

How can Women's Experience Of Elective Caesarean Section be Enhanced?

Lisa Maddock¹, Rebecca Cookson¹, Colette Miller², & Carol Kingdon²
¹ Lancashire Teaching Hospitals NHS Trust, ² University of Central Lancashire

Background

NHS Maternity statistics England report 2013/2014 states that the caesarean rate is 26.2%, of which 13.2% are elective surgeries. Nationally there has been a rise in the number of ELCS by 2.5%. On review of our local statistics, **ELCS accounted for 11.4% of all births** at Lancashire Teaching Hospitals from August 2016- July 2017. The quality standard for CS, published by NICE (2013) outlines the need to improve experiences for women in this setting. There is much emphasis on continuity of carer within maternity (RCM 2017), and a key driver in maternity care is to promote and provide family centred care across all aspects of maternity care, to reach a shared aim of enhancing experiences for women and families.

Aim

We will undertake a three-year programme of work to support the design, implementation, and evaluation of an evidence-based healthcare improvement programme to enhance women's experience of elective caesarean section (ELCS). We will explore the existing evidence relating to women's experiences during ELCS to identify: what women want from their birth experience, the facilitators and barriers to this, and to achieve consensus regarding the most important components of care. To underpin the improvement programme, work in year one will include: completion of a systematic literature search, critical appraisal of existing literature, evidence synthesis, and production of a lay summary.

Objectives

- How much do women value antenatal information and education they receive relating to ELCS, and does this adequately manage their expectations?
- What are women's views and experiences regarding continuity of carer in relation to ELCS, does this influence their experience?
- What are the views, experiences and expectations of women regarding the theatre environment in which their baby is born; does this have any impact on their experience of ELCS?



Antenatal Support

Optional caseload for anxious women with previous traumatic experiences. Giving timely advice and options.



Caesarean Passport

Personalised birth plans involving patients in their own care, incorporating information leaflets and recovery pathways.



Group Pre-Op

Information video will be shown to give women an insight of what to expect. Groups will help to foster relationships.



Continuity of Carer

A dedicated theatre team to allow the women to know their midwife. They will also ensure the smooth running of the list.



Theatre is a Birth Room

Routine practice of skin-skin, delayed CC, music of choice, partners presence, lowering drapes and gentle CS



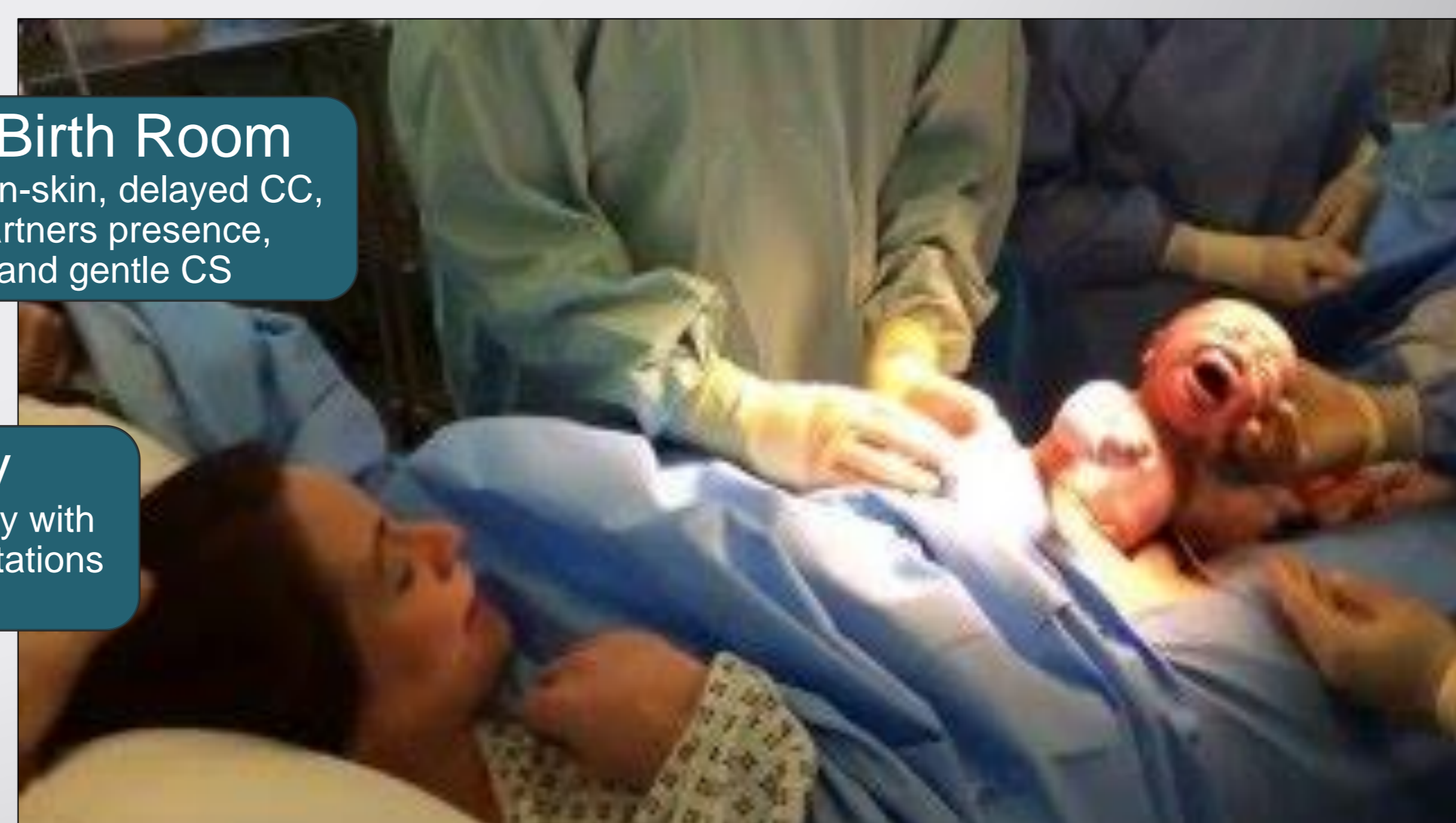
Enhance Recovery

A pathway discussed collaboratively with the MDT and family to agree expectations and planning of care



Timely Discharge

Planning for discharge at 24 hours post procedure to reduce NHS cost, infection risk and enhance experience



References

National Institute of Health and Clinical Excellence (2013) Caesarean Section Quality Standard.
 Royal College of Midwives (2017) Midwifery continuity of carer study
 HSCIC (2015) NHS Maternity Statistics 2013/2014
 Maternity Dashboard (2017) Lancashire Teaching Hospitals NHS Foundation Trust.

Progress

Identification of a focus for the improvement project has been established. A comprehensive research protocol is in the final stages of development. This protocol will inform the systematic literature search. Stakeholders have been identified and invited to sit on a steering and facilitation team, comprising of an obstetric consultant, anaesthetist, matron, ward manager, and academic tutors and supervisors. Patient & public representatives are yet to be identified. The new caesarean passport has been ratified.

What Next?

Completion of the research protocol and literature review and advertising for a public representative is a priority to complete the year one CAT programme. In preparation for year two – Implementation of the evidence-based improvement project – filming of an antenatal information video will commence and the caesarean passport will be approved and printed in time for the project launch next year. Plans for further meetings to update and discuss progress will also be arranged with the steering and facilitation team.