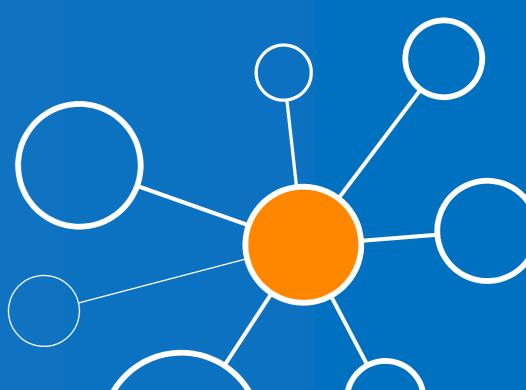


Multiple Birth Team—Continuity of Carer

Kate Harrison and Mel Woolman





1. Background

NHS England has a vision for maternity services, which is that care will be safer, more personalised, kinder, professional and family friendly. Every woman should be able to access support that is centred around her individual needs and circumstances. (National Maternity Review (2016), Better Births: A Five Year Forward View for Maternity Services).

2. Aim

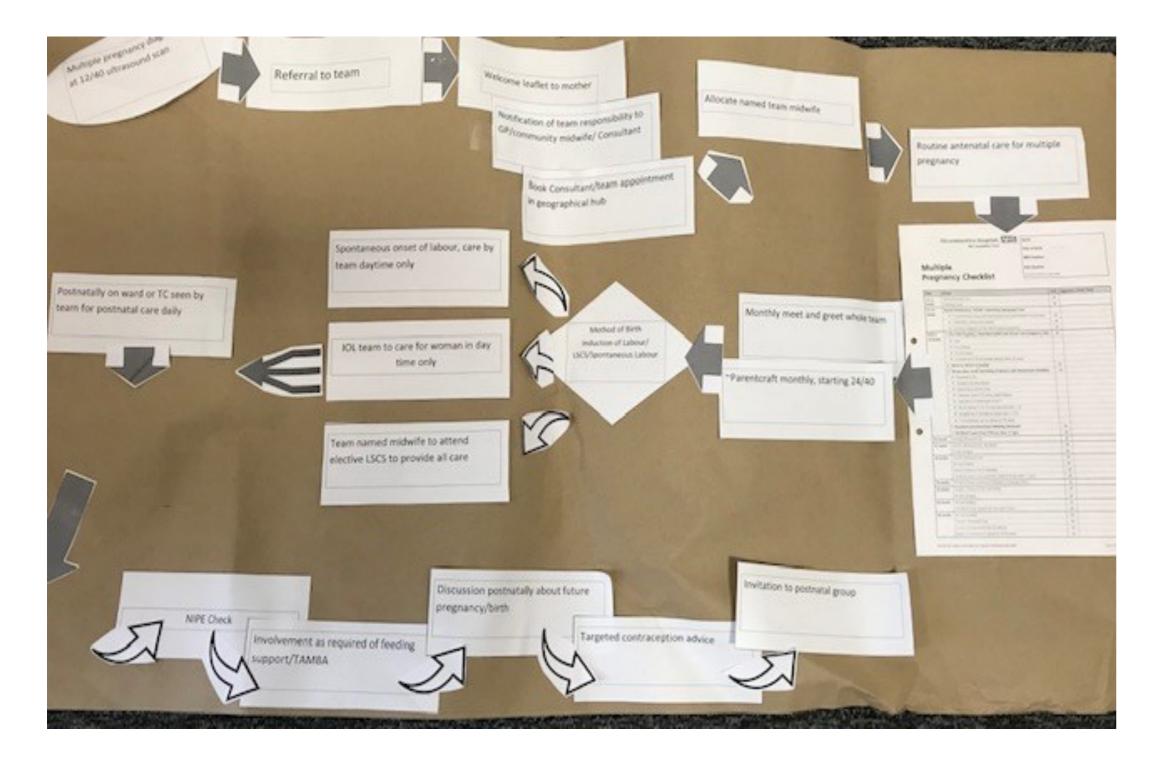
To introduce continuity of care for women who are having twins or more.

- To increase the numbers of women with a multiple pregnancy who experience continuity of care.
- To improve satisfaction amongst these women and the midwives caring for them.



3. Engagement with stakeholders

- Contact local TAMBA group
- Poster presentation to midwives in all clinical areas
- Consultants meeting attended
- Face to face meetings with midwives to discuss options of care



PDSA Cycles

Cycle 3A: Development of job role and consultation with staff Cycle 2B: Refine model of care to incorporate all elective LSCS births

Gloucestershire Hospitals **NHS**

NHS Foundation Trust

Cycle 2A: Review of model of care proposed

Cycle 1B: Consultation exercise with all staff

Cycle 1A: Measure organisational structure for complex births. Look at current staffing model for women presenting with twins or more.

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4. Outcome

This project assessed factors which may contribute to effective implementation of the continuity model. We realised that midwives did not want to work in a compartmentalised model and also wanted to work in a team which would have balance of both normal and complex care.

This project contributed to understanding our organisational readiness for change, especially areas of the department which have so far lacked engagement with the continuity models.

Facilitated training with King's College London highlighted the need for a sustainable model which is chosen by the teams who will work within it.

5. Next Steps

- Be clear about purpose of the change
- Ask staff for input ideas and opinions regarding caseloading model
- Identify team of both hospital and community midwives who wish to work in continuity model
- Work within Better Births framework to provide true continuity model of care that encompasses both normal and complex care
- Work with Better Births operational group and consult staff members on new proposals
- Implement acceptable continuity model and evaluate extent to which the particular models realise the benefits set out in Better Births evidence.

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