

## Birth Afterthoughts

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### Disclaimer –

Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.

The ultimate responsibility for the use of the guideline, dosage of drugs and correct following of instructions as well as the interpretation of the published material **lies solely with you** as the medical practitioner.

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## Guideline Statement

To enable women an opportunity to reflect upon their birth experience.

## Executive Summary

- The Birth Afterthoughts service provides an opportunity to explore your birth experiences with a qualified healthcare professional.
- This service will be accessible to all.
- To ensure that women are referred appropriately. If the Birth Afterthought service is unable to meet their needs then an appropriate referral may be made to a consultant obstetrician for specific obstetric concerns, the GP to arrange counselling or to the Patient Experience Team in cases where a complaint is being considered.
- To provide an appointment to all women accessing the service according to her individual needs.

## 1.0 Roles and Responsibilities

Midwives and obstetricians should ensure they are conversant with the contents of the guideline and practice within their code of professional responsibility and sphere of practice.

## 2.0 Implementation and dissemination of document

An up to date copy of the approved document will be held on the intranet.

## 3.0 Processes and procedures

### 3.1 Accessing the service

- Women can access the service through self-referral or following discussion with a health care professional. Midwives should be discussing birth experiences as part of routine postnatal care.
- Birth Afterthoughts leaflet (Appendix 1) to be given and explained to all women
- Self-referral – women can self-refer by contacting the on-call Professional Midwifery Advocate (PMA) via the hospital switchboard, Monday to Friday 09:00 to 17:00 or email using [mkbirthafterthoughts@mkuh.nhs.uk](mailto:mkbirthafterthoughts@mkuh.nhs.uk)

### 3.2 Process

- Birth Afterthoughts is a self-referral service.
- The PMA should establish whether the woman is wishing to make a complaint or wishing to discuss the birth experience. If the woman is wishing to make a complaint, she should be referred to the Patient Experience Team.
- The length of appointment should be guided by the woman's need.
- The woman's perspective should always be acknowledged.
- Women requesting copies of their health records can either complete the 'Application for access to health records using the link on the Trust internet or send an email to [accesshealthrecords@mkuh.nhs.uk](mailto:accesshealthrecords@mkuh.nhs.uk) in line with Trust policy.

### 3.3 Following discharge

The Birth Afterthoughts information leaflet should be placed in the discharge packs to facilitate self-referrals and the discharging midwife should explain its use to the woman.

### 3.4 Consultation

**The PMA will carry out the Birth Afterthoughts meeting within the antenatal clinic.**

- The consultation will involve explaining to women the remit of the service and ascertain their individual needs.
- Women will be offered one appointment, but where the PMA feels a second appointment is appropriate then a second session will be offered. If following the second session clients are still having difficulty accepting their experience they should be referred to their GP for a referral to an appropriate counselling service.
- Women may also be referred to a consultant for further discussion of any medical or obstetric issues which have been highlighted.
- Any managerial or PMA issues should be referred appropriately to the line manager or the named PMA.
- Any PMA facilitating the Birth Afterthoughts service can contact a matron or any PMA for a personal debrief where they feel this would be helpful.
- Information gained from the Birth Afterthoughts service will be fed back anonymously to matrons and staff as required via meetings, PMA newsletter and Message of the Week where appropriate.
- All meeting notes should be recorded in eCare.

### 3.5 Rationale for main recommendations

Birth Afterthoughts service is considered to be an important service in not only engaging with women but also in improving services and promoting and maintaining safety and quality of maternity care.

## 4.0 Statement of evidence/references

### References:

Steel AM and Beadle M [2003] A Survey of Postnatal Debriefing Journal of Advanced Nursing 43[2] 130-136

Madden I Midwifery Debriefing In Whose Best Interest – BJM Vol 10 2002 PP 631-634 October 2002

Department of Health [1999] Making a Difference Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health and Healthcare HMSO London

Mapp T [2005] Feelings and Fears Post Obstetric Emergencies British Journal of Midwifery 13 [1] 36-40

Joseph S and Bailen D [2005] Traumatic Childbirth What We Know and What We Can Do Midwives [7] 2001-2004 (Pg258-261)

CEMACH Why Mothers Die

Gamble et al 2002 A Review of the Literature on Debriefing or Non Directive Counselling to Prevent Post-Partum Emotional Distress – Midwifery [18] 72-79

Raphael Leff J 1993 Pregnancy The Inside Story Shelden Press London

Inglis 2002 Accessing a Debriefing Service following Birth British Journal of Midwifery 10[6] 368-371

## 5.0 Governance

### 5.1 Record of changes to document

Version number: 6.1		Date: 03/2019	
Amendment	Deletion	Addition	Reason
			Reviewed and updated

### 5.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
PMA meeting	PMA's	Discussed at March meeting		Add in Access to patient records email address. Add in leaflets as appendices	Yes

### 5.3 Audit and monitoring

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
a) DNA's to the service b) Any action plans developed	Audit	PMA	Annual Audit	Clinical Improvement Group Midwives Team Meetings PMA Meeting

### 5.4 Equality Impact Assessment

As part of its development, this Guideline and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on Birth Afterthoughts Guideline

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the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified. Equality Impact assessments will show any future actions required to overcome any identified barriers or discriminatory practice.

Equality Impact Assessment			
Division	Women & Children's health	Department	Maternity
Person completing the EqlA		Contact No.	
Others involved:		Date of assessment:	
Existing policy/service	Yes	New policy/service	No
Will patients, carers, the public or staff be affected by the policy/service?		Yes	
If staff, how many/which groups will be affected?		<i>For example: community midwives, phlebotomists, all staff</i>	
Protected characteristic	Any impact?	Comments	
Age	NO	Positive impact as the policy aims to recognise diversity, promote inclusion and fair treatment for patients and staff	
Disability	NO		
Gender reassignment	NO		
Marriage and civil partnership	NO		
Pregnancy and maternity	NO		
Race	NO		
Religion or belief	NO		
Sex	NO		
Sexual orientation	NO		
What consultation method(s) have you carried out?			
<i>Staff via consultation email, PMA group, Guideline review group</i>			
How are the changes/amendments to the policies/services communicated?			
<i>For example: email, meetings, intranet post, etc</i>			
What future actions need to be taken to overcome any barriers or discrimination?			
What?	Who will lead this?	Date of completion	Resources needed
Review date of EqlA			

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## Appendix 1: Birth Afterthoughts Patient Information Leaflet



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2019.doc

## Appendix 2: Referral Process for Birth Afterthoughts Service

