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# A pilot study on Phone calls received from Maternity Women

# Why was the study done?

- Huge number of calls taken by midwives during their working day.
  - Who was giving this advice?
  - What were the problems mothers phoned with?
  - What was being said, by whom?

- National Safety Agency have raised concerns over telephone advice to mothers
  - Need for Quality control as the advice is part of our care pathway

# Methodology

- All Hospital Midwives took part in the survey for one month.
- 121 forms 61 Primiparous women /60 Multiparous women
- All calls were documented during this time
- Specialist midwives interviewed
- Community midwives interviewed
- Other providers interviewed

**Record of Phone Conversation**

| Time of call | Date | **Hospital Number** |
|---|---|---|
| **Name of Mother** | Mother's Address and **Phone Number** | |
| Gravida | Parity | Mothers DOB |
| Reason for call: | | |
| Advice given/ Plan of care | | |
| Name of person recording call | Midwife/Student/Doctor<br>Please delete as appropriate | |

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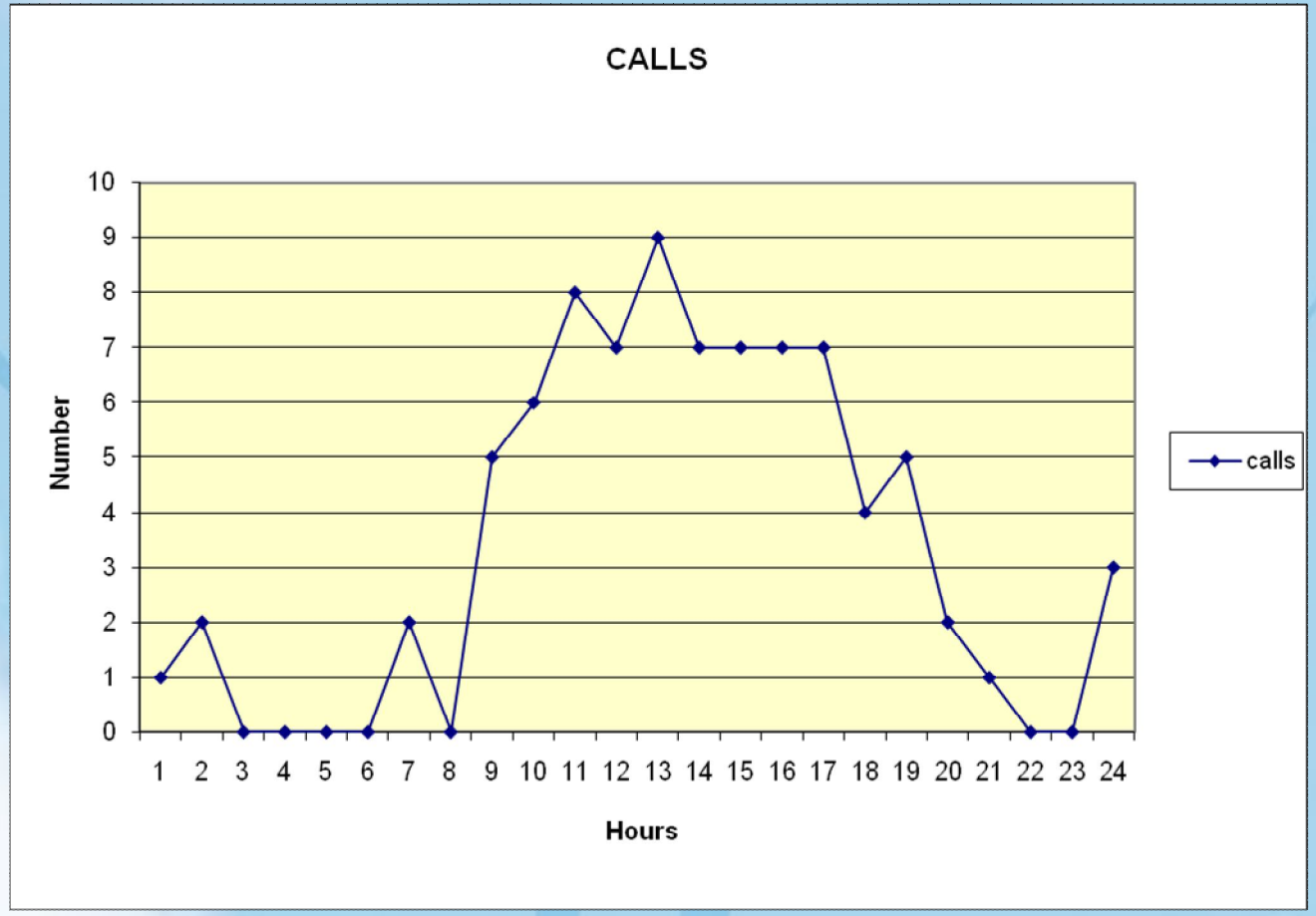
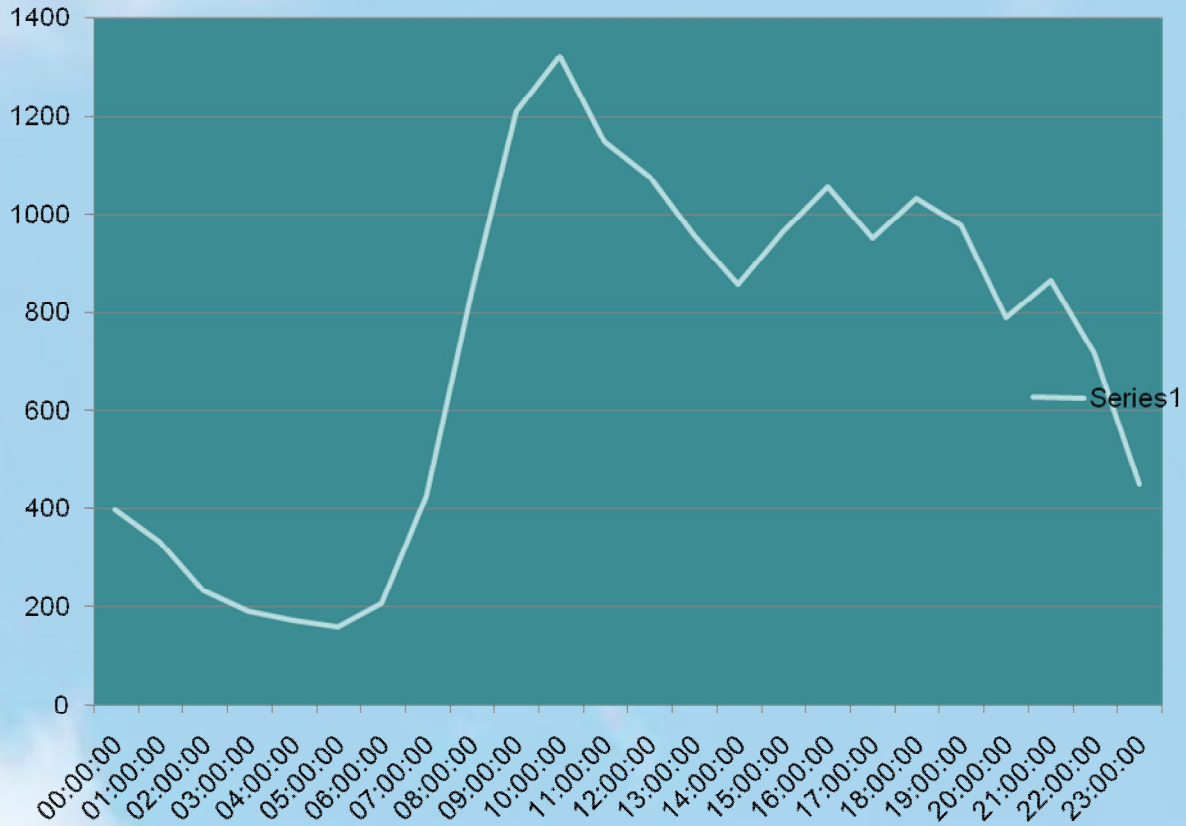
# Results NUHT



# Results NHS Direct

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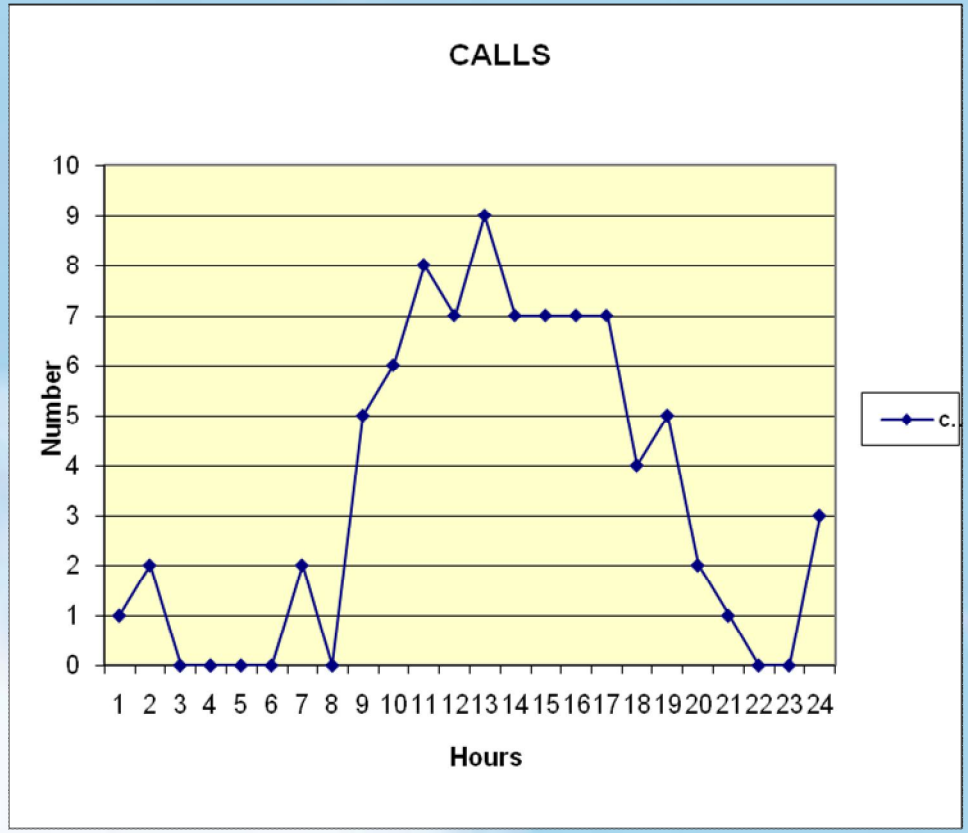
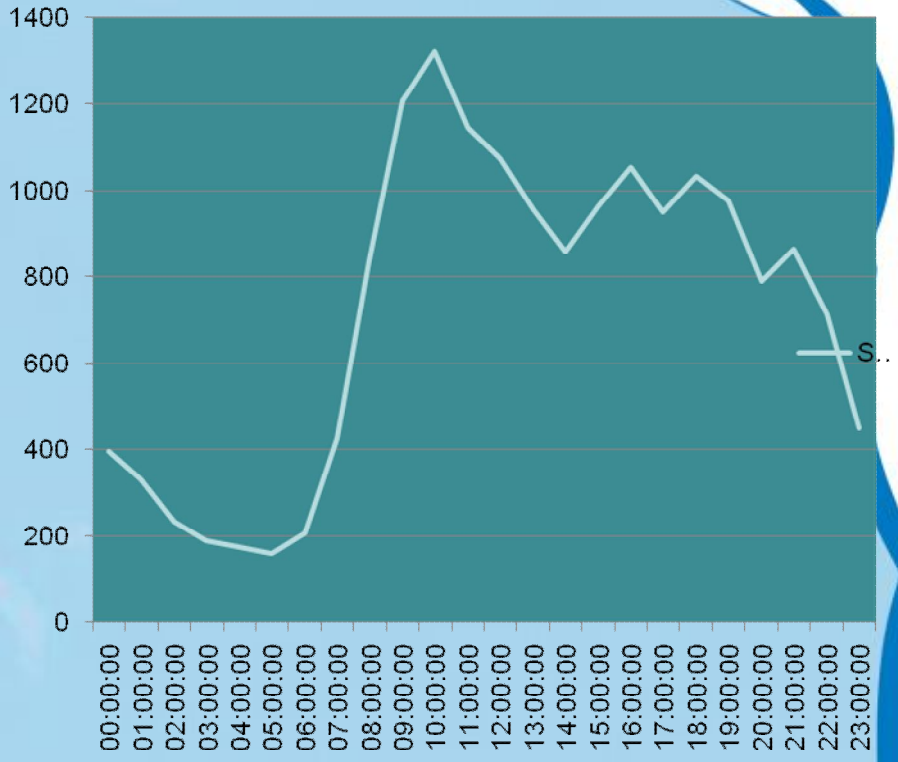
# Comparison

## NUHT




## NHS Direct

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# Why did mothers call?

| | | | | | |
|---|---|---|---|---|---|
| Abdominal Pain | PV bleeding | Early Labour | Frequency | General illness: cough cold SF | Questions about IOL |
| Itching | Sore Nipples | Reduced foetal movements | Nausea and Vomiting | Backache | Oedema |
| Wanting Test results | Had a show | Asking about parent craft | Baby looks yellow | Diarrhoea | Anaemia |
| Confirm/ Change Appts | Breast feeding problems | SROM | Overdue | Anti D enquiry | General pains- not labour |

# Summary of findings

- Need to do a much bigger study encompassing all calls over a longer period
- All calls need to be documented so that they can be analysed at regular intervals for quality control and to identify any are the service that need strengthening
- Careful scripts need to be written encompassing the guidelines
- The service needs to run from 10.00 – 20.00 initially
- Some indications for further training for midwives

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# Setting up the Maternity Helpline

# AIM

- How to take it from conception to a functioning and effective service
  - Who to involve
  - Start up requirement
- Advantages of creating this service

# Why….

- Recognition of the importance it places on Maternity service.
- National Service Framework (2004) requirement.
- Maternity Matters (2007).
- Funded by the Newham Primary Care Trust
- Pilot study carried out in March 2010 confirms the need for instant access to such service.

# Who to involve

Anyone on whom the service will directly or indirectly impinge

- PCT for funding
- Management Team
- Midwives
- IT Dept
- Other Staff members within Maternity
- Communication Dept
- Bilingual and health advocacy services
- Women and their families.

# Start up requirements

- Experience Midwives
- Telephone line and Email address
- Operational Policy
- Quick Reference Guide
- Trust Policies
- Evidence based information
- Electronic Patient Record and Database
- Audit Tool.

# We anticipate

The helpline will:

- Give women choice to be able to go straight to midwives
- Option of self referral to maternity service that will lead to earlier access to maternity service
- Ensure every women has booking and antenatal screening test in correct time frame, before 12 weeks of pregnancy
- Reduce antenatal, postnatal and newborn hospital admissions.

# The future of the service

- Needs to be formally evaluated
- The Future of the service
- Too early to link it with a web site
- Income generation for trust

Newham
Maternity Helpline
020 8090 9999