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Does research influence practice? Thoughts from the United Kingdom.

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General Secretary RCM

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Maternity Policies

Key Aspects of UK research based policies

- choice based on high quality information
- personalised services
- physical and emotional safety
- reduction in unnecessary interventions
- reduction in inequalities

Midwife-led units

Transfers from midwifery led units

- Results
  - 34% were transferred antepartum
  - 16% were transferred intrapartum
  - 46% were delivered in the midwives unit
  - Primigravid women (43%) were significantly more likely to be transferred intrapartum than multigravid women (8%).

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Waterbirth

NCT Choice research:
Location Location Location

- Over 95% of women do not have a *real* choice
- Only 11% of women live in areas with a home birth rate of 5% or more
- Over 40% of women live in areas where the choice of a birth centre or obstetric unit is not realistic.

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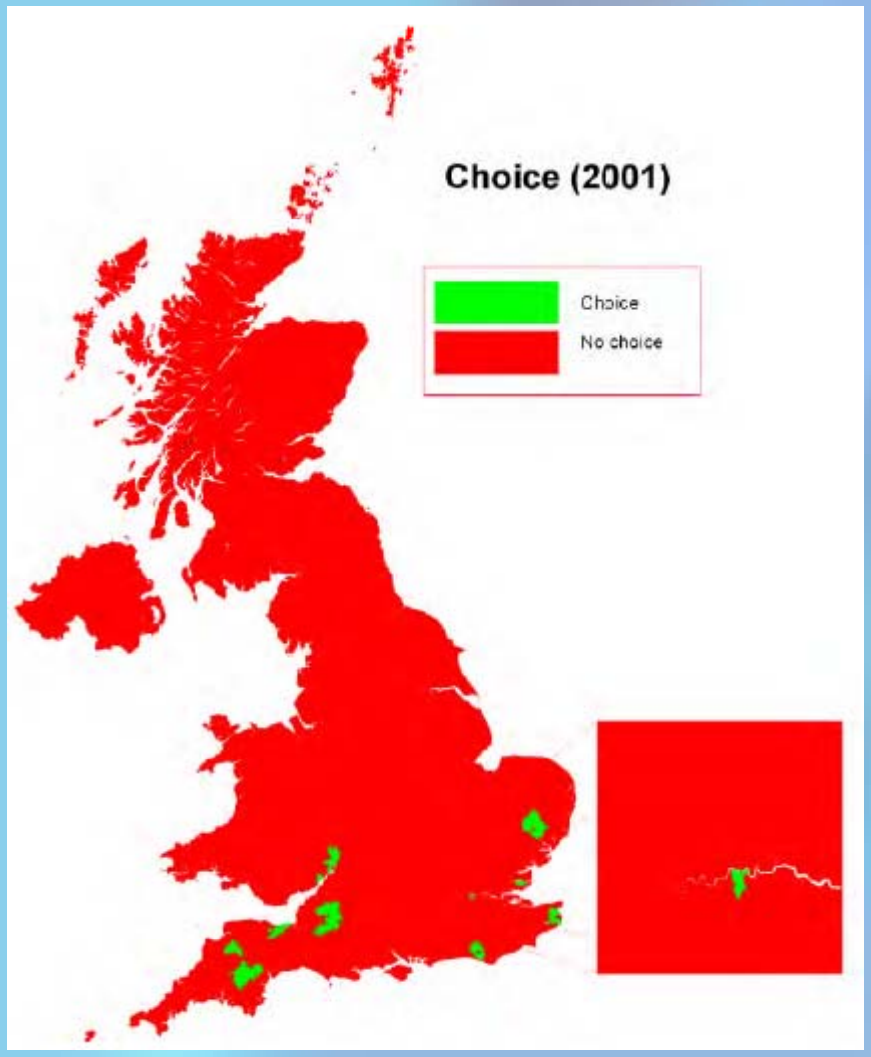
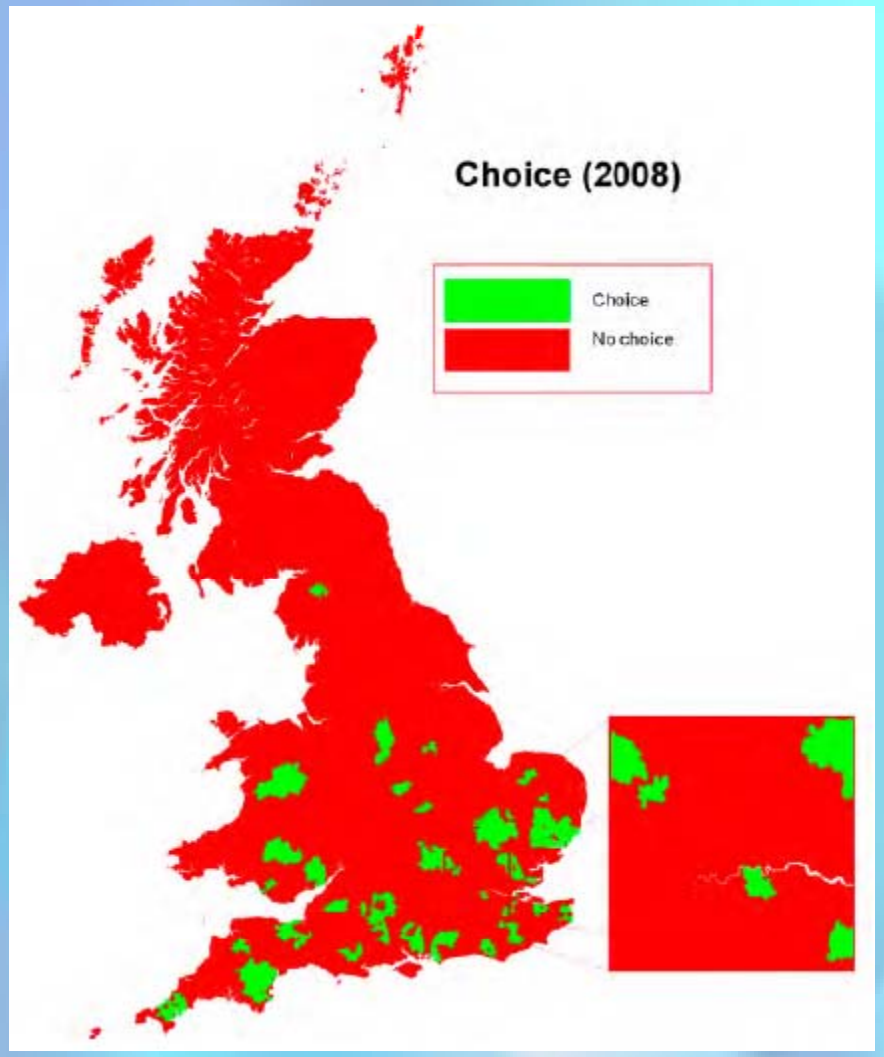
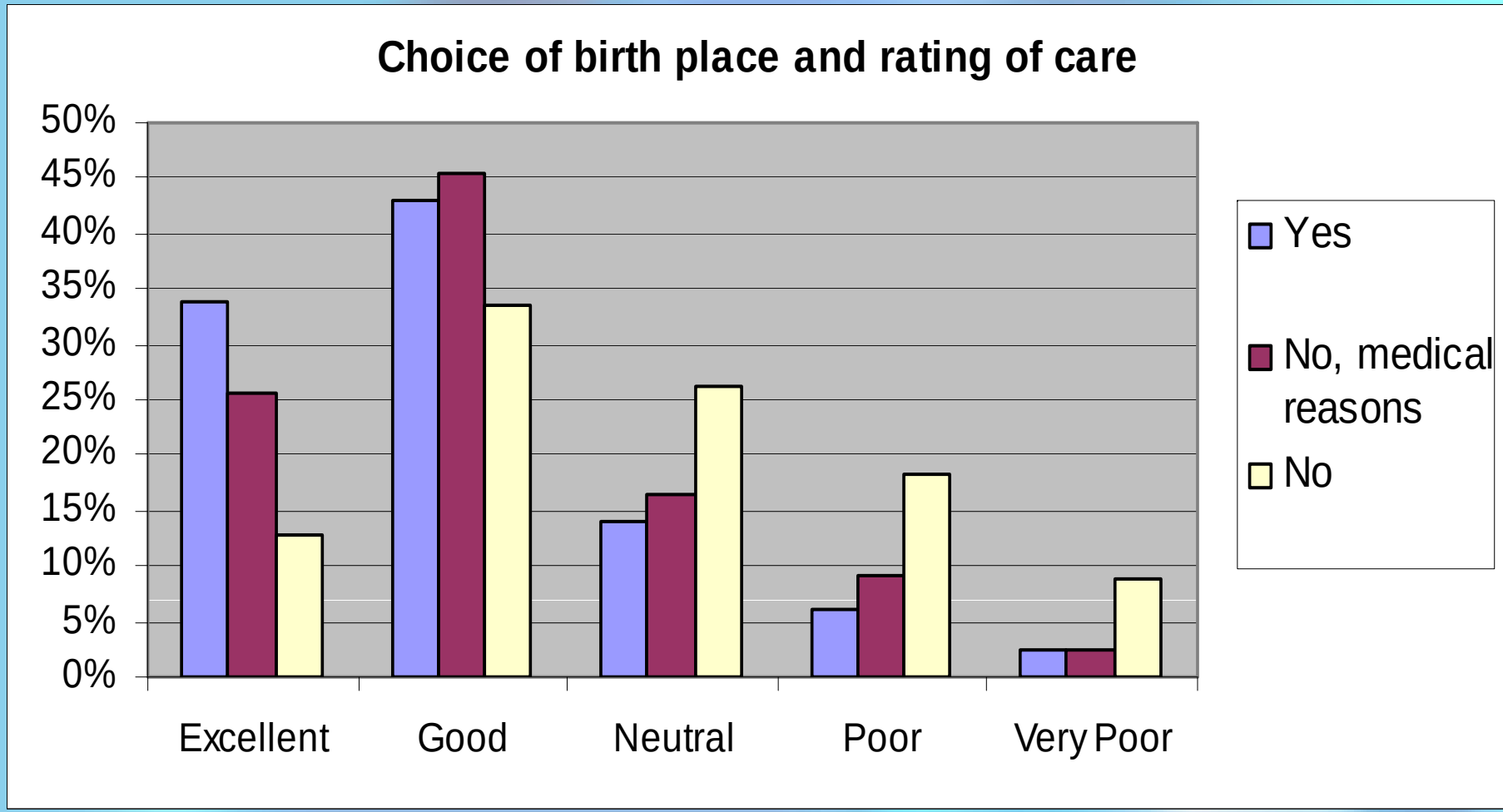
Changes in choice across the UK

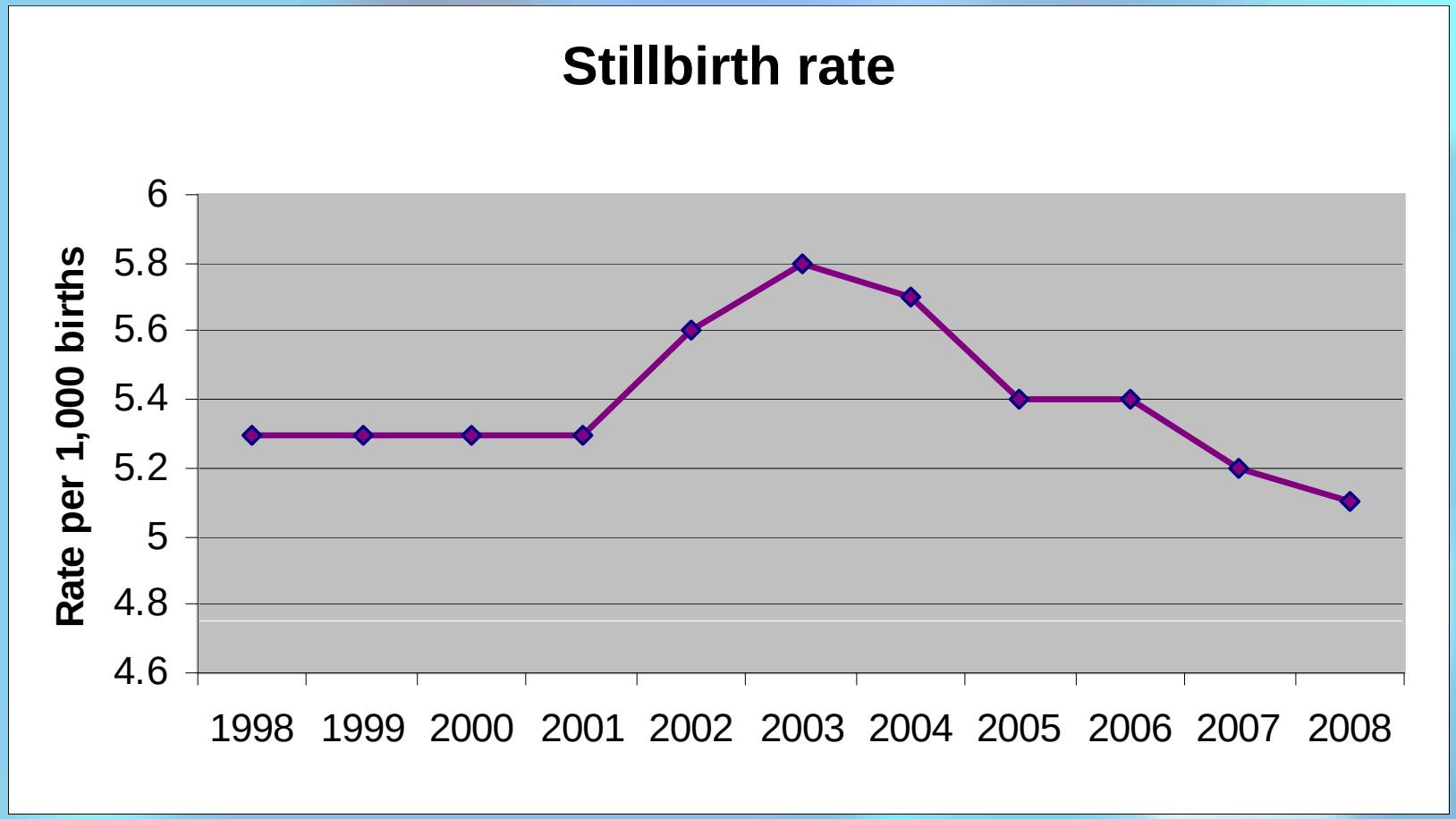




Choice and rating of overall care



Stillbirth rates



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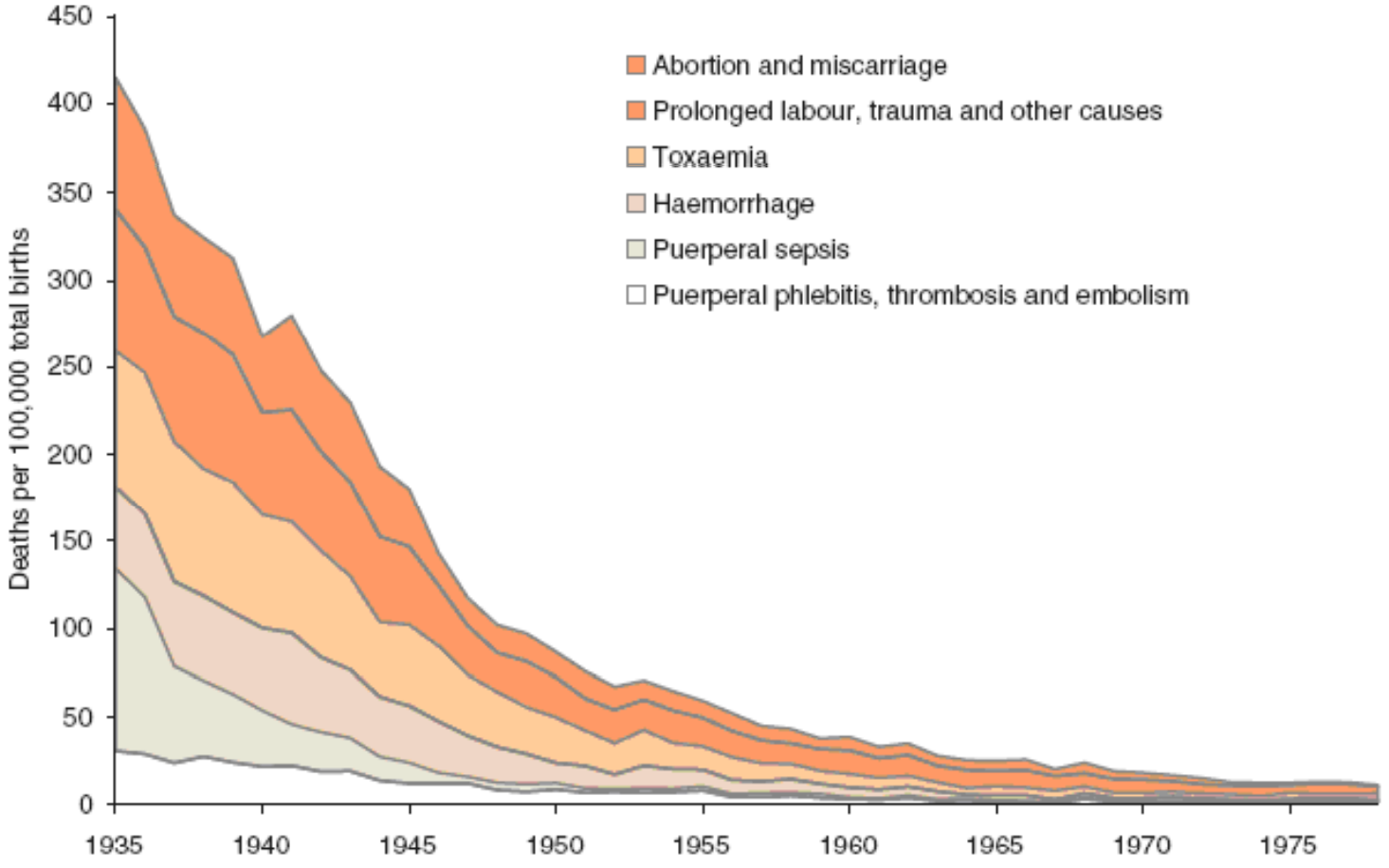
Maternal Mortality



Maternal mortality by underlying cause; England and Wales 1935–78
Source: General Register Office and OPCS, Reproduced in *Birth Counts*, Table A10.1.3

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Implementing intrapartum safety issues

- Redesigning services to ensure all patients are given safety, choice and quality in care
- Empowering staff to support vulnerable mothers: providing the best possible outcomes
- Providing safe care that is suitable for the needs of the particular patient
- Integrating pathways to deliver the most suitable care for mothers and babies

The Picker Report

Indicators

- Communication about scans during pregnancy
- Treatment* by health professionals during pregnancy
- Cleanliness of ward/toilets
- Treatment* by health professionals during labour and birth
- For home births, providing information on the care and support that will be available
- Treatment* by health professionals during postnatal stay
- Support for feeding baby
- Postnatal health and advice on caring for baby.

Netmums' Survey

Antenatal

- Having the phone number of a midwife to call when worried
- Having choice of where to give birth

Labour and birth

- Being involved in decisions about care
- Being left alone when it was worrying

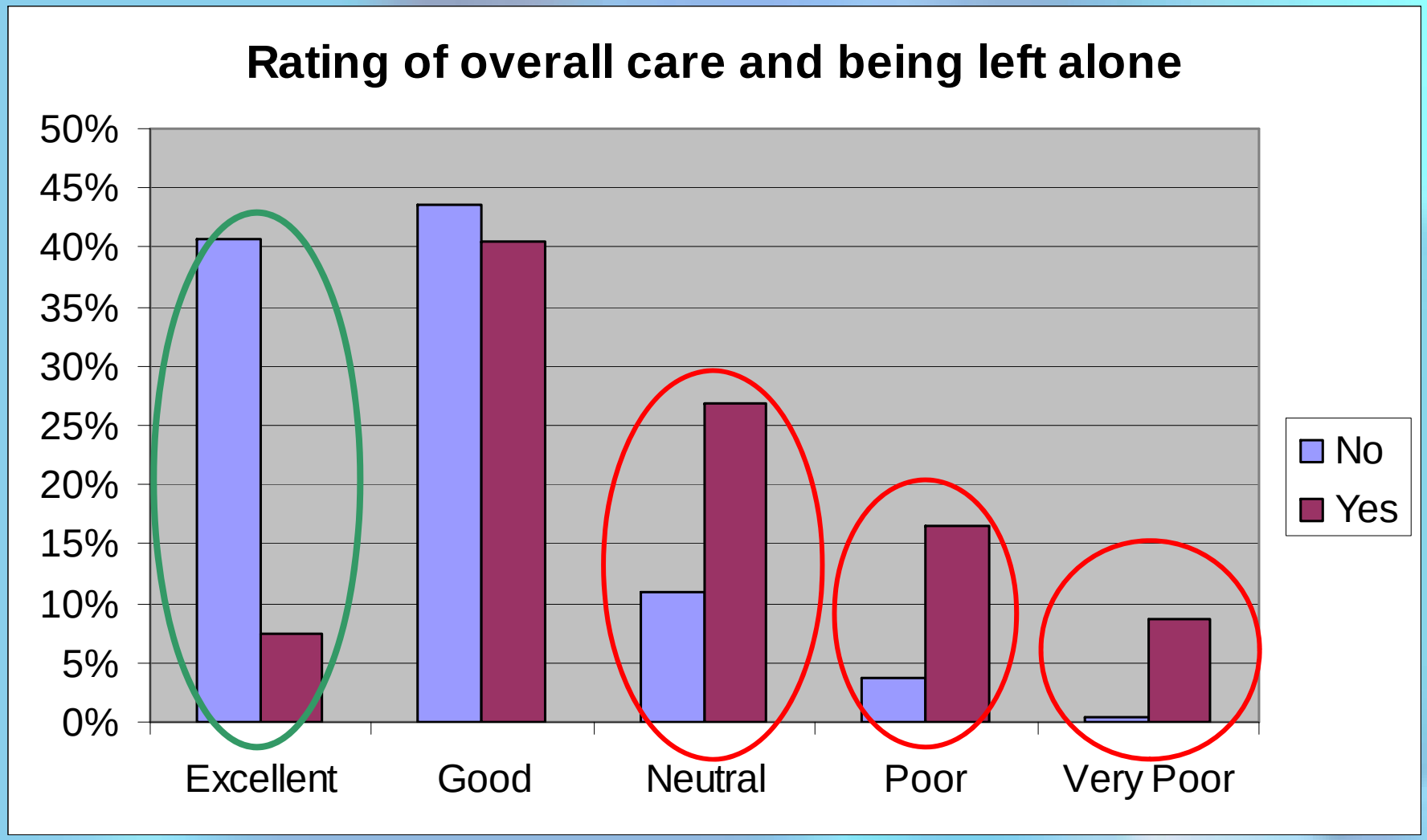
Postnatal

- Feeling supported with feeding baby
- Having adequate access to a midwife on the postnatal ward

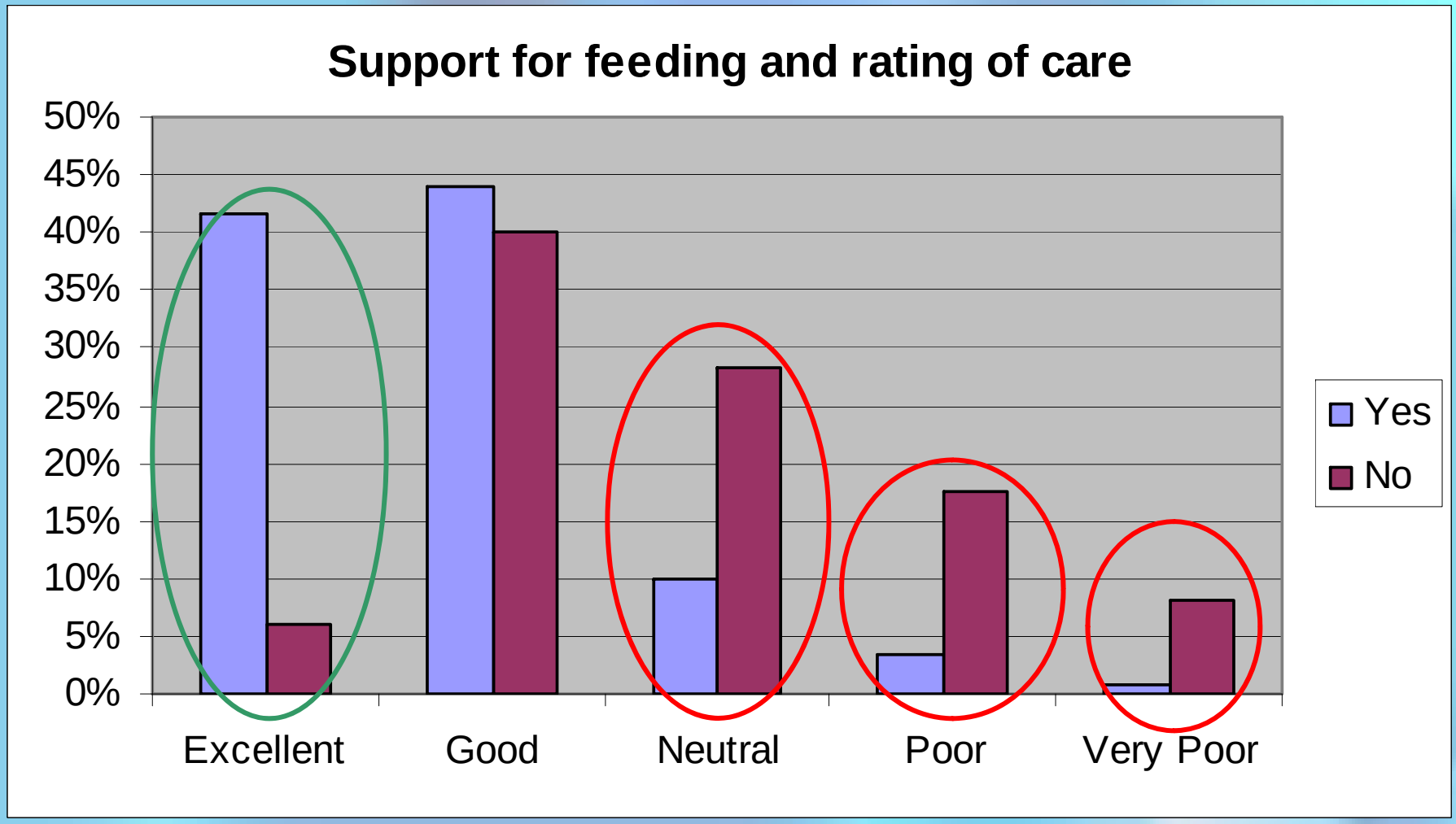
Overall

- Being provided with enough information and explanations throughout pregnancy and immediately afterwards

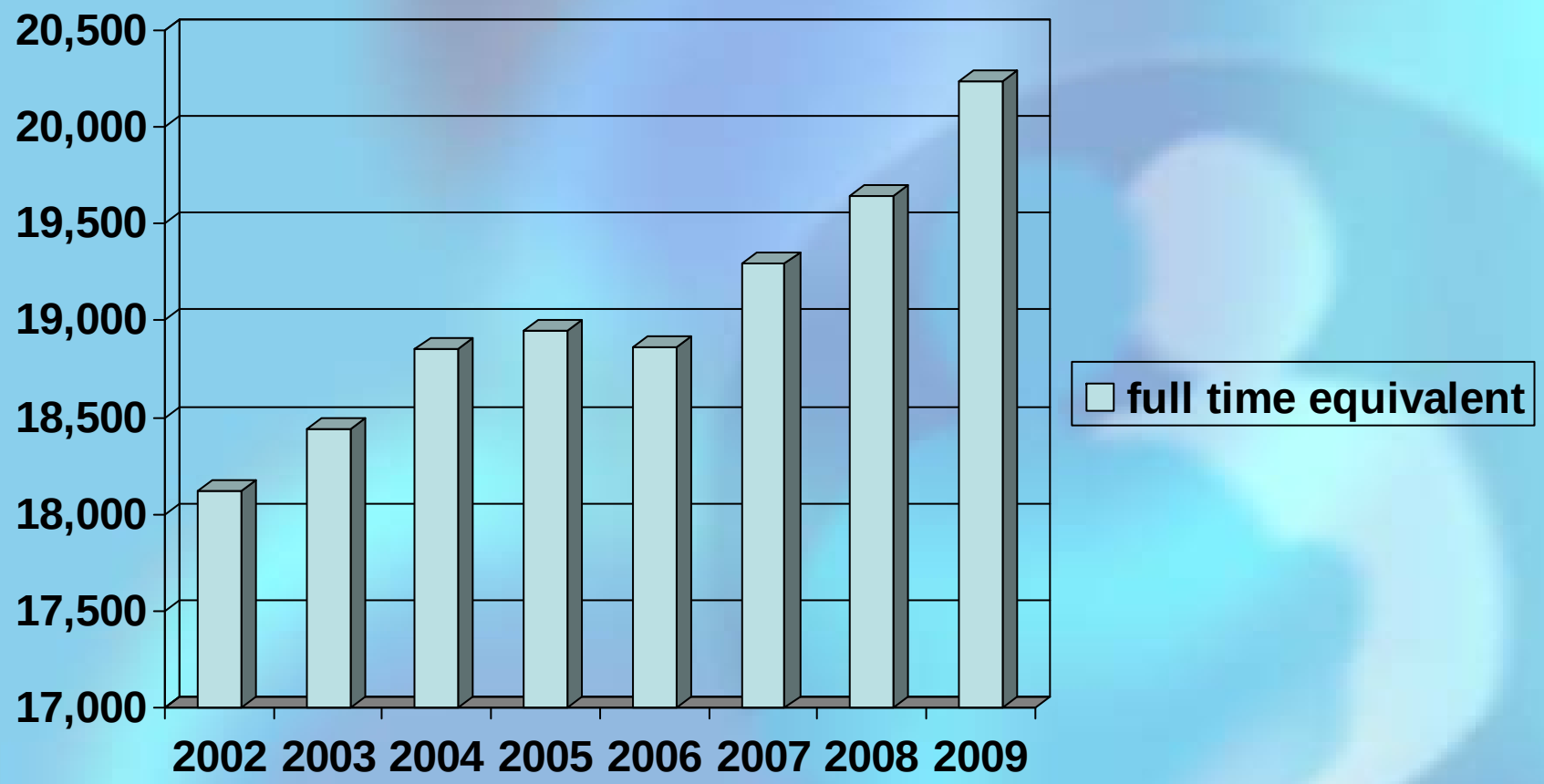
Being left alone



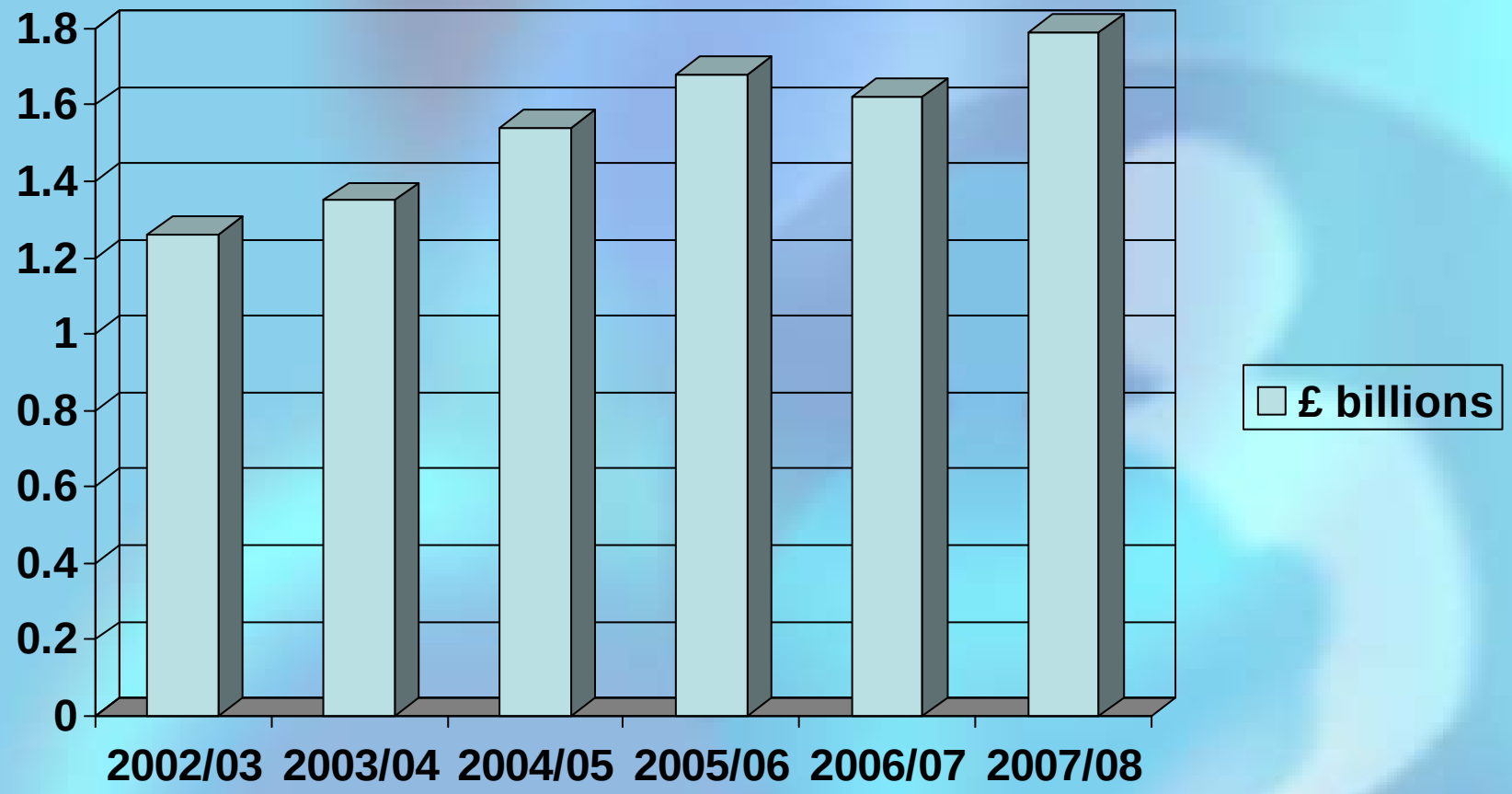
Feeding support



NHS Midwifery Numbers



NHS Maternity Spending



Normal birth in England

- Spontaneous delivery – 74%
- Home birth rate – 3%
- Caesarean section rate – 25%
- Induction rate – 20%
- Instrumental delivery rate – 12%
- Epidural/anaesthesia rate – 37%

More midwifery led care

- Studies show that midwife-led care is safe

- Midwife-led care can deliver economic benefits for commissioners – due to more normal birth, less interventions and higher levels of breastfeeding initiation

- Woman are more likely to feel in control and be satisfied with their labour and birth experience.

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Caesarean section rate according to the Robson Groups

Robson Group	Percentage of mothers in group	Caesarean section Rate %	Contribution to overall caesarean section rate
1. Nulliparous, single cephalic, ≥37 weeks gestation, spontaneous labour	24.8	12.2	14.1
2. Nulliparous, single cephalic, ≥ 37 weeks gestation: • induced labour • caesarean section before labour	9.7 1.1	27 100	12.3 5.3

Caesarean section rate according to the Robson Groups

Robson Group	Percentage of mothers in group	Caesarean Section Rate	Contribution to overall caesarean section rate
3) Multiparous, single cephalic, ≥37 weeks gestation, no uterine scar, spontaneous labour	33	3.1	4.7
4) Multiparous, single cephalic, ≥37 weeks gestation, no uterine scar: induced labour caesarean section before labour	9.5 1.2	7.8 100	3.5 5.5
5) Multiparous, single cephalic, ≥ 37 weeks gestation, with uterine scar	8	64.4	23.9

so for each LSCS in a first pregnancy we are loading for the next .....

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Socioeconomic classification 2003 to 2005

Husband's/partner's occupation	MMR	RR
• Prof / Managerial	8.8	1
• Intermediate	9.0	1
• Routine / manual	9.7	1.1
• Not classified	68.5	7.4
Single mothers	38.6	4.2

Levers for change

- Government committment
- quality initiatives linked to commissioning
- surveys of performance eg Care Quality Commission
- payment following good practice

Efficiency and effectiveness

- the best care is not always the most expensive
- is our work evidence based?
- is technology used appropriately?
- have we the right audit in place?
- are we examining our assumptions?

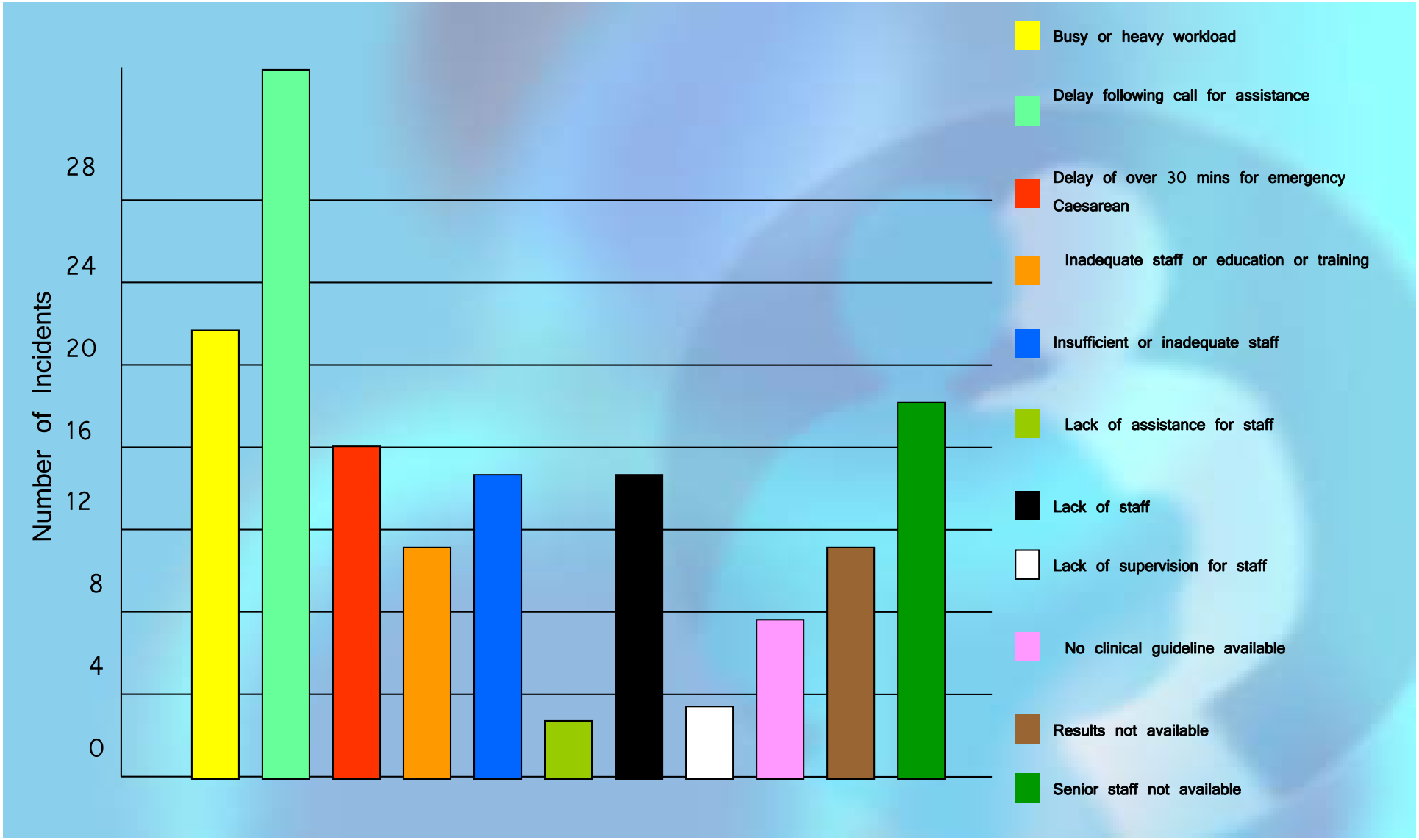
Do not make assumptions

- fathers
- obesity
- reconfigurations

Partnership Working

Daily Case Note Review

Obstetric Incidents – Contributing Organisational Factors



Consultant presence in SJUH (2004)

Year	**2003**	**2009**
Total Births	- 3840	- 4671
CS rate	**- 26.1%**	**- 19.13%**
◦ Emergency	-10.79%	- 11.95%
◦ Elective	-15.30%	- 7.19%
Instrumental Birth	**- 10.33%**	**- 10.39%**
◦ Forceps	- 5.09%	- 8.29%
◦ Ventouse	- 5.24%	- 2.10%
Breech Birth	- 0.36%	- 0.75%
Midwife Birth	**- 63.12%**	**- 69.73%**
◦ Midwife led	- 28%	- 31%
◦ Home Birth	- 0.5%	- 0.7%

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