

DECEMBER 1999



**In this issue:
'A MIDWIFE
YOU KNOW
AND TRUST'**

NEW GENERATION

The magazine of the NCT



Time and again caseload midwifery is claimed to be better for mother and child. Happier birth experiences, fewer interventions, superior postnatal histories. In Greenwich, SE London, it has proved better for the local Healthcare Trust, too - attracting more new mothers and bringing back others who previously opted to go elsewhere.

The Greenwich Experience

Just one year after the full implementation of caseload midwifery by the Greenwich Healthcare Trust, deliveries are up by nearly 12%. 'We wanted to implement the standards outlined in *Changing Childbirth* and we wanted to reverse a costly trend which resulted in women having their antenatal and postnatal care here, but delivering in neighbouring Trusts,' says Lynne Sheridan, Service Director in charge of the midwifery project in Greenwich. 'I am very pleased to say that we have done both.'

Service improvements and a pro-active approach have pushed up the number of deliveries a year from 2,700 at the start to a forecast 3,011 by March 2000, a rise of over 300 in 12 months, and they have reduced the average day bed stay from 2.8 to 1.8 days.

Lynne Sheridan says 'One of our indicators is for the mother to know the midwife who delivers her baby. I am delighted to say that our average now is 87%, and in August one of our teams actually achieved 100%. Many of our teams are in fact getting close to that level. Our breastfeeding rates, too, are excellent with something like 60% of women now breastfeeding in Greenwich when they are discharged. The Trust has also achieved the UNICEF Certificate of Commitment for Baby Friendly Status.'

In Greenwich the midwife to births ratio is 1:33, including hospital staff. Core staff work 12-hour shifts, with midwives divided into nine caseload groups of eight midwives. There is always one midwife on call in each group, which reduces the on-calls to six-seven per month per midwife. In addition to their routine duties, groups organise coffee mornings and workshops for women.

'One of the major reasons for the success of this project is the enthusiasm and commitment shown by the whole midwifery team,' Lynne says. 'A lot of time has been spent encouraging staff ownership of the project, meeting training

needs and fostering multi-disciplinary support.' The recruitment and retention of midwives has also improved, with 28 vacancies at the start of the project falling to just six in recent months. 'Because of our holistic approach to maternity care, Greenwich has attracted a number of midwives from overseas, including some from Finland, Austria, Sweden and Germany.

'We have also put a lot of emphasis on postnatal care,' Lynne continues. 'Our care service is divided into low or high dependency, with 'low risk' women with normal deliveries looked after in a 'hotel care' environment by Health Care Assistants (HCAs). Their named midwife conducts a postnatal visit once a day. High dependency women, such as those who have had caesareans, are looked after by ward midwives and their own named midwife, but both high and low dependency postnatal wards are located along one co-joined ward so that there is access to midwives easily.

'With so much enthusiasm and team spirit we have also found that job satisfaction among midwives has gone up which has made it easier to retain and recruit staff. On the whole the project has been a tremendous success, and we have received lots of cards and letters from mothers praising the service at Greenwich. We have also had very positive feedback from GPs, and the number of complaints are down.'

Greenwich Healthcare Trust is currently in the middle of a national Survey of Women's Experience of Maternity Services (SWEMS) consumer evaluation. Another new development has been the implementation of HIV testing for *all* women, with an opt out system in line with government policy. Other recent developments have been a Health Action Zone project for teenage mothers, and the Greenwich Foetal Assessment Unit has opened offering women a chance to be monitored and assessed with CTG monitors if there are any concerns. 'The

Assessment Unit has prevented a number of admissions to hospital by helping us to assess and reassure many women who would otherwise have been admitted when not needed,' says Lynne. Women are normally referred by their GP or midwife and if they have any concerns they can drop in to our Assessment Unit and take advantage of our high level of professional advice.'

More good news for mothers-to-be in Greenwich is the setting up of a new high risk clinic headed by a consultant. The Trust has been working with the Harris Birthright Centre at Kings College Hospital and in collaboration with Prof. Kypros Nicolaidis, who carries out studies into birth abnormalities in the womb.

Julia McDonald who is a Maternity Services Liaison Committee Representative and antenatal teacher in Greenwich and Lewisham is also taken with the success of the Greenwich caseload scheme. 'The antenatal service and delivery are second to none,' she says, although she has reservations about the 'hotel' system, feeling that women receive better care at home than in postnatal wards.

Another MSLC representative in Greenwich, Liz Ginty, echoed the NCT's praise for the caseload scheme. 'It's all due to a combination of a dynamic team, who have got things going,' she said. 'On the whole the changes are incredible and very positive. However, this scheme can be very hard work for midwives as it is midwife led and it puts a lot of personal responsibility on them.'

Last word from Joy Oxenham from Shrewsbury NCT. She visited Greenwich on a factfinding mission last year when her highly successful local caseload pilot was axed for lack of funding. She says: 'Midwives and managers in Greenwich have recognised that women want continuity of care and carer. They should be congratulated on their contribution in this field.'