

Normalising Birth in the East Midlands:

Up-date and Next Steps

Introduction

The Normalising Birth workstream was developed from an existing East Midlands' priority programme identified by the Next Stage Review clinical reference group for Maternity Care. It was then established as a regionally monitored workstream within the East Midlands 'Towards Excellence' (QIPP) programme. Although there was no national workstream, QIPP (Quality, Innovation, Productivity and Prevention) was highlighted as a driving force in the government White Paper 'Liberating the NHS'. It stated that the '*QIPP initiative will continue with even greater urgency*'. Maternity was specifically mentioned under choice with a requirement to '*extend maternity choice and help make safe, informed choices throughout pregnancy and in childbirth a reality.*'

Aim/Vision

The aim of the workstream was to improve quality of care by promoting normal birth and reduce non-beneficial interventions in maternity care and particularly to reduce Caesarean section (C-section) rates to a safe minimum. In turn it would contribute to improving the outcomes for baby and mother and decrease the risk of morbidity and mortality.

Background

The proportion of C-section births has been steadily increasing. However, the increase in operative births has not been accompanied by a measurable improvement in the outcomes for babies and has been shown to carry an increased risk for the mother of morbidity compared with normal deliveries. In addition, C-section is major abdominal surgery that can both increase the chances of C-section in subsequent pregnancies and lead to other post-operative complications. Normalising birth offers decreased risk, improved outcomes and improved patient experience for the majority of women.

Benefits

There is a range of benefits for women, staff, organisations and commissioners by promoting normal birth and reducing Caesarean section rates to a safe minimum as outlined in Annex A.

Project Success Criteria

Success of the project can only be measured over time and desired outcomes will be both qualitative and quantitative – the latter will be measurable against KPIs while additional qualitative benefits will be harder to determine and will be developed as the work continues. The national CQC maternity survey is likely to be an important part of this assessment.

The Project

The East Midlands Strategic Health Authority role was that of a monitoring function for the 'Normalising Birth' workstream; there was an underlying assumption that work was already underway at both county and trust level. The SHA team therefore worked to facilitate improvement via a number of supporting activities which stemmed from meetings with each of the existing county maternity groups. A later meeting was also held with the Heads of

Midwifery for the East Midlands. Outputs from the discussions and sharing of information are detailed as key achievements below:

Summary of key achievements

1. Key Performance Indicators:

Reliable, validated benchmarked normalising birth metrics provided by the Quality Observatory are available on the QO website and are linked to regional CQUIN (Commissioning for Quality and Innovation) targets.

2. Communication and Engagement:

- i) Engagement – County Maternity Groups are well-established and working effectively
- ii) ‘Towards Excellence’ [website](#) – provides a range of information including an overview of Normalising Birth workstream, useful documents and related web links
- iii) Best practice examples / sharing - excellent examples of best practice already exist within the region, for example King’s Mill Hospital which combines good survey results with high performance against key indicators. The NHS Institute Toolkit and forthcoming Resource Pack can also be accessed via the website and contains best practice guidance and case studies.
- iv) Webinar hosted by NHS East Midlands – webinar slides are available on the ‘Towards Excellence’ website
- v) Recommendations for the future – this document outlines actions that are recommended going forward including KPIs, financial forecasts and sustainability plans, communication and engagement, the continuation of county maternity groups and the recommendation to set up a focused regional group of appropriate stakeholders

Details of Key Achievements

1. Regional Data Key Performance Indicators (KPIs) & CQUIN Targets

All QIPP workstreams were required to consider KPIs around the four areas of Quality, Activity, Workforce and Finance. Progress in each of these areas is outlined below:

Quality & Activity

Four Quality & Activity KPIs were agreed that can be used by organisations to assist in understanding their progress towards addressing the improvement in normal births. These are the percentage rates of:

Normal births
Singleton C-section
Elective C-section
Non-elective C-section

Vaginal birth after C-section rates (VBAC) were initially considered as an indicator, however, because of low numbers this was removed on the basis that it was difficult to interpret due to

large quarterly variations and imprecise definitions. It was determined that elective C-section could be used as a surrogate marker for VBAC rates since the major contributor to the elective C-section rate is previous C-section.

These data are collected from HES (Hospital Episode Statistics) on an ongoing basis and are analysed by maternity provider for the East Midlands and presented quarterly on the East Midlands Quality Observatory [website](#). The analysis began from Q2 08/09 and currently shows figures through to Q1 10/11. Clinical commentary by the Clinical Lead, Toby Fay, is also provided in order to help trusts interpret the significance of the data.

The analysis, interpretation and sharing of KPI data is an important starting point from which to gain a full understanding of the shape of maternity services within the region and ultimately help individual organisations to determine how service improvements can be made within their own processes. The data includes charts, graphs and trends for the region at provider level as well as peer, regional and national comparisons plus the raw data around number of births by type.

During the course of the project, data has been shared across the county via the county leads and their groups, Heads of Midwifery and the LSA Midwifery Officer.

Targets (CQUIN)

It was agreed that organisations should agree their own KPI targets bearing in mind both their current situation and local aspirations as part of the CQUIN scheme.

It is anticipated that organisations will combine their own aspirations with recognised recommendations and professional guidance in order to assist in their decision-making. For example, with regard to C-section rates, The NHS Institute for Innovation and Improvement Toolkit 'Focus on normal birth and reducing Caesarean section rates' states:

'There was a general belief amongst clinicians involved in this project (High Volume Care Project) that maternity units applying best practice to the management of pregnancy, labour and birth will achieve a CS rate consistently below 20% and will have aspirations to reduce that rate to 15%.'

Although the QIPP programme is separate to the CQUIN scheme, information sharing has taken place at SHA level and the current CQUIN to increase normal births will be enhanced for 2011/12 in order to align more closely with the Normalising Birth project. The definition of 'normal birth' will be amended to describe normal birth as 'unassisted vaginal delivery' rather than including assisted vaginal deliveries. In addition, there will also be CQUINs for elective and non-elective C-section rates as well as the normal birth rate. The targets around these will be agreed between providers and PCTs locally.

Workforce

KPIs around workforce were not included as this was felt to be part of the approach that should be determined at organisational level. However, it has been generally recognised that 1:1 care in labour should be in place in order to facilitate first-class patient care and it is recommended that organisations ensure that their ongoing workforce planning takes this into consideration. The drive for 1:1 care in labour was part of the *Maternity Matters* programme which we recommend should continue throughout the region particularly as there is good

evidence that one-to-one care in labour reduces interventions and improves patient satisfaction.

Finance

County leads were asked to provide an indicative forecast of the savings expected from their work in improving normal births. To date the figure for the region is less than £1m between now and 2014. However, this is clearly a workstream in which improving quality also results in a reduction in cost so the win-win nature of this work should be recognised.

As a QIPP workstream with associated CQUINs it is anticipated that PCTs will have a plan around making and sustaining improvements and the associated savings that can be made and that both will be included in Strategic Operating Plans. Many of these are already in place and include a range of approaches including, for example, communications strategies, reviews of the maternity pathway, VBAC clinics, 1:1 care in labour etc. It is anticipated that these plans will continue to be improved over time and that subsequent improvements will be measured and documented by trusts.

2. Communication & Engagement

i) County Maternity Groups

Each county has an existing maternity group comprising a combination of midwives, obstetricians and other associated roles most of which were formed as part of the Next Stage Review. The groups continue to meet and work effectively. Normalising Births remains a focus topic and all are working positively to achieve and sustain improvements in their local health community.

When the QIPP workstream considered their meetings and discussions with maternity groups, good communication was felt to be of crucial importance in the development of efficient and productive working practices. Communication across multidisciplinary teams and particularly between midwives and obstetricians appeared to be particularly important. During the course of our visits this was raised on many occasions as being instrumental in achieving effective team work and the best outcomes for women.

ii) 'Towards Excellence' Website

The 'Towards Excellence' website is the East Midlands portal which supports the vision for transforming the NHS in the East Midlands over the next 10 years. It provides details of each of the services in which we are working collaboratively to ensure the right services and systems of care are being delivered at the right time. Each of the workstreams demonstrates a focus on improving the quality of services whilst finding more innovative ways to use resources more effectively in order to meet the QIPP challenge. Normalising Birth can be found [here](#).

iii) Best Practice – examples and sharing

King's Mill Hospital

Based on the excellent results shown by King's Mill Hospital, we visited the site to tour

the facilities and discuss the working practices and patient pathway with the Acting Head Midwife, Alison Greenwood. The report from this visit is available on the 'Towards Excellence' website. Communication between staff and with patients and the importance of a consistent approach advocating normal birth within and between teams and presenting a consistent message to women was felt to be a significant contributor to their excellent results.

NHS Institute for Innovation and Improvement

The NHS Institute for Innovation and Improvement has done a great deal of work on improving normal birth and many of the tools that they use are based around good communications. Their Toolkit 'Focus on normal birth and reducing Caesarean section rates' is a particularly useful tool for all maternity units to consider. It is designed to help maternity services review and assess their current practice in promoting normal birth and reducing C-section rates and is recommended to all units that have not yet used it.

The Institute will also shortly be releasing a Resource Pack as a follow-on from the original toolkit which will provide further useful information and techniques around implementing and sustaining change. This will be made available to all East Midlands organisations in the near future and includes a wide range of information from participating trusts.

iv) Webinar

NHS East Midlands hosted a series of webinars in February 2011. Normalising Births was included in the programme and commissioners were invited to dial in and listen to an update of the work that has been undertaken by the workstream and have the opportunity to ask questions. The webinar slides can now be viewed on the 'Towards Excellence' website.

v) Recommendations for the future

Having reviewed the available data and considered the feedback from maternity group meetings, we have outlined the details of the work completed by the workstream in this document and taken the opportunity to propose some ongoing recommendations for county groups and commissioners for the future – see below.

Recommendations for the future

Key Performance Indicators: The use of the regional information provided by the Quality Observatory is a useful method of understanding where an organisation fits into both the regional and national picture. The data will be up-dated quarterly and is an important source of ongoing information that should be reviewed and shared with appropriate staff.

Dashboards: More current data is available locally via trust dashboards. As these are generally produced weekly, they provide a different level of local insight to the quarterly regional data and allow organisations to analyse the underlying reasons behind changes in performance. It is suggested that weekly dashboards should be presented graphically as well as numerically and that the graphical interpretation is utilised as an ongoing function such that a wealth of useful data can be built up over time thus showing trends that can be analysed and interpreted.

The combination of the two types of data mentioned above will assist organisations in

monitoring improvements as well as measuring the impact of changes that have been made. It is essential that teams have a good understanding of the benefits that result from improvements they have helped to deliver. This may require measuring things which have not previously been measured, for example, a reduction in C-sections may show improvements as well as savings in other areas such as reduced length of stay or reduced infections. Two useful measures might therefore be measuring the link with infections or variation from intended length of stay.

The CQC (Care Quality Commission) national survey results of women's experiences of maternity services should also be reviewed by organisations to help guide decision-making around key areas for focusing improvement efforts.

Communication and Engagement

Utilising Established Networks

Understanding where you are now and what is going well is an important starting point for making improvements. It allows organisations to consider what might be shared with others as best practice and also where others might be of help to them. Groups that can facilitate the sharing of best practice and other helpful methods of working, such as buddy systems, can be a particularly good way forward.

It is recommended that the existing county maternity groups are maintained and that there is consideration given to how they might link with each other to benefit from shared knowledge. The existing Heads of Midwifery group may well provide a sounding board / starting block for such an approach. It is felt that a focused group of key stakeholders, including clinicians and midwives, would be beneficial when considering the agreement and implementation of change.

In addition to the work that can be done by local and regional groups, there is a wealth of existing information and support that can be used by organisations to help them make changes and improvements. The NHS Institute for Innovation Toolkit previously mentioned is particularly helpful and the forthcoming Resource Pack will be disseminated as soon as it becomes available.

Communication with mothers

Communication with mothers is essential – prior to birth and during the pathway, including immediately after birth, particularly so if it has been complicated. There should be an aspiration for all women to receive the same information – even when they have had a non-recurring cause for a previous C-section.

An interesting question for organisations to consider is: what do women in your area know about your birth information?

The Optimal Care Pathway

Consideration of the birth pathway is important. All the maternity networks in the region have developed evidence-based Optimal Core Care Pathways that incorporate adherence to national standards based on the original report from the Maternity and Newborn Care

Regional Workstream (from Evidence To Excellence – our clinical vision for patient care. June 2008. EMSHA. Pp20-27).

Advocating normal birth for the majority of women throughout the pathway is recommended and encouraged.

Summary

Overall the situation in the East Midlands situation is very positive with the majority of Trusts being above the national mean for normal births and below the national mean for elective C-section, non-elective C-section and singleton C-section.

The building blocks are in place for ongoing improvement and excellent results to be consistently achieved. The county networks are in place and we hope that these will continue; they demonstrate that staff are working hard, to high standards and that improvements are being made. We also now have valuable, reliable metrics which have been recognised by the groups as valid and useful. Moreover, the metrics have been linked to CQUINs for 2011/12 with locally agreed targets.

There are always improvements that can be made, as acknowledged even by those who are performing well. The excellent work at King's Mill Hospital is certainly something to be proud of – consistently showing one of the lowest C-section rates in the country. Chesterfield should also be congratulated for some excellent results. We would urge others to work together to learn from all examples of best practice, ideally using a formal group that includes representatives of all key stakeholders from across the region.

By focusing on the patient and offering choice, safety and an effective, efficient service we can work towards ongoing excellence across all indicators for all trusts.

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Annex A

Benefits of promoting normal birth and reducing Caesarean section rates to a safe minimum

To women:

- No interventions without benefit to mother or baby
- Birth is seen as a positive experience
- Women receive support from staff to optimise the chance of normal birth
- Women in labour receive one-to-one professional support
- Women feel empowered in making decisions with support from staff
- Mortality and morbidity rates improve
- Women are able to return home more quickly to their families

To staff:

- Staff derive a high level of satisfaction from providing high quality care and enabling women to achieve the outcomes they want
- There is a sense of pride in units
- Working in a well-functioning team aids staff retention
- Midwives spend less time on non-clinical tasks
- Reduction in pressure of work on medical staff
- There is a greater opportunity to acquire and maintain a portfolio of skills

To the organisation:

- Enhanced reputation attracts women to use the service
- Recruitment and retention improves through increased staff satisfaction
- Reduction in post-operative bed days gives opportunity for financial savings
- Enhanced risk management reduces litigation

To the commissioner:

- Public money is spent according to clinical need
- Savings made on CS can be redirected into improving maternity services
- Savings from achieving optimal value for money in maternity services can be redirected into other areas of need, e.g. children's services, care of the elderly
- Improvements in the long-term health of mothers and babies reduces the chronic care burden

Source: Institute for Innovation and Improvement: Pathways to Success toolkit: Focus on normal birth and reducing Caesarean section rates