

Maternal and child health workstreams

<u>Workstream</u> <u>Title</u>	<u>Problem</u> How big a problem is this and who for?	<u>Strategy</u> What are we planning to do to address it?	<u>Stage</u> Where are we up to in our plans?	<u>Impact</u> What are we hoping to realistically achieve?
Improving postnatal care – The PRAM project	<p>Maternity services are required to provide safe and effective postnatal care within reduced resources. There is evidence that current postnatal care often fails to meet the needs of women.</p>	<p>Using a service redesign approach a computerised tool is being developed which will assist service managers, policy makers and midwives to make explicit utilities and priorities for postnatal care.</p>	<p>A prototype PRAM has been developed and is being tested through workshops with lead midwives and service leads. Modelling will continue. And the PRAM will be tested using a realist evaluation framework.</p>	<p>PRAM will produce an interactive decision making tool for health board decision makers, heads of midwifery, policy makers and direct care staff. The tool will assist them to make explicit their utilities and priorities for providing postnatal care services within their own community.</p>
Women’s experiences of Maternity Care	<p>Information about the experience of those who use healthcare services is required to inform healthcare policy makers and those who provide health care services.</p>	<p>We are working in partnership with the Scottish Government patient experience programme to undertake a national survey of women’s experience of maternity care in Scotland. The survey of 5000 women is currently underway. The survey findings will be available autumn 2013.</p>	<ul style="list-style-type: none"> • The MIRAS project is being disseminated. • The national survey is underway and will report autumn 2013. 	<ul style="list-style-type: none"> • The MIRAS project has had an impact on current workstream development and influenced Scottish Government workplans, resulting in the national maternity survey. • The findings of the survey will inform quality improvement of maternity care across all Scottish health boards.

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Improving the care and experience of women in early labour	<p>Current early labour care results in increased medical interventions and /or women's dissatisfaction with care.</p> <p>Between 30% and 45% of women admitted to labour wards in the United Kingdom and other developed countries are subsequently found not to be in labour. These admissions result in increased resource costs and opportunity costs as midwives are required to divert care from women in established labour.</p>	<p>A series of studies explored midwives diagnosis of labour, women's experiences of and preferences for early labour care and developed and tested a diagnostic algorithm for labour.</p>	<p>Midwives reported difficulty in balancing the needs of the institution to manage early labour admissions and priorities one to one care for women in established labour with the expectations of women seeking admission in early labour.</p> <p>Many women are uncertain whether labour has started. They seek admission because of uncertainty, fear and pain. Explicit diagnostic criteria demonstrated no significant clinical benefits.</p>	
		<p>1. Develop a co-constructed model of early labour care that more effectively meet women's needs</p>	<p>A proposal will be submitted to NIHR RfPB in September</p>	<p>An alternative model of early labour care relevant UK wide</p>
		<p>2. Develop an intervention to assist women to self care at home in early labour.</p>	<p>MRC phase one theory development</p>	<p>Women will experience less fear and anxiety in early labour, less early labour admissions</p>

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Lifestyle behaviour change interventions to promote infant and family health and wellbeing	<p>Unhealthy lifestyle behaviours cluster within families and within areas with adverse health consequences. Existing interventions in pregnancy and after birth have traditionally been researched separately. Reverting to unhealthy behaviours after birth is common, for example smoking.</p>	<p>Develop interventions that facilitate healthy lifestyle behaviours informed by service user perspectives, theory and the logic model emerging from the NIHR/HTA BIBS study (Benefits of Incentives for Breastfeeding and Smoking Cessation in pregnancy). Test the acceptability and feasibility for use in different contexts.</p>	<p>We have completed a platform study for incentive trials for smoking cessation and breastfeeding (HTA/NIHR) – report under peer review. The logic model resulting from BIBS will inform action research to design new interventions. This links with research on wellbeing led by Helen Cheyne (NMAHP RU).</p>	<ul style="list-style-type: none"> • Develop novel interventions that shows promise for addressing lifestyle behaviours around childbirth. • Partnership working approaches. • Improve lifestyle behaviour outcomes. • Improve wellbeing and health for families. Improve staff job satisfaction, integration of services and quality of care.
Infant feeding	<p>Breastfeeding rates in the UK are amongst the lowest in the world. Nine recent UK RCTs providing additional support to women have had null results despite international Cochrane Review Evidence that additional support is effective. Postnatal care and infant feeding were high priorities in the recent MIRAS study investigating the research priorities of women (Led by Helen Cheyne, NMAHP RU).</p>	<ul style="list-style-type: none"> • Further test and implement the promising FEST (FEeding Support Team proactive telephone care) intervention as UK routine care • To integrate FEST into the Postnatal Redesign Project (PRAM) led by Helen Cheyne. • Collaborate internationally to test and implement FEST. • Consider how peer support can be integrated. 	<ul style="list-style-type: none"> • The promising FEST pilot and feasibility trial has been published in BMJ Open. • The PETERFEST implementation study demonstrated that the intervention can be delivered as part of existing routine care. • Further FEST implementation plans are being considered. • The PREM FEST trial for premature infants discharged from neonatal units in Sweden is recruiting at 4 sites. 	<ul style="list-style-type: none"> • FEST and preliminary research informing FEST have been highlighted in the 2013 UNICEF Baby Friendly standards which are endorsed as the NICE minimum standard of care. This has contributed to the evidence supporting a move away from breastfeeding centred to woman and family centred care. • Increased breastfeeding rates at 6 weeks evidenced by improvements in routinely collected data. • Improved parental satisfaction with infant feeding • Improvement in health economic outcomes