



**HEALTH OVERVIEW AND SCRUTINY COMMITTEE –**  
**WEDNESDAY 11 NOVEMBER 2020**

**QUESTIONS SUBMITTED UNDER STANDING ORDER 7(3) and**  
**(5)**

The following questions are to be put to the Chairman of the Health Overview and Scrutiny Committee.

**1. Question by Mrs Amanda Hack CC:**

Could you explain the rules for partners/friend/family members to provide support to the pregnant mother during pre-natal appointments including, scans and other routine appointments.

**Reply by the Chairman:**

Partners can attend for routine scans at 12 weeks (dating) and 20 weeks (anomaly) scans. Other scans in high risk situations would be considered on a case by case basis.

University Hospitals of Leicester NHS Trust (UHL) would not routinely let partners into facilities that are too small or allow the number of people present to be too large to maintain social distancing. UHL would however, for high risk, difficult and sensitive situations consider the situation on a case by case basis.

Within a community setting, each GP practice would have their own procedure for allowing partners in for general appointment. However, most women are now having the initial contact with their GP to inform them of the pregnancy over the phone. The woman is then being signposted to register for a midwife.

**2. Question by Mrs Amanda Hack CC:**

Please could you provide confirmation of the rules around the partner/birthing partner during the birth process? Could this response consider hospital and home settings.

**Reply by the Chairman:**

The Leicester maternity service has allowed a birth partner all through the pandemic from the start of labour until the women leaves the delivery suite.

This is the same in home settings. Since September the service has allowed a second birth partner once the women is in a delivery room

**3. Question by Mrs Amanda Hack CC:**

Are visitors allowed into the maternity hospital and is this managed differently for babies/mums who need a longer stay?

**Reply by the Chairman:**

UHL introduced visiting on the ward for the birth partner for 3 hours per day. It is challenging to offer this, therefore UHL have set times for this to happen, as they have to monitor visitors to the ward for signs of infection and track and trace purposes.

**4. Question by Mrs Amanda Hack CC:**

How is follow up aftercare being managed? Individuals have expressed that this is variable across Leicestershire. What is the practice, is this expected to be consistent across the whole of Leicestershire? Some mothers are not being offered a 6 week check, this has been raised for a mother who has had a difficult c-section birth even though attendance is being requested for the baby. Is this something that is Covid-19 related or has there been a shift away from 6 week checks for new mothers?

**Reply by the Chairman:**

Midwives now visit the woman one day after discharge, day five and a telephone call is made on day ten. This is routinely done across Leicester, Leicestershire and Rutland. However, if problems are identified or concerns raised a personal post-natal care plan is put in place. Women are generally discharged from midwifery service between 10-14 days, but the service can care for them up to 28 days, if necessary.

Six week checks are still very much part of the process for new mothers/babies however Covid-19 has created a problem with having these done face to face. At the start of the pandemic, Health Visitors were keeping lists of any women who had not received their 6 week check and began working through these as the lockdown restrictions were eased. GPs have been actively encouraged to keep track of any appointments where women/babies cannot be seen face to face and have been asked to report on any 'waiting lists' they have to make up for missed checks. So far all responses have indicated that the delays caused by the first wave have now been made up for and all women/babies have received their checks. During the pandemic, children's health services have been instructed to continue unless the pandemic reaches a dangerous level and staff need to be pulled into the acute services, so the service does not anticipate any delay in 6 week checks going forward.

**5. Question by Mrs Amanda Hack CC:**

Could you provide an update on any changes to diagnosis methods and management of post-natal depression, particularly in the light of face to face mother and baby support needing to be curtailed.

**Reply by the Chairman:**

Midwifery services do not treat postnatal depression, they ask questions regarding emotional wellbeing and refer to the GP or perinatal mental health services. The health visitors carry out a risk assessment when they take over care between 11 and 14 days. If women are identified or have known mental health problems prior to delivery they will have a postnatal plan in place and depending on diagnosis will be supporting by the midwife for perinatal mental health, or the perinatal mental health practitioners. Leicestershire Partnership NHS Trust has an excellent team in place to support perinatal mental health.

This page is intentionally left blank