



Florence Nightingale School of Nursing & Midwifery

# **A system and process approach to improve the safety and quality of inpatient postnatal care: the experience of the Hospital to Home postnatal study**

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# Background

- Postnatal hospital care consistently evaluated as poor (Audit Commission 1997, Singh & Newburn 2001, HCC 2008, Bhavani & Newburn 2010)
- Last 20yrs length of PN hospital stay declined
- National Service Framework for Children, Young People and Maternity Services (NSF) 2004
  - In hospital have an initial assessment of needs & agree a care plan, including expected length of time on PN ward
- NICE 'Routine postnatal care of women and their babies' 2006
  - Documented individualised PN care plan
  - Women offered relevant & timely information
  - Care providers implement a structured programme to encourage breastfeeding
  - Women to be asked about emotional well being at each PN contact

# Context

- Maternity unit South of England, 6000 births
- Increased complaints re PN care
- Low breastfeeding rates (below national average)
- Implement NICE guidance
- Systems & process approach to improve hospital PN care informed by a model of continuous quality improvement (CQI)
- Change often blocked by key stakeholders & the response to this of those implementing the change (NHS Institute for innovation and improvement 2010)

# Process

- Identify routine systems and processes that could be revised
- Carry out improvements
- Assess impact following implementation

# Identifying issues

- Interview women on PN ward
- Interview senior clinicians & managers
- Focus groups – midwives
- Mapping of women's journeys from birth to hospital discharge to identify bottlenecks
- To assess impact of change – baseline questionnaires sent to all women who gave birth over 3 month period (10 days & 3months)
  - 10 days questionnaires 741/1100 (67%)
  - 3 month questionnaires 617 (56%)

# Priority areas identified for change

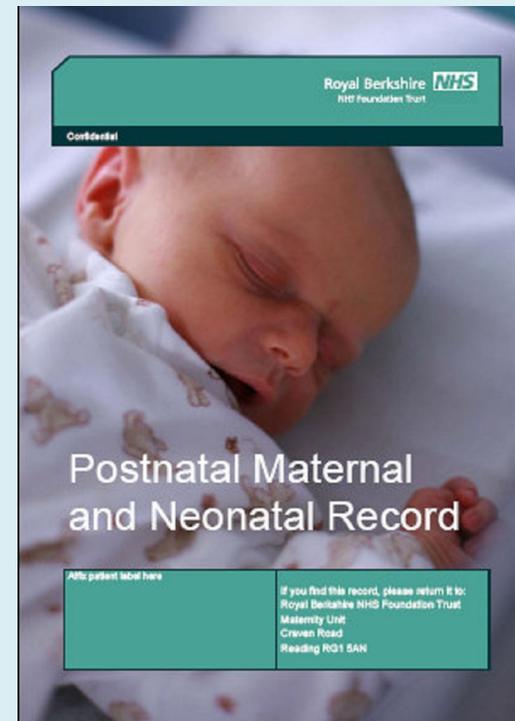
- Redesign of postnatal records to promote 'best practice'
- Revision of immediate care after birth to promote breastfeeding (unwritten rule women transferred to PN ward within 2 hrs of birth)
- Commencement of discharge planning on delivery suite
- Provision of group parent-craft sessions
- Improvement in processing routine discharge prescriptions and timing of neonatal examinations to prevent delay in hospital discharge
- Working with women to plan postnatal care needs during pregnancy

# Implementation of change

- Changes implemented over 6 months
- Staff workshops; >100 staff attended
  - Discuss new notes
  - Importance of communication
  - Planning care based on need
  - Support for new parents

# Changes – new PN notes

- Based on Scottish national notes
- Piloted for 6 weeks – feedback from women and staff
- Issued to women AN to encourage planning of PN care
- To promote individualised care
- Notes continued in the community



# PN changes on the labour ward

- Max 3 hr stay, for straightforward vaginal birth, prior to warding to promote skin-to-skin and breastfeeding
- Transfer by obstetrician of women from obstetric to midwifery care following risk assessment (e.g. elective Caesarean Section)
- Issuing of routine prescriptions, if required, prior to transfer to ward
- Completion of discharge & routine neonatal physical examination if 6-8hr discharge
- Initial assessment and planning of care in PN notes
- Discharge planning initiated by labour ward midwife

# PN changes on the postnatal ward

- Group parenting skills sessions eg. bath demonstrations organised by maternity support workers
- Twice daily ward rounds to complete neonatal examinations
- Spread workload throughout 24hrs and prioritise women being discharged / those with specific clinical needs for morning midwifery check ups
- Use of new PN notes

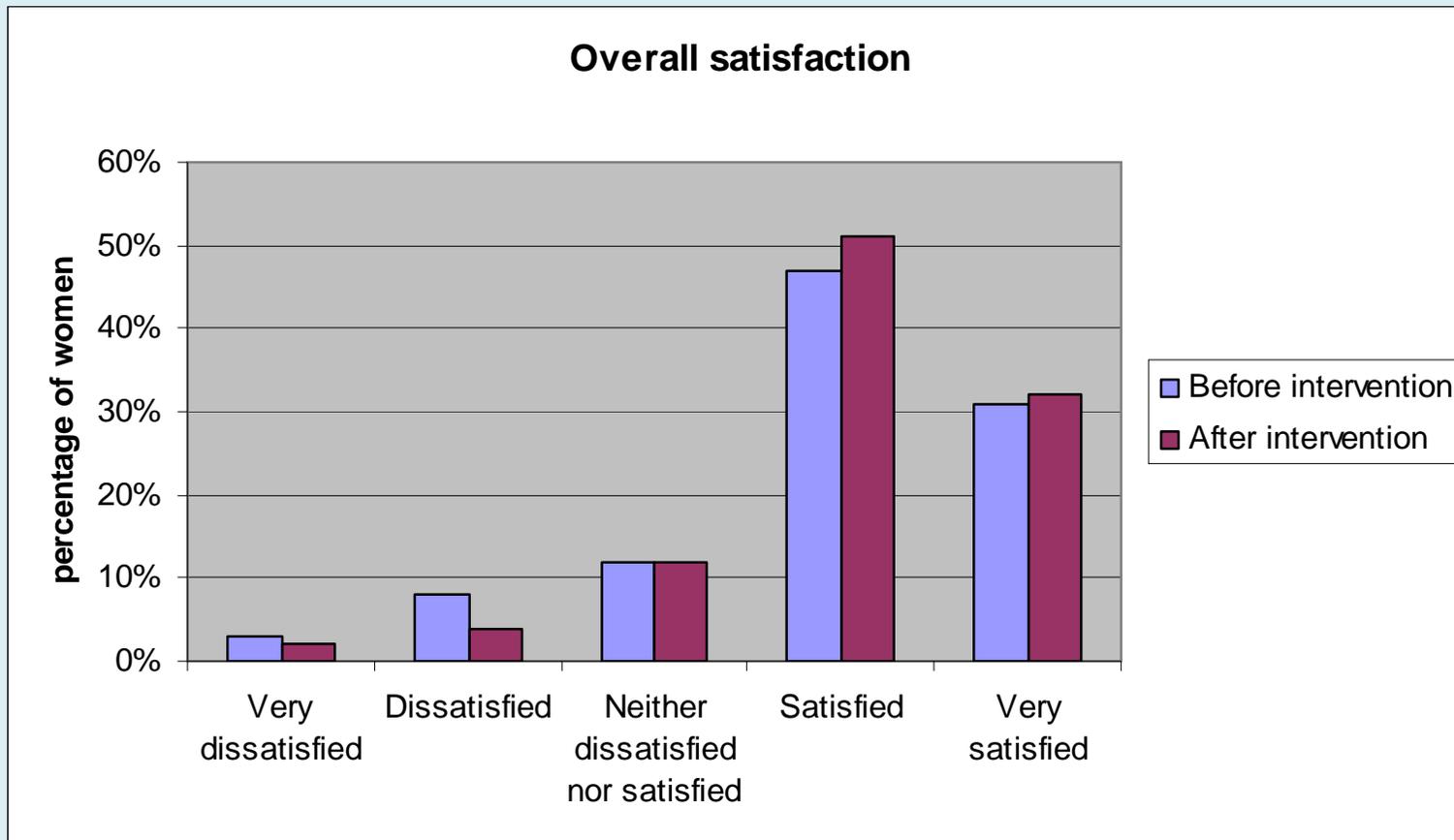
# Assessment of impact following changes

- Stage 2 questionnaires sent to all women who gave birth over 3 month period (10 days & 3 months)
  - Response rate
    - 10 days 725/1070 (68%)
    - 3 month 575 (54%)
  - Breastfeeding uptake and duration
  - Length of stay
  - Women's experience of physical & psychological health problems
- Survey of midwives
  - Response rate 68/195 (35%)
  - Changes to the postnatal ward
  - Care on labour ward
  - New postnatal records

# Initial findings from women

	Before intervention	After intervention	
Breastfeeding at 10 days	83%	87%	p0.016
Exclusively breastfeeding at 10 days	66%	70%	p0.070
Breastfeeding after 10 days (up to 3 months)	77%	85%	p0.000
Length of stay planned with mother	52%	61%	p0.000
Mother had enough information on leaving hospital	72%	79%	p0.003

# Mothers overall satisfaction with care for herself



# Findings from midwives

- All the midwives who responded to the survey were aware of the study
- Most had been made aware of the changes on the postnatal ward
  - through training sessions (43%),
  - the research midwife (38%)
  - through meetings (16%)
  - other methods identified by the midwives included, mouth to mouth, advertising, posters, questionnaires, e-mails and team members, although these methods were only mentioned by 10% or less of the midwives.

# Findings from midwives survey

- Overall view of revisions to postnatal care; when asked if:
  - women's health needs had benefited from the revised model of care 83% responded 'yes a lot' or 'yes a little'
  - women's support needs had benefited 86% responded either yes a lot or yes a little.
  - the revisions to postnatal care had increased their workload 93% responded either 'yes a lot' or 'yes a little'
  - 81% of midwives felt that they had received sufficient help with the revisions.

# Conclusions

- Complaints
- Breastfeeding rates
- Importance of engaging all stakeholders in change
- Training sessions for staff