

# Centralised Maternity Booking

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## Safety Concerns

We were concerned regarding the equity of midwives' caseloads as well as the number of women accessing midwifery care in a timely manner and failing to meet the KPIs on uptake of initial screening tests.

## Stakeholders

Midwives, women, MVP, commissioners, GHT IT, General Managers, Communications, Better Births.

## Aim

Introduction of a Centralised Booking System within Maternity Services to ensure that 100% of women are seen by a midwife and offered initial screening tests by 10 weeks of gestation by December 2019

## Measures

### Process Measures

- no. of pregnant women allocated to named Midwife by Week 9
- no. of pregnant women booked in before end of Week 10

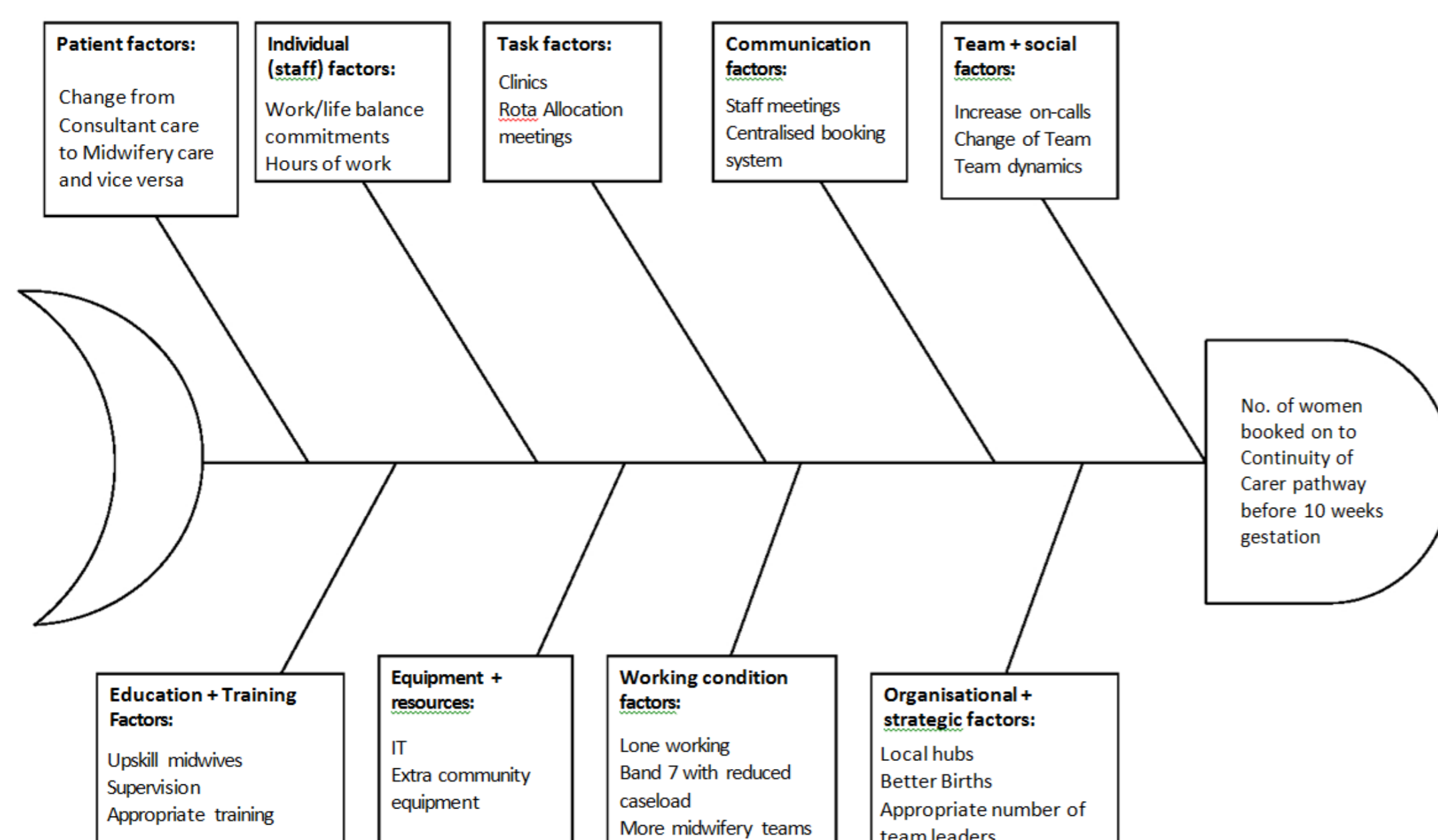
### Balancing Measures

- caseload distribution for each midwife across the county (to be equal and fair)
- no. of midwifery hours saved

### Outcome Measures

- no. of pregnant women attending "pre-booking" appointments at GP surgeries

## Fishbone Analysis



## Further Aims

- Easy and equitable access to maternity services for women
- clear auditable trail of referrals
- improving quality of DATA information on hospital system
- midwives to have improved prior knowledge of women before initial face-to-face contact
- reduction of number attending "pre-booking" appointments at surgeries
- cost-saving of midwifery hours approximately £22.5K per annum as no pre-booking appointments needed

## Progress to date

- mapped our current booking system and our vision for a Gold Standard service
- site visit to Southmead Hospital Maternity services (they are already using this system with very good results)
- met with GHT Maternity General Managers (to ensure the organisation participates in the planning and implementation)
- met with GHT IT Manager (to explore capacity of current IT systems)
- link with GHT General side Central Booking System( to explore if we could utilise their current system - or at least learn from them)
- linked with Assistant general manager (to gain support in exploring funding issues and options)

## Future Work

- To continue to engage with general management team to ensure financial viability
- To continue to liaise with it department to develop the required recourses
- To continue to have midwifery presence in the project to ensure it remains fit for purpose

Aim	Primary Drivers	Secondary Drivers	Change Ideas
100% of Women to be seen by a Midwife as well as offered Initial Screening Tests by 10 weeks of Pregnancy	KPIs	Government Targets	20% of women to be on a Continuity of Carer Pathway
		Early detection of certain medical conditions	Blood tests to be undertaken earlier
		Booking System	Use and adapt neighbouring Trust booking form
	Better Births	Improving outcomes for mothers and babies	Appropriate local midwife to start care as early as possible
		Women knowing their carer throughout pregnancy	Take away "Pre-booking" appointments at the surgery
		Booking System	
	Distribution of Caseloads amongst Midwives	Ensuring midwives have smaller caseload of approximately 1:50 WTE per annum	Create a more interactive webpage
			Introduce a web-based pregnancy booking form linking to a centralised booking system
		Booking System	Direct access to a midwife
			Booking clerk to add contacts to Midwife's diary
	IT Infrastructure	IT Department	Visit to neighbouring Trust
			Link with IT
Mobile App		Google Translate facility	
		Women to learn about screening via website link prior to seeing Midwife	
		Card and website with CBS telephone no.	

## References

1. NICE Antenatal care for uncomplicated pregnancies available from <https://www.nice.org.uk/guidance/cg62/chapter/appendix-d-antenatal-appointments-schedule-and-content>
2. NHS North Bristol NHS Trust Antenatal Booking Form available from <https://www.nbt.nhs.uk/maternity-services/pregnancy/antenatal-booking-form>