Midwifery 101

What to worry about and how to help when presented with complex pregnant women in your practice

Pregnancy Testing

Should be routinely offered to all women of childbearing age who are sexually active…

Red flags:

- Lack of periods or unsure of last period
- Nausea and/or vomiting
- Abdominal pain or swelling
- Fetal movements

History

The UK has a statutory system of reporting for maternal deaths where causes & care are investigated and lessons learned.

- CEMD (England & Wales only) 1952 – 1985
- CEMD (UK wide) 1985 - 1999
- CEMACH 2000 – 2008
- CEMACE 2009-2010
- MBRRACE 2010 onwards (2014 & 2015 Saving Lives Improving Mothers Care reports are the factual basis of this presentation) https://www.npeu.ox.ac.uk/mbrrace-uk/reports

Despite a rising birth rate direct maternal deaths (from obstetric causes) have halved since 1985.

However indirect deaths (from other causes) have doubled, ¾ of women who died 2009-12 had pre-existing medical conditions.

What kills mothers?

1. Heart conditions
2. Infection (sepsis)
3. Blood clots (thrombosis)
4. Neurological conditions (e.g. epilepsy)
5. Other indirect physical causes (e.g. medical conditions)
6. Suicide & drug overdose
7. Haemorrhage
8. Amniotic fluid embolism
9. Pre-eclampsia

(direct obstetric causes)

Other people (e.g. violent partners)

Social complexity is a co-factor in many maternal deaths

Background

- Suicide is currently the 6th biggest cause of maternal deaths in the UK
- In pregnant and postnatal women sudden onset and extremely rapid deterioration are characteristic of mental health symptoms
- Specialist perinatal mental health teams should be involved – BUT provision is not yet universal and waiting times can be long

Suicide & Substance Misuse

2009 -2014….

101 pregnant/postnatal women died by suicide

14 of these also had substance misuse issues

83% used violent means

58 died directly of substance misuse related causes – postnatal & postremoval periods increase risk

Red Flags

- Recent and/or rapid change in mental state
- New thoughts or acts of violent self-harm
- New/persistent feelings of inadequacy as a mother or estrangement from baby
- Loss/threat of loss of a baby (including care proceedings)
- Pervasive feelings of guilt or hopelessness
- Evidence of psychosis

Actions

- Urgent referral to A&E for assessment by on-call psychiatrist, ambulance transport is required
- Refer to maternity services, state concerns & request involvement of perinatal mental health team
- Notify named midwife for safeguarding at referral hospital, request Pan-London alert if appropriate

Domestic Violence

Pregnancy is not protective against abuse

- 1/3 of women are hit for the 1st time when pregnant
- 36 women murdered in the extended perinatal period 2009-13, 13 babies also died in-utero
- 31 women killed by partners, 2 by family members & 3 by strangers

Domestic Violence

- All women should be routinely asked about violence in their relationships
- If suspected or disclosed offer contact with SOLACE **0808 802 5565;** Women and Girls Network **0808 801 0660** or local alternative
- Inform GP (if woman has one)
- Discuss with named midwife for safeguarding
- Consider social services referral/update

Access to Maternity Services

Traditional pathway is referral via GP and booking appointment sent out to home address

ASSUMES GP & PERMANENT ADDRESS

1. Self referral via maternity services website
2. Notify named midwife for safeguarding
3. Obstetric triage for same day assessment
4. 999 to A&E or labour ward for urgent review
5. Supervisor of Midwives on-call for advice

Self-referral Forms

Maternity Services Website @ chosen hospital e.g UCL
http://www.uclh.nhs.uk/OurServices/ServiceA-Z/WH/MAT/Pages/Home.aspx

How to refer:
http://www.uclh.nhs.uk/OurServices/ServiceA-Z/WH/MAT/Pages/refer.aspx

Self-referral form
http://www.uclh.nhs.uk/HP/Howtorefer/Specialist%20referral%20forms/Antenatal%20self%20referral%20form%20(pdf).pdf

Named Midwife for Safeguarding:
Contact via switchboard & discuss directly

Establishing contact

Maternity services will need to contact the woman – this is problematic where women are homeless or transient and can act as a barrier to delivering care.

RISK OF FALLING THROUGH THE SAFETY NET

- Mobile phones – ideally her own (state clearly if using someone else's)
- Care of addresses e.g. your clinic / hostel / daycentre
- Outreach workers contact details
- Known areas frequented

Do's

- Refer to Maternity Services & encourage engagement
- Notify Named Midwife for Safeguarding
- Get contact details or offer c/o address for correspondence
- Ensure woman knows she can present at any obstetric triage unit (daytimes) or labour ward/A&E (24hrs)
- Ask roughly how many months pregnant (or LMP if known)
- Ask about current health concerns
- Ask about pre-existing medical conditions
- Ask about previous pregnancies & whereabouts of any children
- Ask about violence, substance misuse, emotional wellbeing & housing
- Ask if baby is moving (16-24wks) or moving normally (28+ wks)
- Give flu vaccine (in season)
- Send in to hospital for further assessment if you are concerned - use ambulance if you feel it is urgent
- Contact the Supervisor of Midwives on-call for advice & help if you need it – every hospital has a 24hr on-call SOM who is usually an experienced midwife with a remit to protect the public

Don’ts

- Listen to the fetal heart
- Touch the abdomen
- Take bloods
- Perform any clinical work outside your sphere of practice
- Miss the opportunity to make a referral to Maternity Services – they then have a responsibility to follow up
- Worry about sharing information if you feel the baby could be at risk e.g Safeguarding Midwife / Social Services
- Hesitate to call an ambulance if you feel she needs urgent medical review – its better to be safe than sorry & pregnant women can compensate really well before deteriorating rapidly.

Future Hopes

- Pan – London assertive outreach team able to work across NHS Trusts geographical areas to find, engage with & offer antenatal care to homeless pregnant women

- More specialist midwife roles offering expert maternity care tailored to meet specific needs of vulnerable client groups

- National centralised system for reporting vulnerable pregnant women with safeguarding concerns and issuing alerts on appropriate scale

Your Cases - Discussion

- Emily Nygaard – Named Midwife for Safeguarding at University College London
- Caroline Boxall – Substance Misuse Midwife at Kings College Hospital
- Memuna Sowe – Specialist Midwife for Homeless & Vulnerable Women at Croydon University Hospital
- Sue Byrne – Supervisor of Midwives & Team Leader for High Risk Women at Kings College Hospital
- Morag Forbes – Family Nurse working with Young Women in Lewisham
- Corinne Clarkson – Specialist Midwife for Migrant Women at Kings College Hospital