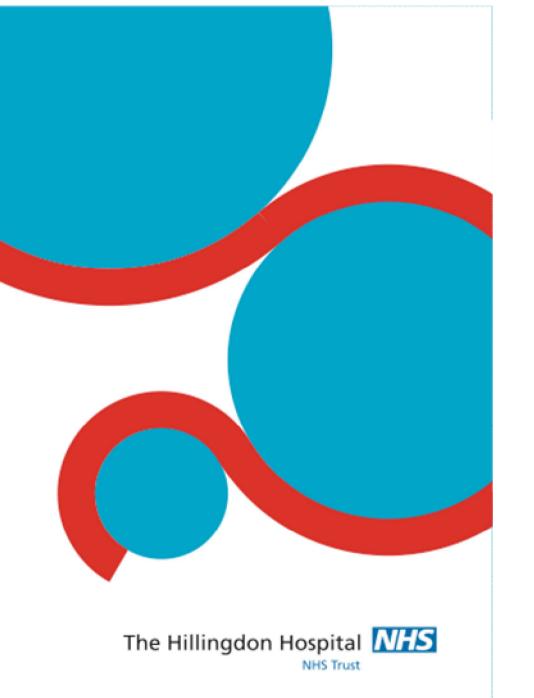
Promoting & Protecting Normal Birth on Labour Ward: The MLC Pathway

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Practice Development Midwife



The Hillingdon Philosophy

The Midwifery
Led Pathway is
for the
Protection &
Maintenance of
Normality









Aim of the Pathway

Choice for All women

- Beginning to end women will be involved in the decision making process
- To encourage a positive & flexible approach to care; which aims to facilitate choice and control





Aim of the Pathway

 Focus – Midwife Lead professional for midwifery led care

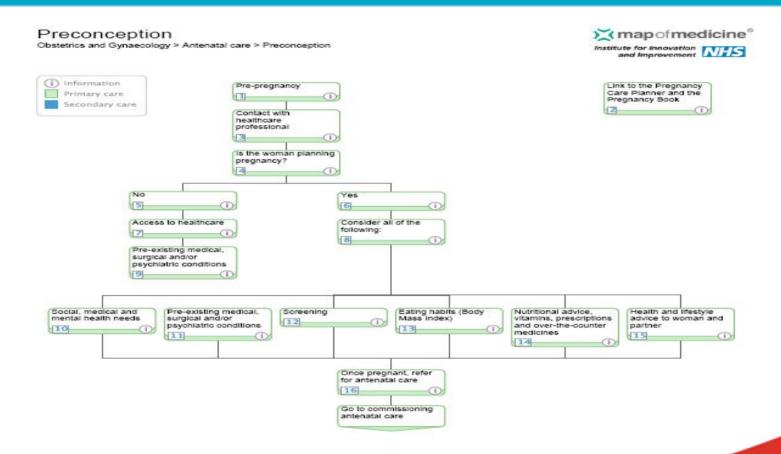
 To support women in making an informed choice & give the information they need

Facilitation of ongoing assessment and clinical decision making





Map Of Medicine

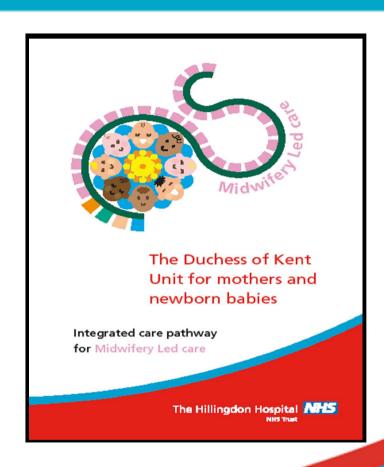




The Concept









The Concept



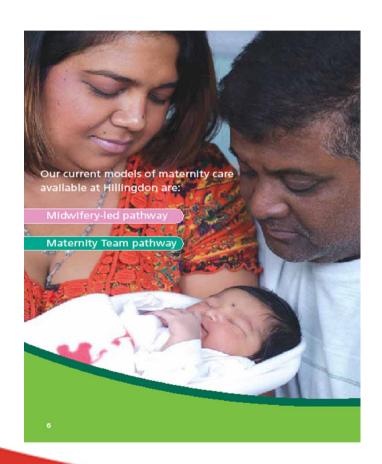
NHS Trust

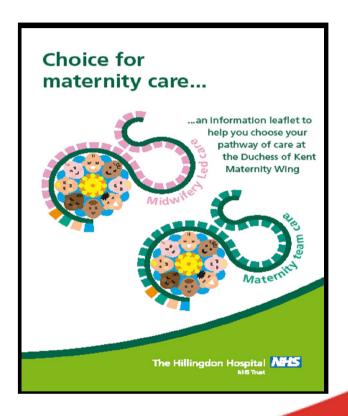
The Launch April 2010





Choices for Maternity Care









Intrapartum Care Principals

- Integrated Unit: Midwifery-led unit principals
 - Midwifery Led Pathway (Normal pregnancy, no risk factors)
 - <u>Maternity Team Pathway</u> (Obstetrician referral)

'Best of both worlds'

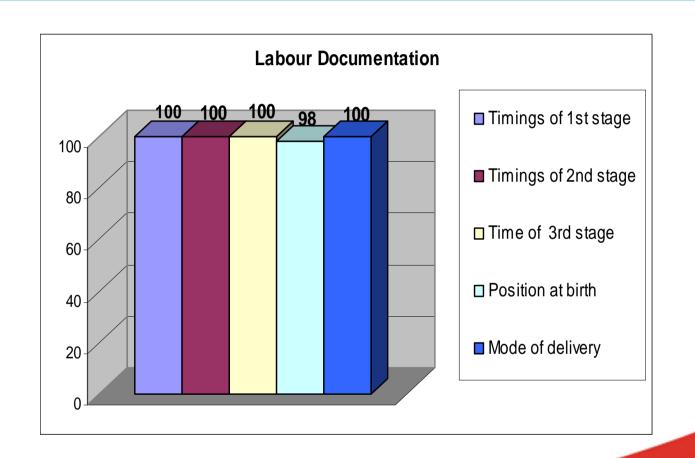








Audit July-October 2010



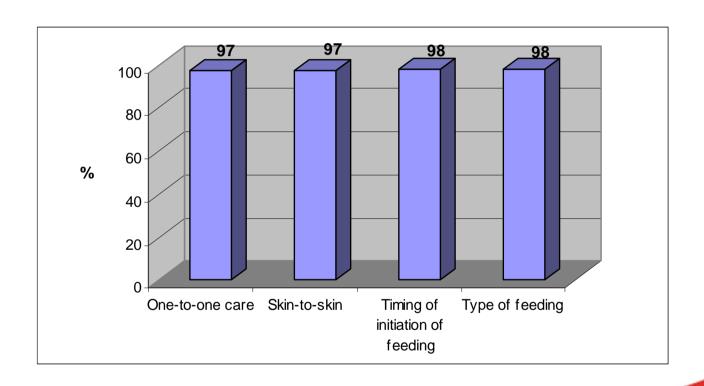


MLC Audit

- Areas of good practice for documentation (Scores >90%)
- 100%: Timings of labour 1st, 2nd and 3rd stage, time of perineal suturing and name of professional suturing, mode of delivery
- 98%: Position at birth, timing of initiation of feeding and type of feeding
- 97%: Assessment at beginning of admission, one-to-one care, woman having skin-to-skin,
- 92%: Reason for ARM



Audit July-October 2010







MLC Audit

- Areas of good practice for documentation, with room for improvement: (Scores >80%)
- 82%, Birth plan discussion
- 80%, Indication and discussion of episiotomy, indication for variance in the pathway





MLC Audit

Areas for improvement (Score <50%)

 Pink variance to be used to indicate appropriate return to MLC pathway (44%)

Caveat – 10 unknowns



Standards & Outcomes of MLC Pathway

Are we truly giving MLC on Labour ward?

12 sets of notes taken at random - audited

- Looked at the same standards
- Looked at the outcomes
- Documentation





Recommendations

- Ensure women are assessed at the beginning of the admission to the Labour ward to identify which pathway should be followed.
- Consider ways to improve documentation in the maternal notes and review the reasons for the omissions.
- To re-audit in six months to determine if there has been any improvement in the gaps that have been identified.



Comparative Data 2009

Spontaneous Births annual 57.3%

CS Rates Range 24%-28% Peak August 29.9%

One to One Care 95.1% Avg Waterbirth 18 Year



July – October 2010

Spontaneous Births July-Oct 56.74%

CS Rates July–Oct Avg 24.6% Peak August 28.5%

One to One Care 96% Avg Waterbirths (29) 1.1%





Revisit the Concept





MLC Pathway

Promotes

Protects

Maintains

Normal birth for Women & Midwives





MLC Pathway

"The Hillingdon Hospital appears to be leading from behind. But in these uncertain times we are not standing still."

We put women first and we celebrate victory by optimising choice to achieve the best outcome"

