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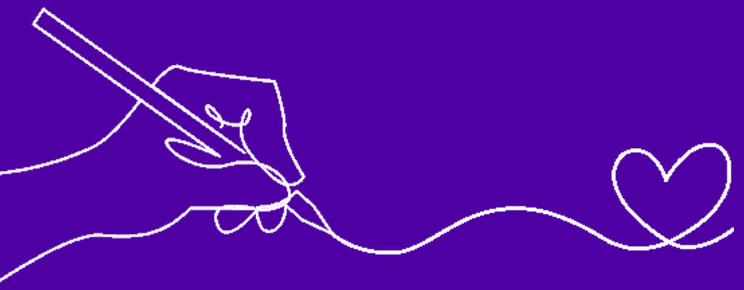
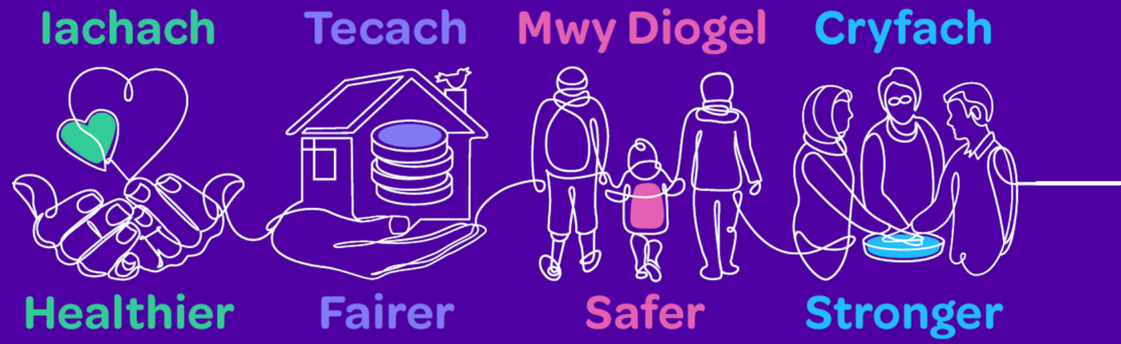
Maternity & Neonatal Improvement and Assurance Group

Public Health Update 20th May 2025

Eryl Powell, Consultant in Public Health





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Best Start in life (0 to 4 years) JSNA

General Update:

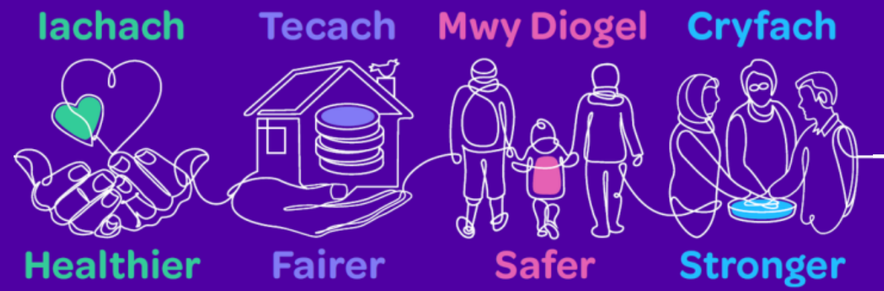
- BSIL (0-4yrs) JSNA is in its final stages of completion.
- JSNA will include :
  - Analysis of key health indicators.
  - Engagement with Gwent residents and professionals via surveys, focus groups and 1:1 interviews.
  - Service mapping and gapping.
  - Findings and recommendations for further action.
- Engaged with nearly 400 members of the public, professionals and key organisations across Gwent.
- Specific focus on maternity care and experience (including baby loss and neonatal care).

Next Steps:

- Submit to ABUHB Executive Team - 29.05.25.
- Expected publish – July 2025.

Requests for support from MANIAG:

- Support implementation of relevant recommendations.



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MECC

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General Update:

- MECC training continues to be delivered on Midwifery statutory training days by the Public Health Midwife.
- Since September 2024, 276 Maternity staff and 64 neonatal staff have received MECC module 2 training. Of this, 28 staff completed a pre-session evaluation and 247 completed a post session evaluation.

Next Steps:

- An evaluation of module 1 MECC training (September 2023 – 24) is being undertaken and will be shared once finalised (end May).
- The recommendations within this report will support discussions between PH and Midwifery about training plans for September 2025.

Requests for Support from MANIAG:

- Encourage staff to complete training evaluations.
- Schedule a meeting to discuss training requirements for September 2025 onwards.

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Substance Exposed Pregnancy Pathways

General Update

- Substance Use (SU) Partners not in favour of interim pathway with accompanying principles and action plan
- Current mapped pathways and principles shared with SU partners for comment – no feedback received
- Templates of existing guidance documents received from Clinical Effectiveness Forum (CEF)
- ABSDAS referral now on Badgernet, which will enable access to referral data for Public Health Midwife. ABSDAS referral from outside maternity data will also be shared.

Next Steps/Action for next quarter

- Q1- Mapped pathways to be written in guidance format and circulated to SU and interested partners for comment (agreed at April's Alcohol Pathways Group)
- Q2 - Once agreed, guidance will be shared with CEF for midwifery consultation

Requests for Support from MANIAG

- Q1 - Public Health and Safeguarding Midwives to support writing of the guidance
- Q2 - Midwives encouraged to comment on guidance as appropriate when circulated

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Weight management in Pregnancy

General Update:

- ABUHB Weight Management in Pregnancy Service started on 1st April 2025.
- 102 referrals received to date. Of these, 75 had a BMI 30 –39.9 and 27 had a BMI 40+.
- Referrals from Blaenau Gwent appear to be lower than expected.
- KPI's and evaluation have been agreed and PH Research and Intelligence team have offered analytical support.
- Consultation on new All Wales Maternity Weight Management Pathway finished. Waiting for final document to review our pathway against.

Next Steps:

- Arrange regular monitoring meetings and review how programme is addressing inequities.

Requests for Support from MANIAG

- Consistent referrals across all localities.

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Maternal Smoking Cessation Programme

General Update:

- CO Monitoring at booking is improving.
- 36-week CO monitoring is now being collected.
- Vaping data is now being recorded on Badgernet.

- ABUHB Continues to participate in Nottingham University's Research Study 'SNAP 3'.

- Q3 Activity for those who were referred to the HMQ service:

	January 2025	February 2025	March 2025
Booking Co Monitoring	66.4%	67.3%	72.7%
36 week Co Monitoring	65.6%	66.9%	48.4%
Vaping booking	9.9%	9.3%	10.4%
Tobacco use at booking	1	11.0%	12.1%

	Q3 Activity (Oct-Dec 2024)	Q3 Activity (Oct-Dec 2023)
Accepted the offer of Support	25%	35%
Declined the offer of support	24%	21%
Unable to be contacted	32%	32%
Become a Treated Smoker	56.4%	47.1%
Become 4-week quit	29.8%	29.3%

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Maternal Smoking Cessation Programme

Next Steps:

- Continue to monitor CO readings at booking and 36 weeks.
- Continue to embed the ABUHB Maternal Smoking Cessation Guideline and Pathway into practice.
- HMQ and Public Health Midwife continue to work closely to increase acceptance into service.
- PHW in the process of developing: Reducing Smoking in Pregnancy training.
- Set up a Gwent Nicotine Alliance to promote and support system approach to tobacco control.
- Start a Gwent Nicotine Discovery report to understand the reasons that influence behaviour regarding nicotine use (or not) vaping and cigarettes.
- FYI Single Use vapes ban comes into force from 1st June 2025.

Requests for Support from MANIAG

- Support required with promoting the importance of routinely undertaking CO monitoring for ALL pregnant people and embedding Guideline & Pathway into practice.

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Vaccination in Pregnancy

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General Update:

- Public Health Wales' annual coverage report provides vaccination coverage data in a sample of pregnant women, at the point of delivery, during a five day period in January. This provides an indication on uptake only.

- There are significant challenges in relation to understanding vaccination uptake in pregnancy:
- There is variation in the **offer and availability** of vaccinations, which is inequitable eg the RSV vaccination is not offered at all GP Practices, resulting in some women having to travel to vaccination clinics. This will likely impact uptake.
- There is **variation in the recording of vaccinations** on data collection systems ie not all vaccinations are uploaded to WIS, making access to records challenging. Where they are uploaded to WIS, there are issues with timeliness. Also location of recording on BadgerNet by Midwives is inconsistent.
- There is a **lack of integration between immunisation recording systems** eg WIS, GP systems and BadgerNet do not communicate with each other.

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Vaccination Uptake Data:

Vaccination	When	Data
Whooping cough (pertussis)	16 to 32 weeks (preferably those dates although can have it up until term)	Data not available as delivered in GP Practices. GP systems do not feed into BadgerNet.
RSV (respiratory syncytial virus)	28 to 36 weeks (preferably those dates although can have it up until term)	Currently uploading data onto BadgerNet (see graph on next slide), but has challenges: - Manually uploading - Delay in GP practices uploading to WIS, which means we have to data refresh
Flu (influenza virus)	Offered during flu season	Data not available as delivered in GP Practices. GP systems do not feed into BadgerNet.
COVID-19 (coronavirus)	Offered during COVID-19 season in line with government guidance	Data not available as delivered in GP Practices/vaccination clinics. Systems do not feed into BadgerNet.

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Vaccination in Pregnancy

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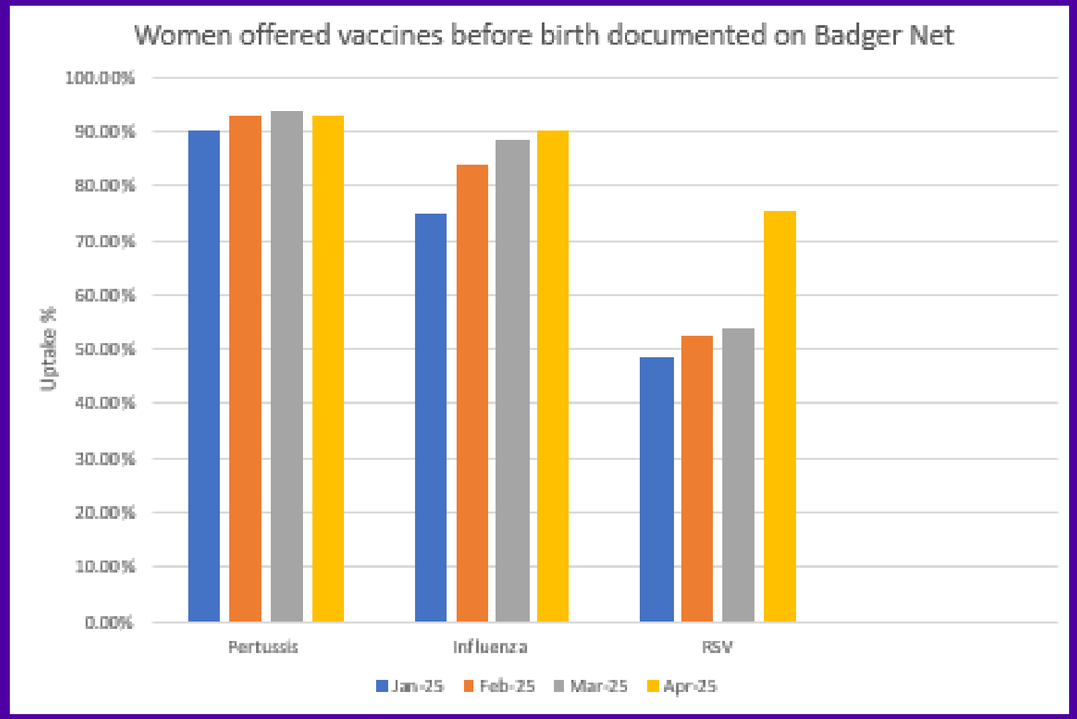
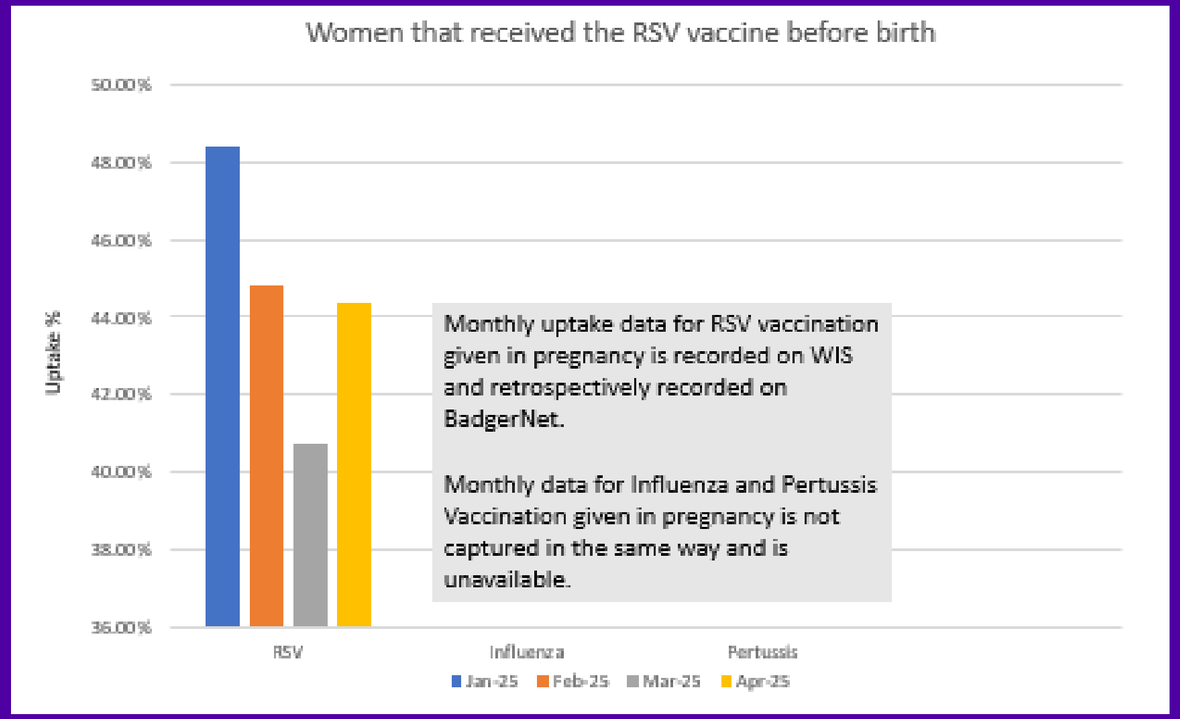
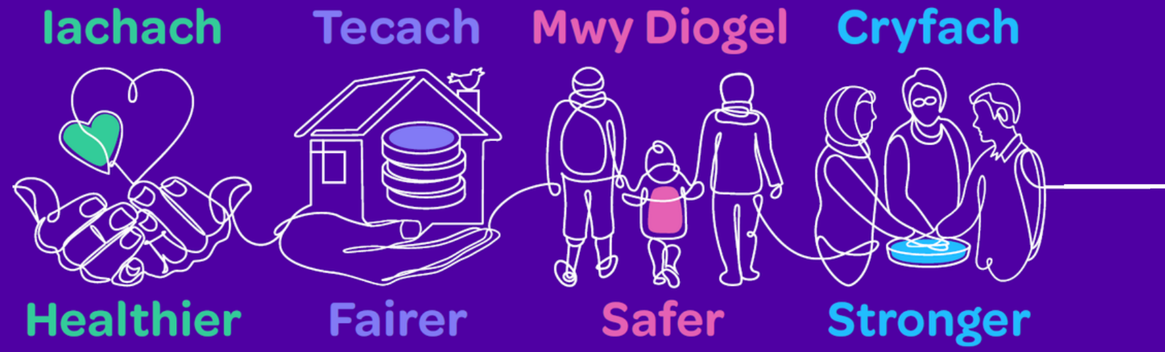
Vaccination Uptake Data:





Graph 1 (above) – The % of women who have had a conversation with their Midwife about vaccinations available.

Graph 2 (to the right) – the % of women who gave birth that month who had the RSV vaccination during pregnancy.



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Vaccination in Pregnancy

Next Steps:

- The Vaccination Operational Group (VOG) is aware of, and has discussed, the barriers that pregnant people currently experience.
- These concerns will be raised by the Consultant in Public Health (Health Protection) at Strategic Immunisation Group for strategic direction.
- The GPHT is working to understand other models of delivery in neighbouring health boards (e.g., Powys THB delivers vaccines through their Midwifery and PC teams) to implement targeted quality improvement initiatives to reduce barriers to vaccination and increase uptake.
- Look to address current data recording processes/challenges experienced by Health Board services and implement solutions that improve the accuracy, completeness, and timeliness of vaccination data.
- Develop a proactive data monitoring and reporting framework to identify emerging trends early and support responsive, evidence-based decision-making to address low uptake.

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Thank You