

19 June 2020: Maternity and Neonatal

Facilitator	John Boyman - Head of Public Relations – Strategic Projects Ellie Stennett	Engagement Team	CL SE
Speakers	Alex Whitfield – Chief Executive, Hampshire Hospitals NHS Foundation Trust Dr Simon Struthers – Associate Medical Director of Clinical Strategy, Hampshire Hospitals NHS Foundation Trust Miss Avidelah Nejad – Clinical Director for Women’s Health, Hampshire Hospitals NHS Foundation Trust Sharon Stone – Clinical Matron, Hampshire Hospitals NHS Foundation Trust Fay Corder – Associate Director of Midwifery, Hampshire Hospitals NHS Foundation Trust Dr Nick Ward – Clinical Director for Child Health, Hampshire Hospitals NHS Foundation Trust		
Registered participants	69	Participants on Zoom	31
Questions/Comment raised pre-event at registration / website [comments box on Eventbrite registration form]: <ul style="list-style-type: none"> • I lost my baby in October 2019. The support offered by Laura and Jess through Flutterbyes is amazing, however when I fell pregnant again, I felt I could not talk about my worries with the group, being aware there were others who would love to be expecting again. I wonder if there is any way for women who are expecting after a loss to be put in contact with others in a similar situation (or those who have been in that situation before) to have someone to talk to who would understand the difficulties and worries which come with a pregnancy after loss. I would have certainly found this helpful for my wellbeing and mental health over the past 6 months • Feels like way forward is a centralised centre equidistant from both hospitals. The interdependencies imply all services have to be centralised - maternity, paediatrics and ED • Winchester based, can't comment about Basingstoke. Move ED and ITU out to a new site, perhaps Bushfield Camp (good parking for staff at park and ride) or a site further up the M3 so closer/could be shared with Basingstoke. Easier access needed to M3 in my opinion - I would hate to be a SCAS paramedic trying to get through Winchester with all the traffic in an emergency situation, and the time it takes could cost lives. Either sell off the existing Winchester site or flatten it and make one big NHS community hub to include a GP surgery (St Clements?), move services in Avalon House up to the site, could include things 			

for social prescribing (exercise classes, gardening, art), sexual health clinic, maternity clinic, etc, etc.

- I gave birth at Winchester in October and thought the care we received was fantastic. We really liked it being a smaller hospital and always felt calm and very friendly. When we needed growth scans these were easy to book and we never needed to wait long which meant we got reassurance quickly. After care was brilliant too.

Questions/Comments raised during online event:

QUESTION FROM CHAT: You have mentioned how dated the current buildings are and the time frame for the upgrade (2024/25) can you give us assurance that some money will be used for basic renovations in the meantime such as missing blinds / curtains, windows that are broken and so on?

ANSWER: Yes we need to keep the buildings safe. This doesn't mean we won't stop spending money on existing buildings. When we get a new hospital we don't know yet what this means for the current buildings.

QUESTION FROM CHAT: "The needs of our Mums, babies and children are becoming more complex" Would you be able to develop this point further please in terms of in what ways the needs are becoming more complex, in terms of mental health? thank you!

ANSWER: Our demographics have changed. Women are leaving it later so the maternity age is older. There's a big challenge of obesity across the country which leads to diabetes during pregnancies. Medical conditions which can develop during pregnancy might turn into problems which might not go away. It's the same for mental health and increased IVF and multiple pregnancies which provide challenges.

QUESTION: The Neonatal unit in Basingstoke is full. Parents are being limited to 2 hours in every 24 due to Covid-19. 2 hr per 24 hours. Is something you'd like to look at is giving neonatal units the space to allow parents to allow room in and provide care for their babies which is currently done by staff as some other units do?

ANSWER: It is not currently full. Visiting is restricted owing to the size of the units intensive care room (need to be 2m apart) so we need to limit visitors. Visiting times are from 12.00-22.00. If full, we would need to limit it but it's not full at the moment. Cubicles are available from 8.00-22.00. We would love more opportunity for parents to stay 24 hours a day with beds next to the incubator.

QUESTION FROM CHAT: Will a bereavement suite be considered for the new hospital/site? I feel that this has been seen as unimportant as I am aware that it has been shut in Basingstoke due to COVID. I know this is a difficult time so I know the space was needed.

ANSWER: Yes - we have temporarily removed the bereavement suite because of Covid-19 but will be looking to bring it back. There will be one in a new hospital as it's a really important service we offer. Clinic groups are now available called

Flutterbyes and support groups as well. We would like to set up teams of midwives to care for these ladies.

COMMENT: I was involved in the last attempt - the CTU plans, by the time we saw the architect plans last time the rooms had already been designed but weren't big enough. Other more modern units allow parents to do more of the care, which prepares parents more for taking their babies home. Co production means consulting with the designs are done with staff and users. And not just shown the plans when they are finalised. Real opportunity to make this better for the future.

ANSWER: family integrated care is the most important thing happening in neonates at the moment. It will make the biggest difference to the outcomes for these babies. We're passionate this is what we want to provide. Doing as much as we can within the circumstances.

ANSWER: Co-production - we believe we won't get it right unless we talk to the people using the services about what is important to them.

QUESTION FROM CHAT: I have a problem with the use of the word 'excellence' Is a consultant-led unit better than a midwife led unit for example? Perhaps there is a need to describe the best bits of the different level of services. We all can't drive Rolls Royces when in fact a mini might be better - so I don't understand what a centre for excellence means?

ANSWER: the woman is the 'captain' and the midwife and consultant are there to guide and hold her hand. Excellence is having a team listening to what women want, and providing support so she can make a decision.

QUESTION: Are there plans to provide breastfeeding support for mums within the hospital and the home?

ANSWER: we're already improving that, support is available also for women who are choosing to bottle feed. We're increasing tongue-tied clinics, breastfeeding champions in the community and breast-feeding support online during Covid-19. Always welcome and open to comments.

Chat comments/questions

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In pervious consultations, the way the service reacts to changing requirements during birth and after. Standards for reacting to such changes when everything is on one site might be different (better or worse) if there's a more dispersed service. But surely we could work out what the standards for reactions should be. Sorry if that doesn't make sense...

I had both of my children at Winchester and could not fault the care I received both before and after birth. Both were challenging pregnancies and the staff gave me and the girls excellent care. The key thing for me was community care and so the community hub idea sounds great. I think the bit after discharge from the midwife services can be very challenging, particularly for first time mothers. A co-ordinated community hub package which provides access to all the different types of services needed will be key. Assuming that this is in the plans for the hub? Support and access to further support on feeding for example is an issue once you have left hospital.

Simon Struthers, Associate Medical Director, HHFT: Thank you, most definitely. We have already noted that we like to provide better bereavement facilities. We would want to ensure any new facility has strong bereavement facilities and services

When the neonatal unit in Basingstoke is full at the moment, we hear that parents are limited to two hours per 24 hours visiting (one hour each) due to covid. Will we be looking at giving neonatal units the space to allow parents to "room in" and provide care for their babies that is currently done by staff as some other modern units do?

We were allowed to stay in the flat on neonatal in Basingstoke when our son had a few days stay there. and it really made a huge difference to our journey and for access reasons as my husband uses a wheelchair. it really was an amazing service to have been offered - we know how lucky we were.

Just reiterating what came up earlier this week - showers for parents who end up staying to support their partner or their baby / child.

Are there any plans to further promote the home birth offering. There is limited information on the current HHFT website.

And baby friendly Fay

I think this is a brilliant point about supporting women in terms of what women want. Will there be provision in terms of perinatal education workshops perhaps so that women know their options and thus what they will then know what to ask?

From a mental health point of view could a safe outdoor quiet space or at least a quiet indoor space with natural light and plants be included in the design? I was stuck in a room for days on end with huge concerns about the future of my baby. Once he was getting a bit better I was able to take him outside for a short walk each day and even a walk around the car park made a huge difference to how I was feeling and me calming/ rationalizing all that wss was going on.

Really pleased to hear the plans to expand bereavement services. A close friend lost her little boy at an advanced stage of pregnancy and has really struggled with the lack of aftercare and support post discharge and accessing available services.

I had both my daughters at Winchester and felt I was supported by a team. Staff were amazing but the building needs modernising so glad this is being looked at.

Are there plans to bring women's health more central to the current pathway in order to manage any issues and provide the required education as issues arise rather than waiting for the issues to become a bigger issueslp....when issues will no doubt be harder and more costly to address.

Written up by: SE