5. North West London Maternity Early Adopters Project;

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Theme: Bringing in Better Births for mothers and babies

Abstract

In late 2016, North West London STP –made a successful bid to become an ‘Early Adopter’ site as part of the NHS England Maternity Transformation Programme through outlining a vision to transform maternity services over an accelerated two year period. North West London was awarded funding to implement two of the recommendations set out in Better Births; improving continuity of care and postnatal care.

The expected benefits of the programme are improved;

- clinical outcomes for women and their babies
- experience of care reported by women and their families
- satisfaction reported by the maternity workforce.

Where we began - the collaborative process

A multi-disciplinary steering group was formed across providers, consisting of consultant midwives, heads of midwifery, obstetricians and GP leads alongside a team of project and implementation managers. Work-streams were formulated to map current pathways for;

- women with complex social needs
- women receiving shared obstetric care
- women with uncomplicated pregnancies
- postnatal care.

These work-streams reviewed the evidence on continuity and began the process of hypothesising innovative ways of working. This happened in synchrony with the launch of a user feedback and engagement website, user engagement (‘Whose Shoes’) events and workforce focus groups and surveys. Work-stream groups evolved into being Trust based as implementation strategies began, whilst the postnatal group remained cross-provider. An academic partner was appointed to evaluate the project upon its outcomes and financial sustainability.

Where we are now - refining & implementing models of care

Four models of care have been identified, and are being launched in phases across our providers;

- Caseloading, providing antenatal, intrapartum and postnatal care from a team of 4-6 midwives to women with complex social needs, women with previous gestational diabetes, women diagnosed with multiple pregnancy and women at low risk of complications. This care will be provided through autonomous diary management in all care settings.
• **Birth centre continuity**, providing antenatal, postnatal and intrapartum continuity based out of a midwifery-led unit to consenting low risk women through set shifts and clinics with the support of community services.

• **Team continuity**, providing antenatal and postnatal continuity to women with social complex needs throughout the antenatal and postnatal periods, with an on-call service for staff advice.

• **Group practice reconfiguration**, providing improved antenatal and postnatal continuity whilst improving postnatal care through tried and tested strategies.

We have launched a ‘personalised postnatal care plan’, team photo booklets and are finalising a standardised discharge pack and a digital maternity ‘app’ to be given to all women – improving consistency of information. We have begun work with our community services to re-configure the way in which they provide care, through conducting audits and co-designing future plans with existing teams. We are working with providers to recruit, train and engage with their workforce, whilst maintaining service user involvement along the way.

**Next steps**

• Phased, supported implementation of teams to improve continuity in a challenging climate; dreams and realities
• Upscale of postnatal work and development of initiatives to further improve care provision
• Evaluation of current outcomes versus outcomes following implementation of changes
• Financial sustainability work to support upscaling of models nationally
• Wider collaborative Local Maternity System work to support all **Better Births** initiatives

**Preferred method of delivery**: seminar presentation

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