

NMPA Second organisational survey



This PDF version is ONLY intended to give an overview of the survey and could be used to help gather some of the required information. Please complete and submit the sections via the ONLINE SURVEY using the log in details provided.

Please enter responses about the service as of the 1st of January 2019 unless requested otherwise for specific questions.

General section about the Trust/Board

It is recommended that this section is completed by the midwifery lead

Trust/Board and lead survey respondent details

- G1 Details of lead survey respondent (*these will be preloaded*) - please amend any incorrect or missing details below. The lead respondent is the person responsible for ensuring that all sections of the organisational survey are completed on behalf of the Trust/Board and would normally be the Head or Director of Midwifery for the Trust/Board.

| | |
|---------------|-------|
| Title | _____ |
| Name | _____ |
| Role | _____ |
| Email address | _____ |
| Telephone | _____ |
| Extension | _____ |

Configuration

The list on the overview page should cover **all individual sites** at which your Trust/Board provides intrapartum care (obstetric and/or midwife-led), and any neonatal units on these sites.

- G2 According to the information we hold, the Trust/Board currently has the following:
(For maternity unit type definitions see <http://www.maternityaudit.org.uk/pages/ResourcesUnitTypeDef#q15>).

| | |
|--|-------|
| Number of obstetric units | _____ |
| Number of alongside midwife-led units | _____ |
| Number of freestanding midwife-led units | _____ |
| Number of neonatal units | _____ |

If there is a site missing or incorrect, please contact us as soon as possible via nmpa@rcog.org.uk

(Freestanding Scottish community maternity units have been counted as freestanding midwife-led units for the purpose of the survey structure but there will be opportunity within the survey to add any medical staff or facilities where applicable).

G3 Please tell us about any changes in maternity services configuration affecting your Trust/Board **in the last 3 years up to 1/1/2019** and **any planned or anticipated changes in the next 3 years**, such as opening or closing of obstetric or midwife-led units (MLUs), changes in bed numbers or mergers. **Please ensure you tick at least one box in each column.**

| Last 3 yrs | | Next 3 yrs |
|--------------------------|------------------------------|--------------------------|
| <input type="checkbox"/> | None | <input type="checkbox"/> |
| <input type="checkbox"/> | Obstetric unit opening | <input type="checkbox"/> |
| <input type="checkbox"/> | Alongside MLU opening | <input type="checkbox"/> |
| <input type="checkbox"/> | Freestanding MLU opening | <input type="checkbox"/> |
| <input type="checkbox"/> | Obstetric unit closing | <input type="checkbox"/> |
| <input type="checkbox"/> | Alongside MLU closing | <input type="checkbox"/> |
| <input type="checkbox"/> | Freestanding MLU closing | <input type="checkbox"/> |
| <input type="checkbox"/> | Change in unit type | <input type="checkbox"/> |
| <input type="checkbox"/> | Change in capacity | <input type="checkbox"/> |
| <input type="checkbox"/> | Merger | <input type="checkbox"/> |
| <input type="checkbox"/> | Other (please specify below) | <input type="checkbox"/> |

G4 Please provide brief details of the dates (month and year) and names of the units/Trust/Boards involved in the changes you indicated in the previous question, or other major changes impacting on service provision (maximum 1000 characters).

Care models

G5 Which midwifery care models are currently in use anywhere within your Trust/Board, as per the definitions given below? Please tick all that apply.

Locally, a different name may be used for a particular model, but please select the models which most closely describe those in use, where possible. The next question asks about target groups, so please do not enter e.g. a homebirth team or a safeguarding caseload midwife as a separate care model below, but enter their general care model as applicable.

(For more detail on continuity of carer, see <http://www.maternityaudit.org.uk/pages/ResourcesUnitTypeDef#q16>).

- 'Full caseloading continuity of carer model'** - where a midwife is allocated a certain number of women (the caseload) and antenatal, intrapartum and postnatal care is personally provided by this named lead midwife, with or without a buddy midwife as back up. I.e. there is an expectation of continuity of carer by the lead midwife across all three care periods (antenatal, intrapartum and postnatal)
- 'Partial caseloading continuity of carer model'** - for example antenatal and postnatal care is coordinated and personally provided by a named lead midwife holding a caseload (with or without a buddy midwife as back up), but intrapartum care is provided by core midwifery staff. I.e. there is an expectation of continuity of carer by the lead midwife across one or two, but not all three care periods

- 'Team continuity of carer model'**- midwifery teams providing antenatal, intrapartum and postnatal care, in which the woman is allocated a named lead midwife within the team who is responsible for coordinating and personally providing most of her midwifery care, with the other midwives in the team as backup. With or without a buddy midwife within the team as first choice to provide back up
- Other teams** - any other form of team midwifery but NOT 'team continuity model' as described above
- Midwifery care from non-NHS midwifery services** (social enterprise/private) contracted by the Clinical Commissioning Group or Trust/Board
- Core midwives** staffing particular clinical areas such as ante/postnatal wards, labour wards or midwife-led units (i.e. there is no expectation of continuity of carer) - used either exclusively or in combination with any other care models
- Other care model 1** (please specify briefly; you can elaborate in the comments at the end of this section if you wish) _____
- Other care model 2** if applicable (please specify briefly) _____

G6 Which groups of women are cared for through each of the model(s) of midwifery care in use at the Trust/Board?
 Please tick all that apply for each care model. *(Online the care models listed below will reflect your answers to question G5 (core staff is not listed here as would not be for specific groups). Question G6 is not asked if only one care model is selected in G5 as this would imply that this model is used for all women under the care of the Trust/Board).*
 Where applicable, please select 'complex social need(s)' regardless of whether a care model is used for one particular need or a range; likewise for complex medical needs.

| | Women who live in particular geographical area(s) | Women with complex social need(s) | Women with complex medical need(s) | Women at low risk of complications | Women planning a homebirth | Other women (please specify below) |
|---|---|-----------------------------------|------------------------------------|------------------------------------|----------------------------|------------------------------------|
| Full caseloading continuity model | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Partial caseloading continuity model | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Team continuity model | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other teams | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-NHS midwifery services contracted in | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other care model 1: <i>(as entered in G5)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other care model 2: <i>(as entered in G5)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other women/target group(s) - please indicate care model(s) and target group(s)

G7 Please indicate the size of the majority of midwifery teams at the Trust/Board.
 The numbers below refer to the numbers of individual midwives, NOT whole time equivalents.
 (Online only asked for the team types selected in question G5; not asked if no teams).

| | The majority of teams consist of 3 midwives | The majority of teams consist of 4 to 5 midwives | The majority of teams consist of 6 to 8 midwives | The majority of teams consist of more than 8 midwives |
|-----------------------|---|--|--|---|
| Team continuity model | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other teams | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

G8 Are any of the following measures in place to facilitate continuity of carer?
 (Online the third to sixth options only appear if relevant model(s) selected in question G5. Not asked if only core staff selected in G5).

- No
- Women are allocated a lead midwife who is responsible for coordinating and personally providing most of their midwifery care
- Caseload midwives have a buddy midwife who provides backup when needed
- Caseload midwives can organise their own working patterns to optimise provision of continuity of carer
- The team operates a buddy system so that women receive most of their care from their lead midwife and the buddy midwife as first backup choice
- Team midwives can organise their own working patterns to optimise provision of continuity of carer
- The non-NHS midwives have a buddy midwife who provides backup when needed
- The non-NHS midwives can organise their own working patterns to optimise provision of continuity of carer

Other(s) - please specify _____

G9 Do you measure or monitor continuity of carer? Please tick all that apply.

- No
- CQC, Welsh or Scottish national maternity services survey results
- Local survey of women
- Paper maternity records audit
- Audit of electronic record of contacts/caregivers

Other (please specify) _____

G10 Please tick all care periods within which and/or across which continuity of carer is provided by the care model(s) in operation at your Trust/Board. (Online the care models listed below will reflect those selected in question G5. Not asked if only core staff selected in G5).

Continuity of carer **within** the antenatal or postnatal period is interpreted - for the purpose of this survey - as women seeing the same midwife for most of their antenatal or postnatal care contacts respectively.

Continuity **across** care periods would imply women seeing the same midwife for most care contacts in these periods, including care in labour from a known midwife for continuity across the antenatal and intrapartum period.

Please indicate continuity within or across care periods as in this example:

| | Antenatal | Intrapartum | Postnatal |
|--|-------------------------------------|-------------------------------------|-------------------------------------|
| Continuity across the antenatal and postnatal period but not intrapartum - enter as: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Continuity across the antenatal and intrapartum period but not postnatal - enter as: | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Continuity within the antenatal period only - enter as: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Antenatal | Intrapartum | Postnatal | No continuity within or across care periods |
|--|--------------------------|--------------------------|--------------------------|---|
| Full caseloading continuity model | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Partial caseloading continuity model | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Team continuity model | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other teams | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-NHS midwifery services contracted in | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other care model 1: (as entered in G5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other care model 2: (as entered in G5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

G11 Please use the space below to give further information on the midwifery care model(s) in use and measures taken to facilitate continuity of carer (maximum 1000 characters).

Access to services

- G12 Do women have any options for the timing and location of community midwifery antenatal appointments OTHER than daytime appointments at a clinic near their home address?
- No; only daytime appointments at a clinic near woman's home address are available
 - Yes; women have other options as well (this will bring up a further question to indicate what options)
- G13 What options do women have for the timing and location of community midwifery antenatal appointments? Please tick all that apply.
- Daytime
 - Evenings
 - Weekends
 - At home
 - At maternity unit
 - At any clinic location the woman chooses (e.g. near her work)
- G14 Does the Trust/Board provide homebirths? Yes No
- G15 Planning place of birth. *(What is asked in the online version depends on the Trust/Board set-up)*
- | | Yes | No |
|--|--------------------------|--------------------------|
| Are low risk women booked to give birth in a midwife-led environment by default ('opt out')? (I.e. in a midwife-led unit (if available within own or neighbouring Trust/Board) or at home) | <input type="checkbox"/> | <input type="checkbox"/> |
| Are low risk women directed to a midwife-led unit by default when presenting to the maternity service in labour? | <input type="checkbox"/> | <input type="checkbox"/> |
- G16 What options for early labour assessment by a midwife do you provide? Please tick all that apply.
- Assessment at home for low risk women (even if the woman is not planning a homebirth)
 - Assessment at the planned place of birth (home, midwife-led unit or obstetric unit as applicable)
 - Assessment at the obstetric unit only (if applicable)
- Other (please specify) _____

G17 Where is routine community postnatal care for well women and babies provided?

- Home visits only
- Postnatal clinic only
- Women can choose for home visit(s) and/or postnatal clinic
- Fixed schedule combining home visit(s) and postnatal clinic

Other (please specify) _____

G18 Who provides community postnatal care (regardless of setting)?

- All routine postnatal contacts are with a midwife
- Most routine postnatal contacts are with a midwife
- Most routine postnatal contacts are with a maternity support worker (MSW)
- All routine postnatal contacts are with a MSW, unless need to see midwife for specific issue (e.g. clinical, safeguarding etc.)

G19 What is the **standard number of postnatal community contacts** conducted by the maternity service for a well woman and baby? (If you do not have a planned number of contacts for normal postnatal care, please enter average number). _____

Working together with women, maternity colleagues and across organisations

G20 In what ways are women involved/represented in the maternity services? Please tick all that apply.

- None of the ways listed here
- Maternity Voices Partnership/Maternity Services Liaison Committee
- Labour ward forum
- Guideline development
- Development of information for women
- Participating in local surveys or focus groups
- Audit (e.g. reviewing/contributing to action plans)
- Review of complaints/incidents (e.g. of themes and action plans)
- Design of care environment (e.g. birth rooms, family rooms)
- Gathering feedback from women (e.g. maternity service user representatives 'walking the patch')
- Peer support (e.g. breastfeeding peer support, neonatal unit parent peer support)

Other(s) - please specify _____

G21 Who can access women’s maternity information electronically? I.e. via a computer, laptop, tablet or mobile phone. It is assumed that the full or summary pregnancy record includes lab results. Please tick all that apply.

| | Yes - access to full maternity record | Yes, but access to summary record current pregnancy ONLY | No access to maternity record but to lab results ONLY | No access to either maternity record or lab results |
|--|---------------------------------------|--|---|---|
| Do women have access to their electronic records, e.g. via their mobile phone or computer? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can community midwives access women's electronic records at any location in the community | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can community midwives access women's electronic records at their community base? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do midwives and obstetricians have access to women's electronic records on site in the maternity unit where they are booked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can other clinicians in hospital (e.g. A&E) access women's electronic records? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can GPs access women's electronic records? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

G22 Does the Trust/Board have the following?

| | Yes | No |
|---|--------------------------|--------------------------|
| Written maternity service specification agreed with relevant CCG (England) or across your Board (Scotland and Wales) | <input type="checkbox"/> | <input type="checkbox"/> |
| Local Maternity System transformation plan or maternity strategy, either as an individual organisation or in collaboration with other organisations (e.g. CCG(s), neighbouring Trust/Boards)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Designated board member for maternity (or 'maternity champion') on the Board of Directors of the Trust/Board | <input type="checkbox"/> | <input type="checkbox"/> |
| Consultant midwife | <input type="checkbox"/> | <input type="checkbox"/> |

G23 Is the Trust/Board part of any of the following types of networks? Please tick all networks in which your service actively participates.

Maternity and related networks are linked groups of health professionals and organisations from primary, secondary and tertiary care, social services and other services, working together in a co-ordinated way to ensure an equitable provision of high quality, clinically effective care. Managed maternity and neonatal care networks include effective arrangements for managing prompt transfer and treatment of women and babies with complications.

Neonatal networks are asked about in the neonatal section, so do not need to be entered here.

| | Yes | No |
|---------------------------------|--------------------------|--------------------------|
| Maternity Network | <input type="checkbox"/> | <input type="checkbox"/> |
| Perinatal Mental Health Network | <input type="checkbox"/> | <input type="checkbox"/> |
| Maternal Medicine Network | <input type="checkbox"/> | <input type="checkbox"/> |
| Other(s) - please specify | <hr/> | |

G24 In what ways have the results of the National Maternity and Perinatal Audit (NMPA) been used locally? Please tick all that apply and give details in the free text box below.

- NMPA results have not been used
- Results have been used to make improvements in clinical practice or organisation of care within the Trust/Board
- Results have been used to make improvements in clinical practice or organisation of care in collaboration with other Trusts/Boards, the Local Maternity System or network
- Results have been used to inform women using the service
- Results have been used to guide local audit
- Results have been used to make improvements to data quality

Other(s) - please specify

G25 Would you be willing to share your Trust/Board's use of the NMPA results in a future NMPA report or event? Yes No

G26 Please provide more detail on your answers above.

Section A about xxx site/unit (Capacity and midwifery staffing)

It is recommended that this section is completed by the midwifery lead

Capacity and closures

A1 What type(s) of unit(s) are located on this site?

(For maternity unit type definitions see <http://www.maternityaudit.org.uk/pages/ResourcesUnitTypeDef#q15>).

Please choose one option that fits most closely; there will be the opportunity to describe medical staffing or services co-located with a freestanding midwife-led unit if applicable, and to add comments at the end of the survey.

- An obstetric unit (OU) ONLY
- An obstetric unit AND an alongside midwife-led unit (alongside MLU)
- A freestanding midwife-led unit (freestanding MLU) ONLY

A2 We hold the following postcode for this site; please amend if incorrect. *(Postcode will show here in online survey).*

A3 Please enter the name of your alongside midwife-led unit if it has a separate name; otherwise leave blank.
(This question only shows in online version if alongside midwife-led unit on site).

A4 We hold the following name for this unit: *(Unit name will show here in online survey).*
If this is incorrect, please enter the correct name below.

A5 Please indicate if you have the following wards at this site to help tailor the questions that follow. Tick all that apply.

- Antenatal ward
- Postnatal ward
- Combined antenatal and postnatal ward
- No antenatal or postnatal wards

Please enter information for a co-located obstetric unit and alongside midwife-led unit combined unless asked to enter specific details for either. *(This comment only shows in online version if applicable).*

A6 Please enter the following information **for this site.** *(Online version is tailored to previous answers).*
No assumptions have been made; **if a question is not applicable or the answer is none, please enter 0.**

Your answers will be automatically added up. Please check if the resulting total inpatient maternity beds is correct and amend your answers if not, so that beds/birth rooms are not double-counted (for example where there is both a combined ante/postnatal ward and a dedicated postnatal ward).

Dedicated birth rooms obstetric unit labour ward _____

Dedicated birth rooms midwife-led unit _____

Total antenatal beds _____

Total postnatal beds (not counting birth rooms if women always stay here until discharged home) _____

Total combined antenatal/postnatal beds (if not included in separate ante- or postnatal beds counts) _____

Total obstetric theatre recovery beds _____

Total dedicated triage or assessment unit beds (please do not count multi-purpose beds counted elsewhere) _____

Total dedicated bereavement birth rooms (please do not count multi-purpose rooms counted elsewhere) _____

Dedicated obstetric high dependency care beds (high dependency/level 2 care provided WITHIN the maternity unit _____

Please only count beds which are not used for other purposes.

If high dependency care can be provided in the maternity unit but there are no dedicated beds, enter 0 here but enter that obstetric high dependency care is available in question B3 of the medical services section for this unit

(For care level definitions see <http://www.maternityaudit.org.uk/pages/ResourcesUnitTypeDef#q17>).

Total inpatient maternity beds and birth rooms *(In the online survey this is calculated from your answers above and shows on the next page - if this total is not correct, please use the survey Back button to go back and amend your answers).* _____

A7 If necessary, please add further details on rooms/beds below.

A8 Please enter the following information **for this site** (enter 0 if none). *(Online version is tailored to previous answers).*

Number of plumbed in birth pools on the obstetric unit labour ward _____

Number of plumbed in birth pools on the midwife-led unit _____

A9 Please enter the following information **about this site**. *(Online version is tailored to previous answers).*

| | Yes | No |
|--|--------------------------|--------------------------|
| Do all birth rooms have en-suite/private bathrooms? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can (birth) partners stay overnight in case of labour induction? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can (birth) partners stay overnight after the birth in the birth room? | <input type="checkbox"/> | <input type="checkbox"/> |
| Can (birth) partners stay overnight after the birth on the postnatal ward? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do any antenatal or postnatal ward rooms have more than 4 beds? | <input type="checkbox"/> | <input type="checkbox"/> |

A10 We would like to ask you about unit closures during the financial year 2017/18.

If you answer 'yes' to either question below, boxes will appear to enter this information, but these are not mandatory until you are ready to submit the survey, so you will be able to carry on with the survey and come back to this later when the information has been obtained. A reminder will appear at the end of the survey if the information has not yet been entered.

| | Yes | No |
|--|--------------------------|--------------------------|
| Are you able to provide information on the number of separate occasions any of the unit(s) on this site were closed to maternity admissions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you able to provide information on the total hours any of the unit(s) on this site were closed to maternity admissions? | <input type="checkbox"/> | <input type="checkbox"/> |

A11 Closures during the financial year 2017/18. *(These questions only show in online version if you have indicated in the previous question that you can provide this information, and dependent on unit type).*

| | |
|--|-------|
| Number of separate occasions where the obstetric unit was closed to admissions | _____ |
| Total hours where the obstetric unit was closed to admissions | _____ |
| Number of separate occasions where the midwife-led unit was closed to admissions | _____ |
| Total hours where the midwife-led unit was closed to admissions | _____ |

Midwifery staffing and non-medical specialist support

A12 Do you monitor what proportion of women has one to one care in established labour? Meaning a woman in established labour has an allocated midwife who is not looking after any other women and is fully available to her. Please tick all ways in which you do this.

- No
- Yes - one to one care is documented in individual electronic maternity records
- Yes - snapshot audit of labour ward/MLU midwife numbers and numbers of labouring women
- Yes - audit of paper maternity records

Other (please specify) _____

A13 What proportion of women had one to one care from a midwife during established labour in 2017/18? (%) _____

(Only asked in online version if answer to A12 not No).

A14 Do you have access to a specialist community perinatal mental health team to which women can be referred?

Yes

No

A15 What non-medical specialist support staff are available to women on your site? (E.g. specialist midwives or other specialist staff who specifically support the maternity service, like physiotherapists or mental health nurses with a maternity remit). Please tick all that apply.

- None of those listed here
- Infant feeding
- Smoking cessation
- Physiotherapy
- Weight management
- Bereavement
- Substance misuse
- Mental health
- Teenage parents
- Safeguarding (children/vulnerable adults) / domestic abuse

Other (please specify) _____

A16 We recognise that not all maternity units fit the Birthplace study definitions exactly, particularly in more remote areas. To ensure we capture the local arrangements, please indicate if there are **any medical facilities** (such as an intensive care unit) **at all on the site** where your freestanding midwife-led unit is located, and if there are **any types of medical staff involved in maternity care at this unit**. *(This question is only asked in online version if freestanding midwife-led unit).*

- NO medical facilities** and **NO medical staff** on this site
- Some medical facilities** on site which support the maternity service - please briefly indicate what type below
- Some medical staff** on site which support the maternity service - please briefly indicate what type below

A17 Please indicate briefly what type of medical facilities and/or staff supporting the maternity service are available on this site. *(Only asked in online version if freestanding midwife-led unit and indicated in A16 that some medical staff/facilities on site).*

A18 Is there a Maternity Day Assessment Unit available **on this site**?

| | | | |
|--|-----------------------------|-------------------------------------|---------------------------|
| | Yes, available on site 24/7 | Yes, available on site but not 24/7 | No, not available on site |
| Maternity Day Assessment Unit availability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section B about xxx site/unit (Medical services and obstetric/anaesthetic staffing)

Medical services, facilities and specialists

It is recommended that this section is completed by the obstetric lead in discussion with the anaesthetic lead for maternity

This section is about medical services, facilities and specialists available at your unit or site; the questions are intended to map out services and referral pathways across the country, and to put the audit findings into context, not to 'judge' individual units or Trust/Boards.

B1 Please indicate the **availability on this site** of the following:

| | Available on site 24/7 (staff required may be on site or available on-call from home) | Available on site some of the time but NOT 24/7 and NO 24/7 on-call cover | Not available on site at all |
|--|---|---|---------------------------------|
| Blood transfusion consultant advice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Microbiology consultant advice | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Consultant anaesthetist cover for maternity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Consultant anaesthetist exclusively dedicated to maternity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cell salvage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interventional radiology | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CT scanning and access to reporting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MRI scanning and access to reporting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Echocardiography (adult) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Consultant urologist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Consultant colorectal or general surgeon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B2 Please indicate the **availability on this site** of the following:

| | Available on site 24/7 (includes resident on call) | Available on site some of the time, NOT 24/7 but 24/7 on call from home | Available on site some of the time, NOT 24/7 and NO 24/7 on call cover | Not available on site |
|--|--|--|---|--------------------------|
| Duty anaesthetist immediately available for the obstetric unit (consultant/anaesthetic trainee/SAS) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Acute medical cover (medical registrar or more senior) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B3 Please indicate the **availability on this site** of the following

| | Available on site | Not available on site |
|---|--------------------------|--------------------------|
| Dedicated obstetric theatre | <input type="checkbox"/> | <input type="checkbox"/> |
| General theatre | <input type="checkbox"/> | <input type="checkbox"/> |
| Blood transfusion lab | <input type="checkbox"/> | <input type="checkbox"/> |
| Microbiology lab | <input type="checkbox"/> | <input type="checkbox"/> |
| Dedicated obstetric high dependency (level 2) care* – regardless of whether this is in dedicated obstetric HDU beds or not | <input type="checkbox"/> | <input type="checkbox"/> |
| General adult high dependency care* | <input type="checkbox"/> | <input type="checkbox"/> |
| Adult intensive (level 3) care* | <input type="checkbox"/> | <input type="checkbox"/> |
| Bariatric equipment, including in theatre | <input type="checkbox"/> | <input type="checkbox"/> |

(*For care level definitions see <http://www.maternityaudit.org.uk/pages/ResourcesUnitTypeDef#q17>).

B4 Please indicate if you have any of the following specialists, clinics or services **on this site**. Tick all that apply.

- None of those listed below
- Fetal medicine sub-specialist consultant
- Maternal medicine sub-specialist consultant
- Lead consultant for obstetric anaesthesia
- Multidisciplinary team (MDT) obstetric medicine clinic (NOT diabetes), attended by both physicians and obstetricians
- MDT diabetes clinic, attended by both physicians and obstetricians
- Dedicated MDT cardiac obstetric clinic
- Dedicated MDT neurology/obstetric clinic
- Dedicated obstetric anaesthesia pre-assessment clinic
- Postnatal joint pelvic floor/perineal trauma clinic with MDT input
- Referral unit for caesarean delivery for morbidly adherent placenta (e.g. accreta)
- Female genital mutilation care and de-infibulation
- Perinatal psychiatrist providing mental health clinic
- Dedicated fetal medicine/neonatal/paediatric surgery joint clinics
- Dedicated twin clinic
- Fetal echocardiography
- Fetal procedures – amniocentesis
- Fetal procedures – in-utero transfusion, shunt insertion, CVS
- Fetal laser therapy for twin to twin transfusion syndrome
- Advanced fetal growth assessment – including DV Doppler assessment and management of early onset severe IUGR<30/40

Obstetric and anaesthetic staffing

B5 In the past 3 months prior to 1/1/2019, what proportion of the obstetric middle grade rota (ST 3-7 or equivalent)

| | 0% | 1 to 5% | 6 to 10% | 11 to 25% | 26 to 50% | More than 50% | Unknown |
|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| was entirely unfilled | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| was filled by locum staff | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| was filled by consultants | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B6 Total number of consultant anaesthetist **hours per week dedicated to maternity** (both for labour ward and e.g. antenatal assessments of high risk women), i.e. not covering any other service or specialty.

Section C about xxx site/unit (Neonatal unit and neonatal staffing)

It is recommended that this section is completed by the neonatal lead

Neonatal unit

C1 Designation of this neonatal unit.

(For neonatal unit designations see <http://www.maternityaudit.org.uk/pages/ResourcesUnitTypeDef#q18>).

- Special care baby unit (SCBU/SCU)
- Local neonatal unit (LNU)
- Neonatal intensive care unit (NICU)

C2 Please enter the following details about this neonatal unit; please enter 0 if none or not applicable.

(For neonatal care categories/levels see <http://www.maternityaudit.org.uk/pages/ResourcesUnitTypeDef#q19>).

| | |
|---|-------|
| Number of declared special care cots | _____ |
| Number of declared high dependency cots | _____ |
| Number of declared intensive care cots | _____ |
| Number of parents' bedrooms | _____ |

C3 Please enter the number of neonatal unit admissions during the financial year 2017/18 below (without including babies who only had transitional care), and indicate whether this number is exact or approximate.

| | | Exact | Approximate |
|---|-------|--------------------------|--------------------------|
| Total number of neonatal unit admissions | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Number of term neonatal unit admissions | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

C4 Please tell us about any changes in neonatal services configuration affecting your neonatal unit in the last 3 years up to 1/1/2019, such as opening or closing of neonatal units, changes in bed numbers or designation. Please provide details of the dates and names of the units/Trust/Boards involved.

C5 Please tell us about any planned or anticipated changes in the next 3 years, including details of the dates and names of the units/Trust/Boards involved.

C6 According to our information this neonatal unit is part of the following Neonatal Operational Network - please amend if this is incorrect.

C7 Does this site provide transitional care? Yes No

Neonatal transitional care (NTC) is care additional to normal infant care, provided in a postnatal clinical environment by the mother or an alternative resident carer, supported by appropriately trained healthcare professionals.

NTC can be delivered under several different service models, including within a dedicated transitional care ward and on a postnatal ward, but the primary carer must be resident with the baby and providing care. Whatever the location, NTC should be considered a *service*, rather than a *place* in which care is delivered. Additional support for the mother in caring for her baby should be provided by a midwife and/or healthcare professional trained in delivering elements of neonatal special care but not necessarily with a specialist neonatal qualification. Maternity care for newly delivered women must be provided by a midwife (BAPM 2017).

(For neonatal care categories/levels see <http://www.maternityaudit.org.uk/pages/ResourcesUnitTypeDef#q19>).

C8 Where is transitional care provided?

- On a separate/dedicated transitional care ward
- On a postnatal ward (or on a mixed ante/postnatal ward)
- On both

C9 Total number of transitional care beds on this site _____

C10 Who provides transitional care?

- Maternity staff (midwives and/or maternity support workers)
- Neonatal staff (neonatal nurses and/or nursery nurses)
- Both

C11 Does your unit provide specialist neonatal services which attract referrals from other units? Please tick all that apply.

- No
- Neonatal surgery
- Therapeutic hypothermia - **active** cooling

Other (please specify) _____

C12 We would like to ask you about neonatal unit closures during the financial year 2017/18.

| | Yes | No |
|--|--------------------------|--------------------------|
| Are you able to provide information on the number of separate occasions the neonatal unit was closed to ex-utero admissions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you able to provide information on the total hours the neonatal unit was closed to ex-utero admissions? | <input type="checkbox"/> | <input type="checkbox"/> |

C13 Neonatal unit closures during the financial year 2017/18. *(Only asked in online version if Yes to previous questions).*

Number of separate occasions where this neonatal unit was closed to ex-utero admissions _____

Total hours where this neonatal unit was closed to ex-utero admissions _____

Comments section about xxx site/unit

(In the online version there will be a comments page at the end of every section prior to submission)

Comments

Do you have anything else to add to any of your answers, or any other comments?
Please add question numbers where applicable.

Submission

Please ensure you have completed all questions prior to submitting this questionnaire.

If any questions have not yet been answered they will be listed below in red.

Please go back **using the Back button of the survey** and complete these questions, as it will not be possible to submit until they have been answered.

You can save your answers so far and come back to the survey later if necessary; clicking 'Save' will log you out.
You can forward your survey link and log in details to colleagues for them to complete sections.

After submitting you will be taken back to the overview page where you can select another section to complete if applicable.

QUESTIONS NOT YET COMPLETED:

(None will show in online version if all questions have been completed)

Please complete and submit all survey sections by midnight, **Monday 28 January 2019**

Thank you for completing the organisational survey