



# Developing health promotion standards within maternity services in England

Stockport  
NHS Foundation Trust



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# Study purpose

- Explore MW's opinions/practices of HP
- Develop BP standards for:

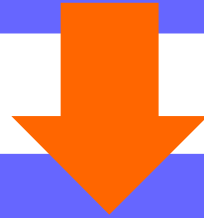
<b>Smoking</b>	<b>Alcohol use</b>
<b>Illicit drug use</b>	<b>Domestic abuse</b>
<b>Mental health</b>	<b>Weight</b>
<b>Diet</b>	<b>Physical activity</b>
- Audit standards
- Identify gaps in HP practice/knowledge



# Methodology


## Interviews – Develop standards

- Semi-structured interviews
- 13 midwives from 3 NHS sites in NW.
- Developed BP standards for audit – reviewed by NW HOM's



## Audit – Audit standards

- Random sample of 30 women from each trust (90 in total)
- Those given birth between October and December 2009
- From the 5 most deprived wards (based on IMD scores).



# Smoking, Alcohol and Illicit Drug use





# Smoking

## Interview 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."*

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

- Considered *"hot topic"*
- 'Opt-out' system & CO monitoring implemented in 1 trust
- Emphasis on **targeting partners**/other family members
- **Concerns:**
  - Difficult not to be accusatory
  - Issues re: smoking outside maternity unit: not comfortable challenging them
  - Maybe inappropriate if client recently experienced trauma



# Alcohol & Illicit Drug use

## *Interview Findings*

*"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."*

- **Alcohol:** *"grey area"* – conflicting info – should be standardised
- **No standard info** on illicit drugs
- **Emphasis on partners**
- **General assumptions:**  
white/middle-class know risks; those at risk already identified
- **Binge drinking:** knowledge - approach, advice, when to intervene
- **Illicit drugs** – knowledge lacking, unconfident, unsure of referral process dependent on severity of drug

*"I'm puzzled about binge drinking."*

# Smoking, Alcohol & Illicit drug use

## Audit Findings

Standards			Trust 1	Trust 2	Trust 3
Smoking	<div> <div>↑</div> <div>100%</div> <div>↓</div> </div>	Assessed	70%	100%	97%
		Partner/Fam unit Assessed	0%	0%	77%
		Reviewed*	30%	50%	13%
		BI/info given*	10%	0%	75%
		Offered referral*	80%	67%	44%
Alcohol	<div> <div>↑</div> <div>100%</div> <div>↓</div> </div>	Assessed	80%	100%	97%
		Partner Assessed	0%	0%	0%
		Reviewed*	-	-	-
		Info Alcohol consumption	0%	0%	67%
Illicit drugs	<div> <div>↑</div> <div>100%</div> <div>↓</div> </div>	Assessed	100%	10%	100%
		Partner Assessed	3%	3%	0%
		Reviewed*	0%	33%	-
		BI/info given*	0%	33%	70%
		Offered referral*	0%	33%	-

\*of those identified with risk factors



# Domestic abuse & Mental Health





# Domestic abuse

## *Interview Findings*

*"...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."*

- Tricky subject/sensitive issue
- Partners presence an issue
- Uncomfortable asking questions – may say wrong thing; where do you draw the line?
- All should be asked but when and where is an issue:
  - Timing of question
  - Relationship not established
  - Only asked once

# Mental Health

## *Interview Findings*



*"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."*

*"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"*

- Specialist subject – leave to professionals
- +ve mental health: Not discussed unless asked; need standard advice
- Importance of including the partner/family unit
- Training issue – knowledge of different conditions and medications

# Domestic Abuse & Mental Health

## Audit Findings

Standards			Trust 1	Trust 2	Trust 3
Domestic Abuse	↑ 100%	Assessed	7%	0%	43%
	↓	Offered referral*	100%	-	100%
Mental Health	↑ 100%	Assessed	13%	7%	100%
		Info given on positive mental health	33%	0%	33%
	↓	Offered referral*	75%	50%	30%

\*of those identified with risk factors

A close-up photograph of a person's hand holding a clear glass plate. The plate is filled with a variety of healthy foods: a yellow banana, a whole orange, a red apple, a green apple, and several walnuts. The background is a soft, out-of-focus light blue. Overlaid on the right side of the image is the text 'Weight Diet & Physical Activity' in a white, bold, sans-serif font with a blue outline.

# Weight Diet & Physical Activity



# Weight

## ***Interview Findings***

*"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."*

*"...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."*

- Sensitive issue / "grey area"
- Women asked instead of weighed
- ↑ BMI's: discussed when asked
- Some MW's unsure about referral process – no access to dieticians
- Underweight's – no problems discussing/referring
- Training issue:
  - do not know what to say;
  - not comfortable discussing;
  - do not know where to refer

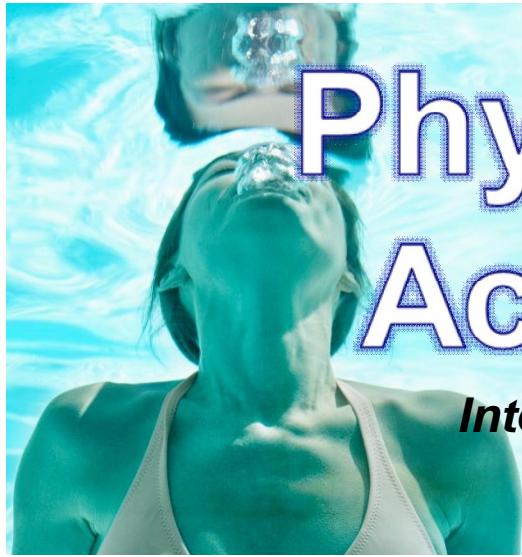




*"I think we've all got different levels of knowledge as to what a good diet is and what's good nutrition...are we fully trained as in to giving this to women who are now having a baby? I think is a different issue. And no, I don't think we are."*

*"...we also talk about trying to drink full fat milk"*

- Assess diet 'type'
- Foods to avoid discussed; dietary advice for those with limited diets
- Often up to the client to ask
- Clients knowledge lacking
- Healthy start: often not discussed until later in pregnancy yet qualify at 10 weeks
- Referrals: no access to dieticians
- Training issues: risk of giving conflicting advice



# Physical Activity

## ***Interview 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."*

- MW's suggest not to take on any new exercise
- MW's admitted:
  - do not spend time on it
  - do not promote it
  - Wait for client to ask
  - Discussion only with those who exercise
- Focus on preventing injury
- Issues with: signposting; being hypocritical
- "Grey area" – evidence lacking
- Training issue – risk of conflicting advice.

# Weight, Diet and Physical Activity

## Audit Findings

Standards			Trust 1	Trust 2	Trust 3
Weight	↑ 100%	Assessed/BMI calculated	97%	100%	97%
	↓	BI/info given*	0%	0%	0%
Diet	↑ 100%	Assessed	100%	100%	10%
	↓	Reviewed	3%	7%	0%
	↓	BI/info given on HE	17%	55%	97%
Physical Activity	↑ 100%	Assessed	0%	0%	0%
	↓	BI/info given	13%	3%	87%

\*of those identified with risk factors



# Summary and Other Findings

# Interviews:

- Big **discrepancies** between current practice and perceived best practice
- Importance of establishing a **relationship**
- Emphasis on assessing the **family unit**
- **Time** - biggest obstacle
- Midwives' **own risk factor status**
- **Training** issues

# Audit:

- **Standards** proposed – generally poorly met
- Assessing **family unit** – not evident
- **Documentation issues** – assessment not documented electronically unless client has risk factor; not all HP documented





# Recommendations



1. **Annual training programmes** to cover all HP risk factors and all elements of HP (advice, brief intervention, referral).
2. **Referral pathways** reviewed to ensure services in place for all risk factors.
3. **Routine antenatal questioning** for domestic abuse and physical activity with documentation.
4. **Review and document** progress for clients who present with any of the risk factors.
5. **Introduction of HP ICP** with prompts and guidance on HP issues.

# Acknowledgements



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A full report can be found on the GM Public Health Practice Unit Website at:  
<http://www.gmpublichealthpracticeunit.nhs.uk/supra-district-audit/reports-for-2010/>