THE SCOTTISH OFFICE

National Health Service in Scotland
Management Executive

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Dear Colleague

CRAG/SCOTMEG WORKING GROUP ON MATERNITY SERVICES: REPORT ON ANTENATAL CARE

Summary

1. The Report on Antenatal Care produced by the CRAG/SCOTMEG Working Group on Maternity Services is designed to assist purchasers and providers to ensure that women receive a clinically effective and cost effective maternity service responsive to their expressed needs and wishes. The Report emphasises the importance of teamworking and the appropriate use of skills while offering women informed choice and continuity of care. This MEL highlights the issues in the Report for purchasers.

Action

3. In their review of maternity services, General Managers of Health Boards are asked to give full consideration to the recommendations for purchasers arising from the Report. These are contained within the following pages and should be read in conjunction with the Executive Summary distributed with the Main Report.

Yours sincerely

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CRAG/SCOTMEG WORKING GROUP ON MATERNITY SERVICES
ANTENATAL CARE : RECOMMENDATIONS FOR PURCHASERS

Definition: A 'purchaser' is 'a Health Board which purchases health services on behalf of its local population. At present, GPs are not purchasers of maternity care.' [1]

The report entitled *Antenatal Care* [1, 2] identifies a number of key issues for purchasers. In considering the recommendations of the Report, purchasers in consultation with providers will wish to assess both the clinical and cost effectiveness of the recommendations in relation to their own local needs and circumstances. There are a number of recent research studies which will provide useful evaluation of different models of care. [3, 4, 5] *Antenatal Care* emphasises the importance of considering flexible community-based systems of maternity care and the need to satisfy the wishes of women for more information, communication and choice.

The key recommendations are:

1. Information

1.1 **Purchasers in consultation with providers should ensure that women have access to full information, given in clear understandable terms, about all aspects of pregnancy, labour and birth, and about the facilities and options available to them.** The objective should be to give women the opportunity to share in making decisions about their care and to have informed choice.

1.2 In taking forward this recommendation, purchasers may wish to set up pilots, in conjunction with providers, to assess the clinical and cost effectiveness of alternative mechanisms for the provision of information. It will be important in structuring pilot schemes to establish fully agreed and measurable outcomes.

1.3 One mechanism recommended in *Antenatal Care* which should be fairly inexpensive is for purchasers, providers and GPs to set up local arrangements for women to receive a package of information, appropriate to their needs, at the first or an early visit. In this way, women would have the information to assist with later discussion on the options for style of care and who should provide it. The Report also recommends that all first time mothers should receive the HEBS Pregnancy Book from their GP before their booking visit.

2. Continuity of Care

2.1 **Purchasers in consultation with providers should review arrangements for deploying staff to offer women continuity of care by one midwife or doctor, or by a small team, throughout the antenatal period and during labour and birth.** The optimum arrangement and the relative costs and benefits will differ according to local needs and circumstances, particularly as between urban and rural areas.

3. *Assessment of Risk*

3.1 **Purchasers in consultation with providers should develop local protocols, reflecting local availability of obstetric services, which clearly set out criteria for identification, referral and treatment of obstetric complications.** The objective is to move away from formal predictive risk scoring, which has proved unreliable, to a framework which allows women to choose the style of their own care in the context of an integrated maternity service.

4. *Antenatal Education*

4.1 **Purchasers should consider how to ensure that antenatal education is an integral part of antenatal care, taking into account the clinical and cost effectiveness of changes in provision in line with *Antenatal Care.***

4.2 Purchasers should review the scale and quality of antenatal education available to women in their area, seeking the views of users of the service, health professionals and current and potential providers, including volunteer groups such as the National Childbirth Trust (NCT). In particular they should:

4.2.1 consider the appointment of an antenatal education co-ordinator for the Health Board area to ensure that all women have access to the best possible antenatal education and advice;

4.2.2 ensure that all health professionals are encouraged to promote information about antenatal education in the initial stages of pregnancy;

4.2.3 ensure that the core content of the antenatal education curriculum emphasises the wider, long-term implications of childbirth and parenting rather than preparation for hospital;

4.2.4 ensure that women who do not attend conventional classes have a range of opportunities for discussing pregnancy and parenting;

4.2.5 ensure that staff involved in delivering antenatal education are trained to the appropriate standard through regular training, supervision and evaluation. Purchasers should also consider working with accredited training organisations to develop an antenatal education teaching qualification which could be incorporated into quality assurance, developed as a standard and stipulated in contracts;

4.2.6 ensure that there are audit and evaluation tools in place to monitor and evaluate the quality of antenatal education, and that it is delivered effectively and appropriately to women's needs.

5. *Antenatal Care Programme*

5.1 There is evidence that both the clinical and cost effectiveness of antenatal care could be improved. The Royal College of Obstetricians and Gynaecologists Working Party guidelines issued in 1982 recommended that the number of antenatal clinic visits for women could be reduced without

affecting adversely the outcome of pregnancy. The objective should be to provide antenatal care related to need and with an accompanying reduction in duplication of care by different professionals.

5.2 **Purchasers in consultation with providers should review the current arrangements for antenatal care in their area with particular attention to the number of visits and potential duplication of care.** In this context, some of the more recent research studies [3, 4, 5] would provide a useful basis for identifying the costs and benefits of different models of care, in particular a shift to more community-based systems of maternity care.

5.3 In particular purchasers in consultation with providers/GPs should:

5.3.1 consider the model of integrated antenatal care developed by the Working Group on Maternity Services to assess its suitability for adaptation to their local circumstances;

5.3.2 ensure that every woman has a maternity care co-ordinator, either the named midwife or the GP, responsible for planning her care and ensuring that follow-up action is taken;

5.4.1 consider the most appropriate location for antenatal care in the light of the shift from hospital to community-based services;

5.3.4 ensure that the content of antenatal screening is in line with recognised best practice and evidence-based research;

5.3.5 ensure that all women have a hand-held record of the progress of their pregnancy to which all health professionals involved in their care will contribute and which should also include the personalised care plan and birth plan if required.

REFERENCES

1 *Antenatal Care.* The Scottish Office National Health Service in Scotland. CRAG/SCOTMEG Working Group on Maternity Services. ISBN 0 7480 1270 2. April 1995. (MSP 2/95)

2 *Antenatal Care: An Executive Summary.* The Scottish Office National Health Service in Scotland. CRAG/SCOTMEG Working Group on Maternity Services. ISBN 0 7480 1272 9. April 1995. (MSP 3/95)

3 *The establishment of a midwifery development unit (MDU) based at Glasgow Royal Maternity Hospital - Final Report for the Health Services Research Committee of the SOHHD.* Turnbull D, McGinley M. May 1995. Produced by the MDU Research and Midwifery Teams on behalf of the Steering Group.

4 *Midwife managed delivery unit: a randomised controlled comparison with consultant led care.* Hundley V A, Cruickshank F M, Lang G D, Glazener C M A, Milne J, Turner M, Blyth D, Mollison J, Donaldson C. BMJ Vol 309, 26 Nov 1994, pp 1400-1404.

5 *Randomised controlled trial of the delivery of antenatal care of low risk women by GPs and midwives only.* Howie P W, Florey C du V, McIlwaine G, Hall M. (Chief Scientist's Office, SOHHD, Autumn 1995 - part I received)