashboard which is discussed at the Quality Forum on a monthly basis.
- Aim to keep the stillbirth rate as low as possible by assessing every stillbirth rigorously. We make every effort to identify the cause of death and avoid recurrence in future. We use the ReCoDe (Relevant Condition at Death) system to classify the cause of stillbirth.
- To avoid stillbirths related to poor fetal growth restriction to the minimum we have implemented customised growth charts.
- To ensure our processes are robust and transparent we discuss our stillbirths at the Trust Mortality Reduction Group meeting on a quarterly basis.

<table>
<thead>
<tr>
<th>Year</th>
<th>Bolton</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>4.5</td>
<td>5.1</td>
</tr>
<tr>
<td>2011</td>
<td>5.7</td>
<td>5.2</td>
</tr>
<tr>
<td>2012</td>
<td>4.2</td>
<td>Awaiting publication at the time of print</td>
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Inpatient Antenatal and Postnatal Services

Early Pregnancy Assessment Unit (EPAU) M6

The EPAU is located on the first floor of the maternity unit and is staffed by Midwife sonographers, midwives and Health Care Assistants and opens 7 days a week from 7.30am-8pm (Half hourly scan slots between 8am and 3pm, with a late evening until 6pm on Saturdays). An Obstetrics & Gynaecology doctor is available for advice and patient review.

The EPAU provides a patient-centred service for the management of early pregnancy problems up to 24 weeks. Referral is accepted from GPs, community & hospital midwives, A & E staff, junior/middle grade & consultants in O&G/ other specialties.

The trained midwife sonographers carry out an initial clinical assessment followed by a transabdominal and a transvaginal ultrasound scan as necessary.

Miscarriage management options are discussed in detail and appropriate counseling and emotional support is also provided. Service provision includes conservative medical and surgical management of failed early pregnancies. We also have initiated, with consultant input, manual vacuum aspiration as a choice option. This is offered three times a week. It is performed under local anaesthesia. Patients do not need to be starved and they can be discharged after an hour. To date, over 100 procedures have been performed in the M6 Ward in Maternity Unit and it appears to be well tolerated by patients who had the treatment. Overall it takes about 20 minutes to perform.

In addition scans are available for women with a history of previous ectopic pregnancy, tubal surgery and two or more previous miscarriages. The EPAU provides ongoing support, telephone advice, and emergency contact to patients thereby reducing the need for inpatient admission.
There were 4150 attendances in EPAU in 2012 averaging 79 per week. In addition there were 2193 admissions to the unit in 2012. We have recently established a multi-disciplinary EPAU committee which meets on a bimonthly basis to ensure that a high quality service is maintained. Regular audits of clinical activity are undertaken on a regular basis to assess key areas of performance. Two midwife/nurse sonographers are presently being trained to perform ultrasound, on their successful completion the service will be expanded and it is envisaged a self referral/triage system will be introduced. The EPAU is a key contributor to the training of junior doctors in pelvic ultrasound for early pregnancy problems.

**Antenatal Ward M2**

M2 is an antenatal ward with the aim of providing evidenced based in-patient care to women who have developed pregnancy related complications.

It is a 22 bedded ward, consisting of 5 four bedded and 2 single rooms. Care is provided by the multi-disciplinary team including midwives and obstetric doctors. Input from other specialities is provided as clinically indicated.

We also provide care to women undergoing induction of labour, the usual method of induction is either propess or cervical ripening balloon (CRB – this is predominantly for women who have had a previous caesarean section).

Women who are admitted with hyperemesis are also cared for on M2

**Antenatal Triage**

Antenatal triage is situated on the ground floor at the entrance corridor to Delivery Suite. It is a 3 bedded assessment area, staffed by a midwife and a support staff.

The aim of Maternity Triage is to offer assessment to pregnant women who attend the unit in order of priority. They are then referred to the most suitable area for care or discharged as appropriate. Following an initial telephone assessment, undertaken by the midwife women could be referred to their GP, community midwife, ANDU, EPAU, Delivery Suite or Birth Suite. Women may be advised to attend antenatal triage for further assessment.

In Triage the initial assessment is done by the midwife. Following this, women may be discharged or referred to an Obstetric Doctor or an Advanced Midwifery Practitioner for review and a plan of care.

**Postnatal Ward M4/M5**

The aim of the Postnatal Ward is to provide a safe and supportive environment which allows women the time to get to know her baby and to develop some of the skills that she will need at home to look after her baby.

This is a 44 bedded ward with a staff of over 65 midwives, health care assistances, house-keepers, and ward clerks. We are supported by an excellent Infant feeding midwife and her team who are there to provide extra support and advice for mums and their babies.

Throughout 2012 we have striven to provide evidence based care, we have a very active postnatal forum which meets on a monthly basis to discuss change in practice and to expand and improve the practice that we already undertake. For 2013, we aim to increase the number of midwives who have undertaken the Examination of the New Born course and improve the discharge process and to continue to provide a positive nurturing environment.
**Intrapartum Services**

**Home Birth**

Community midwives provide a 24 hour on call service for home births. Their expertise lies in low risk pregnancy and child birth, including water birth and completely natural birth.

The aim is to ensure women are comfortable and at ease in their own environment during childbirth.

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<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned home births</td>
<td>49</td>
<td>43</td>
<td>51</td>
</tr>
<tr>
<td>Unplanned home births</td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Born before attendance</td>
<td>36 (0.8%)</td>
<td>38 (0.8%)</td>
<td>83 (1.3%)</td>
</tr>
</tbody>
</table>

**Birth Suite**

The Birth Suite’s Philosophy is to be passionate, truly believe in women’s innate ability to deliver their baby, and to provide sensitive one to one care in a calm, quiet and supportive manner with the aim to empower and inspire women to give birth naturally.

In 2012, 962 babies were born on the Birth Suite; this is approximately 15% of babies born at Bolton. Approximately 21% of these were water births.

Of the women admitted in labour to the Birth Suite, 75% achieved a normal birth and we have received a huge amount of positive feedback. Women who have had uncomplicated pregnancies and are fit and healthy are less likely to have intervention in their labour and birth when they have midwifery led care, so we hope that in the future all of these women will have the opportunity to experience the benefits of our birth environment.

**Delivery Suite**

With the reconfiguration of Manchester Maternity Services the number of babies born in Bolton has increased to 6481 in 2012 from 4708 in 2010. This has brought many changes including the successful integration of staff from both Salford Royal Hospital and Fairfield General Hospital at Bury along with the recruitment of new staff from many other areas.

Our newly refurbished Delivery Suite has 15 en-suite rooms including 7 newly built suites. These are modern and spacious and also include baths, helping to promote normality by providing space to move around in labour and use of water for pain relief.

We also have a large room with a birthing pool providing a home-like environment for low risk births. All our rooms are furnished with the latest technological equipment. We have recently installed a new system for centralised fetal surveillance. In conjunction with this, we are participating in the INFANT Research Project and have one of the highest recruitment rates in the country.

For those women who may have a complicated pregnancy or require a higher level of care, there is a Maternity Critical Care Unit of 4 beds within the Delivery Suite. This enables women needing more specialised care to remain in the maternity unit with their babies, being cared for by midwives who have developed specialist skills in this area.

There are 3 new obstetric theatres within the department. These are staffed by theatre staff 24 hours a day, 7 days a week with midwifery support for the women and babies. Elective caesarean sections are performed Monday to Friday mornings and consist of 2 or 3 caesarean sections undertaken by a dedicated elective team.

We also offer a weekly dedicated External Cephalic Version (ECV) service on Delivery Suite. The service is delivered by a consultant with an interest in fetal medicine. Women with a fetus in breech presentation are referred from the antenatal clinic or by community midwives. Success rates are about 50%, and provision of this service has helped women who are keen to avoid caesarean section safely achieve a vaginal delivery.

There is dedicated Consultant Obstetrician present on Delivery Suite 98 hours per week. At other
times the Consultant is available within 30 minutes. Further obstetric support is offered by a team of Specialty Doctors, Doctors-in-training and Advanced Midwifery Practitioners. Delivery Suite currently has 94 midwives and 26 support staff, with midwives providing 1:1 care in labour.

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Births</td>
<td>4708</td>
<td>4922</td>
<td>6481</td>
</tr>
<tr>
<td>Total Women</td>
<td>4652</td>
<td>4860</td>
<td>6385</td>
</tr>
<tr>
<td>Singleton</td>
<td>4597</td>
<td>4797</td>
<td>6294</td>
</tr>
<tr>
<td>Twins (sets)</td>
<td>54</td>
<td>62</td>
<td>87</td>
</tr>
<tr>
<td>Triplets (sets)</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Quads (sets)</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Spontaneous</td>
<td>64.8%</td>
<td>63.1%</td>
<td>61.7%</td>
</tr>
<tr>
<td>Induced</td>
<td>23.4%</td>
<td>24.1%</td>
<td>25.1%</td>
</tr>
<tr>
<td>Normal Vaginal Delivery</td>
<td>65.8%</td>
<td>64.0%</td>
<td>61.30%</td>
</tr>
<tr>
<td>Breech Vaginal Delivery</td>
<td>0.6%</td>
<td>0.6%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Instrumental Delivery</td>
<td>12.2%</td>
<td>11.8%</td>
<td>15.5%</td>
</tr>
<tr>
<td>Shoulder Dystocia</td>
<td>0.9%</td>
<td>1%</td>
<td>1.3%</td>
</tr>
<tr>
<td>3rd/4th Degree tears</td>
<td>2.1%</td>
<td>3.7%</td>
<td>2.6%</td>
</tr>
<tr>
<td>LSCS</td>
<td>21.4%</td>
<td>22.9%</td>
<td>23.9%</td>
</tr>
<tr>
<td>Elective LSCS</td>
<td>8.3%</td>
<td>8.5%</td>
<td>8.5%</td>
</tr>
<tr>
<td>Non elective LSCS</td>
<td>13.1%</td>
<td>14.4%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Apgar&lt;7@5mins (term babies)</td>
<td>1.1%</td>
<td>1.1%</td>
<td>1.1%</td>
</tr>
<tr>
<td>NICU transfer for low Apgar at term</td>
<td>0.5%</td>
<td>0.6%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Stillbirths</td>
<td>0.5%</td>
<td>0.7%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Early NN deaths</td>
<td>14</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Late NN deaths (up to 28 days)</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Postnatal DVT/PE</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Maternal Deaths (direct deaths)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The Out Reach Midwifery Team provides enhanced services to women and their families’ with the aim to reduce health inequalities and improve access to services for disadvantaged families.

The community midwifery teams provide parent education classes in the evening or over a weekend for you and your partner to attend as we help you to prepare for parenthood. They provide post natal breast feeding support, with a 24 hr contact number should any concerns arise. Postnatal visits are done on the first day home from hospital and again between days 5-7. This visit should include weighing the baby and heel prick test. Further visits are arranged depending on individual need. Throughout this period our infant feeding specialist is available, for additional support and advice. When your baby is 10 days old, the health visitor will contact you.

**Public Health

Breastfeeding**

In 2012 the breastfeeding support services in Bolton were extended to include a team of Infant Feeding Workers, both in the hospital and in the community. The teams now provide one-to-one feeding support for breastfeeding mothers, and several Lactation Consultants provide specialist support for complex problems. We use a breastfeeding assessment document in the newest addition of the Child Health Record (Red Book). Mothers are given details how to contact this service.

A new policy to encourage and support skin-to-skin contact was introduced in July, to optimise establishing breastfeeding. Various other policies have been updated to reflect the new practices which support breastfeeding. An extensive training programme for
all maternity staff is now in place to ensure all staff are trained to implement these policies and deliver evidence based feeding support.

Parents can attend monthly breastfeeding preparation workshops, held in the evenings. Mothers can hire a breast pump from the postnatal ward if needed and mothers with babies on NNU can borrow one of their twenty available breast pumps. In addition mothers in NNU can benefit from support from specialist feeding support staff.

### Breastfeeding

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiation at birth</td>
<td>67.4%</td>
<td>60.8%</td>
<td>65.6%</td>
</tr>
<tr>
<td>Discharge from hospital</td>
<td>58.4%</td>
<td>59%</td>
<td>53.2%</td>
</tr>
</tbody>
</table>

### Smoking Cessation

**Bolton Stop Smoking Service’s new ‘Bump the Habit’ team**

Pregnancy is one of the hardest times to stop smoking; however, there is strong evidence that stopping smoking immediately benefits women and their unborn child.

‘Bump the Habit’ advisors offer a flexible service to support smoking cessation. They provide support for the woman and her partner/ other home sharers to quit together.

Women can self-refer or be referred by their midwife or GP.

**What the service offers**

Information about the use of safe, licensed nicotine replacement therapy during pregnancy.

- Individualised programme to help quit smoking
- Carbon Monoxide monitoring.
- A website ([www.bumpthehabit.org](http://www.bumpthehabit.org)) which features information and real life stories.
- Twitter page for up to date information and contact with other interested partners.
- Call 01204 462365 for more information.

### Newborn Hearing Screening

Bolton has run a successful Newborn Hearing Screening Programme since 2003. This is part of a national programme to detect hearing loss in all newborn babies as there is evidence to suggest that the early detection and management of hearing loss can improve speech, language and education.

The screening team is based at the Royal Bolton Hospital and has very experienced members of staff, most of who have been working in the department since screening started in 2003.

#### How does the screening work?

A trained screener performs an automated otoacoustic emissions (AOAE) test on all babies. This test checks that the cochlea (inner ear) responds normally to sound. It is a simple, quick and painless test that gives instant results. If the baby has a hearing loss, is unsettled or has debris in his/her ear, the test may not show a clear response and the test may be repeated.

On babies who have no clear response from the AOAE test, and all babies who have spent more than 48 hours on the Special Care Baby Unit, another test called the automated auditory brainstem response (AABR) test is also used. This test looks at the response of the hearing nerve to sounds. For this test, sounds are played to baby using earphones and sensors, placed on the baby’s head, detect how the hearing nerve responds to the sounds.

If there is not a clear response from one or both ears after the AOAE or AABR test, then the baby will be referred to the local audiology department for further tests.

#### How to access the service

The newborn hearing screen is offered to all newborn babies born at the Royal Bolton Hospital. Babies who have a Bolton GP but were born at another hospital or at home as well as those babies less than
three months old, who have moved into the Bolton area without having completed a hearing screen elsewhere, are offered an outpatient appointment at the Royal Bolton Hospital. Informed, written (where possible) consent has to be obtained from the next of kin before any screening can take place.

Service performance
Our service meets or exceeds all the national targets set by the NHS Newborn Hearing Screening Programme. Regular questionnaires or visits from the national centre have shown that the Bolton programme delivers a high quality service and the recommended standards are constantly maintained. Feedback from annual patient satisfaction questionnaires is used to improve the service and the experience for babies and carers. With an increasing number of babies being born at the Royal Bolton Hospital, because of expansion of the maternity unit, it is important to us that we continue to provide an excellent service.

Advice and information
All copies of the patient information leaflets which are used can be found on the NHS Newborn Hearing Screening Programme website. These leaflets are available in a number of different languages and the website also provides further information of screening tests.

Consultant Midwife
We have a recently appointed Consultant Midwife in Normal Birth at Royal Bolton Hospital to join the multi-disciplinary team. The purpose of her role is divided in to 4 key areas:

- Expert practice
- Professional Leadership & Consultancy
- Education Training & Development

She provides leadership and expertise in midwifery practice through individualised care, centred in and dedicated to the advancement of midwifery practice as the expert in normality by working with other professional groups to promote this. As an advocate for women and their families she encourages user involvement in the service to assist in its development. A Service User group has been set up to facilitate this. Within her role the Consultant Midwife runs a weekly clinic to discuss care options for women who may have experiences difficulties in previous births.

In addition, the Consultant Midwife is working towards introducing a complementary therapies service to women choosing to give birth in Bolton. Education and training is a large part of her role. Links with academic institutions will be strengthened when she commences as a Midwifery Lecturer at Salford University helping to develop and nurture professional education programme for student midwives, post registration midwives and medical staff.

Training & Development Midwives

We are a team of 3 midwives who have been in post since January 2012. Our role is to contribute to the development and enhancement of clinical skills, knowledge and competencies that are needed to safely meet the diverse needs of women and babies at Bolton. In addition we also promote the professional development and advancement of midwives, doctors and support staff. We assist staff to obtain funding to attend conferences and courses promoting normal birth, hypno-birthing and acupuncture. In 2012 we have focused on improving in-house training attendance and reviewing how we deliver our training programme. As a result, overall training attendance on the in-house programme has increased from 51% to 84%. Furthermore in 2013 we will be launching a new programme of training that is up to date needs and evidence-based. In 2013 we hope to continue to improve training attendance and continue to support staff with their professional development.

Maternity Mandatory Training Figures 2012

<table>
<thead>
<tr>
<th>Stat</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stat 1</td>
<td>91%</td>
<td>44%</td>
</tr>
<tr>
<td>Stat 2</td>
<td>85%</td>
<td>62%</td>
</tr>
<tr>
<td>Stat 3</td>
<td>77%</td>
<td>48%</td>
</tr>
<tr>
<td>Overall</td>
<td>84%</td>
<td>51%</td>
</tr>
</tbody>
</table>

*CNST Target = 80%*

There has been a massive improvement in training statistics in 2012 and we continue to work to improve and remain consistent.
Supervision of Midwives in Bolton

Supervision of Midwives is a requirement by law, for all midwives in the United Kingdom. Here at Bolton we have 15 Supervisors of Midwives, supervising approximately 320 midwives. Supervisors are not the midwives’ ‘managers’, but act as ‘Guardians of good practice’.

The Supervisors prime aim is the ‘Safety of Mothers and Babies’.

Supervisors of Midwives (SoMs), are experienced midwives, who have had additional training and education to enable them to help midwives provide the best quality midwifery care. They oversee the work of the midwives and meet with them regularly to ensure that high standards of care are provided. They also guide and support midwives in developing their skills and expertise.

At Bolton, the Supervisors work day to day in different areas i.e. ward, delivery suite, community, Birth Suite, in the midwifery management team, and as education providers affiliated to Salford University.

In 2012 The Supervisory team has started a clinic for mothers who wish to meet to discuss any concerns relating to recent childbirth. Appointments for this can be arranged through any midwife.

In 2013 the Supervisors will spend time ‘walking the floor’ meeting with mothers and staff to address any issues which might arise.

Finally, supervisors have started a ‘User Group’ for mothers who have used or are using the midwifery service in Bolton. Posters inviting women to join are prominently displayed across the unit.

Clinical Governance Team

Clinical Governance is the framework through which a hospital is accountable for continuous improvements in services and quality creating an environment of clinical excellence.

It is a patient-centred approach to care that is accountable in providing a safe, high quality service in an open and questioning environment.

The key components of Clinical Governance are:

- Clear lines of responsibility and accountability for the overall quality of clinical care
- A comprehensive programme of activities to improve quality
- Clear policies aimed at managing risk

Within Women’s Health Services there is a Governance Manager whose role is to coordinate all aspects of Clinical Governance, to continuously monitor the quality of services and ensure high standards of care by developing a culture of excellence.

Reporting of adverse events and near misses is actively encouraged by all members of the team. All clinical and non-clinical incidents are reported through the Trust’s electronic incident reporting system. Furthermore, there is an active governance and risk reporting system within the department to ensure that all incidents are investigated within an open and honest way. All incidents are investigated and reported in relation to the risks identified, lessons learnt are communicated to all staff and guidelines or policies are appropriately updated. Feedback is the key to improving any service. Therefore, we strongly encourage women and their families to provide feedback on their experience- be it complaint or compliment.

Summary of North West Maternity and Neonatal User Group Results for Bolton Hospital

December 2012

The NHS is facing unprecedented challenges and change. This is very evident here at Royal Bolton Hospital especially post ‘Making it Better’ whereby maternity services within Greater Manchester were reconfigured resulting in maternity services transferring from Salford and Bury.

We are committed to developing the best possible care which is woman centred, safe and evidenced based. Also of great importance is the way in which we provide care. We welcome all feedback and value the contribution this has to the continued development of our quality service.
A recent NHS North West Maternity and Neonatal User Survey was undertaken in December 2012 and looked at Ante Natal, Labour, Post Natal and Neonatal care, identifying women’s experiences and satisfaction of maternity and neonatal services across Greater Manchester. We are delighted with the positive feedback and evaluation received, as shown below.

The overall care received:
- During Pregnancy was described as ‘very good or excellent’ by 76% of women
- During Labour and Birth was described as ‘very good or excellent’ by 84% of women
- After the Birth was described as ‘very good or excellent’ by 79% of women

Gynaecological Services

Women's Healthcare

Women’s Healthcare offers a number of outpatient services including; general gynaecology clinic, infertility clinic, colposcopy, urodynamics (as part of the urogynaecology service), physiotherapy, one-stop postmenopausal bleeding clinic, ultrasound service and outpatient hysteroscopy.

Ambulatory Gynaecology Service

Outpatient hysteroscopy service provides diagnosis and management of various common gynaecological conditions. Hysteroscopic sterilisation, endometrial ablation and polyp resection are undertaken routinely in the clinic setting. Patient satisfaction is high as confirmed by a recent survey.

Hysteroscopic sterilisation using the ESSURE device was introduced in Bolton in 2010. Bolton was one of the first centres to offer the procedure and is one of the training centres in the UK. It is performed by two dedicated consultant gynaecologists. To date, over 150 Essure procedures have been performed. Advantages of this method or sterilisation are that it decreases the operative risk and 95% of women are back to normal activities within 2 days as compared to 50% with laparoscopic sterilisation. About 60% of female sterilisation in our unit is now performed by this method.

Endometrial ablation, a treatment for heavy menstrual bleeding is also performed in the outpatient clinic. In 2012, approximately half of the endometrial ablations were performed in the outpatient setting. This allows for immediate recovery and return to home than performing the procedure under general anaesthesia.

As part of the one-stop, nurse led postmenopausal bleeding clinic, women are offered ultrasound scan, hysteroscopy and polyp resection at the same sitting as necessary.

Oncology and Colposcopy Service

The unit runs a dedicated and robust gynaecological cancer service and cervical screening programme. The service is provided by multidisciplinary team of gynaecologists, MacMillan nurse, specialized nurse and support staff. The pathway ensures that all women who have a suspicion of cancer are seen within two weeks of referral by their GP.

There are two dedicated meetings each week involving multidisciplinary experts to plan and provide high quality management for those diagnosed with cancer.

The colposcopy service forms part of the National Cervical Screening Programme. It is provided by a team of consultants and specialist nurse colposcopist. We regularly audit and achieve national standards for the cancer pathway.

Urogynaecology

Women with urinary symptoms, pelvic organ prolapse and lower bowel dysfunction are assessed and managed by a dedicated team of clinicians, specialist nurse and physiotherapists.

There is a multi disciplinary, joint urology clinic to discuss management of complex cases. Bladder diaries, Urodynamics (uroflowmetry and dual channel cystometry) are tools used for initial assessment.
We perform about 150 urodynamic tests annually and referred 543 women for physiotherapy in 2012. We offer a wide range of management options including life style advice, physiotherapy for bladder drill and pelvic floor training and electrical stimulation, anti-cholinergics and surgery for prolapse and urinary incontinence.

We perform 30-40 TVT-O for urinary incontinence and 114 cases of prolapse repair annually.

We are involved in two ongoing National trials evaluating surgical treatment of pelvic organ prolapsed and a Patient Reported Outcome Measure Study for Overactive Bladder Syndrome.

All women with a third and fourth degree perineal tear attend the physiotherapy led perineal clinic and those with ongoing problems are seen in the urogynaecology clinic.

**Infertility Clinic**

We offer a specialized service for couples who suffer with problems relating to infertility. The clinic runs every fortnight. We are in the process of setting up a service to undertake tubal testing by using ultrasound.

**Gynaecological Ward M1**

M1 is a 15 bedded ward, consisting of 3 four bedded bays and 3 single rooms. It provides in-patient care for elective and emergency admissions with gynaecological and early pregnancy complications. In addition it has a 2 bedded assessment area where women presenting with gynaecological or early pregnancy emergencies are triaged, assessed and managed according to evidence based guidelines.

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**Current Research**

We are part of the Greater Manchester Clinical Research Network Reproductive Health & Childbirth Local Specialty Group and currently participating in multi centre research projects listed below.

**INFANT Study**

INFANT is a trial which is looking at whether the use of intelligent decision-support software can reduce poor neonatal outcomes in labour.

**PROMISE Trial**

This randomised controlled trial is studying the use of progesterone to improve the outcome of pregnancy following unexplained first trimester miscarriages.

**OPTIMMUM Trial**

This randomised controlled trial is studying the use of progesterone for the prevention of preterm labour.

Women will be asked to participate in one or more of the trials if they fulfil the study criteria.

**CAPTURE Registry**

Contribute to the International database which will provide base line standards for outcomes of ELEVATE anterior and posterior mesh repair. This technique is used for vaginal prolapse.

**VUE Trial**

This comprises of two parallel randomised controlled trials of surgical options for upper compartment (vault or uterine) pelvic organ prolapse.