A CHECKLIST COLLABORATIVE

involving women and birth partners in ‘harm free care’

Timeline

- 2008: Darent Valley Hospital
- 2012: Figure 1, right).
- 2013: March. Generating ideas for the birth partner checklist. Focus groups, the purpose of the project to improve communication between the midwife/other clinical teams and the birth partners, ensuring that in effect the development of the checklist will be personal and potentially empowering for mothers and partners during labour and birth.
- 2013: May and June. Interviews with new parents

A challenge

Having a baby in the UK is the safest it has ever been. However women and babies are still being exposed to substantial and sometimes multiple avoidable harms during labour and birth. Human factors, working culture, communication and teamwork are key themes associated with avoidable harms in maternity care. The success of the WHO surgical checklist in reducing harm and improving teamwork and communication in operating theatres is a model which is translatable to labour and birth.

Our response

To create a safety checklist that will be used in collaboration with women and their birth partners. The project aims to improve communication between the midwife/other clinical teams and the birth partners, ensuring that in effect the development of the checklist will be personal and potentially empowering for mothers and partners during labour and birth.

The challenge

2013, August: Creation of the checklist and supporting information for testing (see Figure 2).

2013, September: Commenced testing.

Qualitative data

The qualitative part of the evaluation tool the form of a thematic analysis of the responses to the open-ended questions. A full thematic analysis is included in the report.

Midwife response: Did you offer the Birth Partner Checklist to the woman and her birth partner? (n=35)

Birth Partner response: How useful was the Checklist improving communication with the woman and/or birth partner? (n=35)

Evaluation of the project

To see graphs, right.

Table 1. Cross-referenced data

<table>
<thead>
<tr>
<th>NICE Intrapartum Guidelines</th>
<th>Input suggestions</th>
<th>Women/Birth Partner suggestions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instruction of partners</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Medical decisions</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Patient choice</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
| Frequency of vaginal
  examinations                | ✓               | ✓                               |
| Communication               | ✓               | ✓                               |
| Being able to eat           | ✓               | ✓                               |
| Being able to wake          | ✓               | ✓                               |
| Frequency of need to have
  urine                      | ✓               | ✓                               |
| Temperature                | ✓               | ✓                               |
| Redistribution              | ✓               | ✓                               |
| Time limits                 | ✓               | ✓                               |
| bushes                      | ✓               | ✓                               |
| Car during labour           | ✓               | ✓                               |

Evaluation of the project:

The qualitative part of the evaluation tool the form of a thematic analysis of the responses to the open-ended questions. A full thematic analysis is included in the report.

I think it’s a really useful way for partners to feel they are doing something and avoid the helpless feeling.” — Midwife

“It is not appropriate to give this during labour at a time of high anxiety.” — Midwife

Helped to monitor progress of birth and felt more involved having the whole care explained and then able to track it.” — Birth partner

Get a bit muddled on tracking time when it crossed the hour but the care of both midwives was superb.” — Birth partner

The Francis Report, One Year on.


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Figure 1.

Figure 2.