



MINUTES OF THE MEETING HELD WEDNESDAY 27TH SEPTEMBER 2023

TIME: 10.30AM – 11.30AM, LOCATION: ZOOM

- PRESENT:** Jenny Rathbone MS and Jane Dodd MS (Chairs) Sioned Williams MS, Imogen Martin – Office of Laura Anne Jones MS.
- IN ATTENDANCE:** Bryony Tweedale – Cwm Taf UHB, Dr Orion Burns – Association of Infant Mental Health, Julie Richards – RCM, Rhian Smith – TFN, Cherrie Bija – Faith in Families, Helen Perry – Project Unity, Tina Foster – TPG Cymru, Alison Scouller – Socialist Health Association, Heulwen Davies – Llais Cymru, Leah Hull – WRN, Mark Carter – Barnardo's, Bronwen Davies – Abortion Rights Cardiff, Abigail Rees – Barnardo's, Kayleigh Williams – Community Pharmacy Wales, Sarah Thomas – NFWI Wales, Jayne Drummond – Home Start Wales, Hugh Russell – Children in Wales, Sean O'Neill – Children in Wales, Sian Thomas – NHS Wales, Louise O'Neill – Children in Wales, Lucy Grieve - BPAS
- APOLOGIES:** Debbie Shaffer – FTWW, Dave Goodger – Early Years Wales, Mark Jones – Higher Plain Research and Education, Dave Williams – Aneurin Bevan UHB, Hannah Williams – Social Care Wales, Nigel Patrick Thomas, Mike Greenway – Play Wales, Cecile Gwilym – NSPCC, Becky Saunders – Early Intervention Foundation

1. WELCOME, MINUTES, MATTERS ARISING

Minutes: Decided to defer this to the next meeting due to the cross-CPG nature of this one. Meeting minutes from 23.03.23 still need to be accepted and will be added to the agenda for the next meeting. Bronwen Davies from Abortion Rights Cardiff emailed by the Secretariat to ask what her query was.

2. THE AMBITION OF THE FIRST 1000 DAYS: HOW WE ARE DOING IN WALES

Julie Richards – Director of Royal College of Midwives Wales

- 'The First 1000 Days' are all about getting things right at the start of life and is a foundation for health and wellbeing for all in Wales
- This starts with maternal healthcare and there is a strong correlation between maternity and how it contributes to early years and child development
- RCM Wales focuses on four pillars regarding the state of maternity services: population health, health and wellbeing, early intervention, and best start in life
- The number of home births in Wales are a sign that the maternity service is doing its job in supporting and enabling women to have choice over their care
- Working hard on the impact of shortages on staff to wellbeing and morale by increasing training places for midwives and investing in their careers



- Workforce demands are not purely a matter of the numbers of births – it is vital that we look at the complexity of the workload that maternity services face (such as increase in maternal age, increasing BMI across Wales etc)
- Key policy asks are that there is more funding to implement the Maternity and Neonatal Support Programme for Wales, there's a focus on workforce and staffing – ensuring we put the resources in and get the skill mix right, and support and care for staff and focus on their wellbeing to help retain experienced midwives

3. THE FIRST 1000 DAYS: THE MIDWIFE'S PERSPECTIVE

Bryany Tweedale –Consultant Midwife in Cwm Taf Morgannwg UHB

- Overarching need to put women at the heart of the service improvement journey by listening to and learning from their experiences
- The former Cwm Taf Health Board has historically had a maternity service where women did not feel that they had been treated with respect, provided by information they needed and given the care and support they required. This is a high profile issue across the maternity landscape in the UK
- Midwives are the “most powerful” intervention to increased rates of induction, assisted and caesarean birth, and clinical complexities aggravated by obesity and diabetes. PTSD, maternal deaths by suicide, some women opting to go private or give birth without any professional involvement. However, increasing intervention in childbirth is negatively affecting women in terms of traumatic childbirth experience and PTSD.
- The Consultant Midwife is a role involving expert advanced practice, leadership and consultancy; they are involved in strategic service development
Action taken to address issues in adverse IMSOP report 2021: A wide ranging improvement programme which included significant engagement with women and their families, and included improving continuity of care, and piloting baby shower event.

4. THE FIRST 1000 DAYS: THE INFANT'S PERSPECTIVE

Dr Orion Burns – Association of Infant Mental Health

- Mission of the Association of Infant Mental Health is to promote understanding of why infant mental health is important, and to support the professional development of all practitioners working with parents and babies
- Highlights that antenatal and postnatal mental health is included in the NICE clinical guidelines but notes that “*even good services can be harmful when delivered to the wrong people*”
- Preventing harm from inappropriate delivery of services should therefore be the first priority, after which identification of and delivery of probable helpful services can be delivered
- There is a need to work with a ‘Bidirectional Model Of Influence’ which looks to the many different factors that have an impact on infant mental health



5. DISCUSSION OF ISSUES RAISED BY SPEAKERS

Discussion focused heavily on the need for trauma informed services for all women presenting to maternity care and for all births, what can be done to eradicate suicide in perinatal settings, and the possibility of having a 'baby bundle' trialled in all parts of Wales.

Trauma-informed services:

- Spoke about the need for trauma-informed care and parent-infant mental health support. Observations were raised around threshold and capacity for service users and how organisations in the third sector can collectively provided services with government agencies.
- There is a need to be open to work in partnership with wider organisations to create holistic care pathways and also be mindful that a lot of the trauma seen by new mothers is inter-generational and support must be provided for this too.

Perinatal suicide prevention:

- Conversation focused around service failings regarding women who commit suicide and have already been flagged as high-risk. There must be more resources made available for women who are at risk of harming themselves and there is a way to go regarding that.
- Only treating physical symptoms is a low bar when providing maternal healthcare. We could be doing more to make sure that perinatal and maternal health services don't get lost in the broader adult mental health services.

Implementation of the 'baby bundle':

- Baby bundles were piloted in one part of Swansea and it was extremely successful. Questions focused around how we can expand that to all other areas of Wales to make sure that new mothers feel supported as they take on their new role.
- Cost of living has affected some of the organisations that provide services like the baby bundle (Barnardo's) but working in conjunction with the Welsh Government could mean that the cost is spread and a more effective solution is found.

6. AOB

**NEXT MEETING: FOCUS ON THE ROLE OF HEALTH VISITORS AND OTHER MDTEAMS INVOLVED
IN IST 1,000 DAYS DATE TBA ONCE SPEAKERS IDENTIFIED**
