

Maternity Voices Partnerships

Another stepping stone in the journey to *Better Births*, here's how Maternity Voices Partnerships are crucial to the future of maternity services in England

THE DRIVING FORCES and key themes of the Maternity Transformation Programme are personalisation of care and safety. These are our routes to implementing the recommendations in *Better Births* – as outlined in the Winter 2017 issue of *O&G*. To help us find the right way along this path, Maternity Voices Partnerships are vital. They can – and do – provide the signposts that both show us the way and keep us on track.

Previously known as Maternity Services Liaison Committees, Maternity Voices Partnerships (MVPs) are made up of a group of maternity stakeholders. To provide maternity care that is personalised, we must hear the personal experiences of those who use them and work collaboratively with women and their families to co-design maternity services. Placing women and their families at the centre, along with midwives, obstetricians and commissioners, in an MVP everyone works together to review, contribute to and co-design local maternity care.

Listening and working together

Lisa Ramsey, Service User Voice Policy Manager at NHS England and Reading MVP Chair, puts it this way: “MVPs are a way of making sure we listen to women and families, and then go on to co-produce local maternity services with them – as part of the Maternity Transformation Programme.”

“It’s the aim of every local maternity system (LMS) to have several MVPs,” explains Dr Alison Wright (RCOG Vice President), who is on the Stakeholder Council

for Maternity Transformation. These groups are already making tangible improvements and have many advocates from all aspects of the maternity experience. “Clinicians get a lot out of these partnerships because they’re no longer planning and producing services that they hope are in line with what women would like to experience as part of an MVP, they’re actually co-producing services with women,” says Lisa. “It’s all about doing with, not doing to.”

Florence Wilcock, consultant obstetrician at Kingston Hospital and Chair of the London Maternity Voices Working Group, has first-hand experience of MVPs’ potential. “During my work on maternity experience for the London Clinical network and running the Whose Shoes workshops #MatExp from 2014, I began to have really rich conversations with maternity service users and to see

how developing solutions to improve care together is so valuable,” Florence explains. “If you have a service improvement or development project, contact your local MVP first and get their thoughts and input. They may well have great ideas that you may not have thought of and will be interested in helping. There are many women who are just waiting to be asked, who want to give their input and experience to improve care. We’re definitely stronger together.”

Setting up your own MVP

The National Maternity Voices website has a guide to setting up an MVP. It helps to be flexible and let a group evolve organically. “There are always women in your community who will be keen to help you implement *Better Births*,” observes Lisa, who says the key to running a successful



MVPs are made up of a group of maternity stakeholders

“The key to running a successful MVP is avoiding any hierarchy”

MVP is to avoid any hierarchy. “It’s important that meetings are chaired by a service user representative – and that all voices around the table are equal, whether they’re an obstetrician with 30 years’ experience or a woman who gave birth six months ago.”

It also helps to have a little bit of funding, which is something the RCOG has been advocating for. Groups with no funding are limited in what they can achieve, whereas those with even a small amount of funding are far more successful. “Even if the funding is enough to cover childcare expenses so people can get to the meetings, this makes a difference,” Alison points out.

“We can’t do any improvement work without listening to women – you can’t implement anything unless everybody is

willing to collaborate by co-producing a potential improvement to a current or new service. MVPs facilitate all this and more,” Alison continues.

“We know that regular involvement with an MVP can be difficult with workforce pressures, but engaging with women and their families enables us as O&G clinicians to understand the needs of our service users, which in turn makes us better doctors. So the College definitely encourages members to get involved with their MVP,” she concludes. ●

➡ FURTHER READING AND RESOURCES

- All the information you need to restructure an MSLC, set up an MVP from scratch or find your local group can be found at nationalmaternityvoices.org.uk
- The Implementing Better Births resource pack has a chapter on coproduction with women and families: england.nhs.uk/wp-content/uploads/2017/03/nhs-guidance-maternity-services-v1.pdf
- The social media campaign #MatExp has useful insights at matexp.org.uk
- For examples of good practice and inspiration, look at bromleymaternityvoices.org.uk, readingmaternityvoices.org.uk and follow @NatMatVoicesOrg on Twitter

SIMPLE YET FAR-REACHING CHANGES



LISA RAMSEY
Maternity Voices
Policy Leader at
NHS England

“One London provider was told their birthing rooms felt very medicalised and were often brightly lit, without anything that might help women have an active labour and birth experience, even though they needed to be in an obstetric unit,” explains Lisa Ramsey.

As a result, a team of service users got together via the MVP to create a poster that now appears in each of these rooms. The message reads as follows: While you’re here giving birth to your baby, please make this room your own – feel free to move things around, to dim the lights slightly, to ask for a birthing ball if you’d

like one, or to sit on the chair. Don’t feel you have to lie on the bed. The poster does, however, include a disclaimer that you may need to consult a doctor or midwife if the situation arises.

“It was such a simple thing, but it was really well received,” observes Lisa. “A lot of the ideas we get from local women and their families cost nothing or very little, yet make all the difference to other families – they have a very positive effect.”

Another MVP had a lot of feedback from women and families saying they would like the option to personalise a planned caesarean birth. “As a result, a couple of service user representatives from the MVP got together with the lead obstetrician and midwives to look at what needed to be put in place to provide a viable option for women having planned caesarean births in our local area – and that is now being implemented.”



How to support your MVP

1 JOIN ONE

It’s really important to have at least one obstetrician and midwife on an MVP.

2 START AN MVP

Your local MVP should be listed on **nationalmaternityvoices.org.uk**.

If not, why not set one up?

3 GO TO A MEETING

Try and attend a meeting to find out more about MVPs.

4 VOLUNTEER

If the group doesn’t have an obstetric representative, could you volunteer to be that person and build relationships? You only need to give up a couple of hours, four times a year, to meet and your attendance could make all the difference.

5 MAKE CONTACT

If you’re involved with a group such as Making Births Better, or you’re the clinical lead on the obstetrics ward, contact your local group to talk to them about it and get their input.

6 SPREAD THE WORD

Tell everyone about your local MVP group.

7 INCLUDE EVERYONE

Support their initiatives and share group achievements with colleagues. Make sure staff see the group as a useful resource.