



King's Mill Hospital & Normalising Birth in the East Midlands

Kings Mill Hospital has been highlighted during the work of the QIPP Normalising Workstream as having a high percentage of unassisted normal deliveries, well above the national mean and consistently above most other Trusts in the region.

Between Q2 08/09 and Q1 10/11 the percentage of unassisted normal deliveries at the hospital has varied from 70.1% to a high of 74.6% (compared to a national mean approx. 63 %).

The QIPP team for Normalising Births was keen to understand more about maternity services at King's Mill so visited the new maternity unit, which opened in November 2010, to discuss how they maintain their performance across the range of indicators for improving normal births.

Purpose-built surroundings

The new building is purpose-built, spacious, well designed and offers all of the facilities patients and staff expect in a modern hospital environment including 12 comfortable and private birthing rooms with *en suite* facilities, ante / postnatal ward with 50% single accommodation, a birthing pool and two state-of-the-art theatres.

Such pleasant surroundings are no doubt conducive to an improved working atmosphere; however, the excellent maternity results shown by the hospital precede the opening of the new building so the QIPP team was keen to understand more about the specifics of the work taking place on the ground.

Unit culture

Acting Head of Midwifery & Gynaecological Nursing, Alison Greenwood said: "It's not easy for me to give a definitive answer as to why we are successful, but it's built into the culture of the unit. In simple terms, both first time mothers and mothers with a previous C-Section follow a pathway for a normal birth unless there are clear circumstances to suggest otherwise.

"Good communication is also essential to a productive and effective team. There is a good working relationship between midwives and consultants and this is viewed as being essential. There is also an excellent relationship between community and hospital midwives."

Our staff

King's Mill Hospital has 120 midwives, including approximately 50 community midwives. Community midwives are employed by the hospital and initially have a 2-3 week induction working with an existing community midwife. They also spend time working in the hospital. This is a process that began in 2000 and means that all midwives have experience in hospital procedures. A full time community midwife normally does a hospital shift once a week. In addition, four community midwives are always on-call as part of an escalation plan.

Similarly impressive results are shown for singleton C-Section, elective C-Section (a surrogate marker for VBAC – Vaginal Birth after C-Section) and non-elective C-Section, see

www.emgo.eastmidlands.nhs.uk.

In addition, the Care Quality Commission's (CQC) 2010 survey of maternity services put the Trust in the top 20% of NHS trusts in England in 12 of the 19 areas.

Good communication with parents

Communication with prospective parents is equally important. All women are offered two sessions of parent education on two consecutive weeks along with their partner. This is an invaluable mechanism for ensuring that they understand what will happen both at the birth and also afterwards in the early stages of parenthood. The sessions cover all of the key issues such as:

- preparation
- pain relief
- birth experience
- feeding
- life with a new baby.



Parental education is just one of the stages at which midwives talk to women about choice in labour. Doing this at every stage of the pathway is an important step towards ensuring that the same message is received by women throughout their interaction with the hospital from initial booking-in through to their next pregnancy.

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King's Mill also now has almost 8% home births and they try wherever possible to maintain the same midwife so that again there is a consistent message.

Second child?

For women who have a C-Section, it is explained to them whilst they are still in the hospital that they might not need another for future pregnancies and that it may well be possible for them to have a normal birth next time if there are no problems. This is a message that they will hear from midwife, registrar or consultant and community midwife at first visit. Consequently when women arrive with their second pregnancy they are already likely to be aware that a normal birth is a good possibility.

At present, women with a previous C-Section are always referred to a consultant although it is recognised that in future this may not always be necessary in a truly midwifery-led unit.

Data monitoring

In addition to this team approach based around excellent communication, another key aspect of success is the monitoring of data. The figures achieved by the team are shared with everyone via a Maternity Dashboard. They are monitored monthly and then reviewed with the labour ward forum and at supervisors and consultants meetings. A red/amber/green system is used - 15% C-Sections = Green, 17% C-Sections = red, the latter warranting immediate discussion and investigation. This high level of awareness and sharing of performance information allows the team to highlight any problem areas quickly and address them before they become an ongoing problem. Yet again, good communication is essential to this process working effectively.

Alison added: "Further improvements can always be made and we are constantly striving to achieve the best we can for women in all aspects of maternity care."

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