Personal and safe - wrapping maternity care around the woman

#Betterbirths #Matexp #Earlyadopters
Personal and safe: Continuity of carer

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What is continuity of carer?

• Every woman should have a midwife, who is part of a small team of 4 to 8 midwives, based in the community who knows the women and family, and can provide continuity throughout the pregnancy, birth and postnatally.

• Each team of midwives should have an identified obstetrician who can get to know and understand their service and can advise on issues as appropriate.

• The woman’s midwife should liaise closely with obstetric, neonatal and other services ensuring that she gets the care she needs and that it is joined up with the care she is receiving in the community.
Why continuity of carer?

It’s safer…

Women who received models of midwife-led continuity of care were…

- 7x more likely to be attended at birth by a known midwife
- 16% less likely to lose their baby
- 19% less likely to lose their baby before 24 weeks
- 15% less likely to have regional analgesia
- 24% less likely to experience pre-term birth
- 16% less likely to have an episiotomy

…and more personal

Women attended at birth by a known midwife reported high ratings of maternal satisfaction with…

Early Adopters: some examples

Continuity of carer offers

- **BUMP** – for women having an elective caesarean section

- **Cheshire & Merseyside** – Seacombe community hub and birthing centre

- **North Central London** – Whittington and North Middlesex midwives will provide a caseload model of care for more vulnerable women in part of Haringey

- **North West London** – four models, piloted in 17 different ways, at six maternity units. 11 of the trials offer full continuity of carer; 6 offer antenatal & postnatal continuity.

- **Surrey Heartlands** – expansion of the homebirth team to cover the entire LMS
The planning guidance ask

- Increase the number of women receiving continuity of the person caring for them during pregnancy, birth, and postnatally, so that by March 2019, 20% of the women booking into maternity services receive continuity.
Learning from the past: 1980s/1990s

- **A focus on lower risk/need women.** Leaders questioned why these women got ‘gold standard’ care; making it easier to justify ending the schemes.
- **Lack of evaluation** ‘built in’ to continuity models made it harder to prove that the model improved outcomes.
- **Teams/caseloads became too large** to be able to provide continuity of carer.
- **Unreasonable demands:** some midwives were expected to cover the rest of the service when the labour ward was busy; this led to burnout in some.
- **Lack of team work:** a ‘them and us’ culture where community midwives did not feel supported when coming into hospital, which increased feelings of isolation and stress.

Met with:

124 (91%) maternity providers from 40 LMSs

827 people, excluding attendees recorded on 3 misplaced attendance lists and 9 babies

Focused on:

Understanding the national policy context
Understanding the local context of maternity care provision
Sustainable change
Policy into practice: What we heard

“What is the definition of a Continuity of Carer model, and how do we implement this in a way that meets the planning guidance deliverable?”

“How do we monitor our Continuity of Carer models locally, and how will you measure this nationally?”

“What are other areas doing?”

“How do we manage training/on-calls/caseloads/governance?”

“Can you share the business plan for continuity of carer?”
Learning from the visits

- **Focus on groups with the poorest health outcomes in your LMS:** e.g. areas with an index of multiple deprivation, MBRRACE-UK BME. Frequently recurring ideas included CoC across the antenatal, intrapartum and postnatal pathways for:
  - Multiple pregnancies
  - Diabetic populations
  - High risk pregnancies
  - Elective caesarean sections
  - Teenage pregnancies
  - Women who were previously and or currently bereaved

- **Knowledge gap from board to ward:** LMS and trust boards may be aware of the planning guidance ask; even Heads of Midwifery can be unclear about what is required.

- **Clear plans needed:** at LMS level, trust level and team level.
Action for LMS to take


• Empower midwives to develop models that work for them and the women they serve: co-produce models with commissioners, staff and parents

• Engage with Directors/Heads of Midwifery

• Describe which groups you will target and how
  o Which women in your LMS have the poorest health outcomes?

• Implement in hospital and community settings, if possible

• Set baselines & trajectories
  o Baseline assessment: what do providers do now?
  o Trajectories: for each provider by March 2019, 2020, 2021, 2022

• Test many small changes and learn from them
Support available: guidance & info

Local Transformation Hub
Dedicated continuity of carer page

i-Learn module
Midwifery continuity of carer: an introduction
More support to follow

• ‘Task & Finish’ groups established by regional maternity programme boards
• National sharing events:
  • 12 September, Taunton
  • 19 September, Manchester
• Telephone conference calls/Web Ex with examples
• Development of a repository of practice examples/case studies and pragmatic solutions
• A web based dynamic CoC Q&A
• CoC team building, team and manager preparation
Measurement

Monitoring and evaluation framework - Sep 2018:

• No national data source available at present – use local sources

• Maternity Services Dataset v2 will be able to measure continuity of carer from April 2019

• **What this means for measurement:**
  
  o this year - women booking on a pathway
  
  o future years - likely to be based on numbers receiving continuity
Keep in touch

Email: jacqueline.dunkley-bent@nhs.net

Web: https://www.england.nhs.uk/mat-transformation/

#BetterBirths
#MatExp
Continuity of Carer – Making it Real
September 2018
NCL Early Adopter site

24000 births
(1 in 5 London births)

RF (36% NCL Births)
(Picture of Barnet and RFH)
Maternity transformation at the Royal Free London NHS Foundation Trust

➢ Increasing continuity of carer

➢ Strengthening choice for women with respect to place of birth

➢ Integrated care pathways

➢ Improving postnatal care
Our journey to date

2014
Integrated community maternity services

2015/16
- Implemented Named midwife and buddy and named obstetrician
- Scoped and engaged “wrap around service”
- Aligned clinics in community hubs
- Launched 2 continuity of carer models
- Set trajectories and outcome measures
- Developed and implemented audit tools
- Recruiting staff to new models
- Co-design events Outcome metrics

2017
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2018 (16%)
- Options appraisal paper for Board scale up continuity to meet national targets
- Recruitment Drive
- Business case
- Digitalise pathway
- Agreed implementation of 2 more CoC teams
- Evaluation frameworks
- Emerging learning

Baseline audit showed:
- 1% of women currently are cared for within a CoC model
- Significant variation between in level of CoC achieved
**Model for improvement - APPRECIATIVE INQUIRY**

**Problem solving (Something Wrong)**

- "Something’s wrong"
- Identify problem
- Conduct analysis
- Analyse Possible Solutions
- Develop action plan (Treatment)
- Basic assumption: ‘problem to be solved’ – if we find the problems we can ‘fix’ them

**Appreciative inquiry (strength based model)**

- "Valuing the best of what is"
- Appreciate
- What is working?”
- Imagine (What might be)
- Dialogue and design (What should be)
- Create / do (What will be)
- Basic assumption: ‘potential to be discovered’ - organisation is a web of strengths to be built on and developed

- Relationship with families
- Continuity – best part of the job
- Co-design
  - Can we make that better and why
- Process mapping and driver diagrams
- Better Births workshop
  - the case for CoC
- Workforce development
- Staff interviews/surveys
- Options appraisal
  - Agreeing options for implementation testing

**World class expertise local care**

Building on What works
## Continuity models (5/14 teams)

<table>
<thead>
<tr>
<th>Team 1: Homebirth/EBC team</th>
<th>Team 2, 3 Complex social care</th>
<th>Team 4 &amp; 5: MLC</th>
<th>9 other community teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuity through the full pathway for women birthing EBC/Home</td>
<td>Antenatal, intrapartum &amp; postnatal for all women</td>
<td>CoC all women birthing in Birth Centres</td>
<td>ANC and PN continuity for other women</td>
</tr>
<tr>
<td>Antenatal and postnatal CoC for women birthing elsewhere</td>
<td></td>
<td>ANC and PN continuity for other women</td>
<td></td>
</tr>
<tr>
<td>Team of 8 midwives</td>
<td>6 midwives in each team</td>
<td>Continue care if transfer</td>
<td>On – Call for all other MLC women</td>
</tr>
<tr>
<td>Named midwife and buddy</td>
<td>Cross site on call – dedicated telephone (day time workload flexed if named midwife or buddy on duty)</td>
<td>Cross site on call – dedicated telephone (day time workload flexed if named midwife or buddy on duty)</td>
<td>Connecting with women</td>
</tr>
<tr>
<td>Team on call – dedicated telephone (day time workload flexed if named midwife or buddy on duty)</td>
<td>Provide Intrapartum care in all settings</td>
<td>Provide Intrapartum care in MLC settings but continue care if transfer</td>
<td>They now want to be on-call for their women only</td>
</tr>
<tr>
<td>Second on-call generic teams</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>200</td>
<td>300</td>
<td>500</td>
<td>(40% of our population)</td>
</tr>
</tbody>
</table>

**Business case and options appraisal to scale up**
Improving Maternity Safety – Continuity of Carer and the Midwifery Workforce: Written statement - HCWS588

world class expertise ➔ local care
Enablers

Organisational sign up - Board to floor
Leadership
Aligning values - "best part of the job"
Evidence for change - Better Births workshop
Co-design
Testing
Appreciative enquiry model
Central direction
Trajectories
Repetition of message
Feedback
Protected on-calls
On all agendas

Challenges

Status Quo
Silo mentality
It is not going to happen - let's focus an antenatal and postnatal CoC
Women don't care
Misconceptions re "burn out"
Balancing act - Trump card
Risk adverse
On-calls
Won't work for all!

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What midwives say

The relationships we build are so powerful and make a huge difference to both our women's lives and our lives. Empowered women empower women, and that goes both ways.

The significance of being part of their very special journey and being able to support and guide the women and their families, makes me realise what a marvellous and very special job I have.

I was able to provide continuity of care from booking to discharge. I supported the woman and facilitated a much wanted homebirth. Social services were involved and I was able to attend all meetings.

I feel very proud to be part of a team who support women with all their various complexities, which aims to give them and their families a positive maternity experience and birth outcome.

For me, I love building trust with women who often haven't had a lot of love and respect in their lives. I love watching them flourish with the right support and I love the feeling of helping a woman become a mother.

I have had the most wonderful experience of delivering 3 women who I have completely case-loaded. The opportunity of being there to facilitate their birth will be a memory which will last a long time.

The best part of the job
What our women have said

Without the support and kindness from you, I did not think I would have had, such a good birth experience. From the first booking appointment up until a month after I had given birth, I felt guided and listened too. Thank you from the bottom of my heart!

To me it is not important where I give birth, but who will be there to support me and whether they will understand my needs. Having met the team I feel like a switch has been flicked.

Without the care and attention to detail I received by my midwife, I really don’t think that I would be sitting here smiling, looking at my baby lovingly.

The midwives knew who I was. I did not have to keep explaining my situation and go through my story.

The words of comfort and reassurance went deep.

As an older first time mum I felt that it was really important that every little question (which turned into many) could be answered by someone who I trusted and had built up a relationship with.

I was pleased to have the same person supporting me. I have had great continuity of care.

So lovely ... to be able to build up a relationship with someone and then they kind of know you, know your family.
Aligning clinics and off duty

Agreeing communication standards

Meeting the team

Enhanced 36 week appointment

Contacting on-call in labour, IOL or Planned C/S

Audit and feedback

Organisational ethos

Named midwife and Buddy

world class expertise local care

Royal Free London
NHS Foundation Trust
Next Steps

1. Outcome of Business case
2. Agree future models
3. Recruitment
4. On-calls
5. Evaluation
In Their Own Words ……

"We have had a lovely experience; pregnancy, birth and outcome. I’m happy".
North Central London Better Births

Broadening patient and public involvement through creativity, research and innovation

Emily Ahmed, Patient and Public Involvement Lead
Better Births North Central London – Patient & Public Involvement

- Supporting the development of Maternity Voice Partnerships
- Better Births Maternity Meet-Ups
- Social Media – Facebook Page and You Tube videos @BetterBirthsNCL
- Patient & Public Voice Partners Team Peer led community research
- The faces of Better Births Polaroid Exhibition
- Animation Creating a co-produced animation #OurMaternityStories

www.england.nhs.uk/expo | @ExpoNHS | #Expo18NHS
Animation Project

- Thematic group discussions
- Audio recordings
- Drawing our experiences
- Stop motion animation

#OurMaternityExperiences

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Greater Manchester North West Sector CCGs

Maternity Choice and Personalisation Pioneer

Lynette Harwood - Salford CCG
Catherine Owens - Bolton NHS Foundation Trust
The work of the Pioneer is to trail-blaze the Choice and Personalisation recommendations from Better Births and focuses on:

1) deepening and widening choice of provider and birth place
2) developing and implementing the Personal Maternity Care Budgets (PMCBs).
All women across the Pioneer - Bolton, Salford and Wigan now have a choice of 5 provider organisations through PMCBs

Originally women in Bolton and Wigan had one commissioned provider offer and Salford 4 providers but on a post code zoning so really only one provider

Market testing of Ingleside 2017 – innovative service specification used to highlight new ways of working and collaborative approaches

Ingleside Birth Centre – originally commissioned for Salford women – now includes Bolton and Wigan women as a choice offer. There are plans to widen further across the Pioneer boundaries.
Pilot initiated in April 2017– phased roll out in Bolton and Wigan: Salford from May 2018 (to support Ingleside)

To date, since the start of the pilot 3,000 women in Bolton and Wigan have received a PMCB

Choice offer of all provider organisations delivering maternity services within the boundaries of the Pioneer CCGs

Development of our Choices leaflet – providing information to women on a range of service provision across the provider landscape
Midwife Training

- National training programme developed and localised to the Pioneer University of Salford Commissioned to implement the training across community midwifery teams – midwives at the coal face.
- Evaluated well with 104 attendees
- Training included:
  - Overview of Better Births
  - The work of the Pioneer
  - The Birth Place Study
  - Widening Choice
  - PMCBs
  - The Money Conversation
* Collaboration between CCGs, providers and the City Council
* Working towards an in-reach model of care to maximise choice and sustainability and to offer continuity of care
  * Complex piece of work
  * Financial flows
  * Operating procedures
  * Wider GM choice offer
* Community hub/asset – linked to GM Early Years transformation programme – Early Months
Ingleside transformation

Lord Pilkington’s home 1914

Pilkington company day out 1920’s

Care Home 1972

Post transformation April 2018
Ingleside Birthing Rooms

Rooms named by our communities

Blue Indigo
Peppermint
Rose
Lavender
Baroness Cumberledge:
‘Freestanding Maternity units are not new. Ingleside Birth & Community Centre is ahead of its game and the nation is watching and waiting to follow’
What this means for women

I had a great experience, the midwives were very professional, warm and personable service. Couldn’t have hoped for anything better.

What a fantastic experience! Wonderful support from team. A relaxed experience which made me feel empowered!!
Next Steps

* Finalise In-reach service delivery model for Ingleside
* Scope implementation of a Single Point of Access
* Continued Evaluation: PMCB and Training
* Scale and spread:
  * Commissioning Intentions; mainstreaming Pioneer plans
  * Sharing the learning
  * Informing the LMS
It’s been an uphill journey but the view has been good!

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