Implementation of midwifery led care in labour for uncomplicated women with BMI 35-40 in a consultant led unit.

Introduction

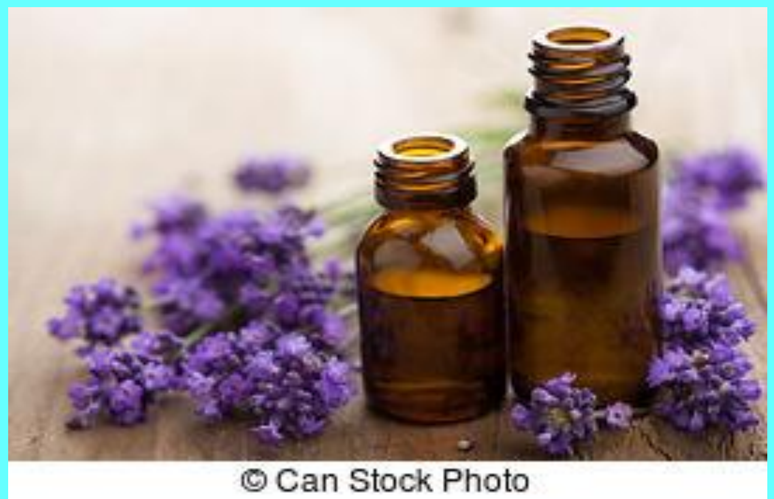
Obesity is linked to social deprivation with people in the most deprived areas of England 46% more likely to be obese than those living in the least deprived. The area the trust is located has average levels of adult obesity but the highest rate in the country of obese children aged 4-5 suggesting this will be a growing issue in the future. Obesity is linked to higher rates of pregnancy and birth complications including Caesarean sections, wound infection, thromboembolism, postpartum haemorrhage and severe perineal tears as well as a higher risk for perinatal depression.

Is there a better way?

There is evidence available that shows that otherwise uncomplicated women, with a BMI between 35 & 40, who gave birth in alongside midwifery led units who had given birth before were able to achieve birth outcomes on a par with non-obese women and first time mothers had outcomes significantly better than women who gave birth on consultant led units. (Rowe et al, 2018). The evidence also shows that the majority of women in this BMI range will remain uncomplicated through their pregnancies.

Implementation challenges

There is no alongside midwifery led unit in the trust and so women are unable to access this option which has been shown to significantly lower the likelihood of instrumental birth and Caesarean sections and increase maternal satisfaction. This means that the inequality of outcomes for obese women is perpetuated by the lack of choice available in the local area.
The project aims to increase access to midwifery led care for obese women within the existing consultant led units. The challenge of the project is to maximize fidelity to the midwife led care of the study by Rowe et al by identifying and addressing the barriers to women accessing this care in the local setting.



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Implementation methods

The project will use experience based co-design to identify and address the factors that prevent women from accessing midwifery led care in labour. Women who have given birth locally or who are currently pregnant have been asked to be involved using the Maternity Voices Partnership social media. Two obstetricians have also agreed to take part. The literature review identified a problem with obese women having their confidence in their ability to give birth eroded by their encounters with health professionals right from the beginning of their pregnancies. There was also research showing that trust of and engagement with professionals is damaged by negative encounters (Hazlehurst et al, 2013). This led to a change from the original plan of creating a toolkit to be used during labour to one to be used throughout the antenatal period. The aim is to promote positive relationships and confidence in both women and staff.

Evaluation

There will be a mixture of evaluation methods. The exact outcome measures will be decided as part of the experience based co design process to ensure they reflect what is important to the participants. There will also be an audit of care in labour and birth from a selection of clinical notes before and after the project. This will assess if there has been any change in practice and improvement in clinical outcomes to reflect success in moving towards the midwifery led care achieved in alongside midwife led units.

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Tamsin Cripps

Maternity Services at Morecambe Bay

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