

Provision and discussion of patient information in maternity

Key Points

- All discussions of information with the women must be clearly documented on EPR to ensure continuity and aid communication within the multidisciplinary team.
- The information provided must be unbiased and should include benefits, risks and alternatives (as appropriate) in line with national guidance.
- Women should be offered information based on the current available evidence together with support to enable them to make informed decisions about their care.

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This is a controlled document. If you are using a printed copy, check it against the guidelines site to ensure you are using the latest edition.

Abbreviations

QAPE	Quality, Audit and Patient Experience
EPR	Electronic Patient Record

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1. Introduction

All women should have access to information during pregnancy, labour and the postnatal period to enable them to make informed choices and prepare for parenthood (NICE, 2018). Midwives and medical staff are responsible for ensuring that the woman has the relevant written information and should document on EPR (Electronic Patient Record) when a discussion or explanation has been made.

2. Purpose

The purpose of this document is to ensure a consistent approach to the use of patient information literature and discussion within the maternity service.

3. Responsibilities of staff

3.1 General

Information leaflet development within the maternity service will be led by the lead midwife for audit and quality and the clinical governance process. This includes the development, approval, implementation, updating and archiving of patient literature and development of the hospital website.

The information provided must be unbiased and should include benefits, risks and alternatives (as appropriate) in line with national guidance. Women should be offered information based on the current available evidence together with support to enable them to make informed decisions about their care.

All discussions of information with the women must be clearly documented on EPR to ensure continuity and aid communication within the multidisciplinary team.

3.2 Midwives

The maternity care provided by the midwife will be an ongoing assessment of the woman's needs and instigation of the appropriate care.

3.3 Obstetricians and anaesthetists

The obstetrician and the anaesthetist are responsible for documenting a clear plan of care in the EPR when the woman has been referred for shared care/consultant opinion or to the anaesthetic clinic. This plan should also be discussed with the woman and the obstetrician or anaesthetist must ensure that the woman is offered information based on the current available evidence together with support to enable them to make informed decisions about their care. They also need to ensure that women receive the information they need relating to interventions in the antenatal or intrapartum period, especially when obtaining written consent.

3.4 Paediatricians and Neonatal Unit (NNU) staff

Ensure that the woman receives information about NNU and information/support groups relevant to her baby's condition.

3.5 All staff who issue information leaflets to women

should ensure that they

- Use information leaflets that have been approved for use within the unit
- Ensure that they issue the correct version of the leaflet so that the information is correct
- Are aware that leaflets are designed either by national bodies/or in house by the trust and they are published electronically and available on the trust maternity

website (<https://www.frimleyhealthandcare.org.uk/maternity/parent-education-other-resources/>). Some are available in different languages and, in certain cases if the woman doesn't have access to digital platforms, can be printed off. Do not carry large stocks of leaflets, to avoid waste when leaflets are updated.

- When accessing online leaflets from recognised national bodies please ensure they have been approved for use in the unit. The agreed national body leaflets are uploaded as links on the maternity website.
- Issue leaflets at the relevant stages of the woman's care as indicated below wherever possible
- Record on EPR when leaflets or information packs have been given. If the woman is directed to access online leaflets, please ensure this is documented on EPR together with the source/website details.
- Discuss the contents of the leaflet and document the discussion on EPR.
- When seeking written consent, the use of the relevant leaflet should be recorded on the consent form by the professional completing the consent form.

4. When to give written information to women

Public Health England's 'Screening test for you and your baby' should be given prior to the booking appointment or as soon as possible:

4.1 At the booking appointment

- Inform the woman to download the 'My Frimley Health Record' app. If the woman hasn't got access to a phone or other device, a copy of her records should be printed and given to her.
- Give the woman the contact details for the MAMAS line and explain when she needs to call them.
- Direct the woman to the maternity website. Direct the woman to the information videos and leaflets on the maternity website. The main contents of the website are easily translated using the Google translate button – please note that the attachments/pdf documents are not automatically translated.
- Some leaflets, e.g., reduced fetal movements are available in other languages.
- Public Health England's 'Screening test for you and your baby' – issue to all women if not already given previously.
- Document any additional information sharing.
- Some leaflets are available via EPR using 'Smarttext', please ensure you share them with the woman.
- Signpost women who are requiring interventions in the antenatal period or in preparation for delivery to the relevant information on the website.
- Refer women to specialist websites/support groups when a fetal abnormality is identified.

4.2 Antenatal Contact

The timing of information giving will be partly dependent on how the pregnancy is progressing and on the individual needs of the women, but as an overview whichever professional is seeing the woman for the antenatal check up should provide:

Antenatal booking appointments and instructions.

Scanning information:

At booking appointment women are advised to download the national screening test for you and your baby leaflet via the QR code and save this to their home screen (to be able to access during the rest of pregnancy).

If they do not have a smart phone, then the community midwives can give a hard copy of the screening test for you and your baby leaflet, please liaise with the screening office.

From approximately 16 weeks onwards, discuss fetal movements and infant feeding, advise the woman to document her wishes on the Frimley Maternity Plan app.

At 16 weeks, ask the woman whether she has any particular birth preferences and if she expresses a wish for caesarean section for maternal request (having not had a caesarean section before), then refer to consultant midwife for more in depth counselling on pros and cons of vaginal birth versus caesarean section.

At 28 weeks, repeat screening for emotional welfare and domestic violence. Repeat this at each antenatal and postnatal contact if the woman attends alone.

At 28 weeks, explain that we would advise her to start considering choice of contraception postnatally and refer her to the 'Contraception after having your baby' leaflet.

At approximately 36 weeks - discuss preparation for labour and birth. Recommend to the woman to read the labour sections relevant to her on the maternity website and advise her to document her wishes on the Frimley Maternity Plan app.

From 36 weeks onward - discuss management of prolonged pregnancy.

Throughout the pregnancy, the appropriate health care professional will discuss and provide relevant information to the individual woman as the topic arises and document this on EPR, for example:

- External Cephalic Version (ECV)
- Caesarean Section
- Vaginal Birth after Caesarean (VBAC)

4.3 Maternity Assessment Centre/Triage and Labour

Remind the woman of information relevant to the birth of the baby and discuss her birth plan.

4.4 Postnatal information to be offered to all women

All parents should receive current evidence based written and verbal advice and information. Highlight to the woman the relevant information including what to look out for in mother and baby and how to register the baby's birth. Contact numbers of appropriate health professionals are provided to all new parents regardless of place of birth.

4.5 Information given to women should include

- Contact details should parents require help and the postnatal visit process.
- Link to exercises and advice for after the birth of your baby.
- Examination of the newborn and hearing Screen' information is included in the

“Screening tests for you and your baby” leaflet by Public Health England and it is given out antenatally.

- Link to signs of illness in newborn babies including the Frimley Healthier Together website
- SIDS information at The Lullaby Trust website.
- Coping with a crying baby, ICON
- Off to the best start – important information about feeding your baby (leaflet or link to leaflet to be given to parents).
- Bottle feeding mothers should receive the above but instead of the Off to the best start– important information about feeding your baby, give information on bottle feeding and sterilising baby feeding equipment/preparing a bottle feed using baby milk powder.

4.6 On discharge from the maternity unit also give

Birth registration information.

Document on EPR the discussions and information and leaflets that have been given. An explanation of the information should also be given, this may be done on labour ward, or at the first daily postnatal check on the ward, depending on the time of day and the woman's condition.

Parents should be advised of the signs and symptoms of common health problems for mother and baby. This includes assessment of the baby's general well-being and recognition of jaundice and when to seek further advice. The leaflets/booklets should be used to supplement the discussion.

Parents should also be given the child health record book. This depends on the parent's home address at FPH. An explanation should be given as to the child health record book's use, i.e., that they should take it with them to all health checks, immunisations, etc., so that all health professionals can enter details of care / treatments given and the book contains a complete record of the baby's health and development checks.

5. Process for giving information to women who have communication or language support needs

5.1 Language services

Frimley Health recognises the need to provide interpretative services for women attending for care during pregnancy, labour and birth. Women need access to expert and independent translators. The use of family members and children should be avoided.

The Trust offers telephone and face to face interpreting services on each site that offer over 100 languages 24 hours a day, 7 days a week. GP surgeries may also have this service available. If not, an ID code is available from Antenatal Clinic or Labour Ward, however care must be taken that it is used only for maternity cases. Please follow the process as directed on the Trust Intranet, on the flowcharts in all clinical areas and in the shared maternity drive (Wexham site: maternity safeguarding/interpretation services, Frimley site: interpretation services folder in each clinical area).

5.2 Women with hearing problems

British Sign Language (BSL) and Deaf Interpreting Services Sign Solutions are available via a video instant link. Please see shared drive under “maternity safeguarding/interpretation services” for further details at Wexham Park, and interpretation services folder in each clinical area at Frimley Park.

Arrangements can be made for the woman’s carer to stay in the maternity unit with the woman where the carer’s presence is needed to facilitate communication.

6. Auditable Standards

Documentation of discussion and provision of information to women as clinically indicated.

7. Monitoring compliance

This policy will be subject to audit as required. The lead midwife for QAPE midwife is responsible for co-ordinating the audit. Results to be presented to the departmental clinical audit meeting. Action plans to be monitored at the obstetrics clinical governance meeting.

8. Reference

National Institute for Health and Care Excellence. 2021. NG201 Antenatal care. London: NICE. Available at: <https://www.nice.org.uk/guidance/ng201>

Full version control record

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Contributor(s):	
Lead Director / Chief of Service:	Emma Luhr (DoM), Anne Deans (CoS)
Professional midwifery advocate:	Ruth Yardley
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This guideline has been registered with the trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using guidelines after the review date. This guideline is for use in Frimley Health Trust hospitals only. Any use outside this location will not be supported by the Trust and will be at the risk of the individual using it.

Version History

Version	Date	Guideline Lead(s)	Status	Comment
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