East Midlands Clinical Networks

Regional Standards in the Management of Pregnant Women with Inflammatory Bowel Disease

Implementation Action Plan and Audit Tool

NHS England and NHS Improvement

Regional Standards in the Management of Pregnant Women with Inflammatory Bowel Disease

Implementation Action Plan and Audit Tool

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Background

The East Midlands Maternity Clinical Network (EMMCN) have worked in partnership with professionals to produce regional standards in the management of pregnant women with Inflammatory Bowel Disease (IBD).

The standards have been developed because collectively we recognise that many women may not consider that their IBD can be affected by pregnancy and that IBD has implication on the course and outcome of pregnancy. Pregnancies are often unplanned and the window of opportunity for preconceptual counselling is often missed. Health professionals may not be aware of the impact of IBD.

The Standards

A total of nine standard have been developed and agreed for implementation across the region as follows:

1. Healthcare professionals should be aware that IBD can influence pregnancy outcome and vice versa.
2. Health Promotion resources should be available to women.
3. Pharmacists and HCP who are in contact with women in pre-conception and early pregnancy should be aware of disease impact.
4. Preconceptual care and advice should aim at disease control prior to conception.
5. Women planning a pregnancy should receive a preconception review of medication and appropriate plans made for early post-conception period.
6. Health professionals must be aware that IBD may first present during pregnancy.
7. Women with IBD should receive multidisciplinary care in pregnancy, intrapartum planning and post-partum care follow-up planning. There should be good communication and access to members of the team.
8. Women with IBD should have an early opportunity for intrapartum care planning.
9. Women with IBD should be signposted to available information resources.

Implementation

An Action Plan for Implementing Change has been developed (Appendix 1). This action plan can be used by services to undertake a self-assessment of their progress against the nine standards. It is recommended a review is completed every 12 months to monitor progress.

Audit Tool

An audit tool has been developed to evaluate implementation of the standards and to identify areas for further improvement (See Appendix 2).

It is recommended that a review of 15 patient records are audited each year. In addition, training records, guidance and signposting mechanisms in place should also be considered. Findings should be discussed and shared within multi-disciplinary meetings.

Appendix 1: Action Plan for Implementing Change

The following action plan will enable you to take forward the standards outlined in the East Midlands regional guidance for the management of pregnant women with IBD. It allows for adaptation through the addition of further actions as you feel appropriate for your own service.

Date of Review:	
Name of Person Completing the Review:	

East Midlands Regional Standard/s	Action Needed	Person/s Responsible	Progress
1. Healthcare professionals should be aware that IBD can influence pregnancy outcome and vice versa.			
2. Health Promotion resources should be available to women.			
3. Pharmacists and HCP who are in contact with women in pre-conception and early pregnancy should be aware of disease impact.			
4. Preconceptual care and advice should aim at disease control prior to conception.			
5. Women planning a pregnancy should receive a preconception review of medication and appropriate plans made for early post-conception period.			
6. Health professionals must be aware that IBD may first present during pregnancy.			

7. Women with IBD should receive multidisciplinary care in pregnancy, intrapartum planning and post-partum care follow-up planning. There should be good communication and access to members of the team.			
8. Women with IBD should have an early opportunity for intrapartum care planning.			
9. Women with IBD should be signposted to available information resources.			
Any other comments (e.g. challenges, best practice, support needed)			

Appendix 2: Audit Tool

Date of Audit:	
Name of Person/s Completing the Audit:	Full Name (Job Title)

Standard 1 Healthcare professionals should be aware that IBD can influence pregnancy outcome and vice versa.

	Yes	No	Evidence	Comments
Is there evidence of staff being aware of most up to date guidance for managing pregnant women with IBD?				
Is there evidence that relevant staff receive appropriate training to know the difference between IBD and IBS?				

Standard 2 Health Promotion resources should be available to women.

	Yes	No	Evidence	Comments
Are health promotion resources available to pregnant women with IBD? (e.g. leaflets, advisory information etc.)				
Are resources available in an accessible format for women with disabilities, cognitive impairment or where English is not their first language?				

Standard 3 Pharmacists and HCP who are in contact with women in pre-conception and early pregnancy should be aware of disease impact.

	Yes	No	Evidence	Comments
Is there evidence that the Pharmacist/s and HCPs are knowledgeable about disease symptoms?				

Is there evidence that the Pharmacist/s and HCP in contact with pregnant women with IBD are knowledgeable around the disease impact?				

Standard 4 Preconceptual care and advice should aim at disease control prior to conception.

Standard 5 Women planning a pregnancy should receive a preconception review of medication and appropriate plans made for early post-conception period.

	Yes	No	Evidence	Comments
Is medication reviewed by a GP/ IBD Clinic or IBD Specialist Nurse in line with local practice?				
Is appropriate advice given to the woman about the use of approved medication (before and once pregnancy is confirmed)?				
Is the continued use of teratogenic medication in relation to disease severity considered as part of pregnancy planning?				
Are checks done to correct folate, iron, B12 and vitamin D?				
Is high dose folic acid discussed and/or provided?				
Is advice provided on optimisation of pregnancy timing in relation to disease severity?				
Are women advised and educated on the serious complications that may occur because of the growing fetus e.g. bowel obstruction, toxic megacolon, obstruction to ileostomy as well as potential adhesions during pregnancy or after delivery?				

Standard 6 Health professionals must be aware that IBD may first present during pregnancy.

	Yes	No	Evidence	Comments
Are health professionals educated to understand diagnosis in pregnancy and the symptoms of increased disease activity. E.g. rectal bleeding or new onset bleeding?				

Standard 7 Women with IBD should receive multidisciplinary care in pregnancy, intrapartum planning and post-partum care follow-up planning. There should be good communication and access to members of the team.

Standard 8 Women with IBD should have an early opportunity for intrapartum care planning.

	Yes	No	Evidence	Comments
Is there evidence of a multidisciplinary approach to care delivery (including Obstetrician with an interest in Maternal Medicine, Gastroenterologist and an IBD Nurse or Midwife)				
Has the Gastroenterology Team taken on the responsibility of lead care provider in the women's IBD management and is this clearly documented?				
Is there evidence of close working relationships between the Gastroenterology Team and the Obstetric Team?				
Is there evidence of effective communication between the Gastroenterology Team and Obstetric Team? (e.g. Handover notes, quality of documentation, seamless and timely referrals, evidence of escalation, schedule for team meetings etc.)				
Women are seen initially by 16 weeks in antenatal clinic to review their IBD status, previous surgery, perianal disease and VTE risk assessment is completed.				

Women who has poor management and control of their IBD are given access to Specialist Services in both the Antenatal and Gastroenterology Clinics.				
Mode and place of birth is discussed with all women with IBD. The options are explained clearly, and risks considered at an early stage. The woman: • Understands her rights around choice and personalisation of care and treatment. She is supported to make well informed decisions about her care plan. • Understands the risks of unplanned C-Section. • Understands the risks and benefits of a planned C-Section. • Understands that where surgical risks of C-Section are minimal, delivery would be planned closer to home.				
Anti TNF is stopped in the third trimester (this is relevant for most cases)				
Fetal Surveillance Scanning (Serial Growth) is undertaken when the woman: • Is using medication that may affect the birth • Has severely affected nutrition • Has active onset of IBD in pregnancy • Has other obstetric indications				
Women know how to access postnatal support as needed				
Women are given advice and support on breastfeeding				

Standard 9 Women with IBD should be signposted to available information resources.

	Yes	No	Evidence	Comments
Is there evidence that women are provided with accurate, current and accessible information to increase their knowledge surrounding the management of IBD in pregnancy?				
Is there evidence that women have understood the information that they have been provided?				
Is there evidence that women have a good experience of the service?			FFT 4C's (Complaints, Concerns, Comments, Compliments) Surveys Questionnaires Feedback as part of audit activity	

	Yes	No	Comments
Total audit standards where compliance has been achieved			
Areas for further continuous and quality improvement. These actions should be captured and detailed within the implementation action plan.	Standard 1 Standard 4		
Date Next Audit is Due:			