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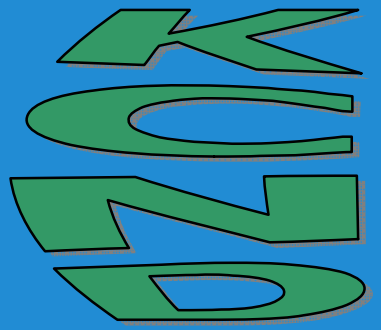
Achieving normal birth Delivering the strategy in Scotland



Scottish Government Health Directorates

Chief Nursing Officer Directorate

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Policy context

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- Maternity
  - Framework for Maternity Services (2001)
    - Pregnancy and childbirth normal life events
    - Services mainly community based and midwife led
    - Appropriate care packages based on need
    - Multi-professional working
    - Appropriate lead professional
    - Sustainable maternity and neonatal provision
  - Being refreshed

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“ ..children born to parents in the lowest income quintile are much more likely than others to have been affected by maternal smoking, drinking or drug use during pregnancy, to have a single teenage mother, not to have been breastfed, to be exposed to second hand tobacco at home, to be weaned onto an unhealthy diet, to have poor dental health, and to receive relatively little stimulation..”

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Societal context

- Rising birthrate trend
  - Economic and social migration
- Increased case complexity
  - Rising maternal age, obesity, improved management medical conditions
- Career framework changes
  - Pregnancy and birth normal life events ***but***
  - Need to ensure specialist services readily available for women / babies as required

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Service context

- 8 Special Health Boards
  - National remit eg: governance, education
- 14 Health Boards
  - Local service delivery and governance
- 60,000 births
  - Significant socio economic deprivation, diversity
  - Urban and remote/rural populations
- 19 CLU, 21 CMU, alongside MLU, homebirth

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KCND

- Keeping childbirth natural and dynamic
- 3-4 year multi-professional workstream
- Aims
  - Implement policy in practice
  - Support effective team approach
  - Optimise opportunities for natural experience
  - Minimise risk and improve efficiency

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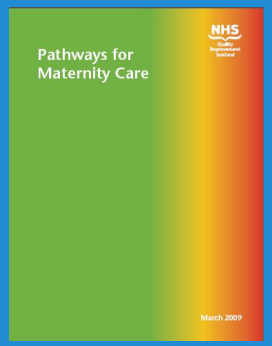
Objectives

- National care pathways
  - Multi-professional
  - Support “normality”
  - Appropriate for need
  - Appropriate intervention
  - Avoid duplication of resources
- Status
  - No routine admission CTG healthy women
  - Implemented in practice



- Appropriate lead professional
  - Midwife, healthy women
    - Continuity of care and carer
  - Maternity team, complexity
  - Lead recorded
    - SWHMR, statistical returns
- Status
  - Implemented in practice
  - National work on data capture ongoing

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Objectives

- Midwife 1st professional contact
  - Seamless access
  - Early needs assessment
  - Early targeted intervention for at risk families
  - Public health messages
  - Enhanced screening
  - Offer care options
- Status
  - Phased implementation
  - Most Boards implemented for 75% women, Dec 09
  - Rest by Summer 2010

Delivering

- Political impetus
  - Centrally led SGHD
    - Pros and cons
    - Multi-professional steering, programme lead
    - Overall governance
- Open to wider policy and agendas
  - Public health, screening imperatives
  - KCND as vehicle

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Delivering

- Engagement and change management
  - Women, stakeholders, Royal Colleges
    - Local, regional, national levels and events
  - NHS Boards
    - Lead for implementation, local governance
    - Champions – Consultant Midwives (12) leads (2)
  - Special Health Boards
    - Leadership/change management - NHS Education Scotland
    - NHS Quality Improvement Scotland - care pathways
    - Social marketing - NHS Health Scotland
      - Professional and public facing

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Evaluation

- CSO NMAHP Research Unit
  - Independent
  - Model for change? impact?
    - Multi-strand approach
    - Stakeholder interviews
    - Before and after case record review
    - Case studies
    - Women's views

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Summary

- Key messages
  - The maternity team works
    - Right person, right care, right place, right time
  - Systematic implementation of policy in practice
    - Some working this way in excess of 10 years
  - Maximising opportunities for natural experience
  - Facilitating wider aspirations
    - Future family health

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