

**Jersey Care Commission**  
**Care Standards**  
**Service Specific Requirements**  
**Maternity Services**

**Safe**  
**Effective**  
**Caring**  
**Responsive**  
**Well-led**

## SAFE

### Standard 2. Learning Culture

**We have a positive and proactive culture of safety based on openness and honesty. We listen to safety concerns, investigate and report safety events thoroughly, and learn from them to improve and embed good practices.**

**What this means to people:**

I can voice safety concerns and the service takes these concerns seriously, investigates thoroughly, and learns from any safety incidents to improve practices.

### Relevant regulatory requirements

Regulation 8 Person-centred care  
Regulation 9 Personal plans and care records  
Regulation 17 Workers  
Regulation 22 Complaints and representations  
Regulation 71 Requirements in respect of complaints procedure

## 2.2 Service Specific Requirements

- 2.2.1 The service reports all stillbirths from 24 weeks gestation, all neonatal deaths from birth at 22+0 to 28 weeks and all neonatal deaths over 28 days following care in the Neonatal unit.
- 2.2.2 The provider reports serious incidents related to intrapartum stillbirths, early neonatal deaths, and severe brain injuries diagnosed in the first seven days of life. Data critically analysed and, where relevant, used to improve practice.
- 2.2.3 The service measures metrics on the safety thermometer or within the maternity dashboard. There is an established action plan for addressing any anomalies identified in the metrics that is available to the public.

## SAFE

### Standard 3. Safe systems, pathways and transitions

**We work with people and our partners to establish and maintain secure care systems. We manage, monitor, and ensure safety. We make sure that care is continuous, even when people move between different services.**

#### **What this means to people:**

I know what to do and who I can contact when I realise that things might be at risk of going wrong, or my health condition may be worsening. When I move between services, settings or areas, there is a plan for what happens next, who will do what, and all the practical arrangements are in place.

#### **Relevant regulatory requirements**

Regulation 8 Person-centred care  
Regulation 15 Shared responsibilities

### **3.2 Service Specific Requirements**

- 3.2.1 A lead professional is identified for either midwife-led care or consultant-led care.
- 3.2.2 Records accurately reflect the woman's choice, risk assessments, mental health assessments, and individualised care plans.
- 3.2.3 Referrals to specialist services are adequately documented.
- 3.2.4 The service has a systematic approach to baby records.
- 3.2.5 Discharge information is effectively communicated to GPs, health visitors, and child health services.
- 3.2.6 If a woman has been seen by a member of the mental health liaison team, their mental health assessment, care plan, and risk assessment are accessible to staff on the ward/clinic.
- 3.2.7 The Personalised Child Health Record 'red book' is provided to each baby.

- 3.2.8 Blood screening test results are accurately recorded in the records.
- 3.2.9 Women undergo a risk assessment at every antenatal appointment.
- 3.2.10 High-risk women in the hospital are seen within 30 minutes of referral by a midwife and within an hour by medical staff.
- 3.2.11 VTE (Venous Thromboembolism) assessments are recorded at booking, following birth, and at every admission.
- 3.2.12 The service conducts regular audits of the modified WHO maternity theatre checklist and acts on findings.
- 3.2.13 The “fresh eyes” approach is performed hourly for continuous fetal monitoring.
- 3.2.14 Women with pre-labour spontaneous rupture of membranes at term (at or after 37+0 weeks) are offered an induction of labour after approximately 24hours.
- 3.2.15 A consultant obstetrician is present for difficult births.
- 3.2.16 Swab counts are performed and signed by two professionals.
- 3.2.17 Staff handovers routinely refer to the physical, psychological, and emotional needs of women, as well as their relatives/carers.

## SAFE

### Standard 4. Safeguarding

We work with people to understand what safety means to them and with our partners to make it happen. We focus on improving people's lives while protecting their right to live safely, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect. We make sure that we share concerns quickly and appropriately.

#### What this means to people:

- I am listened to, respected and know that my identity and personal safety matters.
- Care providers and partners work together to make sure I am kept safe from harm, bullying, and discrimination.

#### Relevant regulatory requirements

Regulation 9A Need for consent  
Regulation 8 Person-centred care  
Regulation 11 Safeguarding

### 4.2 Service Specific Requirements

- 4.2.1 Questions about domestic abuse are consistently asked antenatally.
- 4.2.2 Arrangements are in place to safeguard women with, or at risk of, Female Genital Mutilation (FGM).
- 4.2.3 Effective systems are in place to notify staff of women/families subject to a child protection/child in need plan.
- 4.2.4 Information on safeguarding and learning from safeguarding incidents are communicated to maternity staff.
- 4.2.5 Staff have awareness of risks and indications of Child Sexual Exploitation (CSE).
- 4.2.6 The service has an abduction policy in place.

## SAFE

### Standard 6. Safe Environments

**We detect and control possible risks in the care environment. We make sure that the equipment, facilities, and technology support the delivery of safe care.**

#### **What this means to people:**

- I feel safe in the care environment.
- I am protected from harm caused by the use of faulty equipment.
- I am protected from harm caused by any defect in the building where my care is provided.
- Staff who care for me, or support me, are trained to operate equipment and know what to do when things go wrong.

#### **Relevant regulatory requirements**

Regulation 7 Respect and involvement  
Regulation 9A Need for consent  
Regulation 8 Person-centred care  
Regulation 11 Safeguarding  
Regulation 18 Premises and equipment

### **6.2 Service Specific Requirements**

- 6.2.1** The obstetric theatres/neonatal unit are collocated with the delivery suite.
- 6.2.2** Community midwives are equipped with their own fetal heart rate monitoring devices (sonicaids), bilirubinometers, blood pressure machines with different size cuffs, baby scales, and thermometers. They also carry carbon monoxide monitors.
- 6.2.3** Emergency equipment carried by community midwives is regularly maintained and checked in line with best practice.
- 6.2.4** Midwives adhere to safe and secure protocols for transporting gases equipment, ensuring compliance with local protocols and legislation.
- 6.2.5** The service provides "waterproof" fetal heart rate monitoring devices (sonicaids).
- 6.2.6** Community midwives follow the lone working policy for safety and security.

## SAFE

### Standard 7. Safe and effective staffing

We make sure there are enough qualified, skilled, and experienced staff who are well supported and receive effective supervision and development. They work together effectively to provide safe care that meets people's individual needs.

#### What this means to people:

- I always receive safe care and treatment delivered by competent staff.
- Staffing levels and skills are planned and reviewed to provide safe care.
- I know who my named nurse or key worker is and know how to contact them.

#### Relevant regulatory requirements

Regulation 2 Fitness criteria  
Regulation 8 Person-centred care  
Regulation 17 Workers

## 7.2 Service Specific Requirements

7.2.1 Safe staffing levels are assessed on a shift-by-shift basis and staffing gaps are adequately covered.

7.2.2 The percentage of Maternity Support Workers in the staffing composition is set, and their training is outlined, including mechanisms for updates.

7.2.3 A comparison is made between actual staffing levels and planned levels. Shortfalls are addressed and risks mitigated.

7.2.4 The service staffing escalation policy includes the potential utilisation of community midwives, and the impact on the delivery of community services is assessed.

7.2.5 Staffing levels are displayed to be visible to the public.

7.2.6 The recommended obstetric consultant staffing levels are being met.

7.2.7 The service has an effective system of medical workforce planning meeting the required standard.

- 7.2.8 An anaesthetist is available immediately 24/7, with 12 consultant sessions a week, and additional availability for elective caesarean sections and clinics.
- 7.2.9 The morning handover is conducted in a multidisciplinary manner.
- 7.2.10 The service ensures consultant presence on the labour ward according to national guidance set out by the Royal College of Obstetricians & Gynaecologists (normally 40 hours weekly based on less than 2500 births).
- 7.2.11 A policy for sepsis is in place, and staff have undergone training in sepsis.
- 7.2.12 Regular medical ward rounds are conducted.
- 7.2.13 Cardiotocography (CTG) training is in place and competencies are signed off. In cases where staff have not completed training, they do not interpret CTGs.
- 7.2.14 Community midwives have received emergency skills training specific to the community.
- 7.2.15 The service can provide evidence that 90% of each maternity unit staff group have attended an 'in-house' multiprofessional maternity emergencies training session within the last training year.
- 7.2.16 If the service provides Level two care, staff are trained and competent in managing women requiring High Dependency Level two care, with appropriate training and competency sign-off. If Level two care is not provided, a clear pathway is in place to ensure the safe transfer of women to higher-level care areas, such as the ICU.
- 7.2.17 Staff are trained in newborn screening.
- 7.2.18 Staff are trained in using GROW (gestational related optimal weight) or an equivalent process.
- 7.2.19 Multi-professional training is a standard part of professionals' continuous professional development, both in routine situations and in emergencies.
- 7.2.20 Staff in maternity receive training to support families in cases of bereavement.

7.2.21 Midwives have opportunities to rotate across the service as a whole.

7.2.22 For community maternity services, there are arrangements in place to enable community staff to continue caring for the woman at the hospital if they have to be admitted.

## Standard 8. Infection prevention and control

**We assess and manage the risk of infection. We detect and control the risk of infection spreading and share any concerns quickly with the right people.**

### **What this means to people:**

- I can expect to receive care and treatment in a clean and safe environment
- I will not be exposed to a higher risk of infection when in hospital or in any other care setting
- I will be cared for in a way that reduces the risk of cross infection if I have a contagious condition
- I feel protected and appropriately cared for and do not feel isolated or alone.

### **Relevant regulatory requirements**

Regulation 12 Cleanliness and infection control  
Regulation 18 Premises and equipment

## **8.2 Service Specific Requirement**

8.2.1 The incidence of puerperal sepsis and other puerperal infections within 42 days of delivery, as well as readmission rates for infections in both mothers and babies, are monitored and reported and acted on.

**SAFE**

## Standard 9. Medicines optimisation

We make sure that medicines and treatments are safe and meet people's needs, capacities, and choices. We involve people in planning their care, even when things change.

### What this means to people:

- I feel safe and am supported to understand and manage any risks.
- I know what to do and who I can contact when I realise that things might be at risk of going wrong, or my health condition may be worsening.
- If my treatment, including medication, has to change, I know why and am involved in the decision.
- I have considerate support delivered by competent people.

### Relevant regulatory requirements

Regulation 8 Person-centred care  
Regulation 9 Personal plans and care records  
Regulation 14 Management of medicines

## 9.2 Service Specific Requirements

9.2.1 Baby's allergies and weights are documented in the prescribing document.

9.2.2 Best practice microbiology protocols for the administration of antibiotics are consistently used.

9.2.3 Individuals and teams responsible for antimicrobial stewardship monitor data and provide feedback on prescribing practice at the prescriber level.

9.2.4 In the case of home births, Controlled Drugs (CDs) are obtained following established protocols, and non-CDs are stored and managed securely.

9.2.5 Community midwives have established protocols for the management of home births.

9.2.6 Medical gases in the community are obtained, stored, and managed in compliance with relevant guidelines and regulations.

- 9.2.7 Community midwives follow established protocols for the transportation of medical gases and Safety signs are used in the vehicles of community midwives when carrying medical gases.
- 9.2.8 Any Patient Group Directions (PGDs) for midwives are up-to-date and relevant to their practice.

## EFFECTIVE

### Standard 11. Delivering evidence-based care and treatment

We work with people to plan and provide care and treatment, considering what matters to them. Our approach aligns with the law and follows the latest evidence-based best practices and standards.

#### What this means to people:

- I am involved in the planning of my treatment and care.
- I am able to influence important decisions about my treatment and care.
- I can give or withhold my consent freely.
- The care I receive is personalised to my preferences and supported by best practice.

#### Relevant regulatory requirements

Regulation 8 Person-centred care  
Regulation 9 Personal plans and care records  
Regulation 12 Cleanliness and infection control  
Regulation 13 Nutrition and hydration  
Regulation 14 Management of medicines  
Regulation 16 Control and restraint

### 11.2 Service Specific Requirements

11.2.1 The service ensures that maternity is managed in accordance with Royal College of Obstetricians and Gynaecologists (RCOG's) 'Safer childbirth: minimum standards for the organisation and delivery of care in labour.'

11.2.2 The service is managed in accordance with NICE guidelines and quality standards for maternity.

11.2.3 Best practice decision-making tools, such as the BMJ Best Practice decision-making app, are encouraged, and the service monitors their use.

11.2.4 All women with risk factors for gestational diabetes are identified and offered glucose tolerance testing.

- 11.2.5 Growth is monitored from 24 weeks by measuring and recording the symphysis fundal height.
- 11.2.6 The service has an effective clinical audit program in place.
- 11.2.7 Guidelines are regularly reviewed to ensure they are in date and in line with NICE guidance.
- 11.2.8 Women are provided with information in the antenatal period about the benefits of delayed cord clamping.
- 11.2.9 Mothers are given informed choice to support them with their feeding choice for their baby/babies.
- 11.2.10 Expressed breast milk is stored safely.
- 11.2.11 The service has staff with specialist infant feeding skills to support mothers.
- 11.2.12 The woman's hydration/nutrition is routinely checked during labour and post caesarean section.
- 11.2.13 Weight loss in babies is actively monitored and acted on.
- 11.2.14 Women receive an epidural in a timeframe in line with best practice, and this is audited through established monitoring processes.
- 11.2.15 Monitoring tools for pain are used following birth to ensure effective pain management for women.

## EFFECTIVE

### Standard 12. How staff, teams and services work together

**We collaborate well between teams and services to help people. We ensure that people who use services only have to tell their story once, by sharing their needs assessment when they move between different services.**

#### **What this means to people:**

- I only have to tell my story once, and the care I receive is based on teams working together, even when I move between services
- I can expect that all information provided will be treated confidentially and held securely
- My care records will be shared appropriately with my knowledge and consent and on a need to know basis.

#### **Relevant regulatory requirements**

Regulation 8 Person-centred care  
Regulation 15 Shared Responsibilities

### **12.2 Service Specific Requirements**

12.2.1 Combined clinics, such as diabetic and antenatal clinics, are available within the service.

12.2.2 Special arrangements are in place to care for women with a high Body Mass Index (BMI).

12.2.3 An anaesthetic assessment clinic is available for women.

12.2.4 The service has well established and effective internal communication channels in place with community midwifery teams.

12.2.5 There is continuity of care during the transfer between midwife-led care and consultant-led care.

12.2.6 Joint working with mental health teams is an integral part of the service.

- 12.2.7 Ongoing communication and joint working between the maternity and neonatal teams occur in cases where anomalies are identified antenatally and following birth.
- 12.2.8 Clear communication with tertiary centres for fetal medicine is maintained, and outcomes are recorded in maternity notes and followed up during antenatal and intrapartum care.
- 12.2.9 The service collaborates with other services to meet the needs of women, including Family Nursing & Home Care, GPs, learning disability services, Social Services, health visitors, ambulance service, and acute services, with established working arrangements.
- 12.2.10 There are local arrangements to support cases of early pregnancy.
- 12.2.11 Staff ensure safe discharge arrangements for women and newborns with complex needs.
- 12.2.12 Services have scheduled seven-day access to diagnostic services such as x-ray, ultrasound, computerized tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and pathology.
- 12.2.13 On-call arrangements are in place, and there are clear procedures so that women are able to contact a community midwife and communicate with maternity services out of hours.

## EFFECTIVE

### Standard 13. Supporting people to live healthier lives

We help people take charge of their health and well-being so they can have independence, choice, and control. We assist them in living healthier lives and, when we can, reduce their need for future care and support.

#### What this means to people:

- I feel empowered to take control over my own health.
- I am helped and supported when I am unable to care for myself.
- I am encouraged to live independently for as long as I am able to do so.
- My immediate family will be able to receive carer support when they need it.
- Services and staff help me to manage my care, treatment, health and well-being.

#### Relevant regulatory requirements

Regulation 7 Respect and involvement  
Regulation 8 Person-centred care  
Regulation 9A Need for consent

### 13.2 Service Specific Requirements

13.2.1 Pregnant women at any stage of pregnancy are offered the influenza vaccination.

13.2.2 Pregnant women are offered the Pertussis vaccination.

13.2.3 Women who smoke are offered smoking cessation referrals in line with best practice.

13.2.4 Women dependent on alcohol or who misuse drugs are offered referrals to a specialist service, in line with best practice.

## EFFECTIVE

### Standard 14. Monitoring and improving outcomes

**We routinely monitor people's care and treatment to continuously improve outcomes. We ensure that outcomes are positive and consistent and that they meet both clinical expectations and the expectations of people themselves.**

#### **What this means to people:**

- The care and treatment I receive is constantly monitored so that improvements can be made.
- I receive the best care possible for my condition.
- I am consulted about new or recommended treatments for my condition.

#### **Relevant regulatory requirements**

Regulation 7 Respect and involvement  
Regulation 8 Person-centred care  
Regulation 9A Need for consent

### **14.2 Service Specific Requirements**

14.2.1 The service has a maternity dashboard based on RCOG guidance.

14.2.2 The service uses the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard.

14.2.3 The service submits data to the Maternity Services Data Set to the required standard or utilises similar benchmarking mechanisms to ensure quality and performance monitoring.

14.2.4 Maternity satisfaction surveys are regularly conducted, and findings are considered in service evaluation.

14.2.5 The service reviews transfers from a home birth or a midwifery-led unit to a labour ward to understand if escalation procedures are being effectively used.

- 14.2.6 Unplanned or unexpected transfers to intensive care or neonatal intensive care are reviewed for themes, and action plans are put in place. This review is conducted by relevant healthcare professionals, and it is done regularly.
  
- 14.2.7 The service monitors the number of babies born before arrival and proactively uses data to improve safety.
  
- 14.2.8 The service actively monitors antenatal screening key performance indicators and take relevant action to conform with best practice metrics.

## EFFECTIVE

### Standard 15. Consent to care and treatment

We inform people about their rights regarding consent and always respect these rights when providing personalised care and treatment.

#### What this means to people:

- I am well-informed and understand my rights
- Services and staff consistently respect and uphold my right of consent and choice
- I understand I can change my mind at any time or in respect of any particular treatment.

#### Relevant regulatory requirements

Regulation 7 Respect and involvement  
Regulation 8 Person-centred care  
Regulation 9A Need for consent

### 15.2 Service Specific Requirements

15.2.1 Consent is sought appropriately and documented for women undergoing procedures, including caesarean section, instrumental delivery, episiotomy, or suturing.

15.2.2 Staff are aware of and follow additional steps if any patients are detained under the Mental Health (Jersey) Law 2016 and do not consent to treatment. They know where to seek advice on this matter.

15.2.3 Midwives and doctors working with young mothers understand the law relating to Fraser Guidelines.

15.2.4 The service takes specific measures to enable women with learning disabilities and/or difficulties reading written English to make informed decisions and actively participate in planning of their and their baby's care.

15.2.5 Staff follow established protocols to check that women have the capacity to consent before proceeding with any medical interventions.

## CARING

### Standard 16. Kindness, compassion, and dignity

We always treat people with kindness, empathy and compassion, and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

#### What this means to people:

- I am always treated with kindness, empathy, compassion and respect.
- I am listened to, and my views are taken seriously.
- I know how to complain when things go wrong.

#### Relevant regulatory requirements

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 9A Need for consent

### 16.2 Service Specific Requirements

- 16.2.1 Adequate support is provided for mothers in labour before arrival at the acute setting.
- 16.2.2 The service ensures the privacy and dignity of women and families at all times.
- 16.2.3 Staff respond compassionately to women who might be frightened, confused, or phobic about medical procedures or any aspect of their care.
- 16.2.4 Women are cared for in a subsequent pregnancy with sensitivity and additional support if they have previously experienced a bereavement.
- 16.2.5 The service can provide examples of how it ensures provision of good care, including specific practices or initiatives.
- 16.2.6 The service conducts local surveys on care and experience to gather feedback and continually improve services.

## CARING

### Standard 17. Treating people as individuals

We treat people as individuals and make sure their care, support and treatment meet their needs and preferences. We take account of their strengths, abilities, aspirations, culture and, unique backgrounds and protected characteristics.

#### What this means to people:

I am treated as a unique individual. Care providers go beyond a one-size-fits-all approach and ensure that my care, support, and treatment are tailored to meet my specific needs and preferences.

#### Relevant regulatory requirements

Regulation 7 Respect and involvement  
Regulation 8 Person-centred care  
Regulation 9A Need for consent  
Regulation 13 Nutrition and hydration  
Regulation 14 Management of medicines  
Regulation 16 Control and restraint

### 17.2 Service Specific Requirements

17.2.1 Assessments of perinatal mental health, including assessment for potential post-natal anxiety and depression, are provided and acted on.

17.2.2 Support is provided during and after a stillbirth/unexpected death/unexpected abnormality/neonatal death in line with best practice.

17.2.3 Support is provided following maternal death in line with best practice.

17.2.4 Specialist bereavement support is provided to meet the individual needs of women, and staff deliver care tailored to the woman's individual needs and wishes.

17.2.5 The bereaved woman/family has time with the baby, and procedures are in place to facilitate this.

17.2.6 The service has cooled cots to allow the family to have time with their baby.

- 17.2.7 The service gives bereavement support, including support with funeral, burial, or sensitive disposal of pregnancy remains in the case of early pregnancy loss.
- 17.2.8 Bereaved families are informed of all their available options in line with the Human Tissue Authority (HTA) guidelines and are supported to make a choice that is right for them.
- 17.2.9 Staff have received training regarding bereavement. There is a bereavement specialist Midwife with a defined role and working hours.
- 17.2.10 Midwives support bereaved women at home.
- 17.2.11 Families are referred to counselling services or signposted appropriately.
- 17.2.12 Midwives provide support when a baby has been diagnosed with an abnormality or genetic condition.
- 17.2.13 Effective support is provided for women with complex medical conditions.
- 17.2.14 Support is provided to women who require an emergency hysterectomy after childbirth.
- 17.2.15 Staff maintain privacy and dignity for distressed women and families.
- 17.2.16 Adequate support is available for women with transient psychological symptoms ('baby blues') or infant attachment problems.
- 17.2.17 Support is provided for women with twins or other multiple births.

## CARING

### Standard 18. Independence, choice and control

We promote people's independence, so they know their rights and have choice and control over their own care, treatment and well-being.

#### What this means to people:

I am informed about my rights, and staff actively involve me in making choices and decisions about my care, treatment, and well-being.

#### Relevant regulatory requirements

Regulation 7 Respect and involvement  
Regulation 7A Visitors and involvement in the community  
Regulation 8 Person-centred care

### 18.2 Service Specific Requirements

- 18.2.1 Feedback from women who use the services, as well as their partners/family, is obtained.
- 18.2.2 Results of surveys and feedback forms in respect of midwifery or maternity services are actively collected and considered.
- 18.2.3 Women are empowered to have individualised birth plans, with specific support in the cases of women with complex needs or learning disabilities. Women can involve a doula if they wish.
- 18.2.4 Birth partners are involved in the planning for the birth and post-natal care.
- 18.2.5 Staff have access to communication aids and know how to use them for effective communication.

## RESPONSIVE

### Standard 21. Person-centred care

We make sure people are at the centre of their care and treatment choices, and we decide, in partnership with them, how to respond to any relevant changes in their needs.

#### What this means to people:

I have care and support that is coordinated, and everyone works well together with me.

#### Relevant regulatory requirements

Regulation 7 Respect and involvement  
Regulation 8 Person-centred care  
Regulation 9A Need for consent

### 21.2 Service Specific Requirements

- 21.2.1 The service provided reflects the local community well, catering to specific service users such as women with disabilities.
- 21.2.2 Facilities are available for relatives/partners to stay/visit.
- 21.2.3 Help with parking or public transport arrangements is provided.
- 21.2.4 The service ensures continuity of care and support on the transition between antenatal, labour and birth, and postnatal care during the hospital stay.
- 21.2.5 Handover methods, such as SBAR (Situation, Background, Assessment and Recommendations), are used to meet women's health care needs.
- 21.2.6 Information leaflets and website information are available and offered in multiple languages and easy-to-read formats where required.
- 21.2.7 Specialist staff within the service cover areas including safeguarding, teenage pregnancy, mental health, bereavement, learning disabilities, obesity in pregnancy, and drug and alcohol dependency.

- 21.2.8 Alerts on the woman's records are used to identify the support they require.
- 21.2.9 The needs of women with mental health conditions, a learning disability, or autism are met.
- 21.2.10 The service can demonstrate adequate transitional care services to support avoiding term admissions into neonatal units.
- 21.2.11 Hand-held records show that women's needs have been assessed and provided according to their individual needs.
- 21.2.12 The service ensures that women are aware of their choices of place of birth, and the processes and information shared are documented.
- 21.2.13 24/7 arrangements are in place for people who need translation services.
- 21.2.14 The service complies with the accessible information policy (in the absence of such policy refer to national guidance) by identifying, recording, flagging, sharing, and meeting the information and communication needs of people with a disability/sensory loss.
- 21.2.15 The service cares well for people with other complex needs, such as substance misuse, deafness, sight impairment, and wheelchair users.
- 21.2.16 There is a system in place to alert that a woman has experienced a bereavement, such as a marker for medical notes.
- 21.2.17 Women with a multiple pregnancy and high-risk women have individualised care plans.
- 21.2.18 The service ensures that a post-mortem examination or CT scan is offered in all cases of stillbirth and neonatal death to improve future pregnancy counselling for other parents.

- 21.2.19 In cases of poor outcomes, placental histology is made available.
- 21.2.20 Women are given the opportunity to make informed individual choices about disposal of pregnancy remains or burial or cremation following pregnancy loss, and they are provided with information about their full range of choices, in line with local policy (in the absence of local policy refer to national guidance such as HTA).
- 21.2.21 Reasonable adjustments, extra support, or supervision are available to women with a learning disability, mental health condition, or autism on the ward or in the clinic.
- 21.2.22 Appropriate discharge arrangements are in place for people with complex health and social care needs.
- 21.2.23 Community Mental Health Teams (CMHTs), Community Learning Disabilities Teams (CLDTs), Child and Adolescent Mental Health Services Teams (CAMHS), or similar teams are appropriately involved in discharge correspondence when appropriate.
- 21.2.24 A bereavement room is available, and these facilities meet the needs of bereaved parents.
- 21.2.25 The service provides a range of antenatal and postnatal services.
- 21.2.26 The maternity service offers additional services for clients, such as aqua aerobics and hypnobirthing.
- 21.2.27 There is a framework in place for mental health referrals and staff have relevant access to perinatal teams.
- 21.2.28 Women with mental health issues have their mental and emotional well-being discussed at each contact, and staff respond appropriately to any changes.
- 21.2.29 Domestic violence, sexual abuse, and recreational drug use are discussed with women as part of the service and acted appropriately.

## RESPONSIVE

### Standard 25. Equity in access

**We ensure that there is equal access to care, support, and treatment and seek to ensure it is provided when it is needed.**

#### **What this means to people:**

I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.

#### **Relevant regulatory requirements**

Regulation 7 Respect and involvement  
Regulation 8 Person-centred care  
Regulation 19 Premises and equipment

## 25.2 Service Specific Requirements

25.2.1 The service seeks to ensure that women are not in labour and giving birth in areas not designated for birth through robust protocols and monitoring systems.

25.2.2 Inpatients are regularly seen throughout their pregnancy as part of the service's standard practice.

25.2.3 The service monitors women who do not attend their appointments, with appropriate follow-up, risk assessment and outreach strategies in place.

25.2.4 Women are triaged on arrival to ensure timely and appropriate care.

25.2.5 The service conducts audits to track and manage delays in planned inductions.

25.2.6 Women with urgent mental health needs are seen within one hour of referral by an appropriate mental health clinician as part of the service's commitment to timely care.

## WELL-LED

### Standard 32. Governance, management, and sustainability

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment, and support. We act on the best information about risk, performance, and outcomes, and we share this securely with others when appropriate.

#### What this means to people:

- I am looked after by an organisation where staff are clear about their roles and work within their competencies.
- I can expect to receive the best care and treatment available.
- My care provider is committed to delivering safe care.
- I can rely on my care provider to be aware of the risks involved in delivering safe care and in preventing harm.

#### Relevant regulatory requirements

Regulation 17 Workers  
Regulation 18 Premises and equipment  
Regulation 19 Reviewing quality of service  
Regulation 21 Notification of incidents, accidents, and other events  
Regulation 24 Financial viability  
Regulation 26 Commissioned services  
Regulation 27 Absence of manager

### 32.2 Service Specific Requirements

32.2.1 The Director of Midwifery (DoM) has direct access to the organisation executive tier and feels adequately supported by them.

32.2.2 The management structure of the service aligns with the maternity framework, ensuring a cohesive flow and effective collaboration between all elements.

32.2.3 Working groups for the service include representation from all grades and multidisciplinary teams (MDT).

32.2.4 Actions and learning points from governance meetings are efficiently disseminated throughout the service to promote continuous improvement.

- 32.2.5 The senior leadership team routinely monitors quality and safety, taking necessary actions to improve quality within the maternity service.
- 32.2.6 The DoM maintains a visible presence in the work area, and staff feel comfortable approaching them to discuss any issues or concerns.
- 32.2.7 Senior team leaders and managers are visible and accessible, demonstrating a good understanding and responding to day-to-day pressures and risks faced by the staff.
- 32.2.8 Community staff feel integrated into the hospital setting, with leaders being visible and accessible to the community staff.
- 32.2.9 The service actively encourages appropriate innovation to drive continuous improvement and enhance the quality of care provided.
- 32.2.10 The service can effectively demonstrate compliance with all 6 elements of the Saving Babies' Lives care bundle, addressing key areas such as reducing smoking in pregnancy, risk assessment and surveillance for fetal growth restriction, raising awareness of reduced fetal movement, ensuring effective fetal monitoring during labour, reducing preterm birth and management of pre-existing diabetes.
- 32.2.11 The DoM, Chief of Service for Women, Children and Family Care, and area leads are actively engaged in addressing concerns and continuously strive to enhance the quality of care provided.

## WELL-LED

### Standard 34. Learning, improvement and innovation

We aim to continuously learn, be innovative, and get better in our organisation and the local system. We support new and creative ways to make sure everyone has equal experiences and a good quality of life. We take part in safe and effective practices and research to help improve care.

#### What this means to people:

I am looked after by a care provider that values continuous learning and improvement. As a result, practices are safe.

#### Relevant regulatory requirements

Regulation 19 Reviewing quality of service  
Regulation 22 Complaints and representations

### 34.2 Service Specific Requirement

34.2.1 Leadership takes an inclusive approach to involving a range of equality groups, ensuring that diverse perspectives are considered and reflected in decision-making processes. “Maternity voices Partnership Jersey” meetings regularly take place, providing a platform for service users and stakeholders to share their experiences and opinions.