



Developing health promotion standards within maternity services in England

Deborah Lee
Charlotte Haynes
Debbie Garrod

18th International Conference on Health Promoting Hospitals and Health
Services (Manchester, UK, April 14-16, 2010)



Study purpose

- Explore midwives opinions and current working practices of HP and develop best practice standards for the following risk factors:

smoking, alcohol use, illicit drug use, domestic abuse, mental health, weight, diet and physical activity.

- Semi-structured interviews with 13 midwives across 3 NHS sites within NW England.
- Findings used to develop best practice standards – reviewed by NW HOM's
- Standards to be used as basis of an audit across the 3 NHS sites.

How this study relates to existing HPH standards:

- 1. Management Policy:** ensuring staff have relevant competences and resources (1.5, 1.6) for HP
- 2. Patient Assessment:** assessment of patient needs at first contact (2.3)
- 3. Patient Information and Intervention:** provide patients with information, and HP interventions are established (3.1, 3.2, 3.3, 3.4, 3.5)
- 4. Promoting a Healthy Workplace:** developing/training staff in HP skills (4.2)
- 5. Continuity and Cooperation:** identifying existing health/social care providers and related organisations in the community (5.2)

Smoking

Proposed standards:



- 100% maternity clients **asked** whether they and/or any family unit members smoke at booking.
- 100% of smokers and/or family unit members to have smoking status **reviewed** throughout pregnancy and postnatally.
- 100% of smokers and/or family unit members **delivered BI** at booking and throughout pregnancy.
- 100% of smokers **referred** [option to opt-out rather than opt-in] at booking and throughout pregnancy.

- Considered *"hot topic"*
- One trust have successfully implemented an 'opt-out' system and CO monitoring for all **(1)**
- Importance highlighted regarding targeting partners and other family members **(2)**
- Concerns:
 - *Difficult not to be accusatory*
 - *Issues re: smoking outside maternity unit **(3)** – not comfortable challenging them*
 - *Maybe inappropriate to discuss if client recently experienced trauma*

Smoking

Other findings:



"I think all pregnant women whether ... cos it's not necessarily that they're the smokers, they might know family that are smokers so it should be everybody gets that information."

"We should encourage all women to be referred and have it as opt-out if they don't want it rather than opt in if they want it."

"I find it really hard challenging people when they're smoking outside, Cos it's a smoke free site."



Alcohol

Proposed standards:

- 100% maternity clients and/or partners **asked** about their alcohol consumption at booking.
- 100% of “dependent” or “binge” drinking maternity clients and/or partners to have alcohol consumption **reviewed** throughout pregnancy and postnatally.
- 100% maternity clients to be **provided with information** on safe alcohol consumption during pregnancy.



- Considered "grey area" – conflicting info an issue **(1)**
- Many agreed advice on safe alcohol consumption should be standardised and given to all women.
- Emphasis on asking about partners **(2)**
- General assumption regarding clientele:
 - white/middle-class know risks and tend to quit
 - dependent drinkers already identified/part of alcohol reduction programme **(3)**
- Binge drinking – knowledge lacking on: how to approach situation; advice to offer; and when should they intervene **(4)**

Alcohol

Other findings:



"We don't know exactly what level is safe, and we advise that they don't drink any because the guidelines around it are not clear."

"In my experience, most women say that they don't drink anyway. I think most women know really; I think it's quite, you know, well known that they shouldn't really drink."

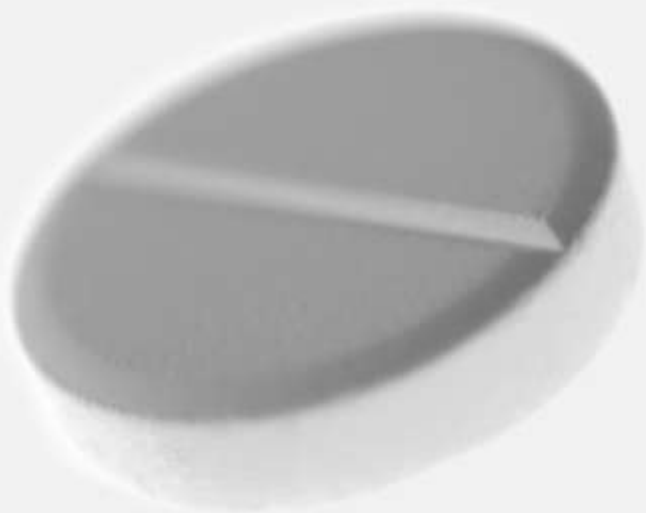
"Quite often we have to give information for partners. We get quite a lot of women concerned."

"I'm puzzled about binge drinking."



Illicit drugs

Proposed standards:




- 100% of maternity clients and/or partners **asked** about past and present drug use at booking.
- 100% of maternity clients who admit to drug use to be **re-assessed** throughout pregnancy and postnatally.
- 100% of maternity clients and/or partners admitting to any illicit drug use provided with brief, **basic advice** concerning risks associated with drug use at booking.
- 100% of maternity clients and/or partners admitting to any illicit drug use to be offered a **referral** to a specialist service.

- No standard information is given – just ask questions **(1)**
- No leaflets available
- Some highlighted the importance of asking partner as well
- Assumptions being made about those who take drugs already identified/involved with agencies; white/middle-class clientele know not to do it **(2)**
- Training issues:
 - Knowledge of risks lacking **(3)**
 - not confident discussing it
 - unsure about the referral process depending on the severity of the drug

Illicit drugs

Other findings:



we've not got a lot of knowledge about it, you know, because we don't come across the women that, you know, drug abuse really.

"I wouldn't provide any information. I would just, if they explain that it, they were on it, then I would refer them 'cos I don't know enough about it."

"I think the majority of people who I've ever met who are taking drugs or have a drug problem are already seeking help for their drug problem."



Domestic abuse

Proposed standards:

- 100% of maternity clients **asked** about domestic abuse at booking or during pregnancy if in an appropriate situation.
- 100% of clients who have admitted or midwife suspects of being domestically abused offered a **referral** to a specialist safeguarding midwife/nurse.



- Tricky subject/sensitive issue
- Partners presence an issue **(1)** – awkwardness
- Uncomfortable asking questions – may say wrong thing; where do you draw the line? **(2)**
- All should be asked but when and where is an issue:
 - Timing of question
 - Not likely to disclose at first appointment; relationship not established
 - Only asked once **(3)**

Domestic abuse



Other findings:

“I think all women should actually be booked at home, for their first booking, first antenatal booking, because by actually going into their home environment you get a sense of sort of whether things are right or whether things or not.”

“...it’s knowing what questions to ask, what information to give them, and where to take it from there.”

“...you don’t ask every single time when a woman comes apart from booking. You don’t ask again.”



Mental Health

Proposed standards:



- 100% of maternity clients **assessed** for past and present mental health conditions at booking.
- 100% of maternity clients provided with **information** on **positive mental health** at booking or during pregnancy.
- 100% with a suspected/current mental health condition to be offered **referral** to a specialist service

Mental Health



Other findings:

- Specialist subject – left to the professionals **(1)**
- Issues with NICE questions **(2)**:
 - too broad;
 - wording difficult;
 - 1 month is short time so majority would say yes
- Positive mental health:
 - Not discussed unless clients ask
 - Acknowledge that all should be offered some advice as standard
- Importance of including the partner/family unit
- Training issue **(3)** – would benefit from increased awareness of different conditions and medications

NICE (2007) Guideline questions:

During the past month, have you often been bothered by feeling down, depressed or hopeless?

During the past month, have you often been bothered by having little interest or pleasure in doing things?

“I think it’s a really hard subject, mental health. I think it’s a specialised subject and I think it should be left to the professionals”

“You don’t want to, you know, to make situations worse. And again, I think you need some training and some background on what you’re looking for.”



Weight

Proposed standards:



- 100% of maternity clients to be weighed and measured to calculate **body mass index (BMI)** at booking.
- 100% of underweight (BMI <18.5) and obese (BMI >30) maternity clients to **receive BI** at booking and throughout pregnancy.

Weight



Other findings:

- Sensitive issue / "grey area"
- Sometimes women asked/visual calculation rather than being weighed **(1)**
- ↑ BMI's: some only discuss when the issue is brought up by client
- Some MW's unsure about referral process – no access to dieticians unless other illness **(2)**
- Underweight's – no problems discussing/referring
- Training issue:
 - do not know what to say;
 - do not feel comfortable discussing;
 - do not know where to refer **(3)**

"Well I don't really know what to say to be honest with you, I wouldn't really know what, I don't feel I know, have enough background knowledge of knowing how you manage it."

"...normally we don't necessarily weigh them, we just ask them what their last weight, what did they weigh before they got pregnant. Most women have an idea."

"...we were told it wasn't appropriate, and that we couldn't refer to dieticians in [trust name] because they have got to have extra illness."



Diet

Proposed standards:



- 100% of maternity clients **asked** about their current dietary habits at booking.
- 100% of clients leading unhealthy diets to have dietary habits **reviewed** throughout pregnancy.
- 100% of maternity clients to be **provided with information** on healthy eating (maternal as well as fetal health) and the importance of a balanced diet at booking and throughout pregnancy.

Diet

Other findings:

- Foods to avoid discussed; dietary advice given to those with limited diets
- Often up to the client to ask
- Clients do not know how to cook
- HE in pregnancy grant **(1)**:
 - purpose not promoted by midwives;
 - not spent on healthy food
- Healthy start: often not discussed until later in pregnancy yet qualify at 10 weeks
- Referrals: no access to dieticians
- Training issues **(2) (3)**: risk of giving conflicting advice

“I think it doesn’t go on healthy food, because the people still don’t know how to cook. You know, it’s alright the government giving this healthy food out, but we’re not doing anything to encourage these people who can’t cook, to address it right back at grass roots.”

“I think we’ve all got different levels of knowledge as to what a good diet is and what’s good nutrition...are we fully trained as in to giving this to women who are now having a baby? I think is a different issue. And no, I don’t think we are.”

“...we also talk about trying to drink full fat milk”



Physical activity

Proposed standards:



- 100% of maternity clients **asked** about their current level of physical activity at booking.
- 100% of maternity clients given **standard information** about, and **encouraged** to take part in, physical activity in pregnancy at booking and throughout pregnancy.

- Discussion often only with those who normally exercise **(1)**
- MW's suggest not to take on any new exercise over and above what normally do
- MW's admitted:
 - do not spend a lot of time on it
 - do not promote it
 - often only discussed when clients ask
- Recognise importance but focus on preventing injury rather than +ve aspects
- Issues with: lack of options to signpost to; being hypocritical **(2)**
- "Grey area" – evidence lacking on what is safe
- Training issue **(3)** – risk of conflicting advice.

Physical activity



Other findings:

"Just briefly tell them what's safe to do and what's not safe, but I probably only tell them that if they say they do exercise, if they don't exercise then I would probably not discuss it with them."

"I don't think it's an area that any of us are very well informed about. I think we need more information on that."

"I would feel slightly uncomfortable 'cos I don't do it myself."



Summary



- Big discrepancies between what MW's say they do and what they think should be the standards
- Lack of referral systems in place
- Emphasis on assessing the family unit rather than just the woman
- Training issues in all areas
 - Knowledge lacking
 - Assumptions regarding clientele
 - Sensitive topics (DA and weight)
 - how to broach subject?

"... 'cos we're not experts in it, you know, and we can't claim to be. So, I think we need like a broad, a good basic knowledge, and then, know where to refer women on to."



"I think the day you think you know it all is a bit dangerous."

"...you've got to arm every midwife with something of every topic."

Acknowledgements



- Bury PCT
- Midwives at:
 - Stockport NHS FT
 - East Cheshire NHS FT
 - Royal Bolton Hospital NHS FT
- NW HOMs
- Dr. Christine Furber ~ Midwifery Lecturer at The University of Manchester

Contact details:

Deborah.lee@stockport.nhs.uk

Charlotte.haynes@stockport.nhs.uk