

UK National Screening Committee Conference
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Securing Early Access: Innovations in maternity care
provision

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Aim of workshop

- Review of early access-why it's important
- Review of benefits for public health of the midwife as first point of contact and implications for midwifery practice.
- Exploration of innovations in maternity care provision to secure early access

Background

“The aim of the health reform agenda in England is to develop a patient-led NHS that uses available resources as effectively & fairly as possible to promote health, reduce health inequalities and deliver the best and safest healthcare. For maternity services this means providing high quality, safe and accessible services that are both women-focused and family centred.” (DH 2007)

Role of midwife and health promotion

- Key component of role is health promotion & addressing wider public health issues for the woman & her family throughout the pregnancy, childbirth and post natal period.
- To maximise the effectiveness of opportunities to address public health agenda it is important that women are enabled to access appropriate services as early as possible in pregnancy-preferably pre-conceptually.

Preconception care

- Opportunities for and provision of preconception care sit within primary health care, occupational health, partners in other social care, education teams & voluntary groups
- These focus on: diet & nutrition, weight, exercise, smoking, drinking-alcohol & caffeine, substance misuse, sexual health, type of work, domestic violence

Antenatal care & poor outcomes

- Pregnant women who receive little/no AN care are 3x more likely to have a LBW infant. Includes: teenagers, women with poor mental health and/or drug misuse issues, women suffering domestic violence, recently arrived asylum seekers and/or who cannot communicate in English
- Around 16% of all pregnant women, including many under 18yrs of age delay seeking maternity care until 5 or more months pregnant.

Infant mortality

- Higher than average death rates occur among babies born among black & minority ethnic populations, the babies of teenage mothers & those registered at birth by one parent rather than both.
- Infant mortality rates are higher amongst routine & manual socio-economic groups & 6 times higher in the most deprived areas of the country

Maternal mortality/morbidity

- Women living in families where both partners were unemployed, many of whom had features of social exclusion, were up to 20 times more likely to die than women from more advantaged groups.
- Single mothers-3x more likely to die than those in stable relationships

Benefits for public health of earlier access

- By facilitating earlier access to a m/w as first point of contact women can enter maternity & other health & social care systems at more advantageous stage of pregnancy-screening, interagency referrals, planning, partnership with other agencies.
- By addressing health and social care needs in a timely manner in pregnancy this can lead to enhancements in long term health & outcomes for mothers and babies.

Improving points of midwifery access

- “In pre-birth care, women are able to access a midwife as their first point of contact & all women are supported by a known midwife throughout their pregnancy-NSF 2004. Currently only 13% - NPEU 2007
- Current system-”referral” from local GP surgery/maternity unit/early pregnancy unit/ultrasound services-impact of “capping”

First point of contact & midwifery practice

- How accessible are you?-work phone, business card, flier?
- Maternity phone advice line- think of all the calls women currently make-how do we monitor that?
- Maternity services in easily accessible & visible community facilities-e.g Children's Centres- Are midwives & GPs working with your local children's centres?

Other points of contact

- Signposting from other services and organisations: NHS direct/walk in centres/voluntary groups/pharmacists/user groups
- Internet-”access to midwife”-website
- Other ideas?

Knowledge and skills needed for midwifery practice

- Effective interagency & multi-disciplinary working skills-not expert at everything-not about excluding others from delivering aspects of care
- Effective communication skills-verbal face to face, phone
- Using agreed, shared clinical pathways
- Ensure knowledge is up to date or where to go for further help
- Willingness to embrace change in ways of working-visionary leadership to lead that change

Summary

- We know there is a public health need to make it easier for women to access services and that the midwife as that first point of contact is key
- Midwives are well placed to use their health promotion and public health skills to facilitate these changes in practice.

References

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- NICE 2008 Clinical Guideline 62 Antenatal Care: routine care for the healthy pregnant woman.