

Title: Birth Reflections

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Authors Division:	Women's and Children's Health		
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Guideline to be followed by (target staff): Any staff member conducting birth reflections appointments			
To be read in conjunction with the following documents: None			
Are there any eCARE implications? Yes			
CQC Fundamental standards: Regulation 9 – person centered care Regulation 10 – dignity and respect Regulation 11 – Need for consent Regulation 12 – Safe care and treatment Regulation 13 – Safeguarding service users from abuse and improper treatment Regulation 14 – Meeting nutritional and hydration needs Regulation 15 – Premises and equipment Regulation 16 – Receiving and acting on complaints Regulation 17 – Good governance Regulation 18 – Staffing Regulation 19 – Fit and proper			

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

NICE (2014) state that maternity service users should be given information about birth reflection services at each postnatal contact, where appropriate, and that those who have had a traumatic birth or miscarriage should be given the opportunity to discuss their experience. Research from a systematic review showed that 4.7% of birthing people fulfilled diagnostic criteria for post-traumatic stress disorder (PTSD) following a traumatic birth experience, and 12.3% displayed significant post-traumatic stress symptoms (Heyne et al, 2022). Whilst there are no figures on the number of people accessing birth reflections services, one study found that service users with symptoms of PTSD were more likely to need to talk about their birth experience (Baxter, 2019).

Birth Reflections is an important service, not only engaging with service users but also in improving services and promoting and maintaining safety and quality of maternity care. This guideline is necessary to ensure maternity staff and service users are aware of the service and how it runs. Due to the fact that the service users who use the maternity services are more likely to be experiencing PTSD symptoms, it is also important that maternity staff are aware of how to refer on to appropriate services.

Executive Summary

The purpose of this guideline is to outline the Birth Reflections service so that all maternity staff and members of the public are aware of how the service runs. This includes how to refer to the service, how appointments are scheduled, how to refer to appropriate services where necessary from information gained during the appointment, and how appointments should be structured.

Definitions

None

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

- Birth Reflections is a service where maternity service users can reflect on their birth experience, regardless of the type of delivery they had and whether they had any obstetric complications or emergencies. Maternity service users who have experienced obstetric complications or emergencies will ideally have been offered a consultant debrief for six weeks post-delivery. This is to be requested by the consultant and booked by the midwife caring for them, they can still be offered or request a Birth Reflections appointment at any point, there is no time limit on the Birth Reflections service.
- If the service user is seen for a consultant debrief and the consultant feels they would also benefit from a Birth Reflections appointment, they can refer them for this by emailing the birth reflections team at mkbirthreflections@mkuh.nhs.uk. They may also signpost the service user to this service using the patient information leaflet for future use.
- Maternity service users 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. Ideally this should take place at their first postnatal visit with their community midwife and can be revisited at any point in their postnatal care.
- If a service user is currently pregnant and is struggling due to previous birth trauma they can request a birth reflections appointment in the same way, they can also be signposted to the service during their antenatal care where appropriate. However, if their birth took place at another trust, they should be aware that we will not have access to their records and as such will not be able to comment on the care given.
- To ensure awareness of the service the Birth Reflections leaflet is to be given and explained to all maternity service users in discharge packs. The MNVP, ward managers, and community team leaders will also be updated with changes to the service so that these can be disseminated.
- Self-referral – Maternity service users can self-refer by contacting the on-call Professional Midwifery Advocate (PMA) via the hospital switchboard, Monday to Friday 09:00 to 17:00. They can also fill out the Birth Reflections booking request form on the trust website, or email the birth reflections team at mkbirthreflections@mkuh.nhs.uk

3.2 Process

- Once a referral has been received an appointment will be made on e-care, this will often be undertaken by the lead PMA or PMA of the week, however, they can be booked by anyone with an understanding of the booking system.
- Appointments are currently offered on a Friday between 1300 and 1600 and last for one hour. There is an additional clinic once a month on a Wednesday from 1330-1630.
- The length of appointment should be guided by the service users's need. The appointments are scheduled for one hour, if significantly more time is required it may be necessary to arrange another appointment.
- If there are any barriers to the service users accessing the birth reflections service in the above hours or location (which may be identified on the self-referral form or during the phone call), it may be possible to facilitate a home visit from the lead PMA. If this is required, the person taking the enquiry will communicate with the lead PMA to find a suitable time.

This is something that should only be offered if no other option is suitable, for example telephone or Teams appointment.

- The member of staff carrying out the birth reflection should establish whether service user is wishing to make a complaint or to discuss their birth experience. If they are wishing to make a complaint, they should be referred to the patient experience team (PALS@mkuh.nhs.uk)
- Maternity service users 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 in line with trust policy.

3.3 Consultation

- Birth Reflections appointments can be held within the antenatal clinic, over teams, the telephone, or at home in exceptional circumstances, based on individual needs.
- The consultation will involve ascertaining what the service user understands about the service and what they would like to get from the appointment. If they are unaware and unsure, then the member of staff carrying out the appointment should explain to them the remit of the service and ascertain their individual needs.
- The appointment will be led by the service user, each person may need something different from the appointment and the member of staff facilitating the birth reflection should be mindful and compassionate, acknowledging that every person's experience of trauma will be different.
- If the member of staff carrying out the appointment feels a second appointment is appropriate, then this 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. If the service user resides in Milton Keynes it may also be appropriate to refer to the maternity trauma and loss care service. Referral forms can be found in the PMA teams files, alternatively you can discuss any referrals by contacting 01908 724362.
- In cases where the service user is pregnant it may be necessary to refer to consultant midwives for birth choices. If the service user is unsure whether they require this service they can be signposted to the consultant midwives page on the trust website where they can complete a self-referral should they decide it would be useful for them.
- Following a traumatic birth, a debrief with a consultant should be arranged for six weeks post-delivery. If this has not been arranged the member of staff carrying out the birth reflection may refer to a consultant for debrief, or for further discussion of any medical or obstetric issues which may have been highlighted.
- At the end of the appointment the member of staff facilitating the birth reflection should enquire as to how useful the appointment was and if they covered everything the service user wanted to discuss. As above, if there is a need for a further appointment or referrals to other professionals then this can be discussed.
- Any managerial or competence issues should be referred appropriately to the line manager or the lead professional midwifery advocate.
- All meeting notes should be recorded in eCare.

3.4 Following discharge

- Details of the appointment, including any discussions and referrals, should be documented on e-care.
- Any themes arising from the appointment should be recorded on the birth reflections excel tracker in the PMA Teams folder. If the person carrying out the birth reflection is unable to do this, then they can send the themes to the lead PMA for input.
- Information gained from the Birth Reflections service will be fed back anonymously to matrons and staff as required via meetings, PMA newsletter and Message of the Week where appropriate.
- Themes will be audited and presented to the senior team via audit meetings and CSU. Any actions arising from audit will be communicated to the relevant people by the lead PMA.
- If the person facilitating the person reflection feels they need support with any of the content from the appointment, they can seek support from a matron or PMA.

4.0 Statement of evidence/references

- Heyne, C. S., Kazmierczak, M., Souday, R., Horesh, D., Lambregtse-van den Berg, M., Weigl, T., ... & Garthus-Niegel, S. (2022). Prevalence and risk factors of birth-related posttraumatic stress among parents: A comparative systematic review and meta-analysis. *Clinical psychology review*, 94, 102157.
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- Madden I Midwifery Debriefing In Whose Best Interest – *BJM Vol 10 2002 PP 631-634* October 2002
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- Joseph S and Bailien 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

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5.0 Governance

5.1 Document review history

Version number	Review date	Reviewed by	Changes made
6.1	03/2019	PMA Team	Updated and reviewed
7	Apr 2023	C Crosson, PMA team, MVP	Full document review

5.2 Consultation History

Include staff in consultation who will be required to ensure the Guideline is embedded. This table should be completed in full even if no comments are received

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	No
Guidelines update meeting	MDT	May 2023	August 2023	brought back following MDT approach to streamline referral process and ensure debrief discussions are incorporated in postnatal care	Yes

5.3 Audit and monitoring

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
Feedback surveys about the service	Online survey		Biannually	PMA team

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 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's Health	Department	Maternity
Person completing the EqIA	C Crosson	Contact No.	87181
Others involved:		Date of assessment:	Apr 2023
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?		Maternity staff	
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	YES		
Race	NO		
Religion or belief	NO		
Sex	NO		
Sexual orientation	NO		
What consultation method(s) have you carried out?			
Guideline review group, MDT review			
How are the changes/amendments to the policies/services communicated?			
Guideline memo, intranet, maternity website			
What future actions need to be taken to overcome any barriers or discrimination?			
What?	Who will lead this?	Date of completion	Resources needed

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Review date of EqIA	Apr 2023		