



> Postnatal care planning



The message we are getting from our members is clear. We must do something to address the state of postnatal care. That's what our campaign Pressure Points is all about. Presenting the evidence and making a case for better provision of postnatal care – enabling midwives, maternity support workers and student midwives to give women and their families the care that they deserve.

This report continues our study by focusing on postnatal care planning and demonstrating how the situation could be improved through the funding of more midwives. One thing is certain – our members cannot continue to paper over the cracks in an underfunded and under-resourced postnatal environment, without there being detrimental effects on the health of women, children and the over-stretched maternity teams who are crying out to be given the tools to support them.

Cathy Wannick

**Chief Executive,
Royal College of Midwives**

Pressure Point 4

Postnatal care planning

The background

The impact that good postnatal care could have on women's experiences and their long-term health in the context of the increasing complexity of the health of women who become pregnant, more intervention in labour, the high rate of caesarean sections and widespread morbidity should not be underestimated.

Surveys of women's views of maternity care repeatedly inform us of their unhappiness with the current provision of postnatal care which is not able to provide them with the support they need.

Despite policy rhetoric that supports women's choice and their involvement in decision making, the findings in this report evidence the fact that the NICE recommendation for individualised care planning that could improve continuity of care and ensure women and their babies receive the number of postnatal contacts appropriate to their needs, is not being implemented.

The role of the maternity team in supporting women and recognising the onset of complications is vital. However, there has been a decrease in the length of postnatal stay in hospital and the number of home visits and there appears to be little recognition of the value of continuity of care.

This has led to a situation where the current content and timing of postnatal care is not meeting women's health needs.

What should women be receiving?

Individualised care is key to providing important information at the appropriate time, recognising when additional support is needed and offering targeted interventions through the appropriate multiple agency care pathways.

We know that women are asking for postnatal care that is able to be supportive and listening and where possible in their own home. These aspirations are reflected in the NICE quality standard on postnatal care.

What NICE guidance says

Postnatal care should be a continuation of the care the woman received during her pregnancy, labour and birth and involve planning and regularly reviewing the content and timing of care, for individual women and their babies. Each postnatal contact should be provided in accordance with the principles of individualised care.

The NICE quality standard recommends that:

A documented, individualised postnatal care plan should be developed with the woman ideally in the antenatal period or as soon as possible after birth. This should include:

- relevant factors from the antenatal, intrapartum and immediate postnatal period
- details of the healthcare professionals involved in her care and that of her baby, including roles and contact details
- plans for the postnatal period including:
 - > details about adjustment to motherhood, emotional wellbeing and family support structures
 - > plans for feeding, including specific advice about either breastfeeding support or formula feeding.

The plan should be reviewed at each postnatal contact. Planning and regularly reviewing the content and timing of care for individual women and their babies, and communicating this (to the woman, her family and other relevant postnatal care team members) through a documented care plan can improve continuity of care. Women and their babies should receive the number of postnatal contacts appropriate to their care needs.

The survey results

Between September and November 2013 the RCM surveyed our midwife, maternity support workers and student midwife members across the UK. We then asked the mothers at www.netmums.com for their experiences within the postnatal care period. These are the results.



Midwives



MSWs



Student Midwives



Mothers

> Influencing factors

We asked midwives
- What is the most significant factor influencing the decision about the number of postnatal visits a woman receives?



Overwhelmingly, two-thirds of midwives said the most important factor influencing the number of postnatal visits a woman receives was not the woman's needs, but was the pressure on the service from, for example, the midwife shortage.

That only one midwife in four told us that it was women's needs which determined the number of visits received, is deeply worrying.

Postnatal care should always be based on women's needs and not on how underfunded and overstretched local maternity services are.

Midwives' ability to plan care with women will reflect the directives from managers and commissioners. It is clear that our members feel it is this which is seen to be prescribing and limiting the number of visits.

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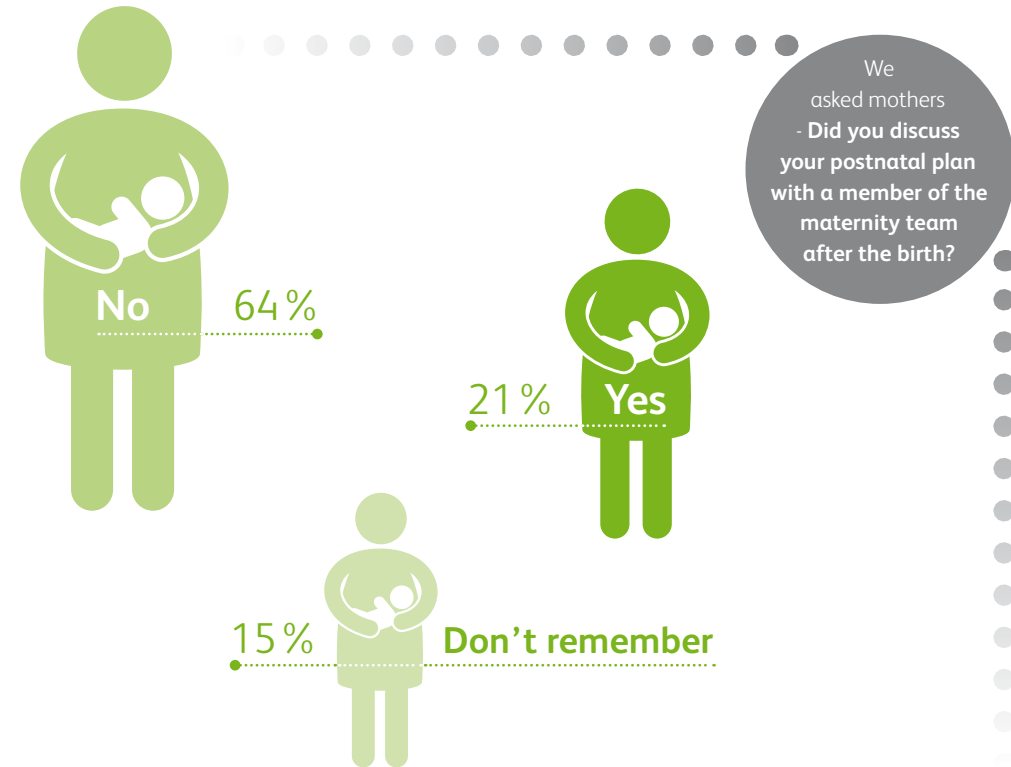
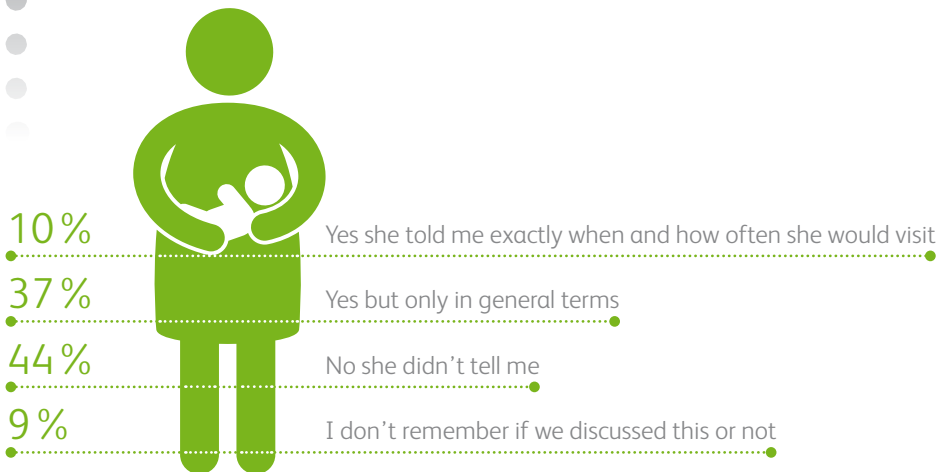
Recommendation

Postnatal services must be commissioned and provided in a way that is consistent with NICE quality standard recommendations. It is unacceptable that women are not currently provided with an individualised postnatal care plan and equally unacceptable that there are not enough midwives to ensure women receive the number of postnatal visits that are appropriate to their needs.

> Opportunities for developing and reviewing the care plan.

We asked mothers - **Did the midwife tell you before you had the baby what sort of care you would receive after birth?**

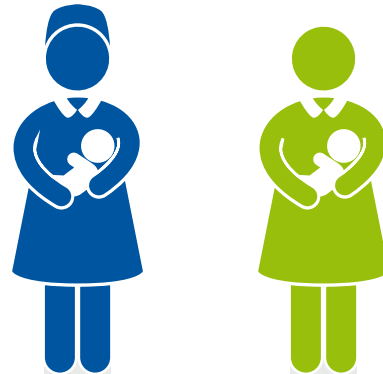
Nearly half of women did not remember discussing a postnatal care plan before the birth. Although an explanation for this may be that most women are unlikely to receive postnatal care from the midwife they met while they were pregnant, it is worrying that mothers are not made aware of the level of service and support that they can expect in the postnatal period.



It is perhaps even more worrying that nearly two-thirds of mothers had not discussed the postnatal care plan after the birth either.

If these conversations between women and midwives are not happening because resources are stretched, it is no wonder that both are left disappointed with the postnatal care being offered.

We asked midwives and MSWs - Can you identify in which of the following subjects you think there is usually enough time and resources to support and inform women?



Home safety (eg room temperature, smoking)	59%	60%
Hand hygiene and general cleanliness	51%	45%
Changing the nappy	50%	64%
Cord care	68%	74%
Bathing the baby – demonstration	20%	46%
Breastfeeding – latching	71%	76%
Breastfeeding – position	70%	71%
Artificial feeding – sterilisation of equipment	33%	45%
Artificial feeding – preparation of feeds	34%	46%
Safer infant sleeping	74%	62%
Normal infant behavior	35%	39%
Maternal physical wellbeing	67%	55%
Maternal emotional wellbeing	41%	40%
Contraception	44%	33%
Reviewing the postnatal care plan	35%	35%

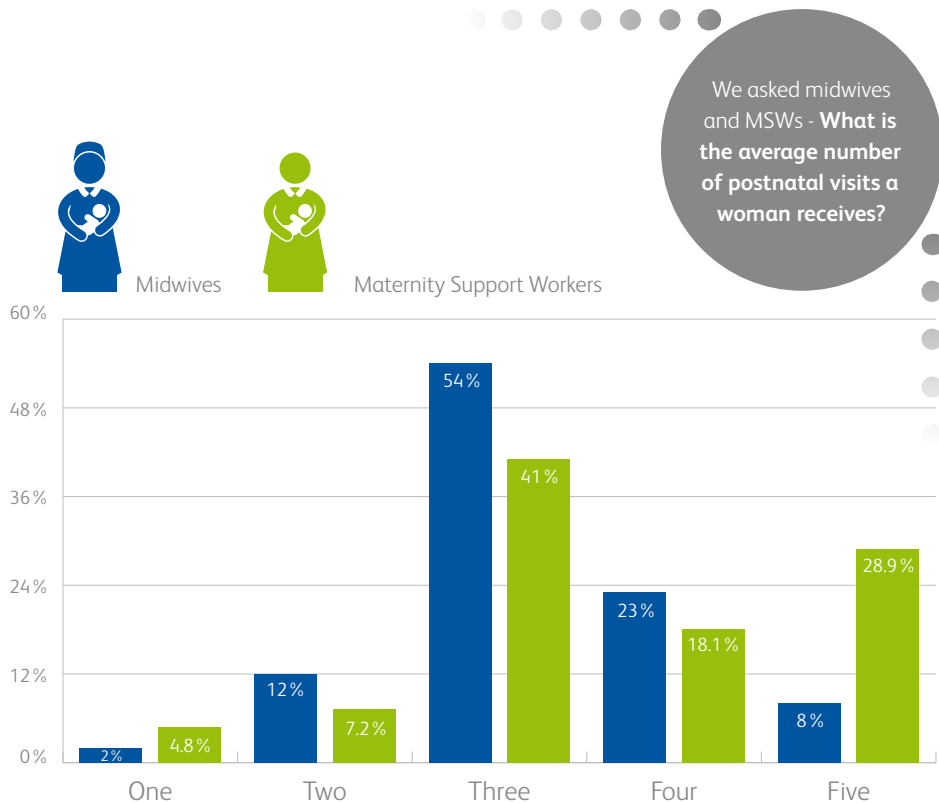
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Our members have consistently reported that there is seldom enough time to convey all the information they would like to about postnatal care. It is particularly concerning that only 35% of midwives and MSWs say they have enough time

to review the postnatal care plan. This makes it clear that individualised care is not the case for the majority of women. The care being offered cannot be responsive to women's needs when there is not enough time to discuss it with them.

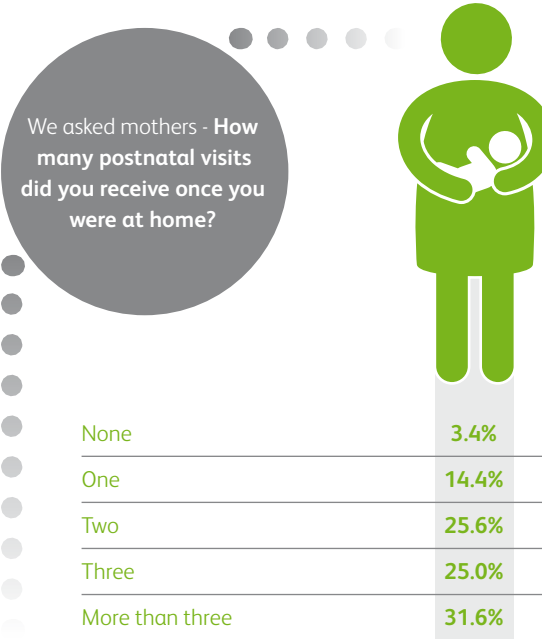
mother - "I had a specialist 'gateway' midwife who gave me amazing care in the community. I dread to think how I would have done without the amazing service and care I received."

> Number of visits



The number of postnatal contacts has decreased significantly during recent years, with little evaluation of the impact. Despite national policy describing the need for effective care to meet the needs of women and their babies up to 6 to 8 weeks after birth and if need be beyond, postnatal services are currently being dramatically cut. Serious attention needs to be

given as to whether the three visits, which the majority of midwives and MSWs thought to be the average number undertaken, is an acceptable average, and whether it is capable of offering safe care, in the context of early discharge from hospital and increasing readmission rates of mother and babies, increasing infection rates and postnatal morbidity.



It is disappointing but not surprising in the current context that 14% of women only received one visit and a small minority received no visit whatsoever. Individualised care plans centred on a continuity of care model, would help ensure that women receive the care and support they need in the postnatal period and reduce the risk of the needs of women falling between overstretched midwives.

Despite strong policy rhetoric advocating women's choice and involvement in decision making in maternity care, the findings here confirm that midwives and maternity support workers do not have enough time to appropriately review the postnatal care plan and offer the women in their care involvement in the decision making.

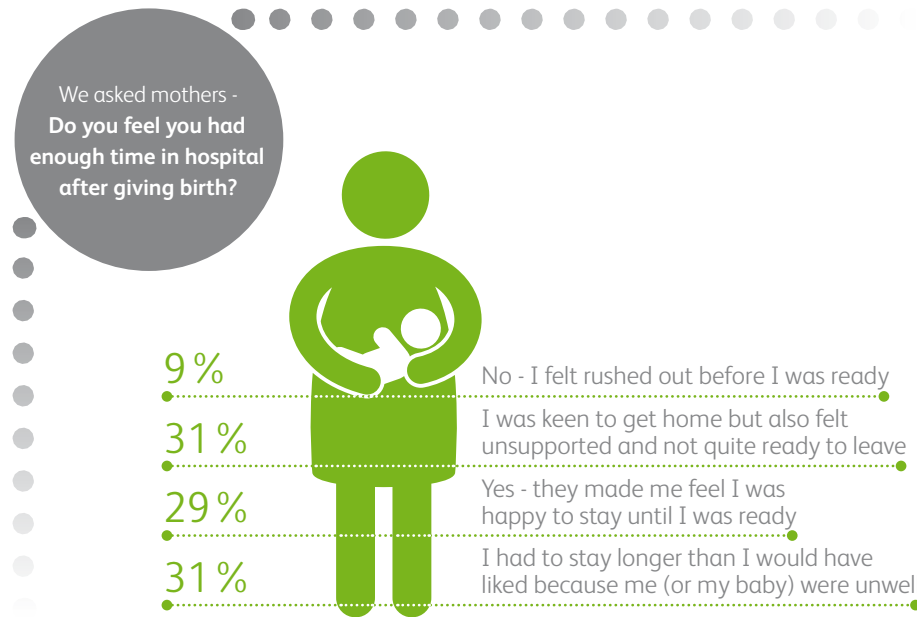
mother - "Once I got home I saw a midwife for no more than 10 minutes on two occasions – both within 8 days of giving birth. I never, before or after birth, saw the same midwife twice, so I often had to explain everything over and over which took up all the time in my appointments rather than them being a time for discussing my care."

Recommendation

Providers of NHS maternity care need to ensure that midwives and MSWs are given time to prioritise a postnatal care plan with women. This would be aided by offering models of care that provide continuity. The RCM recognises that continuity of care is a very

significant factor in determining the satisfaction women feel when reviewing their postnatal care. We ask that NHS commissioners now listen to women, midwives and maternity support workers and help us implement a truly effective model of care.

> Where postnatal care takes place



Alarming only 29% of women felt able to stay as long as they felt they needed. Even more disturbingly, 9% felt that they were rushed out before they were ready. The length of stay has steadily decreased over the last fifteen years with the majority of women now leaving hospital within six hours of the birth. This reduction in postnatal length of stay is in the context of

increased instrumental and caesarean deliveries which requires more intensive postnatal care. NICE recommends that: "Length of stay in a maternity unit should be discussed between the individual woman and her healthcare professional, taking into account the health and well-being of the woman and her baby and the level of support available following discharge".

mother - "I had great care with my first baby, with the 2nd I was rushed home within couple hours of giving birth, distressed and in pain, probably still in shock, which contributed to my PND."

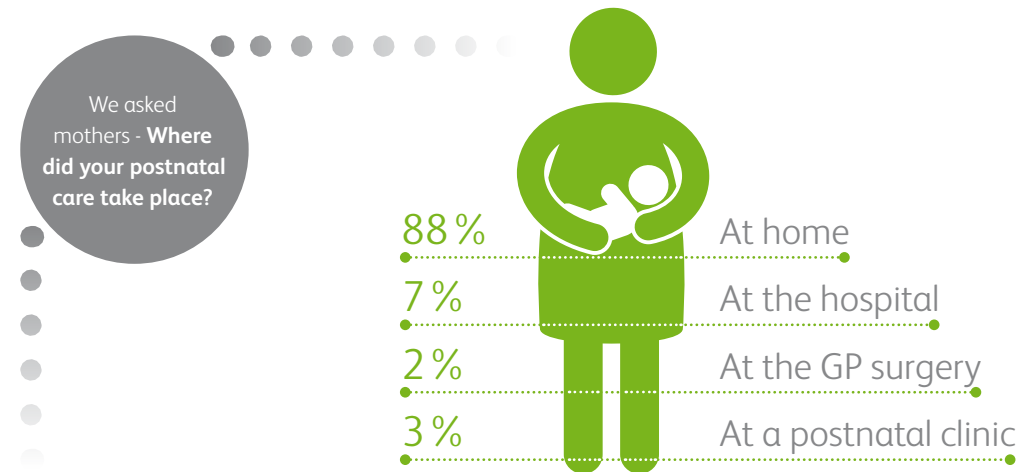
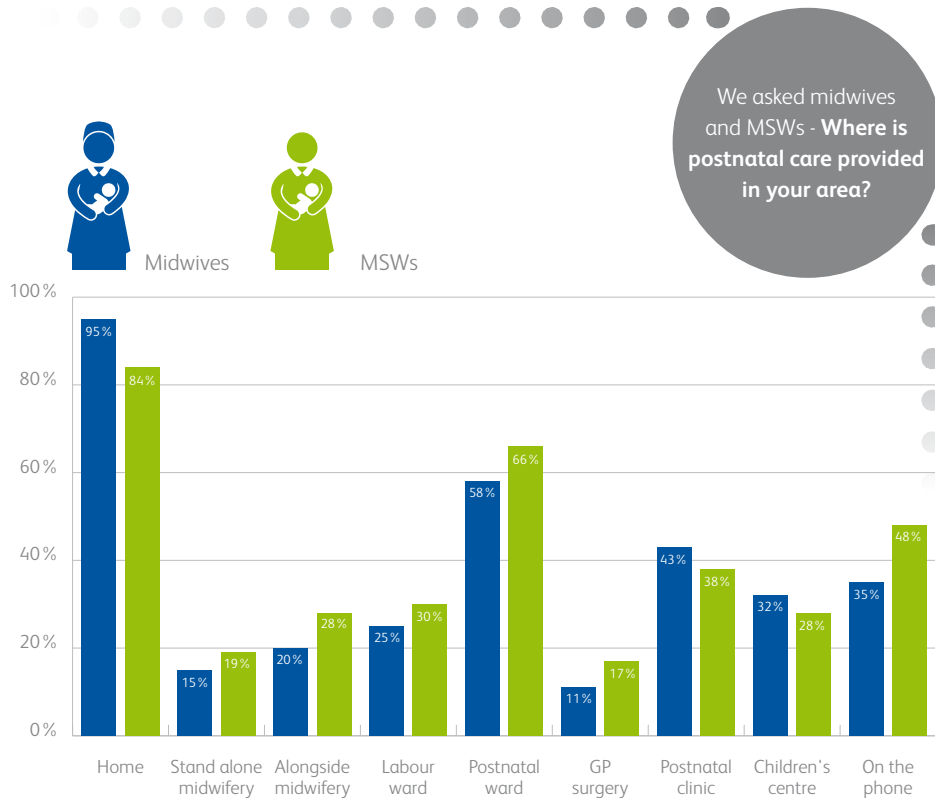
mother - "Definitely feel that staff are under huge stress and the quality of care is affected. After I had my first baby I felt awful and wanted to stay overnight but was told no that it was not a hotel!"

midwife - "The women are discharged inadequately prepared from the ward because the hospital is grossly understaffed."

midwife - "The management told me that I had to discharge this woman who was struggling with breast feeding as we needed the bed. There is little support for the women due to our early discharge policy."

mother - "A midwife never came to me; I had to go to the maternity unit."

midwife - "Since re-structuring delivery of care continuity has disintegrated. Lack of staff and money has led to a fragmented service."



These findings demonstrate that a considerable number of women still receive at least some of their postnatal care at home. Good postnatal care planning should enable women to take part in the decision about where it takes place. There should be genuine choice about whether the woman gets home visits or accesses postnatal care via community setting i.e. children's centres. The RCM believes it is important that the first postnatal meeting with a midwife should be offered as a home visit where possible and where appropriate, according to the woman's home environment.

43% of the midwives reported the use of postnatal clinics and 35% the use of the phone. The use of both these facilities has increased dramatically in recent years. The increased use of these less personal contacts might offer useful flexibility and potential access to peer support for some women, but it can also limit the potential for valuable information sharing between the woman and the midwife, and can result in women being less likely to voice concerns about their emotional or mental wellbeing.

mother - "I had to go all over for it even having a new baby, a C-section scar and being a single mum."

mother - "I think parents should have a few visits at home; I had to travel on a bus with my baby to a clinic that isn't even near my house. Nobody came to my house either a day or a few days after to help with breastfeeding I had to ask a neighbour. I felt pretty let down after the birth of my daughter, luckily I had my mum."

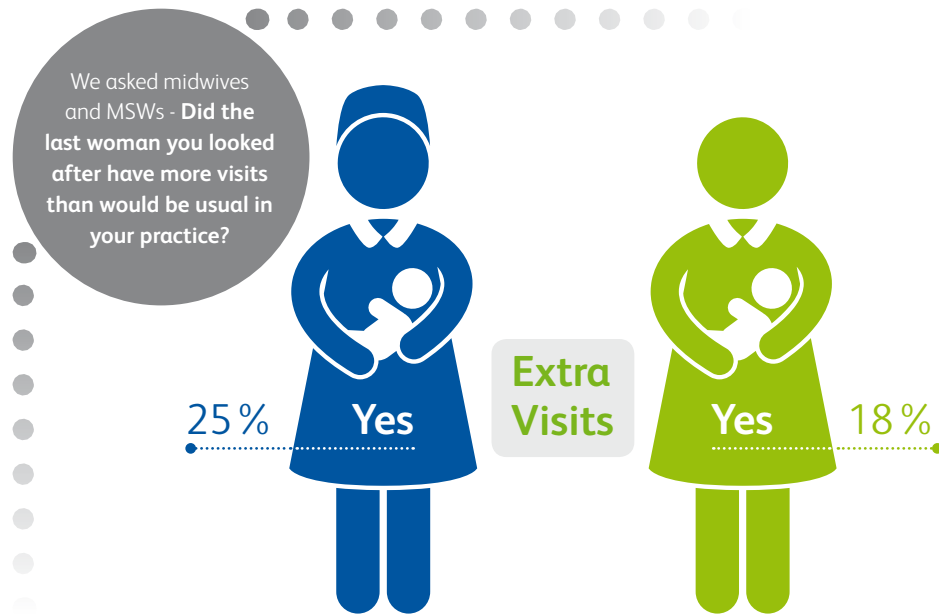
Recommendation

Postnatal care planning should enable women to take part in the decision and to make genuinely informed choices about where it takes place.

> Individualised care

mother - "I had trouble feeding so my midwife visited me a lot."

midwife - "Women are all different and their needs cannot be treated by dictate."



mother - "My community midwife was very good and I did receive good care but they are very stretched in terms of the time they can give you."

midwife - "I feel lucky that as a homebirth midwife, my caseload allows me to give extra time to my women, however, our community midwives don't have that luxury and we are always helping them with their visits and clinics, which then impacts on the care we provide."

Reasons for extra visits

Feeding	34%
Emotional well-being / mental health	12%
Clinical concern about baby	19%
Clinical concern about mother	25%
Safeguarding issue	3%
Support of vulnerable family	6%

When asked to explain the reasons for extra visits the most common reasons given by midwives were to provide support with feeding (34%) and in response to a clinical concern about the mother (25%).

Members of the maternity team are clearly attempting to paper over the cracks of a creaking postnatal care system by offering more visits whenever they are able to. Corners being cut to make cost savings, such as rushing to discharge women, inevitably lead to maternity teams stretching themselves to offer care later in the postnatal care cycle.

Recommendation

Midwives should be entrusted to make clinical decisions about the number of postnatal contacts in line with women's and babies needs and staffing levels should be established which enable this to happen.

> Continuity of care

mother - "I never saw the same midwife twice before or afterwards, I felt like an item for them to tick off and got no real sense of care."

mother - "I saw so many different midwives, both before and after the birth of my baby they had not a hope of offering the kind of care that I wanted. I never had a chance to get to know and trust any of them, and they never had a chance to get to know me."

We asked midwives - **How would you describe the relationship with the last woman you looked after?**



Main carer antenatal, labour and postnatal	4%
Main carer antenatal and postnatal	27%
Main carer labour and postnatal	9%
Some care antenatal, labour and postnatal	4%
Some care labour and postnatal	7%
Postnatal care only	49%

Despite the significant body of evidence demonstrating the value continuity of care in the provision of maternity services, it is disturbing that only 4% of the women in this survey had had full continuity of care that included antenatal, labour and postnatal care.

27% of the women did have some care from the same midwife antenatally and postnatally but nearly half of these women had only met the midwife during the postnatal period.

Recommendation

Midwives and MSWs must be enabled to prioritise continuity of care, through the intelligent commissioning of maternity services. Models of care

must be implemented that have adequate provision for home births and births in free standing maternity units, which are more able to provide this continuity.

> Use of NICE postnatal quality standard

One in five of the student midwives who were near qualification were not aware of what the NICE quality standard was saying about the postnatal

care plan. In addition 18% of those asked were concerned that they did not feel adequately prepared to discuss the plan with women.



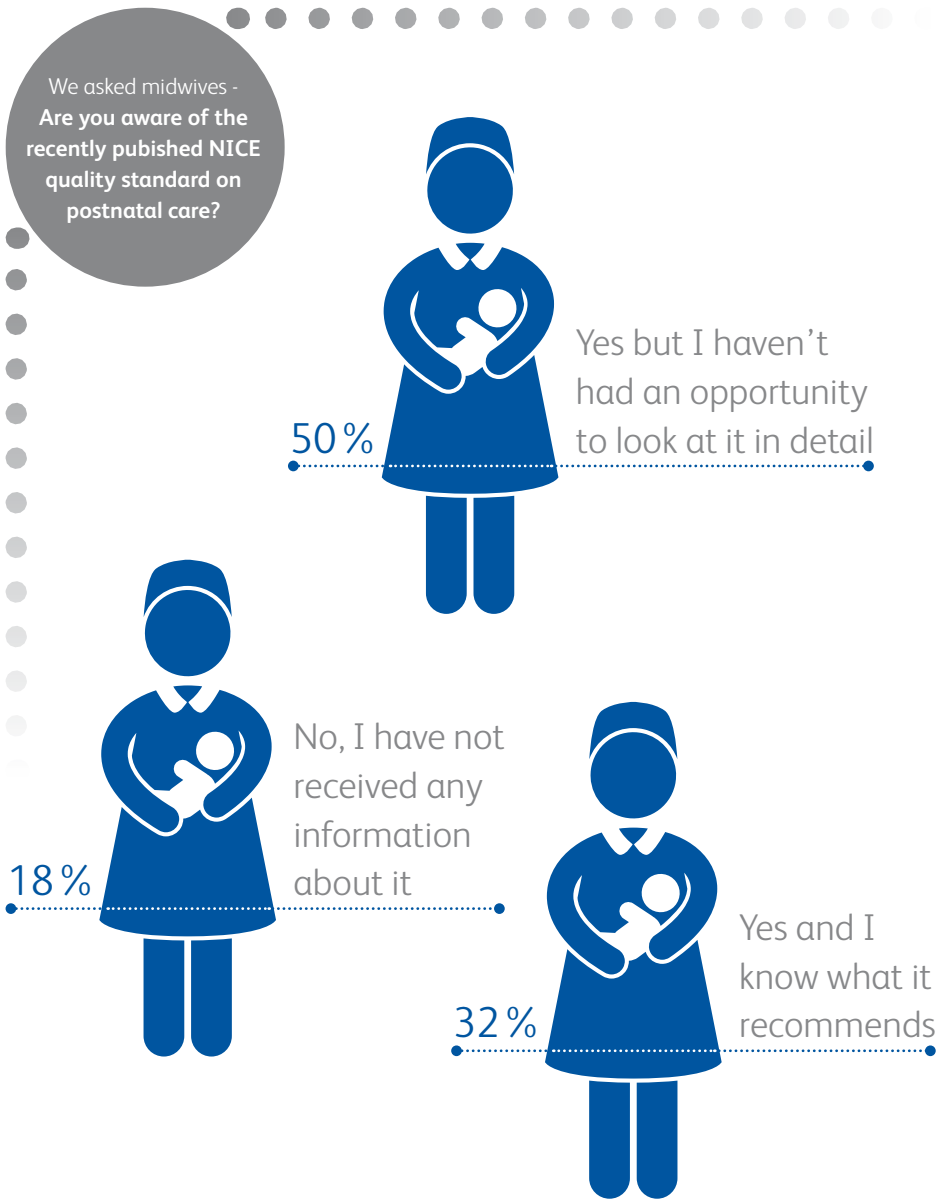
student midwife - “Never came across this in practice.”

student midwife - “I wasn’t even aware that such a plan existed.”

student midwife - “No placement on postnatal since beginning of 1st year. Now a 3rd year... Hope I can remember what I’m meant to do!”

student midwife - “Despite NICE guidelines I have not yet observed or been involved in developing a care plan. Women are told what visits they will be given and vary rarely asked what they feel they need for postnatal care.”

student midwife - “There is simply not enough time when out in the community to make individualised care planning.”



midwife - "It has not been promoted/acknowledged by our trust and it won't make the slightest bit of difference to the managers who try to control my practice."

Our findings, that the majority of midwives (68%) are not fully aware of relevant NICE guidance, demonstrates that this information is not being readily disseminated to front line staff, that they do not have time to engage with it in any detail and the content does not appear to be a policy driver.

midwife - "Too busy to remember what is in it."

Student midwives are more aware of what NICE guidance recommends, but it is alarming that 18% of those near qualification do not feel adequately prepared to have the discussion with women. Their comments tell us that they do not see also tell a story that they do not see it as having any impact on practice.

Recommendation

Organisations providing maternity care must ensure that they adequately disseminate relevant NICE guidance and that midwives are absorbing the key recommendations so they are clear on what they are meant to be providing. Comprehensive postnatal care planning should be able to adequately respond to the clinical needs of mothers and babies, and to allow for support where it is needed most, be that maternal mental health issues, support with infant feeding or time spent educating parents.

The Pressure Points outlined here make clear that the majority of midwives and maternity support workers are not able to provide this care to a standard they are pleased with. They are being constrained by a system which doesn't allow them enough time to discuss, and respond to, women's individual needs.

Midwives and MSWs want to offer individualised postnatal care planning – for the sake of women and their babies, we need a system of commissioning which enables them to do this.

How do we fix this?

Despite the existence of NICE recommendations, our surveys have identified significant gaps between what women should be getting in terms of postnatal care planning and what they are actually receiving.

The RCM believes there are a number of practical steps that can be taken to ensure that all women receive the care that they need and is appropriate to them. These measures could include:

- Postnatal services should be commissioned and provided in a way that is consistent with NICE quality standard recommendations. In particular they should comply with the recommendations that women are provided with an individualised postnatal care plan and that there are enough midwives to ensure women receive the number of postnatal visits that are appropriate to their needs.
- Implementation of a maternity care pathway that reflects postnatal planning from pregnancy.
- Adequate numbers of midwives and MSWs with time to develop and review the care plan in response to women's needs.
- Postnatal care planning that enables women to take part in the decision about where it takes place.
- Midwifery staffing that reflects policy demands and can offer continuity of care.
- Midwives empowered and entrusted to make clinical decisions about number of postnatal contacts in line with women's and babies needs.

Underpinning all this is the need for more midwives, particularly in England. A lack of resources is the key reason standards of postnatal care are not as good as they could be. Attempts at improving care will always fall down in a service struggling to deliver many of the basic aspects of maternity care.

Progress must be made on this if we are to get anywhere in delivering the improvements in postnatal care that the RCM wants to see, midwives believe are necessary, the evidence shows are important and which mothers deserve.

Get involved with our campaign online at www.rcm.org.uk/pressurepoints

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The Royal College of Midwives
Published August 2014