SEMINAR 1:
EFFECTIVENESS OF A LEAD MIDWIFE ON THE UPTAKE OF FLU VACCINATION FOR PREGNANT WOMEN AND MATERNITY STAFF
Speaker: Lynne Taylor, Flu Champion Midwife, Cardiff and Vale UHB

Background
The all Wales point of delivery and occupational health audit 2014/2015 found 66.7% of pregnant women and 49% of registered nurses and midwives working in the Children and Women’s unit received the flu vaccine.

Methods
A midwife was appointed to work for six months as a clinical lead to increase flu vaccine uptake rates. The approach had multiple strands each of which aimed to have small marginal gains. The work was promoted via social media sites, presentation boards in antenatal clinics and flu promotion days. Some specific targeting was undertaken of community antenatal clinics identified as having previously recorded low uptake rates.

The role included dispelling myths and misconceptions about flu vaccine held by pregnant women and maternity staff. Fact sheets, notice boards and informing women and staff of the benefits helped to increase the uptake. A flu vaccine audit tool was developed to be placed in the hand held maternity record to make auditing of uptake easier.

Results
The role of a specialist midwife for flu vaccinations increased uptake amongst women and staff. The proportion of pregnant women vaccinated increased by 21.3% to 88% whilst staff uptake increased by 6% to 55%.

SEMINAR 2
WELCOME TO THE WORLD – EVALUATION OF AN ANTENATAL PARENTING PROGRAMME
Speaker: Fran Wadephul, Research Assistant, Department of Midwifery and Child Health Faculty of Health and Social Care, University of Hull

Additional authors: C Jones and J Jomeen, Faculty of Health & Social Care, University of Hull and S Stephenson, D Harris and S Darton, Family Links

This study aims to evaluate the effectiveness of an antenatal parenting programme delivered by Family Links. The programme, Welcome to the World (WTTW), is a 9 week programme designed to help parents prepare for birth and parenting, with a particular focus on bonding with the baby.

Methods
The overall study comprises a 12 month mixed methods approach including quantitative measures of psychological well-being, bonding and parenting efficacy and qualitative data gathered through open-ended questions and focus groups. This paper will present findings from responses to open-ended questions focusing on expectations and experiences of the programme at the beginning and end of the programme and postnatally. Thematic analysis was used to draw out common themes.

Results
Expectations of the programme included receiving information, learning practical skills, an opportunity to discuss concerns and ask questions, space and time to focus on themselves and the baby, meeting other expectant parents and gaining confidence. The post-programme evaluations suggest that participants’ experiences were very positive. They gained new knowledge and skills, support and reassurance, felt more prepared, connected with others and formed new friendships, were able to
share concerns and talk about feelings in a safe environment and gained confidence. Participants found the focus on bonding with their baby particularly helpful: ‘It gave me the tools to bond with baby and the confidence that I am doing a good job.’

**Conclusion**

The Welcome to the World Programme has increased participants’ knowledge and skills and helped to prepare them for emotional and practical aspects of early parenting. The groups have provided an opportunity for participants to share their concerns, meet others in a similar situation and gain support. At the end of the course, parents felt more confident and better prepared for the challenges of parenthood.

**SEMINAR 3**

**PATIENTS INVOLVED IN PREGNANCY RESEARCH (PIPR) PROJECT**

**Speaker:** Angela Polanco, Research Development & Innovation, University Hospitals Coventry & Warwickshire NHS Foundation Trust

**Aims**

*Patients Involved in Pregnancy Research (PIPR)* is a project that aims to bring together women with experience of participating in clinical trials, giving them the chance to explore, develop and shape reproductive and pregnancy research. Based upon the principles of INVOLVE (National Institute of Health Research 2015), we wanted to ensure that researchers ask the right research questions in a way that the public understand and make sure the people being researched are approached in the right way. We also wanted to improve the quality of the research by adding another point of view to the research design.

**Design**

A grant for the period of six months was awarded. Five meetings were planned to develop initiatives to learn more about the research process, involve women in the design and implementation of current research trials and to identify future research priorities within the trust. Guest speakers provided new and innovative information to participants.

**Evaluation**

We conducted 5 meetings and an online questionnaire. This provided valued feedback for researchers in the field of miscarriage and pregnancy research, relating to:

- A better understanding of research priorities
- More informed feedback regarding patient experience and areas of improvement when recruiting patients into research
- An improvement of patient/clinician relationships
- Patients becoming involved in the research process from design to dissemination of results
- Identification of research priorities which can inform researchers working in this field
- Ensuring research is patient-led and steered towards what is important to them

**Outcomes**

- Improved and more robust PPI sections of research proposals
- Improved patient information sheets for trials
- Better patient satisfaction and engagement in research
- Providing an opportunity for patients to become part of research trial steering groups
- The opportunity for patients to attend national conferences sharing the work undertaken in PIPR to demonstrate effective ways of involving patients in research.

**References**

SEMINAR 4
EVALUATION OF THE BUMP START MATERNAL OBESITY SUPPORT SERVICE
Speaker: Kathryn Ashton, Public Health Researcher, Public Health Wales NHS Trust

Additional authors: Angela Jones, Julie Evans, Shantini Paranjothy, Sharon John, Ann Unitt and Angela Bell

Background:
Cwm Taf University Health Board has the highest rate of adult and child obesity, and consists of some of the most deprived areas in Wales. Women classified as obese when they become pregnant are at increased risk of complications during pregnancy and childbirth. Complications can also arise for the baby. Based on the “Monday Clinic” model cited by NICE, ‘Bump Start’ is a midwifery-led service which aims to encourage and support pregnant women with a BMI of 35 or over to make healthy lifestyle changes throughout the antenatal period, in order to reduce gestational weight gain.

Methods:
Service data was analysed over a 12 month period to provide a quantitative picture and qualitative semi-structured interviews were undertaken with 11 staff members and 10 service users.

Results:
Results indicate that Bump Start was received well by both staff and service users, with only 6.2% of eligible individuals refusing to join the service, and 59.6% of eligible clients attended all three sessions. The majority of clients interviewed indicated positive experiences and appreciated the additional dedicated time provided to them by the service. Initial analyses of those who attended all three sessions illustrate an average weight gain of 7.05kgs amongst clients from 12 weeks to 36 weeks. In total, 58.5% of service users reporting doing more exercise towards the end of their pregnancy than they did at the start, and 90.9% had made positive changes to their dietary behaviours.

Conclusion:
Further analyses are in progress to outline the impact of the service on birth outcomes for both mother and baby, and an economic analysis of the service is to be undertaken in the near future to fully evaluate the service.

SEMINAR 5
LABELLED “HIGH RISK”: EXPLORING PERCEPTION OF RISK DURING CHILDBIRTH IN WOMEN WITH AN INCREASED BMI >35KG/M2 OF RISK DURING CHILDBIRTH
Speaker: Gail Norris, PhD student, Edinburgh Napier University, School of Nursing Midwifery and Social Care, Scotland

Background
The concept of “maternal obesity” and “risk” is particularly pertinent to midwifery care today. The population of obese women of reproductive age is continuously rising. Obesity represents an increased risk of mortality and morbidity to both mother and baby. While there is an abundance of existing literature, which examines the physical risks that obesity during pregnancy poses to the mother and baby, there remains a paucity of literature in relation to the obese woman’s own perception and experience of being high risk.

Aim
The aim of this PhD study was to explore women with a BMI > 35kg/m2 perception of being labelled “high risk” within the context of her childbirth experience.

Design
A longitudinal qualitative phenomenological approach was used to enable an in-depth exploration of women’s perception of their own risks.
Participants
Seven pregnant women were recruited using purposive sampling. Data was collected using semi-structured interviews at 20 – 22 weeks, 34 – 36 weeks gestation and 10 – 15 days postnatal.

Findings
Interpretative phenomenological analysis was performed and underlying themes emerging from the preliminary findings of this study have included 1) weight is a sensitive topic and health professionals appear to be struggling to discuss this and the related risks, with women 2) obesity is becoming normalized with a result these women have an altered perception of their size and associated risks.

Conclusion
Health professionals and women need to work in partnership to address the growing problem of obesity. Health promotion and preconceptual care is key if women are to be made aware of the risks associated with an increased BMI during pregnancy.

Practice Implications
Continuity of care may be central to the development of the midwife/woman relationship. This creates opportunity for the midwife to seize that "teachable moment" with women to approach the sensitive topic of obesity and associated risk.

SEMINAR 6
PREGNANCY SUBSEQUENT TO A TRAUMATIC BIRTH – THE EARLY ANTENATAL PERIOD
Speaker: Mari Greenfield, PhD student, University of Hull

Additional authors: Professor Julie Jomeen and Dr Lesley Glover

Background
A significant number of women experience childbirth as traumatic. Little is known about the choices women make in subsequent pregnancy(s) and birth(s), or why they make these choices. Understanding what choices women make and why is necessary to offer women the support they need during pregnancy and birth.

Objective
To understand the choices pregnant women make, when they have previously experienced a traumatic birth.

Methods
Nine pregnant women in the UK who had previously experienced a traumatic birth were recruited to a longitudinal grounded theory study, from a variety of online pregnancy and parenting forums. Findings are from the first interviews with women, conducted between weeks 12-20 of pregnancy.

Results
Women experienced a great deal of anxiety when contemplating the birth of their child. For most women, this anxiety overshadowed other normal pregnancy or life worries. Women were deliberately searching out and analysing information about their choices in this pregnancy and birth, and making plans which had two aims; firstly to avoid a repeat of their previous birth experience, and secondly to avoid a loss of control to other people during the birth. Some women felt well supported by those around them, including health care professionals, partners, friends and family. Others did not feel supported, and were anticipating conflict in trying to assert their birth choices.

Conclusion: If women who have previously experienced a traumatic birth become pregnant again, they have a strong desire to avoid a repeat experience. These findings illustrate areas where women may need support in the early antenatal period, and give practitioners insight into how to best support women. Women needed access to robust information. Having the opportunity to discuss this information with an appropriate person and at the same time formulate and confirm a plan for this pregnancy and birth also helped alleviate concerns.
Breastfeeding has numerous health benefits for mother and child, in particular aiding postpartum weight management in mothers, and protecting against childhood obesity. Therefore, exclusive breastfeeding for the first six months of a baby’s life is recommended by the World Health Organisation. However, in the UK, current breastfeeding rates are low, with even lower rates amongst women with a Body Mass Index (BMI) of 30 or more. As the number of obese women of childbearing age is rising, it is vital that we develop an understanding of how this population makes decisions about infant feeding practices, in order to better support breastfeeding behaviours.

This qualitative study investigated the views and experiences of women with a Body Mass Index (BMI) of 30 or more who had breastfed, to better understand the factors that contributed to their success. This is a novel approach as previous research has focused on identifying and eliminating the barriers for unsuccessful breastfeeding, and has been ineffective in changing behaviour. Ethical approval was received from The University of Manchester (ref: 15453). Eighteen telephone interviews were conducted in December 2015-March 2016 with women aged 18-45, who had BMIs of 30 or more at their antenatal booking appointments and had or were continuing to successfully breastfeed (mean interview length = 41.56 mins, SD = 8.32). A thematic analysis in accordance with Braun & Clarke’s six stages was conducted by two researchers. In this presentation, the themes will be outlined and the implications of these findings discussed in relation to current midwifery practice and breastfeeding support for obese women. Also, how these findings feed into an ESRC funded PhD starting in October 2016 which includes a multi-disciplinary team (psychologists and midwives) and aims to design an intervention to increase breastfeeding behaviour in obese women will be outlined.
This research suggests that midwife-led antenatal care for women with one previous caesarean is a safe and effective alternative to traditional obstetrician-led antenatal care. Further research is warranted to confirm safety and efficacy, assess health economics and consider women’s and clinician’s views.

**SEMINAR 10**  
MOBILISING INFLUENCERS TO IMPROVE SEPSIS MANAGEMENT  
Speaker: Katie Evans, Maternity Quality Improvement Matron, Musgrove Park Hospital  
Additional authors: J Preshaw, S Mason, P Bloxham and S Dingle

**Introduction**  
Severe sepsis has a mortality rate of 20-40%, increasing to 60% if shock develops. The 2014 MBRRACE\(^1\) report into maternal mortality found 1 in 4 women died from sepsis. Survival rates improve with early recognition and treatment and the ‘Sepsis Six’ initiated within the ‘golden’ hour doubles chance of survival. A 2015 local audit into management of septic obstetric patients identified substandard care.

**Aim**  
By June 2016, 95% women with suspected sepsis receive the Sepsis Six interventions within the ‘golden hour’.

**Interventions**  
A quality improvement programme to drive change, including more than six sources of influence\(^2\). This included a guideline, screening tool with management algorithm and obstetric antibiotic formulary. The maternity sepsis steering group was founded, ‘sepsis champions’ nominated and sepsis trolley obtained. The Obstetric emergency day now includes a sepsis simulation.

**Results**  
Staff have risen to this important aim to make it a reality, with wide recognition that treatment within one hour of recognition of sepsis will improve outcomes. Completion of the ‘Sepsis Six’ improved (30% to 97%) within 1 hour (0% to 77%). More septic patients were recognised appropriately (70% to 100%). Multidisciplinary care, senior obstetric input and observation chart usage was consistently excellent. Influencers to change: safety briefings, posters, emails and newsletters raised awareness. Guidelines and study days provided staff with knowledge and confidence and the screening tool, formulary and trolley the ability to deliver correct, timely management. Departmental survey illustrated that initiatives are well received and having applied over six sources of influence sustainability is envisaged.

**SEMINAR 11**  
HEALTHY BACKS FOR MIDWIVES  
Speaker: Harbir Singh, Osteopath & Lead Patient Handling Advisor, Homerton University Hospitals

Musculoskeletal disorders are the number one cause of long term sickness absence in midwives.

This presentation will impart the skills and techniques needs to maintain a health back throughout your midwifery carer. The presentation consists of specific exercises, movements and postures designed for Midwives, to relieve and prevent musculoskeletal disorders including back pain.

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\(^1\) MBRRACE-UK ‘Saving Lives, Improving Mothers’ Care’ report 2014  

SEMINAR 13
MATERNITY TRIAGE AND DAY ASSESSMENT
Speaker: Caterina Raniolo, Maternity Project Manager - Midwife, Newham University Hospital - Barts Health NHS Trust

Additional authors: S O’Dwyer, Z Balghari and N Kaba

Maternity Triage and Day Assessment is essentially an Emergency Department and a Medical Day Unit, but for pregnant women. It helps women access specialist emergency care without going via the Emergency Department and helps us monitor high-risk women, who otherwise might have been admitted as in-patients. Hundreds of women pass through its doors each week, and more than 1000 per month.

We know from patient complaints and patient mapping that waiting times are often excessively long in the unit. One patient journey took us through a woman who arrived at 2pm with abdominal pain, and did not leave the department until 9pm that night. This breaches the standard of care expected of a general Emergency Department.

We surveyed women and staff, and held workshops to determine what the underlying problems and root causes were. We identified 5 primary drivers which were process, staffing, knowledge, environment and equipment each with multiple secondary drivers.

From 4th April 2016, each woman arriving in Maternity Triage will be seen by a triage midwife within 15 minutes and directed to the most appropriate location for on-going care. We have implemented:

- Obstetric Triage Tool
- Mini-guide
- Clinical handbook
- Standard Operating Procedures.

Early results show that 75% of women were triaged within 15 minutes in our first week. Ongoing audit will be carried out, including Plan-Do-Study-Act Cycles, with the following key performance indicators:

- Time taken from arrival to triage (target <15 minutes)
- Assessment waiting time within RAG rating targets (Red – immediate, Amber - <30 minutes, Green - <60 minutes)
- Time waiting for admission <30 minutes once a decision to admit has been made
- Total time in the department <4h.

SEMINAR 14
MIDWIFERY PRECEPTORSHIP: A SUCCESSFUL MODEL
Speaker: Frances Webster-Benwell, Faculty Senior Educator/Midwifery Lead - Examination of the Newborn Module Leader, Heart of England NHS Trust, Birmingham Heartlands Hospital

National guidance and professional organisations advocate that newly qualified midwives (NQM) should receive a structured model of preceptorship. This is to develop their confidence and competence, strengthening recruitment and retention. Working with a named skilled preceptor further increases self-assurance and capability. Despite the scarcity of literature reporting a formalised preceptorship lead, there is evidence of models of support and the value of a structured approach an experienced midwifery educator to develop a comprehensive induction programme and package of support for NQM within HEFT. This was underpinned by working 50% of her time supernumerary, supporting the preceptees clinically. Hence a midwifery development pathway was created, directly mapped to appraisal, to facilitate the evolution from NQM to confident Band 6 practitioners. This also reinforced new midwives’ exposure to the multidisciplinary team and enhanced clinical skills, having direct success in practice.

In response to the West Midlands’ local supervising authority (LSA) recommendation that there should be adequate, structured preceptorship support for NQM, a midwife was appointed to lead midwifery preceptorship at Heart of England NHS Foundation Trust (HEFT). The midwifery preceptorship lead worked with care prioritisation, ward management and workplace socialisation.
The aim was to improve and enhance the NQM’s sense of investment and belonging, consistent with LSA’s recommendations and to embed structured support.

Evaluation of the role scoped the lessons learnt from this initiative across the service. The results revealed that the NQM felt well supported and able to expand their clinical skills. Application of the pathway also helped improve their self-confidence, signposting them to other learning and development opportunities. Senior midwives were also wholly positive. In terms of the impact upon recruitment and retention, a recent Care Quality Commission report revealed that student midwives at HEFT said they would apply to HEFT once qualified, reporting the midwifery preceptorship programme as excellent.