

# A woman-led approach to improving postnatal care

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Responding to negative feedback from service users specifically about postnatal care, Claire Fryer-Croxall and Elizabeth Bailey describe the steps taken in Coventry and Warwickshire to improve support for women and their families

## A woman-led approach to improving postnatal care

**SUMMARY:** As a large NHS teaching trust we see 6,000 women a year who birth with us. Newly appointed as a modern matron, I noted that poor experience on our postnatal ward has always been a key issue in the complaints we receive and from the feedback that our women give to us. The *ImPosE* (improving postnatal experience) project was launched in December 2013. This brought together members of the multidisciplinary team who were committed to developing our postnatal ward and improving it for our women and their families. We used a quality management approach, putting 'customer' experience at the core, and implemented a varied package of changes as directed by feedback from service users.

**Keywords** ImPosE, listening, improve, quality management, postnatal care

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Women are more likely to rate postnatal care less favourably than other aspects of care

### Introduction

It has long been recognised that postnatal care has been the 'Cinderella service' in maternity care (Wray 2006; Barker 2013) and, despite repeated directives for improvement, from *Changing childbirth* (Department of Health (DH) 1993) through to *Maternity matters* (DH 2007), women are more likely to rate postnatal care less favourably than other aspects of care (Brown et al 2005). For example, surveys by the NCT (Singh and Newburn 2000; Bhavnani and Newburn 2010) found that women want more midwifery time, information and consistent advice in the postnatal period. The close emotional attachment of both parents at this special time can be left unacknowledged, and support from midwives is of great importance to the families (Ellberg et al 2010).

### Complaints

From reviewing the complaints received over the previous 12 months at University Hospital Coventry and Warwickshire (UHCW), it was clear that this was no exception. During a pilot of the *Friends and family test* (FFT) (NHS England patients and information directorate (NHS EPID) 2013) findings revealed disappointing scores about postnatal care. The Trust's pre-existing *Impressions* survey, which invites open comments and feedback, also highlighted that women felt alone, unsupported and part of a process rather than having a sense of woman/family-centredness. This background context provided an opportunity to implement a strategy to improve women's experience of postnatal care in a way that would be embraced by staff and women. >>

### Fifteen steps challenge

As a newly appointed modern matron in 2013, a priority activity I performed was a 'fresh eyes' exercise on the postnatal ward in collaboration with a maternity support worker. This was in line with the consumer-led concept of the '15 steps' challenge which was developed from the following comment from a parent:

*"I can tell what kind of care my daughter is going to get within 15 steps of walking onto a ward"*

(NHS Institute for Innovation and Improvement (NHS III) 2012).

Features that became apparent in this process included: the curtains being closed around every bed space; staff appearing to be rushed; and women not interacting with each other. Women appeared to be alone and searching for assistance. In addition, women disclosed that the care they had whilst on labour ward and in the birth centre had been 'amazing' and that they had felt looked after and supported; but when they were transferred to the postnatal ward they felt abandoned, alone and anxious. Some of the key issues highlighted were about the rigid nature of visiting hours, delayed discharge paperwork, that there appeared to be staff shortages and that they did not have enough help with breastfeeding. Listening to what women tell us about their experiences has been the cornerstone principle to making positive changes within the maternity unit. This was initially an intuitive process, which was then built upon with our insights from FFT, 'fresh eyes' and 'Impressions' survey data, all of which informed the implementation of a focused project: 'Impose'.

### ImPosE

(Improving postnatal experience)

We used a total quality management approach

by putting 'customer' experience at the core of change (See Table 1). By following quality management principles we were able to use what we had learned from 'customer experience' and develop a 'process' and 'system' approach to ward activities, based on women's journey through the ward. We looked at changing systems or processes that had a negative impact on experience (See Table 1). Aware of the common recognised barriers to change, namely motivation, acceptance and beliefs, skills and practicalities (National Institute for Health and Care Excellence (NICE) 2007), positive managerial support was offered with an emphasis on leadership.

The *ImPosE* campaign was launched in December 2013, whereby staff attended a listening event. The campaign was shared with

the local maternity liaison support committee, and launched on Twitter. Both women and staff were invited to comment on their ideas for improvements. A core team of midwives on the postnatal ward was set up to lead the changes in line with the third total quality management principle of 'involvement of people' (Patel 2009).

In line with principles of this model, changes were made to the overall organisation of the ward's daily activities, and a pragmatic approach to addressing the issues raised was applied. There were some initial difficulties in changing some historical practices on the ward, but once people's negative assumptions were not realised, the changes were accepted. The overall motivation of the staff and their sense of ownership of the changes allowed for

Table 1 Principles of total quality management

1 Customer focused organisation	Organisations depend on their customers and therefore should understand current and future customer needs, should meet customer requirements and strive to exceed customer expectations
2 Leadership	Leaders establish unity of purpose and direction. They should create and maintain the internal environment in which people can become fully involved in achieving the organisation's objectives
3 Involvement of people	People at all levels are the essence of an organisation and their full involvement enables their abilities to be used for the organisation's benefit
4 Process approach	A desired result is achieved more efficiently when activities and related resources are managed as a process
5 System approach to management	Identifying, understanding and managing a system of interrelated processes as a system contributes to the organisation's effectiveness and efficiency in achieving its objectives
6 Continual Improvement	Continual improvement of the organisation's overall performance should be a permanent objective of the organisation
7 Factual approach to decision making	Effective decisions are based on the analysis of data and information
8 Mutually beneficial relationships	An organisation and its suppliers are interdependent and a mutually beneficial relationship enhances the ability of both to create value

the introduction of multiple changes within the wider goal of improving the whole postnatal ward experience.

## Changes

Ward environment and organisational changes:

- An open curtain policy was launched to improve safety on the ward and to encourage women to talk to each other and share their experiences.
- A designated 'discharge midwife' on every shift to host daily (10am) postnatal discharge information, giving a session with a nursery nurse and to manage paperwork. Women are urged to attend this as it encourages group discussion and speeds up their discharge.
- The Head of midwifery has supported eight maternity support workers to commence a diploma in health care at the local college, which is designed around postnatal care.
- Ten additional midwives have been funded to complete a newborn physical examination course at Coventry University to improve the discharge process.

Women's suggestions influenced these changes:

- Employment of nursery nurses to assist women with the fundamentals of new parenting.
- Changes to visiting hours to enable partners to be present all day.
- Fold-away beds purchased to enable partners to stay overnight in side rooms.
- Our yearly #maternitymarch Twitter campaign focused on the postnatal area.

## Success

In just six months complaints about the postnatal ward reduced significantly. The repeated FFT and the Trust's *Impressions* survey have shown a notable shift towards positive experiences.

In line with the total quality management

principles of 'continual improvement' and mutually beneficial relationships (See *Table 1*), a poster has been designed and displayed in the entrance to the ward which has photographs and contact details of the matron and the ward manager, so that we can be contacted and respond more promptly (See *Figure 1*). The 6Cs (Commissioning Board Chief Nursing Officer (CB CNO) and DH Chief Nursing Adviser (DH CNA) 2012) logo is apparent as well as the FFT, and space for 'You said' and 'We did' allows feedback on how we are developing our service from women's comments.

Figure 1 Poster displayed in ward entrance area



## Conclusion

Our approach to implementing change and improving the experiences of women on the ward has been one that embraces a 'common sense' rationale with communication at its core and in line with a 'customer service' driven model (Patel 2009). The 2014 RCM *Pressure points* campaign (RCM 2014) made many recommendations for maternity services, which the *ImPosE* project has, coincidentally, addressed. Of note are increased resources and delivery of consistent evidence-based information. Our approach to listening through the FFT and visibility on the wards of the ward manager and modern matron will continue. We are committed to keeping dialogue open

with staff, to drive the service forward.

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