Marvellous Maternity
Improving care and safety

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UHS NHS FT
Mum and baby deaths probe at Shrewsbury and Telford Hospital Trust hits 104 families

Kayleigh Griffiths, whose daughter Pippa died at Shrewsbury and Telford maternity unit, called for the board to quit.

The Centre for Maternal, Fetal and Neonatal Health at University College London is conducting the inquiry which will be open to the public.
Model for Improvement
** AIM **

** PRIMARY DRIVERS **
- Risk assessment
- Handover & communication
- Timely escalation and transfer
- Learning culture

** SECONDARY DRIVERS **
- Leadership and peer support
- Risk assessment tools
- Use structured handover tool
- Involving women
- Birth plans
- Transfers are appropriate
- Transfers are timely
- Dashboard
- Learning from incidents
- MDT working

** CHANGE IDEAS **
- Fresh ears
- Fetal risk assessment tool
- SBAR champions, Theme of the Week, guidelines
- Bedside handovers
- Plans shared and recorded on eDocs
- Review transfer data
- Traffic light transfer tool
- Dashboard data relevant to Birth Centres
- Case reviews/favourable events at team meetings
- Link Obstetrician and Neonatologist
Fresh ears in the Birth Centres
Helping to support our colleagues and improve detection of fetal and maternal deterioration

What is fresh ears about?
The Trust is taking part in the National Maternal and Neonatal Safety Collaborative – to improve outcomes for mums and babies across the country. We want to reduce the rates of maternal deaths, stillbirths, neonatal deaths and brain injuries that occur during or soon after birth by 20% by 2020 and 50% by 2030.

There is lots of work across the country to achieve this, much of which is focussed on carbon monoxide screening and smoking cessation, improving CTG analysis, improved detection of growth restricted babies, prevention of neonatal hypoglycaemia and prompt detection of maternal deterioration.

Our fresh ears approach:
- Does your buddy need a comfort break or refreshments?
- Consider woman’s hydration and nutritional needs
- Anaesthesia and support needs
- Observations carried out at appropriate frequency
- Deviations in maternal or fetal observations e.g. rising baseline
- Progress in labour as expected
- Bladder care 3-4 hourly
- VTE risk assessment
- Answer any questions your buddy may have
- Take this opportunity to discuss ongoing care with woman and answer any questions
- Document the above in the woman’s records

How often do I do fresh ears?
- 4 hourly in first stage of labour labour
- Hourly in second stage of labour

Fresh ears
Supporting our colleagues and improving detection of fetal and maternal deterioration

Implementation
We piloted fresh ears in our Birth Centres in November 2017 and launched in February 2018. We can adopt our approach as we learn more about how it works in practice.

Evaluation
We will be monitoring fresh ears alongside the incidence of adverse outcomes in the birth centre each month. Progress of the project is being shared with the National Maternity and Neonatal Safety Collaborative with a view to rolling out to other birth centres.

Aims of fresh ears approach
- Peer support
- Regular structured and comprehensive risk assessment in birth centres
- Provide women with an opportunity to ask questions
- Advice about position, nutrition, hydration and bladder care
- Looking out for evolving risk factors
- While adverse outcomes are uncommon in birth centres, it is expected that fresh ears will help reduce them further

We need your fresh ears feedback!
- What worked well?
- What can we improve?
- What do women think?
- Does “phone a friend” fresh ears work out of hours?
- What about home birth?
Discuss your ideas with your shift leader!

Want to know more?
Ask your shift leader for more information or email lisa.smith@uhs.nhs.uk

Search for MatNeoGi
https://improvement.nhs.uk/resources/maternal-and-neonatal-safety-collaborative/teams

Emergency Transfer from Broadlands Birth Centre to Labour Ward

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
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<table>
<thead>
<tr>
<th>Hospital No.</th>
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<table>
<thead>
<tr>
<th>RED (time critical)</th>
<th>AMBER (Emergency)</th>
<th>GREEN (urgent)</th>
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<tbody>
<tr>
<td>Arrival on site within 15 mins</td>
<td>Arrival on site within 30 mins</td>
<td>Arrival on site within 1 hour</td>
</tr>
<tr>
<td>CORD PROLAPSE - call 2222</td>
<td>Perinatal Trauma BLEEDING (complicated/3-4 tear)</td>
<td>Perinatal Trauma NOT BLEEDING</td>
</tr>
<tr>
<td>*ECLAMPSIA - call 2222</td>
<td>Retained Placenta ONGOING BLEEDING</td>
<td>Retained Placenta NOT BLEEDING</td>
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<tr>
<td>*MATERNAL COLLAPSE - call 2222</td>
<td>*Move once stabilised</td>
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<table>
<thead>
<tr>
<th>PPH/ APH</th>
<th>PPH/ APH</th>
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<tbody>
<tr>
<td>Significant APH &gt;100mls</td>
<td>APH 5-50mls</td>
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<tr>
<td>PPH &gt;1000mls (call 2222 if ongoing)</td>
<td>PPH &gt;500mls</td>
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<thead>
<tr>
<th>Abnormal maternal obs:</th>
<th>Abnormal obs:</th>
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<tbody>
<tr>
<td>Severe ↑BP 160/110</td>
<td>↑BP 140/90 persistently (x2-3 30mins apart)</td>
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<tr>
<td>Septis T &gt; 35°C</td>
<td>↑T &gt; 35.7°C (2hrs apart)</td>
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<tr>
<td>Tachycardia &gt;120bpm</td>
<td>Tachycardia &gt;110bpm</td>
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<thead>
<tr>
<th>Delay in any Stage and Fetal Concerns</th>
<th>Delay in 2nd stage NO Fetal concerns</th>
<th>Delay in 1st stage NO Fetal concerns</th>
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<tbody>
<tr>
<td>Fetal Concerns at any stage:</td>
<td>Fetal Concerns:</td>
<td>Fetal Concerns:</td>
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<tr>
<td>Decelerations</td>
<td>j FM's</td>
<td>SFD/LFD</td>
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<tr>
<td>Bradycardia</td>
<td>Any CTG NOT normal/non-reassuring</td>
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<td>Fetal Tracing</td>
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<table>
<thead>
<tr>
<th>Malpresentation in ACTIVE labour</th>
<th>Malpresentation in early labour</th>
<th>Malpresentation NOT in labour</th>
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<tbody>
<tr>
<td>Significant Meconium</td>
<td>Significant Meconium</td>
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<tr>
<td>+ FHR Concerns</td>
<td>+ no FHR Concerns</td>
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<th>OTHER:</th>
<th>Reason:</th>
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**IF RED AND NO CAPACITY ON LABOUR WARD- IT MUST BE ESCALATED**
Operational coordinator in hours/manager on call out of hours

Signature:  
Print:  

PLEASE FILE THIS PROFORMA WITH THE PATIENT'S NOTES