

How can Advanced Nurse Practitioners in Primary Care develop a Women's service to improve health outcomes and reduce inequalities?

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The Problem: A Critical Opportunity Missed

- Over half a million women deliver a baby in the UK annually.
- The overall maternal death rate in the UK is increasing and is at the highest rate it has been in almost 20 years. 113 women per 100,000 births die from often an avoidable loss of life.
- **Women are most likely to die in the postnatal period -70% of all maternal deaths.**
- The post natal period provides a critical opportunity to positively influence the health and wellbeing outcomes for women, their family units and their wider communities, yet, it is estimated that only 56% receive a structured postnatal review in General Practice.
- Black, Asian, and Mixed ethnic groups, teen mothers, and those living in the most deprived areas, are least likely to receive a postnatal check.

Action

Post Natal Questionnaire V2.0 5.8.25

Physical Health

2. Do you have any pre-existing illness and/or chronic long term health conditions?

Enter your answer

3. Did you have any pregnancy related conditions for example Gestational Diabetes, Pre-eclampsia/high blood pressure?

Enter your answer

4. How would you describe your health during this pregnancy?

Enter your answer

5. How many weeks gestation were you when you had your baby?

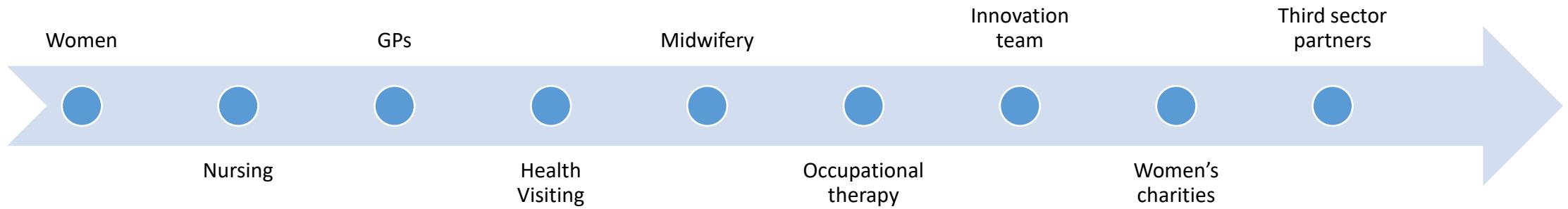
Enter your answer

6. Where did you give birth?

- Home birth
- Hospital birth
- Midwifery led unit
- Other

Aim: To develop a 'toolkit' based on a comprehensive biopsychosocial assessment process to transform the historic 6/52-week post-natal check into an opportunity to address the full health needs of women at a key point in their lives.

Design Phase

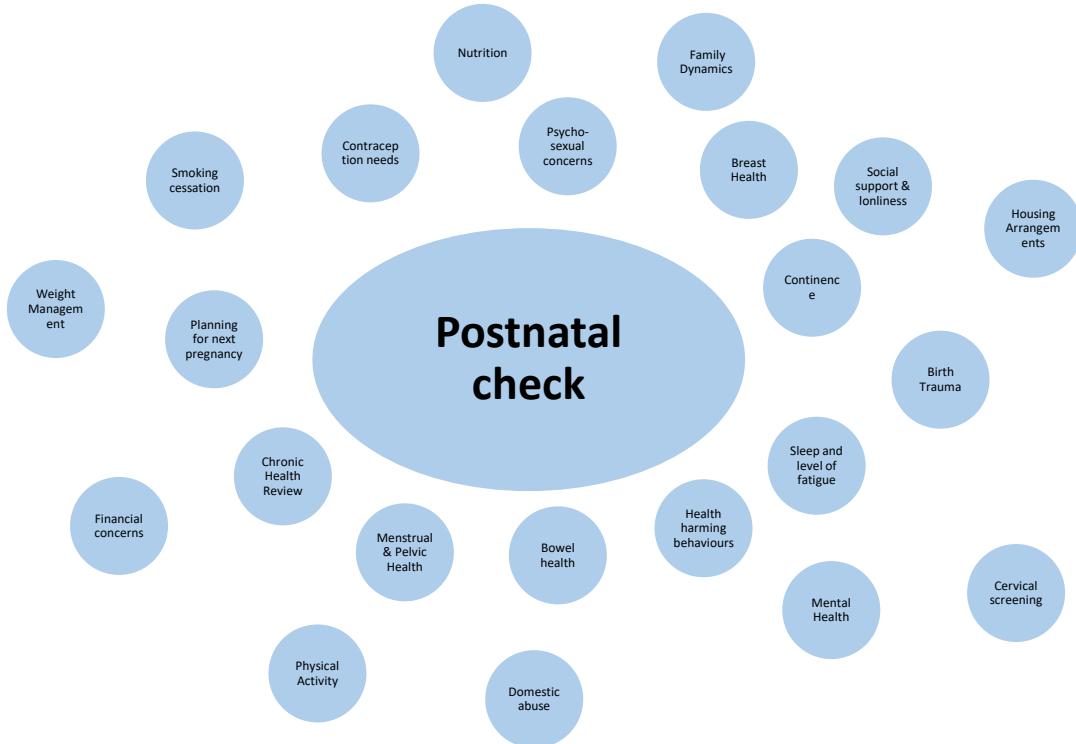


Guidelines from around the UK informed the initial development. The template includes areas of care that allow an exploration of needs and to identify potential risk factors.

<https://www.england.nhs.uk/long-read/gp-six-to-eight-week-maternal-postnatal-consultation-what-good-looks-like-guidance/>

The focus was a biopsychosocial model of care delivery.

Project Development



Postnatal care

NICE guideline | NG194 | Published: 20 April 2021

Guidance Tools and resources Information for the public Evidence History

Download guidance (PDF)

Overview

Recommendations
Recommendations for research
Rationale and impact
Context
Finding more information and committee details
Update information

Overview

This guideline covers the routine postnatal care that women and their babies should receive in the first 8 weeks after the birth. It includes the organisation and delivery of postnatal care, identifying and managing common and serious health problems in women and their babies, how to help parents form strong relationships with their babies, and baby feeding. The recommendations on emotional attachment and baby feeding also cover the antenatal period.

For information on related topics, see our [women's and reproductive health summary page](#).

Related quality standards

Contraception
Developmental follow-up of children and young people born preterm
Postnatal care

Implementation

- 128 Appointments
- 30 minute Appointment Time
- Pre-Clinic questionnaire utilised to flag areas of concern
- Comprehensive, holistic consulting – active listening approach enabling symptoms and concerns to be surfaced.
- Collaborative problem solving.
- Health Activation

Ask

Perinatal mental illnesses alone cost the NHS around £1.2 billion for each annual cohort of births.

The overall costs of maternal mental health problems are estimated at £10,000 per birth on society as a whole.

Central funding for delivery of postnatal checks equates to less than £20 per woman - underfunding contributes to the challenges of providing comprehensive care

Primary Care Advanced Nurse Practitioners offer a solution to delivering high quality care in the post natal period but this service has to be funded.

Reflections

- Friction between time allocated versus lack of funding stream.
- Challenge from colleagues whose appointment times were not compatible.
- Complimenting existing service offer not duplicating – finding the fit alongside Health Visitors.

References

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Thank You

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