

Standard Operating Procedures for Meadow Birth Centre Continuity of Carer pathway

Overview

- It is expected that approx. 200 women will be booked onto the Meadow Birth Centre (MBC) Continuity of Carer (CoC) pathway per year.
- There were 339 bookings in WR5 postcode in 2017/18.
- If it is assumed that 60% of women will be eligible for low risk care at booking then 204 women could be booked onto the MBC pathway.
- This will be reviewed and monitored through audit processes.

Location of Clinics

1 room is available from approx. 4:00pm onwards in the **Antenatal Clinic**

- All rooms are available in the evenings in line with the opening hours of the Day Assessment Unit (DAU).
- On weekends the rooms are available in line with DAU opening hours and clinics can be held then.

Antenatal Clinics

- Booking for low risk women in the postcode of WR5 at 28/40 weeks gestation.
- Women to have appointments in accordance to WAHT Antenatal Care Pathway.
- Women who develop complications will remain on the MBC antenatal pathway, with the named MBC team co-ordinating referrals and care planning. Women who develop severe complications and require intensive medical input will **still be required to be seen** by the named MBC team to ensure their individualised birth preference has been discussed and documented at 36/40, even if the woman is giving birth on Delivery Suite.
- Some women on the pathway will develop complications that preclude them from birthing on the MBC and will be advised to attend Delivery Suite for their birth.
- For women who develop complications during pregnancy and would like to give birth on the MBC, an appointment is to be made in the MBC birth choices clinic on a Monday afternoon. An individualised care plan will be made if the MBC team feel additional support and discussions around birth planning are required.
- Times of high activity/acuity on the unit may mean that appointments need to be rescheduled. The clinic midwife will contact women and make alternative appointments. If there is high annual leave or unanticipated sickness which prevents antenatal duties from being carried out, appointments will need to be rearranged. This may mean that additional appointments are added into future MBC clinics.
- Appointments should be 30 minutes, with a 30 minute appointment for women at 36/40 to discuss birth preferences.

Referrals:

- The booking Community Midwife in postcode WR5 will refer women to the MBC if they meet MBC criteria at booking, and if they **agree** to enter this pathway, once they have been given an information sheet.

- An information sheet should be given at booking for all eligible women detailing what to expect from the MBC team.
- A referral should be made by sending/emailing a referral sheet to MBC.
- When the referral is received, the midwife who is leading the clinic will contact the woman to make their first appointment.
- An appointment book will be kept on MBC. There will be one book for both team A and team B.
- Where possible, MBC midwives will arrange to see the same women when she is back in clinic to eliminate measuring discrepancies with customised growth charts.

Parentcraft Education

- Classes could take place once a week on the MBC in the family room. This is to be developed as the pilot gets underway.
- Anyone using the room would be made aware that the room is required during certain hours and they would be asked to use Costa Coffee with staff coming to inform them of any developments or when they can return to the family room on MBC.

Postnatal Clinics

- Women who do not return to clinic without an alternative plan in place must be followed up immediately and communicated with the relevant healthcare professional(s) as per DNA policy.
- Where a woman has DNA'd any appointment, the DNA policy must be followed.
- With numbers likely to birth on pathway less than 1 a day, where a heel prick test is required this needs to be arranged by MBC team for Day 5 unless exceptional circumstances.

Discharge from MBC

- Women should be given an appointment to return to the Antenatal Clinic (ANC) for their postnatal (PN) appointment; however a first postnatal visit can be performed at home by the midwife from the relevant team. If this is not possible, the community midwifery team will visit. Subsequent visits will be carried out in the hospital-based clinic.
- If the woman chooses a home visit, an additional appointment should be made at the time of discharge for the PN clinic.
- Community midwife must be made aware of PN appointments at the MBC.

Audit and Governance

- Each team midwife working in the ANC must ensure that emails/referrals have been actioned which includes making appointments for women where referrals have been made.
- Follow up on any ICE results which have been made by other members of the team and complete relevant documentation.

Monitoring (KPIs)

- Scan referrals for measurement issues with CCG
- Number of women who meet criteria but opt out of the CoC pilot.
- DNAs.
- Number of antenatal visits by same midwife.
- Number of visits within team/outside of team.

- Births attended by team midwife.
- PN visits by team midwife.
- Outcomes for women/babies on pathways.
- Complaints.
- Incidents at any period of childbirth continuum.
- Friends and family cards.

Impact on the Maternity Unit

The MBC midwives will be split into two teams, team A and team B. On any given day there will be a midwife rostered to work from each team, plus either another team A or team B midwife. It will be this third midwife's role to lead the clinic for the day, plus any other associated tasks, for example contacting women with appointments, dealing with ICE reports, and carrying out home visits.

This midwife will be available to work clinically for the earlier part of the day, and it will be the responsibility of the 223 unit co-ordinator to appropriately allocate them to a particular area. However, this midwife **MUST** be freed to complete their continuity work from 15:00. The success of this pilot hinges on the midwives being able to administrate and care for the women on this care pathway, ensuring that they are receiving appropriate, safe care. The band 7 co-ordinators and 223 bleep holders will be pivotal to this. Your assistance and support with this new way of working is much appreciated.