



The **AHSN** Network

NHS
Improvement

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Oxford
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Buckinghamshire Healthcare **NHS**
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An evaluation of the midwife-led VBAC service at BHT

- 7 years since the midwife-led VBAC pathway was introduced at BHT
- The guideline and pathway is due for review in January 2019
- High elective caesarean section rate with high number of women declining VBAC
- Discussion of patient experience survey results
- Annual VBAC audit

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Patient experience survey

- 64 surveys sent out to a random sample of women who have used the midwife-led VBAC service from June 2017 to January 2018
- 21 surveys returned (33% response rate)

1. What type of birth did you have with your last baby?	
Normal	7 (33%)
Ventouse/Kiwi	1 (5%)
Forceps	3 (14%)
EMCS	4 (19%)
ELCS	6 (29%)

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Patient experience survey

Midwife-led VBAC pathway:
16 weeks and 36 weeks appointment with VBAC midwife, with consultant appointment at 40 weeks (or sooner if requesting ELCS).

2. Did you find your 16 weeks midwife VBAC clinic appointment beneficial?	
Yes	19 (90%)
No	1 (5%) Felt questions not answered by midwife and midwife telling her what to do
Did not attend	1 (5%) Late transfer to SMH

3. Did you find your 36 weeks midwife VBAC clinic appointment beneficial?	
Yes	18 (86%)
No	2 (10%) Mind made up for ELCS at 16 weeks. 1 woman angry that there were then no CS dates available.
Did not attend	3 (14%) Needed CLC

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Patient experience survey

4. Following your first CS, were you informed of the birth reflections service at BHT?	
Yes	9 (43%)
No	9 (43%)
N/A (not WH or SMH)	3 (14%)

5. Following your first CS, would you liked to have been formally offered the birth reflections service to discuss this birth?		6. Following your first CS, would you liked to have been offered the opportunity to discuss future labour and birth choices BEFORE you became pregnant again?	
Yes	11 (52%)	Yes	5 (24%)
No	10 (48%)	No	16 (76%)

7. If you answered yes to Q6, when would you have preferred to of had this discussion?	
4 months	2
5 months	1
6 months	2
Something else (please specify)	N/A

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Patient experience survey

1. During your last pregnancy, if you could have been cared for during labour by a midwife you had met in your pregnancy, would this have made a VBAC more appealing?	
a. For those women who had an elective CS for their last birth:	
No, I would have still chosen an ELCS	8 (38%)
Yes, I would have chosen a VBAC instead of an ELCS	1 (5%)
a. For those women who had a VBAC for their last birth:	
Being cared for in labour by a midwife I met during pregnancy would have appealed to me	6 (29%)
Being cared for by a midwife I met during the pregnancy is not important to me	6 (29%)

Annual VBAC audit

- 40 sets of notes audited for VBAC births in 2017
- Good evidence of documentation of success rates & risks, plan for place of birth, consultant team review by 36 or 40 weeks, and obstetric involvement in labour care.
- Improvements to be made documenting a plan for fetal heart rate monitoring in labour, and individual plans for labour.
- Improved use of VBAC sticker to assist in full discussion of recommendations.
- Improved documentation of individual plans for labour – special features for labour & delivery and/or birth preferences pages.

Further work

- Further audit in progress of women who have declined a VBAC.
- Discuss findings at senior team, labour & antenatal forums, guidelines group and the academic half day.
- Consider modifying the 36 weeks appointment in the MLC VBAC pathway.
- Improvements in the discharge process to ensure birth reflections service is discussed and women aware of how to refer.
- Consider a trial period where on discharge from hospital following primary caesarean section, the woman's details are passed onto the birth reflections midwife and at 6-8 weeks post-birth, the woman is called and offered either a telephone or face-to-face birth reflections session.
- There is no evidence from this survey that provision of continuity of carer will improve uptake of VBAC, or that it is strongly desired by women who experienced a VBAC.

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Reflections

- The overall feedback of the MLC VBAC pathway is that it is an informative and supportive service.
- The pathway does not always work well for those women who have decided from an early gestation that they wish to book for ELCS.
- Improvements can be made in the information and support that women receive following a primary caesarean section.
- Trust's should provide women/birthing partners with the opportunity to discuss and reflect on their previous birth experiences.
- Ensure the voice of the service user is taken into account when redesigning or updating a pathway or service.

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