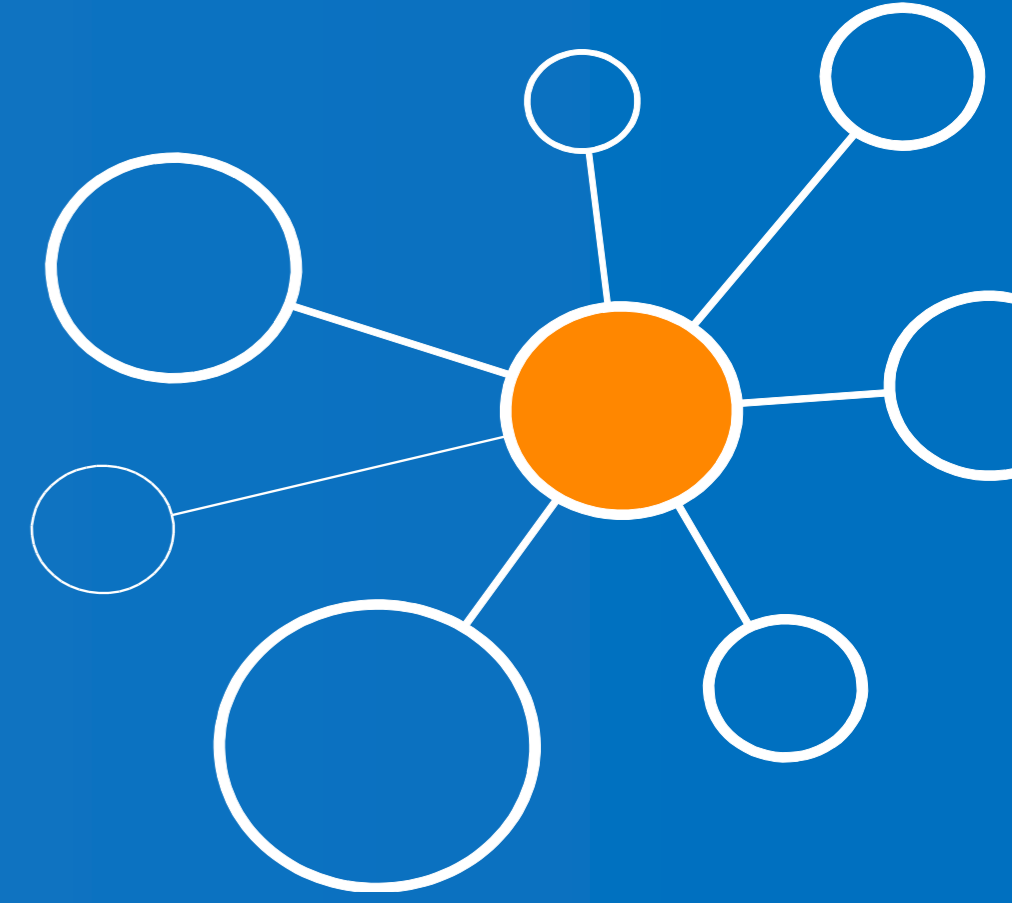


A multi-professional approach to improve postnatal care in the community

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Background

In 2016 Better Births-Improving Outcomes for Maternity Services in England was launched. This followed a national review of maternity services across England. The report recommended improvements to postnatal care focusing on multi-professional and cross boundary working. The report highlighted a seamless transition between professionals including Health Visitors (HV) and GP's and the introduction of new roles e.g. Maternity Support Workers (MSW's) to support postnatal care provision allowing greater midwifery flexibility to support continuity of midwifery care and women's choice. A local user engagement event (Whose Shoes) identified a lack of clarity for women and families around the roles of health professionals, in particular the HV role. Women wanted more consistent information and support between health professionals for breastfeeding and emotional wellbeing.

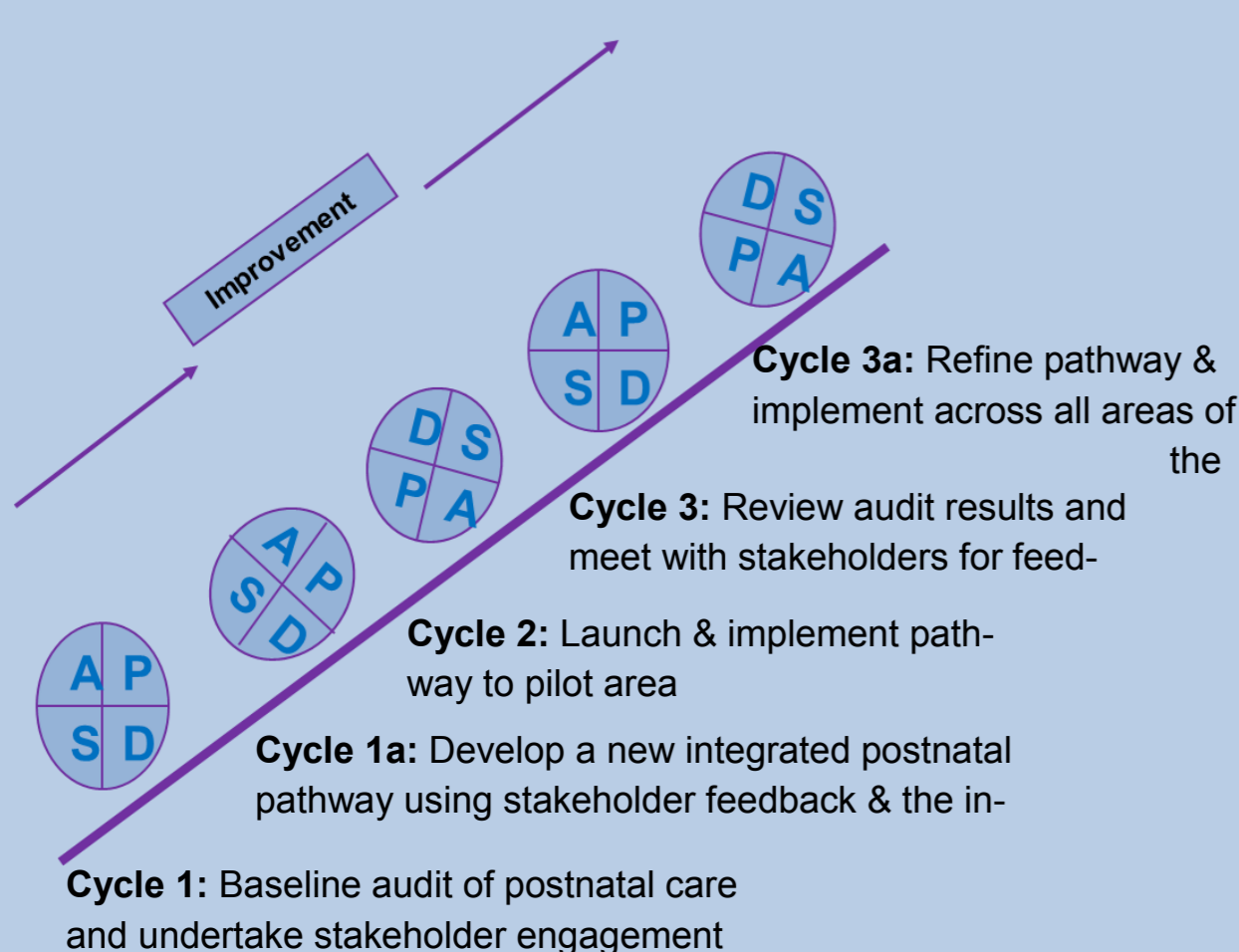
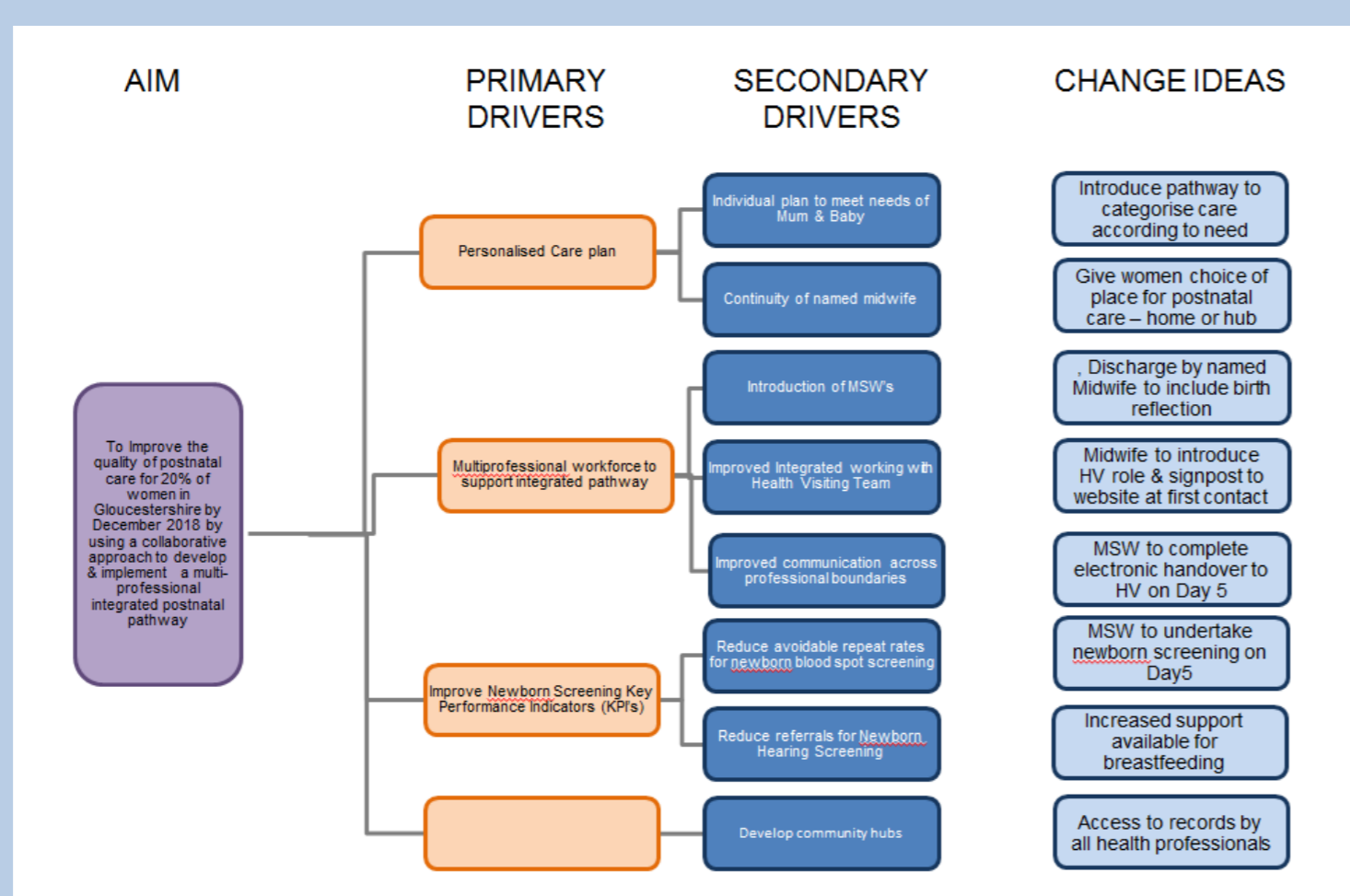


Aim

To improve the quality of postnatal care by the Introduction of a multi-professional integrated community postnatal pathway

Method

- Develop a multi-professional integrated community pathway in collaboration with Health Visitors.
- Introduction of MSW's to support greater flexibility within the postnatal pathway ensuring that all women receive care appropriate to their level of need.
- MSW's trained to undertake the Newborn Hearing Screening Programme (NHSP) and Newborn Blood Spot (NBBS)
- Seamless handover of care from Named Midwife to Health Visitor.



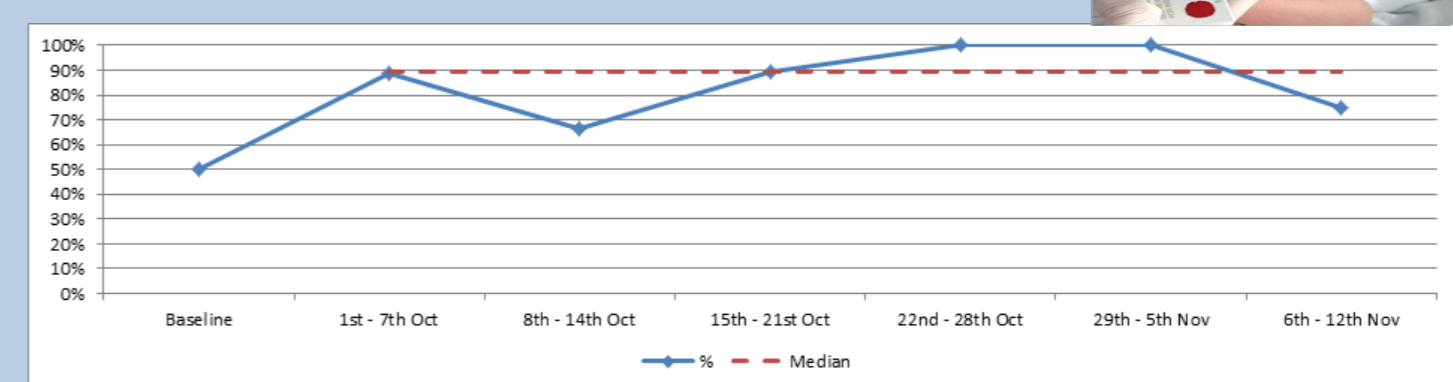
Measures

Balancing measures: No of baby readmissions, improved breastfeeding rates at 2 weeks improved, reduction in Number of complaints received regarding handover to Health Visitor.

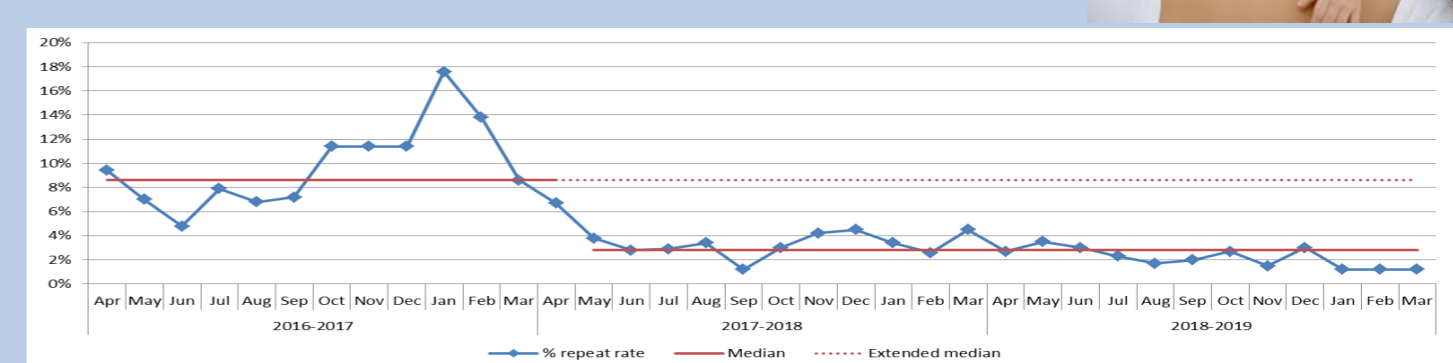
Outcome measures: Women receive care on the appropriate pathway by the appropriate professional, reduction of duplication of Midwife/HV visit, improved communication between maternity and HV service, increased understanding of role of HV by women, number of women who had a formal discussion with their named midwife regarding their birth experience prior to discharge, Reducing the number of avoidable NBBS repeats and NHSP referrals

Results

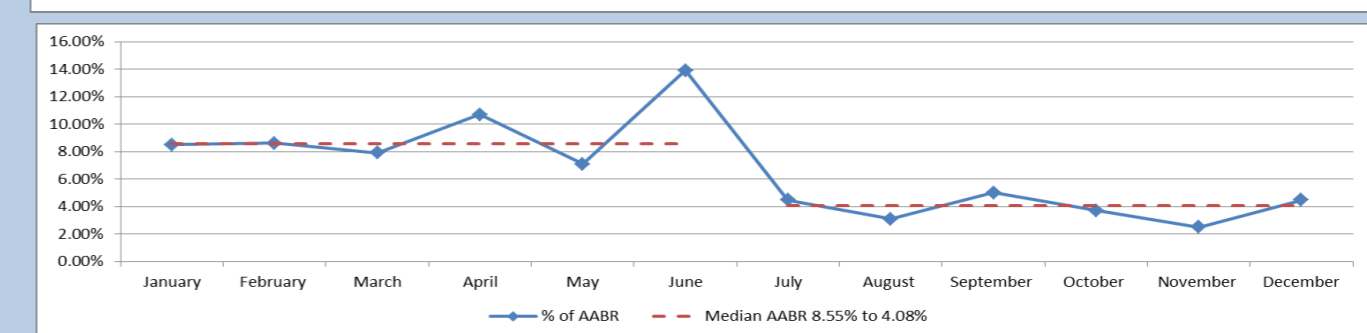
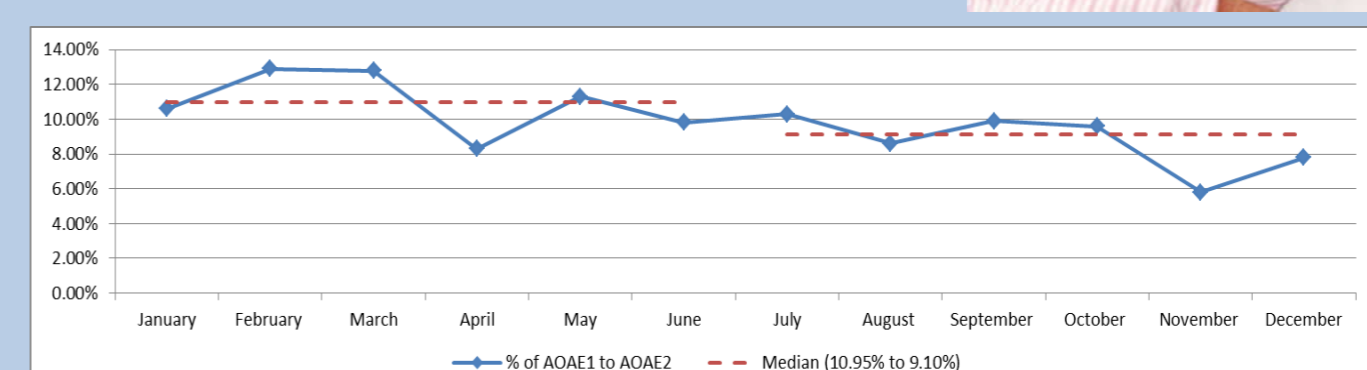
% Discharged by named midwife
Baseline audit result = less than 50% discharged by named midwife



% Repeat NBBS



The NHSP service transitioned in July 2018 (began in June). Referrals from 1st level screen to second level and second level to diagnostic.



Key Results

Nearly 80% of women seen during the pilot were seen on the correct pathway. Women received postnatal care 50-60% of their postnatal appointments by their own named midwife compared to previous audit results of 10.5%. A previous baseline audit demonstrated that only 50% of women were discharged by their named midwife with the introduction of the new pathway this increased to an average of 90%. The new pathway enabled midwives to discharge women to the care of the Health Visitor beyond day 10-14 to support reduction of duplicated visits by HV & Midwife sometimes visiting on the same day. Whilst during the pilot only 58% of women were discharged beyond day 14, as the pathway has embedded this is slowly increasing as confidence in the pathway grows. 100% of women were given information regarding the HV role and signposted to the HV website. at the postnatal visit about the role of the HV. The introduction of the Maternity Support Workers has improved the key performance indicators across the newborn screening programme.

Discussions

Working across professional boundaries in terms of governance, training, policies and referral pathways has been challenging and we underestimated the reluctance of health professionals to embrace change to their roles. In hindsight, the project would have benefitted from a Health Visitor on our project team to support timely cascade of information to HV colleagues. This would have supported a smooth introduction and evaluation of the integrated care pathway. The pilot demonstrated that the MSW's have vastly improved newborn screening KPI's, previously subject to an NSC Improvement Notice, due to a task orientated approach of a much smaller workforce. Next steps include the development of a SOP between Health Visiting & Midwifery supporting cross organisation working, the development of Community Hubs where local services can be wrapped around women and their families and the potential for health professionals to be co-located together. Further evaluation would include women's feedback and impact of the pathway on longer term health outcomes for mother and baby