LEICESTER, LEICESTERSHIRE & RUTLAND Maternity Voices
Working in partnership to improve maternity & neonatal services

LLR MNVP
Minutes of Meeting held on *4th June 2025* at 1pm
Via Zoom

Present (members):	
Nafeesah Tutla (NT)	MNVP Co-Lead
Fatimah Panchbhaya (FP)	MNVP Co-Lead
Anita Gondal (AG)	Leicester Mammas MNVP Co-ordinator
Sally Etheridge (SE)	Leicester Mammas Project Lead
Saira Kawsar (SK)	Parent Representative
Azna Bader (AB)	Parent Representative
Emma Barnett (EB)	Parent Representative
Lara Harrison (LH)	Quality Improvement Midwife UHL
Rheo Knight (RK)	Deputy Head of Midwifery UHL
Salma Kidy (SK)	Patient and Community Engagement Officer UHL
Leanne Marsden (LM)	Parent Representative and Doula
Bea Dane (BD)	Parent Representative, Hypnobirthing Teacher
Katherine Massey (KM)	Parent Representative
Ellen Upton (EU)	Parent Representative
Rumina Yasmin (RY)	Parent Representative
Mumtaz Rehman (MR)	Parent Representative & Subcommittee Member
Liz Lynch (LL)	Parent Representative
Halima Variava (HV)	Parent Representative
Zaheena Zaffaron (ZZ)	Parent Representative
Khalood Zaffaron (KZ)	Parent Representative & Subcommittee Member
Lisa Rollinson (LR)	Midwife and UHL Research Midwife
Sam Robinson (SR)	Parent Representative
Natalie Whyte (NW)	Parent Representative
Katrina Bisby (KB)	Clinical Specialist Physiotherapist UHL (Neonatal)
Kelly Wylie (KW)	Parent Representative
Naomi King (NK)	Parent Representative
Ayesha Gronowska (AyG)	Parent Representative & Subcommittee Member
Fatima Rashid (FR)	Parent Representative
Paris Gosling-Brown (PGB)	Parent Representative
Hayley Bailey (HB)	Parent Representative
Gemma Boyd (GB)	ICB Maternity and Neonatal Clinical Lead
Apologies:	
Ben Baucells (BB)	Neonatal Consultant at UHL
Dulna Shahid (DS)	Healthwatch Leicester & Leicestershire
Dalvir Kandola (DK)	Consultant Midwife-Lead for Inclusivity UHL
Kathryn Hurst (KH)	Parent Representative & Subcommittee Member
Prachi Gandhi (PG)	Parent Representative

ITEM	SUBJECT	ACTION
1	**Welcome, Introductions & Apologies** All members introduced themselves. Apologies were noted as above.	
2.	**Minutes of the last meeting and Matters Arising** a) The notes of the meeting held on 19.3.2025 were agreed as a correct record b) Matters arising:- All other actions were marked as completed or on the agenda.	

3.	**MNVP Updates (FP/NT)** FP updated on the Induction of Labour (IOL) Working Group. Since the last meeting an IOL survey has been circulated. A report has been created and the results shared with UHL who are creating an action plan. The report and action plan will be shared with members when these are complete. FP explained that the Breastfeeding Working Group has not yet held another meeting, as this meeting is still in the process of being set up. Arrangements are ongoing to have senior staff in attendance at this meeting. FP updated that we are still awaiting feedback from UHL on actions taken as a result of members experiences and feedback through the Perinatal Mental Health (PNMH) Working Group. NT updated on NVP work. The Neonatal (NN) team has shared an update on the Padlet work and member feedback was shared with them around this. NT explained that the NN 15 steps report has been shared with the NN units, and work has begun on feedback received through the 15 steps visits. NT updated that after receiving feedback from members through the Bereavement Working group, a meeting was held with the UHL Gynaecology, Maternity and Bereavement Services teams. They are in the process of creating a business plan for a specialist bereavement nurse, to support families accessing the Early Pregnancy and Gynaecology Assessment units. UHL staff are also liaising with Birmingham's EPAC. There has been a drive to improve staff training around the early pregnancy setting. NT explained that they are also looking at putting noticeboards in waiting areas to increase awareness of bereavement support services. Tommys, Miscarriage Association and Babyloss Support Leicester's posters will be displayed here. There has been contact with the UHL IT department around including key information on discharge letters. NT explained that a staff member has found the Holding Hearts charity, who have supplied the units with memory hearts. These have been well received. A raffle was also held to raise funds over Easter to purchase miscarriage care packs. NT highlighted that actions and updates around this work are ongoing. NT updated that the MNVP Maternity Guidelines Working Group continues to review and contribute to UHL Maternity Guidelines monthly meetings. KM was invited to share experience of being involved.	**Leads to share IOL report and action plan with members when available** **UHL to update on actions resulting from member feedback on PNMH**

KM updated that she went to the UHL Maternity Guidelines Working Group meeting this week. She felt they respected members opinions and views. There is still a long way to go, as some things that have been highlighted before haven't been acted on. It's important to have service users there to drive things forward and ensure actions aren't missed.

NW asked if members are involved in co-production of guidelines.

KM clarified that members aren't, but they are invited to review the guidelines, and these are then either amended or agreed.

NW highlighted that it would be good to have a service user there at the start to ensure true co-production.

KM agreed, and highlighted it was tricky when guidelines were shared quite late.

Comments in chat around guidelines:

EB: That's frustrating to hear what we say is being overlooked and yes the guidelines need to be sent as early as possible. I'm glad you told them Katherine!

LM: Yes, it's far too late to do the feedback so quickly given the important nature of the task and also how busy we all are 😩
I am aware staff also get them at the same time and they also struggle, but I feel that in itself is a concern when the point is to improve guidelines and patient outcomes/satisfaction.

NT expressed her thanks to members for the time and effort it takes to review the guidelines, and highlighted that UHL really values the input from service users.

NT updated on the Perinatal Pelvic Health Working Group. The UHL Pelvic Health team reached out for feedback on the webpage they are creating on the PPH Service. Feedback on the content was shared with the team, and they have said all suggestions will be taken on board.

NT explained that there has also been work going on around preventing severe tears during labour, through Antenatal education. A focus group was held with South Asian mums around what support and information would be helpful antenatally.

NT expressed thanks to members for joining, and encouraged anyone to reach out for support if needed, as this can be an emotive subject.

Leads to share Antenatal Survey Report

NT updated that the Antenatal survey ran earlier this year looking at the provision and uptake of Antenatal education in LLR. A report has been created and shared, with some key findings and recommendations. This

	can be found on the MNVP LinkTree, and will be shared with members too. NT explained that UHL plan to update the maternity website to increase awareness of maternity rights, and also share information on social media around this too. The aim is to make information around maternity rights more equitable.	
4.	**UHL Update (RK/LH)** LH updated around Antenatal education and expressed thanks for member input. UHL have done a survey too, and it was helpful to have both. It was clear people weren't aware they are entitled to time off for Antenatal classes, so the website is being updated around maternity rights to highlight this. LH explained that another outcome from the survey is that they are now developing a maternity podcast. This is particularly as a result of feedback around birth partners, who might want different information to birthing people. UHL are looking to launch this around July/August time. This will be available on Spotify and Apple, as these are popular and free. 6 topics have been planned so far, including unplanned C-sections, Home Birth, and Antenatal Screening. NT will be doing a session with Birth Reflections later this month. LH updated that the Neonatal (NN) ODN [the regional network] have done some virtual tours of both NN units. These will be helpful for those who are expecting a NN admission before birth, and also for unexpected admissions as a resource to show them where their baby is. LH updated that a trial has been done around the use of warm compresses for preventing perineal tears. In the past swabs and similar things have been used, but UHL were given proper compresses to use, and they saw a reduction in tears during April when the trial happened. UHL are just assessing if this was a coincidence. However, they are procuring more warm compresses, as feedback was positive. LH gave an update around VR headsets-these were trialled for women and birthing people. They weren't well utilised, and on reflection, it is felt that these are better suited to gynaecology. These may be trialled again at a later date. RK explained that she wanted to give an update around the Gestational Diabetes feedback received in the last meeting, around people finding out via text message that they have Gestational Diabetes. Further investigations have now been completed and they have been assured that this isn't happening now. RK explained that she is leading on the bereavement work. Service user feedback is really vital. There is a well established bereavement service in	

maternity, but a deficit in gynaecology. Work is ongoing to look at how we can address this. There are constraints with regards to recruitment at the moment.

RK recognised the work that is happening with the shared decision making council at the moment, and the support they are giving service users at very difficult times.

RK updated that they are currently doing work with the antenatal services pathway at LGH, as there is not currently an EPAU [Early Pregnancy Assessment Unit] there, so a pathway is being formulated to ensure service users are appropriately supported when they are identified as having a miscarriage, even in terms of finding them a means of transport.

RK updated that the maternity services are currently at their lowest vacancy rate across the service. They are proud to have retention midwives in post, and, especially with regards to newly qualified midwives, this support seems to be paying off.

RK highlighted that lots of work is ongoing around transitional care. Patient bay areas have been identified, and antibiotics training for midwives has been launched, so antibiotics can be given on the ward environment.

RK explained that they recognise the service is not yet where they need it to be, but steps are being taken towards this.

RK updated that they are developing virtual tours for maternity services too, including for theatre areas. These will help to prepare those who are having elective procedures.

RK highlighted that there is currently no discharge room at LGH. They are developing this and improving the process by making this a comfortable area for families. This is something that came out of the 15 steps report.

RK updated that they have successfully recruited a Safety Champion midwife lead. Eileen Cummingham was successful in applying for this post.

MR asked LH who the VR headsets were trialled with?

LH explained that these were trialled on delivery suite. It was during a very busy period, and they weren't well used. Feedback suggested they might be better suited to gynaecology. On reflection they were not well advertised, and delivery suite maybe wasn't the best place. Perhaps elective c-section and scan rooms would be better.

MR asked: How likely is it that it will come back into maternity?

LH explained that it is not likely to be soon. It's a free trail from the company at the moment, so they won't be back in maternity this year.

	LL asked about the podcast and video tours: When her first child was born there were video tours available and she found it reassuring. Both sound great. As they are being put together around elective procedures, would it be possible to have one around IOL? LH explained that they are doing one for ward areas, and one for delivery suite. A video has been done around IOL alongside the work carried out with the MNVP. This is sent out to women before they have an IOL. Comment in the chat from NK: That's brilliant I couldn't agree more- I was booked in for an induction and had no idea what I was actually booked in for LH flagged up that she was happy to hear that LL liked the podcast idea. They are looking to do work that is more preventative and proactive, rather than reactive. There is a clear theme coming out of Birth Reflections at the moment, that information coming from paid and unpaid Antenatal provision set unrealistic expectations. So they are looking to use podcasts to educate people. And do this really sensitively in a trauma informed way. Comment in the chat from KZ: Can we add on postpartum depression on to the podcast. And making services easily accessible for those ladies. I think there should be an open talk on this topic as well as availing information on line or on a leaflets LH replied in the chat: Absolutely, we have episodes planned to discuss mental and emotional health as this is so important NT asked members to share any suggestions of things they would like to have known about Birth Reflections, so these can be addressed in the Podcast episode she is doing next month. MR agreed that the podcasts will be great, and asked if she had understood correctly that a nurse will be employed in the bereavement service? Are they going to be trained in supporting people going through the bereavement process? RK explained that she is currently working alongside the gynaecology nurses, regarding the gynaecology bereavement services, which currently doesn't exist as a role, but is part of the role of the EPAU nurses. RK explained that they would be trained, and they are already doing training through external support services, and alongside this they are working towards a business case for a bereavement nurse. This is not normally an established role, but there are around 8 roles nationally, and they would like to be benchmarks for good practice. There are now established pathways to ensure that people feel supported at whatever stage they undergo a loss.	**Members to share question they would like to be answered in the Birth Reflections Podcast**

	MR asked why a nurse has been chosen, rather than a therapist? RK explained that they have nurses in gynaecology at the moment who can then signpost to therapists and established pathways. As it is EPAU it is felt that nurses are best to lead on this. Nationally there are 8 other roles that are being used as a benchmark for designing a job role. MR clarified that the nurse would be more signposting to other services, rather than being a first line of support? RK agreed that this was correct in a sense, but there is also an element of first line support there too, and there would be scope for follow up calls as well, which this individual could lead on, and offer outreach. LL highlighted that the Maternal Mental Health team do have a post loss pathway now, and asked if the nurse could refer into this? RK agreed this would be the case, and that there are passionate nurses to drive this forward. Signposting is the start, with a view to having someone in post further down the line to support and bridge the gap too. KW asked about losses pre-six weeks. Will they be able to access support through their GP? RK clarified this would be losses at the time, rather than previous losses, and highlighted that there is the rainbow clinic to support families with previous losses with anxieties around their current pregnancy. For any subsequent pregnancies it would be midwife-led care, signposting to other support as necessary. KW asked about losses when not yet under midwife or GP. RK explained that the nurse would be able to support at any point before 16 weeks. MR highlighted that the first point of call is often the GP, and asked if GP's could be made aware of this pathway so they can signpost. RK agreed that there needs to be a clear way of signposting. KM highlighted that it's important that losses are communicated to other health professionals, and if there is a way this could be done this would be helpful. RK agreed this was a problem in many areas, and something that needs to be considered. It would be within the remit of this role to look at sharing information. RK will take that forward to the meeting this afternoon and follow that up with them, to ask what they currently do, even if the post is not yet there, and how this can be tightened in the interim.	**RK to look into how information on loss can be shared between**

		health professionals
5.	**Key achievements of the MNVP (FP/NT)** *FP shared her screen* NT updated that a lot has been achieved by the MNVP over the last 2 years, and the slide being shared highlights some of these achievements. Some of this work started in 23-24 and has continued. Notable ones include: • Birth partners staying overnight from 1st Oct 2024 • NN free meals and free car parking • UHL Lithotomy Challenge, requested by a member, and UHL also completed the Journey to Theatre alongside this. • Multiple pregnancy pathway leaflet amendments, and service provision changed to allow for a longer midwife appointment • Maternity Website-providing feedback • Complaints process input • Input into many different leaflets • 15 steps in both Maternity and NN • IOL and patient information around this • Birth statistics now shared each month on SM NT highlighted that all of these improvements have been the result of the collective efforts of everyone here, alongside UHL. NT stated that the biggest achievement is the membership, and the engagement this brings and thanked all members for their continued contribution.	
6.	**Contract Update** SE expressed how much has been achieved by the LLR MNVP, and highlighted that it is really uplifting to see the engagement with members, and the relationship built with UHL SE updated that Leicester Mammas will be passing over the contact at the end of this month. A lot of work has been ongoing, and there is a lot still to be done. There will be an interim structure, and this will be passed over to Gemma Boyd (GB) of the ICB, who is newly in post, and who has done a lot of work in Nottingham. GB will be working with Jo Ryder who is Insight and Engagement Lead for the ICB. SE expressed gratitude to LH and DB for the support given with developing the structure of the MNVP. Their involvement will be important to this structure being effective, but member engagement will be crucial.	**Members to look out for email explaining the steps that need to be taken to**

	SE explained that an email will be going out in the next few weeks to explain how you can continue to be a member, if you wish to, so keep an eye out for this SE highlighted that there is still lots to still find out about new structure and how everything is going to work. SE expressed that Leicester Mammas have loved having the contract for the MNVP and have learnt so much. The involvement and contribution of members has been key. GB introduced herself and explained a big part of her new role will be supporting and leading on the transition of the MNVP. GB explained that she has been a midwife for 24 years. This new role is a Quality and Safety role, making sure women and birthing people are at the centre of everything. GB explained that she is not from this area, and is therefore relying on everyone to understand what is needed in Leicester. NT shared that she will be stepping down from her post as MNVP co-lead at the end of April. In the chat, members expressed their appreciation for all the hard work NT has done, and that NT will be missed. SE said that Leicester Mammas will still be involved as a member of the MNVP and be inputting. SE highlighted that NT and FP have really excelled in their roles as MNVP Co-Leads. FP explained that she is still in the process of making a decision, but would update members once she has. FP expressed her thanks to NT for her support and her dedication to the role and the members. SE highlighted that there is still a lot of work to do to ensure that the transition is smooth. NW expressed her thanks to the MNVP team and asked how the new role will work, as is this a conflict of interest? GB agreed that we need the MNVP to be independent. While the ICB will host, and GB will support as a professional lead, the work should stay as it is, and be led by the Leads and the members.	**remain a member of the MNVP**

	GB explained that there will be an urgent plan, as Leicester Mammas are stepping away at the end of the month, and then a longer term plan for the future, and there will be opportunities coming out as part of this. GB expressed that they are committed to keeping the MNVP independent, and really keen for as many members as possible to continue.	
7.	**Any Other Business;** LR updated about Maternity Research at UHL. Research is ongoing into what works in Maternity Services, to make sure care is working for women and families. Currently there are a number of studies open, with specific conditions. There is currently a study that the majority of pregnant people can be involved in. This involves screening newborn babies at birth for over 200 conditions, by taking a sample from cord blood, or a heel prick test. NT invited LR to share further information on these studies, which can be circulated to members. LR shared a link in the chat: https://www.generationstudy.co.uk/ FR asked if families who have a baby who is readmitted to the hospital for jaundice after discharge are eligible for free parking and meals? NT clarified that they may not be given free parking in this situation if not on the Neonatal unit.	
8.	**Date of next meeting;** ***This has not yet been arranged due to the changes in structure that are ongoing.***	