Continuity of antenatal care

An audit collaboration by

Maternity Voices (the BNNSG Maternity Services Liaison Committee)
University Hospitals Bristol NHS Foundation Trust
North Bristol NHS Trust
Weston Area Health NHS Trust
Bristol, North Somerset and South Gloucestershire Clinical Commissioning Groups

BACKGROUND

In order to meet the NICE Quality Standard 22 for antenatal care (September 2012), pregnant women should be cared for by a named midwife throughout their pregnancy. The NICE guideline on which this standard is based recommends:

“Antenatal care should be provided by a small group of carers with whom the woman feels comfortable. There should be continuity of care throughout the antenatal period.”


This recommendation is echoed by government policy: Giving All Children a Healthy Start in Life (March 2013) includes a commitment to “give women a single, named midwife who will oversee their care during pregnancy and after they have had their baby”.

Although there are no trials evaluating the effect of continuity of care specifically in the antenatal period alone, there is good quality evidence that compared with standard maternity or hospital-based care, midwifery-led continuity models of care in pregnancy and during labour are associated with a number of benefits which are likely to be at least partly attributable to antenatal continuity of care:

- increased satisfaction with care
- women reporting they feel better informed, prepared, in control and involved in decision making
- reduction in preterm birth and fetal loss up to 24 weeks
- reduced antenatal admissions
- increased breastfeeding initiation
- reduced maternity care costs

(NICE 2008, Sandall et al 2013, Tracy et al 2013)

Given its potential to improve clinical outcomes as well as women’s experience, continuity of antenatal care is a local commissioning priority, and the local Maternity Services Liaison Committee, maternity service providers and commissioners agreed to undertake this audit at University Hospitals Bristol NHS Foundation Trust (UHB), North Bristol NHS Trust (NBT) and Weston Area Health NHS Trust (WAHT).
Standards

The NICE quality standard recommends auditing

1. The proportion of women pregnant women with a named midwife (defined as “a named registered midwife who is responsible for providing all or most of a woman’s antenatal and postnatal care and coordinating care should they not be available”)
2. Women’s satisfaction with the continuity of their antenatal care

Continuity of care is defined in the NICE guideline as the provision of care by the same small team of caregivers throughout pregnancy, but no standard is set in terms of the number of different caregivers.

Aim

The audit aimed to provide a baseline measurement of the current level of continuity of antenatal care across the Bristol, North Somerset and South Gloucestershire (BNNSG) area, and to find out how satisfied women were about this. The intention was not to compare services or teams against each other, but rather to form a basis for the setting of feasible targets and for collaboration on a realistic way forward, in order to provide women with a good level of continuity of antenatal care in a way they are happy with.

Objectives

To review
- how many women had a named midwife
- how many women had a named midwifery team
- how many times women saw their named midwife or a member of their named midwifery team
- how many different community midwives women saw antenatally (taking into account number of community antenatal appointments, hospital appointments and admissions)
- how satisfied women were with the continuity of their antenatal care
- women’s priorities, in terms of flexibility of appointment times, seeing the same midwife or having appointments in the same location

METHODS

In order to get both a reliable idea of the number of different midwives seen and a good insight into women’s opinions and priorities, a triangulated approach was taken:

1. A retrospective review of women’s paper and electronic maternity records was undertaken to accurately assess the number of different midwives women saw and how often they saw their named midwife.

2. In addition, an anonymous survey of women who recently had a baby was conducted to elicit women’s views and priorities. For confidentiality reasons, the women surveyed were not the same women as those whose records were reviewed.

Permission for the audit was given by the Heads of Midwifery and the audit departments of the three participating maternity units.
Sample

The minimum number of records required for the results to be likely to be representative of the Bristol, North Somerset and South Gloucestershire population was calculated as 373.

Records review (N=394) of woman-held maternity notes (yellow books):

The number of records reviewed per Trust was proportional to the number of women booked for antenatal care at each Trust in 2012/13, see table below.

For each Trust, the information analysts identified a random sample of women who
- received all their antenatal care from the Trust in question (regardless of place of birth)
- had booked by 12 weeks
- were spread proportionally across geographical areas and midwifery bases

Community midwifery at NBT underwent a major reorganisation during the summer of 2012 and to minimise the impact of the period of transition, the records reviewed for NBT covered births as recent as possible.

Survey (N=260):

For the postal questionnaire at WAHT, women were selected in the same way as above, with exclusion of those who had a stillbirth or neonatal death. On the postnatal wards and midwife-led units of UHB and NBT, any postnatal women who consented to complete the survey and who had received their antenatal care from the Trust in question were included (it was left to the midwives’ discretion whether to approach women).

Following review of the responses after 8 weeks, Somali women appeared particularly underrepresented compared to local census data, so an additional purposive sample of 5 Somali women completed the questionnaire with the help of a Health Link worker.

<table>
<thead>
<tr>
<th>Trust (target sample)</th>
<th>UHB (118)</th>
<th>NBT (215)</th>
<th>WAHT (45)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of records reviewed</td>
<td>123</td>
<td>218</td>
<td>53</td>
<td>394</td>
</tr>
<tr>
<td>(women giving birth between)</td>
<td>1 Jan-15 May 2013</td>
<td>15 Apr-15 Jul 2013</td>
<td>1 Jan-15 May 2013</td>
<td></td>
</tr>
<tr>
<td>Number of questionnaires completed</td>
<td>77</td>
<td>138</td>
<td>45</td>
<td>260</td>
</tr>
<tr>
<td>On postnatal wards and MLU (65% of target sample)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>
Data collection

Data collection tools (see appendix) were developed in discussion with all parties involved.

Survey

The survey questionnaire was designed with input from the Patient and Public Involvement leads from UHBristol and Bristol CCG, based as much as possible on validated questions from previous NHS surveys. The questionnaire was finalised after a pilot with 9 consenting women on the NBT postnatal wards to ensure it was easy to understand.

The anonymous surveys were handed out and explained by maternity staff on NBT’s and UHB’s postnatal wards and midwife-led units. Because Ashcombe Birth Centre at WAHT is a midwife-led unit, a larger number and wider range of women receive antenatal care from WAHT midwives than would be reached by surveying only those on the WAHT postnatal ward, so surveys were posted with a freepost return envelope to women who received their antenatal care from WAHT.

Records review

For the maternity records review, an electronic database with integrated data collection form was set up, allowing fast data entry and reducing the risk of transcription errors.

Records were reviewed on site and data recorded anonymously.

Data analysis

The data were analysed using Stata and Excel. In view of ongoing staffing issues for one NBT team, raised by the Community Matron, the impact of inclusion and exclusion of this team on overall results was examined.
RESULTS

Characteristics of the survey and records review samples

Sample characteristics were different in the survey and the records review, reflecting the non-random nature of the survey responses. Survey respondents on the whole were younger and more often first time mothers (at UHB and WAHT).

Although the sample for the records review was random, women with any black ethnic background appear underrepresented. Due to the high percentage of ethnic origin recorded as ‘not stated’ in the electronic maternity records, it is not possible to fully assess the representativeness of the records review sample in this respect, or to compare it with the survey.

<table>
<thead>
<tr>
<th>proportion of first time mothers in sample</th>
<th>survey</th>
<th>records review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UHB</td>
<td>NBT</td>
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<tr>
<td>57%</td>
<td>48%</td>
<td>58%</td>
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<table>
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<th>gestation</th>
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<th>records review</th>
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<tr>
<td></td>
<td>UHB</td>
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</tr>
<tr>
<td>29 to 32 weeks</td>
<td>0%</td>
<td>1.5%</td>
</tr>
<tr>
<td>33 to 36 weeks</td>
<td>6.5%</td>
<td>5%</td>
</tr>
<tr>
<td>37 to 40 weeks</td>
<td>61%</td>
<td>66.7%</td>
</tr>
<tr>
<td>41 weeks or more</td>
<td>31.2%</td>
<td>26.8%</td>
</tr>
<tr>
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<td>1.3%</td>
<td>0%</td>
</tr>
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<table>
<thead>
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<th>ethnic origin</th>
<th>survey</th>
<th>records review</th>
</tr>
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<td></td>
<td>UHB</td>
<td>NBT</td>
</tr>
<tr>
<td>white british</td>
<td>72.7%</td>
<td>84%</td>
</tr>
<tr>
<td>white other</td>
<td>7.8%</td>
<td>8.7%</td>
</tr>
<tr>
<td>any asian background</td>
<td>1.3%</td>
<td>2.9%</td>
</tr>
<tr>
<td>any black background</td>
<td>1.4%</td>
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</tr>
<tr>
<td>any mixed background</td>
<td>0%</td>
<td>2.9%</td>
</tr>
<tr>
<td>not stated/any other background</td>
<td>7.8%</td>
<td>1.5%</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>age group</th>
<th>survey</th>
<th>records review</th>
</tr>
</thead>
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<tr>
<td></td>
<td>UHB</td>
<td>NBT</td>
</tr>
<tr>
<td>under 20</td>
<td>13%</td>
<td>19.6%</td>
</tr>
<tr>
<td>21 to 25</td>
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<td>36 or over</td>
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<td>3.9%</td>
<td>1.5%</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>proportion of women who moved to a different area or team during pregnancy</th>
<th>survey</th>
<th>records review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UHB</td>
<td>NBT</td>
</tr>
<tr>
<td>24.7%</td>
<td>12.3%</td>
<td>4.4%</td>
</tr>
</tbody>
</table>

Women who moved to a new area or team during pregnancy were excluded from any counts involving numbers of different midwives seen and number of appointments with named midwife or team.
Named midwife and team

The name of a woman’s named midwife and/or team could be found in a number of different places:

- written, stamped, or on a sticker on or in the yellow book
- on the booking printout in the yellow book
- as part of the woman’s electronic record information provided by the Trusts

When taking all these sources into account, all women had a named midwife, team, or both recorded somewhere. However, when women were asked if they had a named midwife or team in the survey, far fewer said they did (with the exception of UHB women, who said they had a named midwife more often than a named team).
This may be to do with where and how the named midwife or team were recorded on women’s yellow book; often midwives signed the lead professional box on the front of the yellow book, but did not print their name anywhere. The information, even when present, may also have been lost among the increasing number of stickers and other information on the front of the yellow book.

Even if women had a named team according to the Trust data, this was not always evident from women’s yellow books. Where the names of team midwives were provided (either written or on a sticker), names were often crossed out or added.

**named midwife and/or team recorded on**

<table>
<thead>
<tr>
<th></th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>named midwife</td>
<td>□</td>
<td>□ □</td>
<td>□</td>
<td>□ □</td>
<td></td>
<td></td>
</tr>
<tr>
<td>named team</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UHB</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>named midwife</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
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<tr>
<td>named team</td>
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<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
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</tr>
<tr>
<td>WAHT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>named midwife</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
</tr>
<tr>
<td>named team</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
</tr>
</tbody>
</table>

| yellow book and printout | yellow book only | printout only | neither |

**name of midwife or team on yellow book?**

(survey)

<table>
<thead>
<tr>
<th></th>
<th>UHB</th>
<th>NBT</th>
<th>WAHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>no</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>not sure / don’t know</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
</tr>
<tr>
<td>yes</td>
<td>□ □</td>
<td>□ □</td>
<td>□ □</td>
</tr>
</tbody>
</table>
Number of different community midwives seen

After excluding those who moved during pregnancy and not counting student midwives, women saw an average of 3 to 4 different community midwives during pregnancy (range 1 to 7 in each Trust; median NBT 3, UHB 4, WAHT 3).

There was no significant difference in the mean between UHB and NBT, either with or without inclusion of the NBT team with reported ongoing staffing problems (exclusion of team A1 reduced the NBT mean number of different midwives seen to 3.43), and the difference with WAHT just reached significance (p=0.04) if team A1 excluded (otherwise p=0.06)*. It is not known if the changes in working patterns currently being implemented at WAHT will affect the level of continuity at WAHT found in this audit.

The variation in the number of different community midwives seen within UHB and NBT was greater than between them: in some teams, women saw 2 or 3 different midwives on average, while at others they saw more than 4.

*) omitting NBT team A1 reduced the variation within the Trusts to the point that the variation between them became slightly greater than the variation within them (ANOVA on square root transformed count data), attributable to WAHT’s lower mean.
The reasons for this may include the number of part-time staff on the team, staff turnover and levels of sickness or maternity leave, organisation of the off-duty and the size of the area covered. The likely complexity is illustrated by the fact that the largest team at NBT was not the one with the highest number of different midwives seen.

The original intention was to audit how often women saw their named midwife if they had one, and how often they saw a midwife from their named team if applicable, but this was not pursued due to the frequent changes in the make-up of some teams and the variation in team size (ranging from 2 to 9 individual midwives – even if the WTE number of midwives looks smaller on paper). Given that women were not always aware they had a named team or midwife, from the woman’s perspective it was deemed more meaningful instead to audit how many different community midwives women saw, regardless of whether they were the woman’s named midwife, one of their team midwives or neither.

For over a third of women who had a named midwife, the midwife they saw most frequently was not their named midwife. At all three Trusts, the mean number of times women saw the same midwife was higher than the mean number of times they saw their named midwife. Women at WAHT saw both their named midwife and the same midwife on significantly more occasions than women at either NBT or UHB (p<0.01). This suggests that the named midwife allocated to a woman is not always in a position to offer the highest level of continuity. Some women did not see their named midwife at any point, or only for the booking appointment.

Where women were seen by student midwives, only the countersigning midwife was counted in the number of different midwives seen for the records review. A large proportion of women had one or more community antenatal appointments documented by student midwives without a registered midwife countersignature (18% at NBT and 14% at UHB; 0% at WAHT). For the purpose of this audit the generous assumption was made that the student would have been supervised by one of the midwives already counted in the total number of different community midwives seen, but this may not always have been the case. If non-countersigned student midwives were to be counted as different individuals seen, the mean number of different midwives seen would increase to 3.8 (range 1-8, median 4) at both NBT and UHB.

At all three Trusts there was evidence in the records of efforts to provide a high level of continuity to some women, for example those with complex mental health or social needs, or a previous intra-uterine death.
Number of antenatal appointments

In the records review, women expecting their first baby had on average 9 community midwife appointments (range 4 to 14), while women expecting a subsequent baby had 7 appointments on average (range 3 to 17). More than 70% of women gave birth before reaching 41 weeks, the point at which NICE guidance recommends that women expecting their first baby have their 10th antenatal appointment, and other women their 7th appointment (NICE 2008). On average, the number of community appointments women had was in line with NICE recommendations, or in the case of women who had a baby before, exceeded them.

These averages were similar at all three Trusts and were echoed by the survey. The number of community midwife appointments women had influenced how many different midwives they saw, so first time mothers saw more midwives on average.

In addition to their community midwife appointments and not counting scan-only appointments, immunisations or Anti-D administration, 80% of women in the records review had other antenatal appointments and/or Day Assessment Unit attendances (range 1 to 17, mean 2.7). This range in turn impacted on the number of community midwife appointments women had.
Women’s views

In order to assess women’s priorities with regard to continuity of antenatal care, the survey asked how important women found flexibility of appointments, even if this meant seeing a different midwife. This question was followed up with the request to rank flexibility of appointment times, seeing the same midwife and having appointments in the same location.

Although most women found flexibility very or quite important, seeing the same midwife was rated as most important most often, followed at some distance by having appointments in the same location and flexibility of appointment times. Women also seemed to feel strongest about seeing the same midwife, as few ranked it as least important. Many women used ties when ranking to indicate equal importance (e.g. 1, 2, 2), and for many there was no such thing as ‘least important’. To account for this, the responses were treated as independent votes.

importance rating (survey)
This finding was echoed by the strong correlation between how many different community midwives women saw, and how happy they said they were about this aspect of their care. Ethnic background, age or parity did not affect this, nor which trust women had their antenatal care with.

![Satisfaction with number of community midwives seen](image)

### Women’s comments

72 out of 260 women wrote comments. Many women commented positively on the care they received, although some reported problems and two women wrote extensively about their negative (mostly postnatal) experiences. Some women who experienced a high level of continuity expressed that this had been helpful for them, while some who had a lack of continuity expressed frustration at having to repeat their history or felt that seeing many different midwives may have delayed picking up a problem. Some women suggested that continuity would be particularly important for first time mothers or those experiencing complications.

- 44% (32) of comments were unequivocally positive, often about care in general
- 11% (8) of comments were largely positive
- 24% (14) of comments were somewhat negative
- 11% (10) of comments were more strongly negative, mostly about continuity or communication
- the rest were neutral

There appeared to be a correlation between how positive or negative comments were (regardless of whether they were about continuity of care) and the average number of different community midwives seen, with the mean of those who were unequivocally positive at 2.9, somewhat negative at 4, and strongly negative at 5.9.

All comments were shared in full with the Trusts in question.
Some typical comments regarding women’s experiences of antenatal continuity:

“Very happy with my antenatal care, especially as I have had the same midwife for all 3 of my pregnancies, who was very approachable and knowledgeable.”

“I never actually met the midwife I was assigned to as she was on long term sick leave. I had a different midwife at nearly every appointment and that made it difficult, as I didn’t feel like I built up a rapport with them. It didn't feel very personal as each midwife didn't know me so they had to read through my notes at every appointment.”

“I found my antenatal care to be really good and was extremely pleased with how well I have been looked after. The only thing I was disappointed by was I saw the same midwife most of the time and it would have been nice to have seen her solely towards the end of my pregnancy. Thank you for everything.”

“Up until I left work it was most important that I had flexibility of appointment times and that the appointments were in the same location. After finishing work, I felt seeing the same midwife/continuity of care became more important. It was still important that the appointments were at my local clinic, since I was unable to travel far by this point.”

“I’ve seen a different midwife at every appointment. We’ve had a lot of complications during pregnancy, and have had to explain all of these at each appointment, and retelling the most basic of information, like how many children I have.”

“As second child the change in midwives was okay, however if I was a younger first time mum it would have been better to have a consistent face to help build confidence and develop relationships where issues and/or concerns could be raised and discussed.”

**DISCUSSION**

The inevitable degree of response bias in the survey is a limitation of this audit, mitigated by the sample size, geographical spread and triangulated approach. The juxtaposition of the survey and records review provides insights into the difference between what is recorded and what women perceive and raises questions about the meaning of having a named midwife or team. It also highlights the need to ensure that essential information for women does not get lost among the proliferation of other information in the yellow book.

The aim that women see a maximum of two to three different community midwives during pregnancy seems feasible and desirable, given the current level of continuity that all three Trusts are able to provide and the strong correlation with women’s satisfaction with this aspect of their care.

Survey responses suggest that continuity would be particularly valuable for first time mothers and those experiencing complications. While there were some examples of women with complex needs receiving a high level of continuity, women expecting their first baby experienced less continuity than those who had had a baby before.
Challenges include

- the continuing high birth rate
- the significant proportion of part time staff in the midwifery workforce (and not all work fixed days, so it is not always possible to know far in advance when they will be available for the next appointment with a woman)
- the increasing likelihood that women will see other maternity care professionals in addition to their community midwives, even if they are low risk, as the audit findings suggest

The audit results were presented at

- Maternity commissioners/providers meeting (preliminary results) 11/11/2013
- Maternity Voices/MSLC meeting 26/11/2013
- NBT audit meeting 12/12/2013
- UHB audit meeting 12/12/2013

In addition, the Head of Midwifery and Community Matron of each maternity service were sent further detail regarding findings specific to their unit, including women’s full survey comments.

The meaning of ‘named midwife’ was questioned in the discussions afterwards and it appears that the term may be interpreted by some maternity services as ‘the senior midwife responsible for overseeing a woman’s care’, while women understand it to be ‘their’ midwife with whom they build up a relationship - an unintended side-effect of the wording of much continuity guidance and policy. As well as ensuring that women know the names of their named or team midwives, it was suggested to include a section on the Maternity Voices or maternity services’ websites describing what women can expect from their named midwife or team.

Several people made the connection between continuity of care and the quality of the communication about women between health care professionals, be it between midwives in a team or between midwives and GPs.

The value of a detailed, single-topic audit like this is illustrated by comparing the findings to those of the three-yearly, more general Care Quality Commission surveys; when asked “If you saw a midwife for your antenatal check-ups, did you see the same one every time?”, 19% of UK women answered “yes” in 2007 and 2010, and in the 2013, following rephrasing of the answer options (which still include “yes”), 34% answered “yes”.

This is in contrast to the findings of this survey, where only 9% of NBT, 7% of UHB and 12% of WAHT women reported seeing only one community midwife (even fewer if going by the records review results). The CQC survey covers many topics, which may influence the precision of responses.

<table>
<thead>
<tr>
<th>% of women who reported seeing the same midwife every time</th>
<th>NBT</th>
<th>UHB</th>
<th>WAHT</th>
<th>UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007 CQC survey</td>
<td>21%</td>
<td>12%</td>
<td>not available</td>
<td>19%</td>
</tr>
<tr>
<td>2010 CQC survey</td>
<td>20%</td>
<td>10%</td>
<td>not available</td>
<td>19%</td>
</tr>
<tr>
<td>2013 CQC survey</td>
<td>not available</td>
<td>not available</td>
<td>not available</td>
<td>34%</td>
</tr>
<tr>
<td>This audit’s survey</td>
<td>9%</td>
<td>7%</td>
<td>12%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Author: Andrea Blotkamp/Bristol CCG   12/12/2013   audit number 3497(UHB) /7697(NBT)
CONCLUSION

- Women rated seeing the same midwife highly
- On average women saw 3 to 4 different community midwives during pregnancy
- Particularly at UHB and NBT, the main variation was between the teams within the service, rather than between the two Trusts
- Most women had a named midwife and/or team, but not all were aware of this, and women did not necessarily see much of their named midwife, or knew how to contact their midwife or team

RECOMMENDATIONS

1. Commissioners and maternity service providers should work together to reduce average number of different midwives seen to 2 – 3
2. Each maternity service provider should review the audit results per team/area and address reasons behind the variation where possible
3. All stakeholders involved in this audit should agree on the meaning of the term named midwife, and maternity service providers should ensure the allocated named midwife is likely to be the midwife the woman will see most often
4. Maternity service providers should improve how women are informed of their named midwife and/or team and how to contact them effectively
5. Where it is impossible to improve continuity for all, efforts should be made to provide as much continuity as possible to those who are likely to benefit most, such as first time mothers and women with complex needs

Additional recommendations based on incidental findings:

6. Improve recording of ethnic background to enable better assessment of the reach of services
7. Address the issue of non-countersigned (unsupervised?) student midwives at NBT and UHB
8. Where not already standard practice, consider the use of name/role stamps for all caregivers
9. Consider moving to electronic recording of antenatal community contacts, which is possible in both Euroking (NBT) and Medway (UHB and WAHT).

REFERENCES


**Action plan to be agreed between the maternity services, commissioners and Maternity Voices**

Since the data collection for this audit was very labour intensive, re-audits will likely be smaller until all antenatal community contacts are recorded electronically.

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Actions required</th>
<th>Action by date</th>
<th>Person responsible</th>
<th>Evidence that recommendation has been implemented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commissioners and maternity service providers should work together to reduce average number of different midwives seen to 2 – 3</td>
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<tr>
<td>Additional actions from incidental findings as applicable</td>
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</tbody>
</table>
APPENDIX: data collection tools

antenatal continuity of care form

<table>
<thead>
<tr>
<th>Field</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>case ID (automatic number - do not alter)</td>
<td>trust providing antenatal care</td>
</tr>
<tr>
<td>baby date of birth</td>
<td>named midwife if applicable (is still applicable if consultant-led care)</td>
</tr>
<tr>
<td>gestation at birth</td>
<td>named midwife recorded on</td>
</tr>
<tr>
<td>mother age</td>
<td>named team if applicable</td>
</tr>
<tr>
<td>ethnic origin</td>
<td>named team (if applicable) recorded on</td>
</tr>
<tr>
<td>parity during this pregnancy</td>
<td>midwifery base/GP surgery if not same as named team</td>
</tr>
<tr>
<td>booking date</td>
<td>total antenatal appointments (incl. antenatal clinic reviews but excl. scans)</td>
</tr>
<tr>
<td>gestation at booking</td>
<td>number of assessment unit attendances</td>
</tr>
<tr>
<td>antenatal pathway (or pathway would have been if prior to introduction)</td>
<td>total days admitted prior to birth</td>
</tr>
</tbody>
</table>

Questions below excluding hospital antenatal clinic appointments (identifiable from appointment location on back of yellow book and entries by doctors)

<table>
<thead>
<tr>
<th>Field</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>total number of community midwife appointments</td>
<td></td>
</tr>
<tr>
<td>total number of different community midwives seen</td>
<td>(excluding student midwives)</td>
</tr>
<tr>
<td>number of times named midwife / named team midwife seen</td>
<td></td>
</tr>
<tr>
<td>number of different team midwives seen</td>
<td>(excluding student midwives)</td>
</tr>
</tbody>
</table>

Comments (e.g. if changed area during pregnancy)

Records review data collection

Electronic data entry form for records review (MS Access database). The light blue fields were populated with imported data from the electronic records; the white fields were entered manually from women’s yellow books.

The drop-down menu choices are:

**question:**
- antenatal pathway: normal, intermediate, intensive
- trust providing antenatal care: UH Bristol, NBT, WAHT
- named midwife recorded on: front yellow book, printout in yellow book, both, neither
- named team recorded on: front yellow book, printout in yellow book, both, neither

**On following pages survey questionnaire (postnatal ward version)**
Survey of antenatal care

What is the survey about?
This is a short survey about an aspect of your recent experience of maternity care during pregnancy (antenatal care), conducted by the Bristol, North Somerset and South Gloucestershire Maternity Services Liaison Committee and Clinical Commissioning Groups. We would like to find out how many different midwives you saw for your normal pregnancy appointments, and your thoughts on this. Your views are very important in helping us find out how good the services are and how they can be improved.

Taking part in this survey is voluntary. Your answers will be confidential and anonymous.
If you prefer not to fill in the questionnaire, please leave it on your bedside locker or give it back to a member of staff. You do not need to give a reason.

If the survey raises any questions or concerns, you may wish to speak to your midwife, family doctor (GP) or health visitor.

Completing the questionnaire
Please only think about the maternity care you received in your most recent pregnancy when answering these questions.

If you do not remember something exactly, please give an approximate answer.
For example, if you don’t remember exactly how many appointments you had, please enter roughly how many appointments you think you had in the box.

Please use a black or blue pen to tick the boxes or write a number in them.
Please do not write your name or address anywhere on the questionnaire.

If you have any questions, please ask a member of staff.

After you finish the questionnaire, please check that you answered all the questions that apply to you. Please put the completed questionnaire in the yellow collection box (on the reception desk or in the dining/day room) before you go home, or give it to a member of staff.

Thank you very much for taking part!
1. Is this your first baby?
- Yes
- No

2. How many weeks pregnant were you when your baby was born?
- Less than 28 weeks
- 29 to 32 weeks
- 33 to 36 weeks
- 37 to 40 weeks
- 41 weeks or more

3. Did you move to a new area or change to a new midwife team during this pregnancy?
- No
- Yes

4. During your pregnancy did you have a named midwife?
- Yes
- No
- Not sure / don’t know

5. During your pregnancy did you have a named team of midwives?
- Yes
- No
- Not sure / don’t know

6. Please enter the first four letters/numbers of your postcode

7. Was the name of your midwife or midwife team written inside or on the front of your yellow book?
- Yes
- No
- Not sure / don’t know

8. Roughly how many appointments did you have in total during your pregnancy?
   (not counting any appointments at the hospital antenatal clinic or scans)
   - Please enter a number (approximate if you don’t remember exactly)

9. How many of these appointments were with your named midwife or one of the midwives from your named team?
   - Please enter a number (approximate if you don’t remember exactly)

10. Overall, how many different midwives did you see for your antenatal appointments?
    (not counting student midwives or midwives at the hospital antenatal clinic)
    - Please enter a number (approximate if you don’t remember exactly)

11. Did you have any other appointments during pregnancy, for example with doctors at the hospital antenatal clinic? (not counting scans)
- No
- Yes

   If yes, roughly how many?
   - Please enter a number
12. How did you feel about the number of midwives you saw for your antenatal appointments? *(not counting any appointments at the hospital antenatal clinic or scans)*

- [ ] Very happy
- [ ] Quite happy
- [ ] Not very happy
- [ ] Not at all happy

13. How important is it for you to have flexibility of appointment times, even if that would mean seeing a different midwife?

- [ ] Very important
- [ ] Quite important
- [ ] Not very important
- [ ] Not at all important

14. Please put a number in the boxes to indicate how important the following are to you: *(1 is most important, 3 least important)*

- Flexibility of appointment times
- Seeing the same midwife
- Appointments in the same location

15. How old are you now?

- [ ] Under 20
- [ ] 21 to 25
- [ ] 26 to 30
- [ ] 31 to 35
- [ ] 36 or over

16. What is your ethnic background?

**White**

- [ ] British
- [ ] Irish
- [ ] Other: ____________________

**Black / Black British**

- [ ] African
- [ ] Caribbean
- [ ] Other: ____________________

**Asian / Asian British**

- [ ] Bangladeshi
- [ ] Indian
- [ ] Pakistani
- [ ] Chinese
- [ ] Other: ____________________

**Mixed**

- [ ] White and Black Caribbean
- [ ] White and Black African
- [ ] White and Asian
- [ ] Other: ____________________

Any other ethnic background:

Is there anything you would like to add or comment on? *(please continue overleaf if you need more space)*

THANK YOU VERY MUCH FOR YOUR HELP

Please check that you answered all the questions that apply to you

Please put the questionnaire in the yellow collection box before you go home.