



Redesigning postnatal care: a cluster randomised trial

Presented by

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Background to study

- UK postnatal care changed little since first introduced - delivered by midwives and GPs
- Standard numbers of midwife home visits irrespective of women's needs
- Resource intensive

Background to study

- Yet studies shown much postnatal morbidity exists - not identified or managed by health professionals
- Morbidity often continues well past birth

Background to study

- UK government reports - need for wide-ranging changes to maternity services including postnatal care

Aim of study

- To develop and implement a redesigned model of community postnatal care, to compare it with current care and investigate its effects on women's health in a randomised controlled trial

Control: standard care

- 5-7 home visits from a community midwife
- Last routine visit about 10-14th postnatal day - if problem can visit to 28th day
- Home visit from GP
- Final maternity discharge check from GP at 6-8 weeks

Intervention: redesigned care

- Midwifery-led with GP contact through referral
- Extended care - last home visit at 28 days and discharge check at 10-12 weeks - to allow time to more fully appraise health needs
- Symptom checklists (10 & 28 days and 10-12 weeks) and EPDS screening (28 days and 10-12 weeks) to identify health needs
- Care plans based on need rather than a focus on routine observations
- Evidence-based guidelines to manage health needs

Trial design and population

- Cluster randomised controlled trial
- General practice unit of randomisation
 - 36 general practice clusters
 - 80 midwives providing care
 - 2064 women recruited

Study outcomes

Primary: 4 months and 12 months

- Physical and psychological health - Physical (PCS) and mental (MCS) component scores of SF36, and EPDS

Secondary: 4 months

- Women's views of postnatal care
- Process outcomes: no. & duration of midwife visits

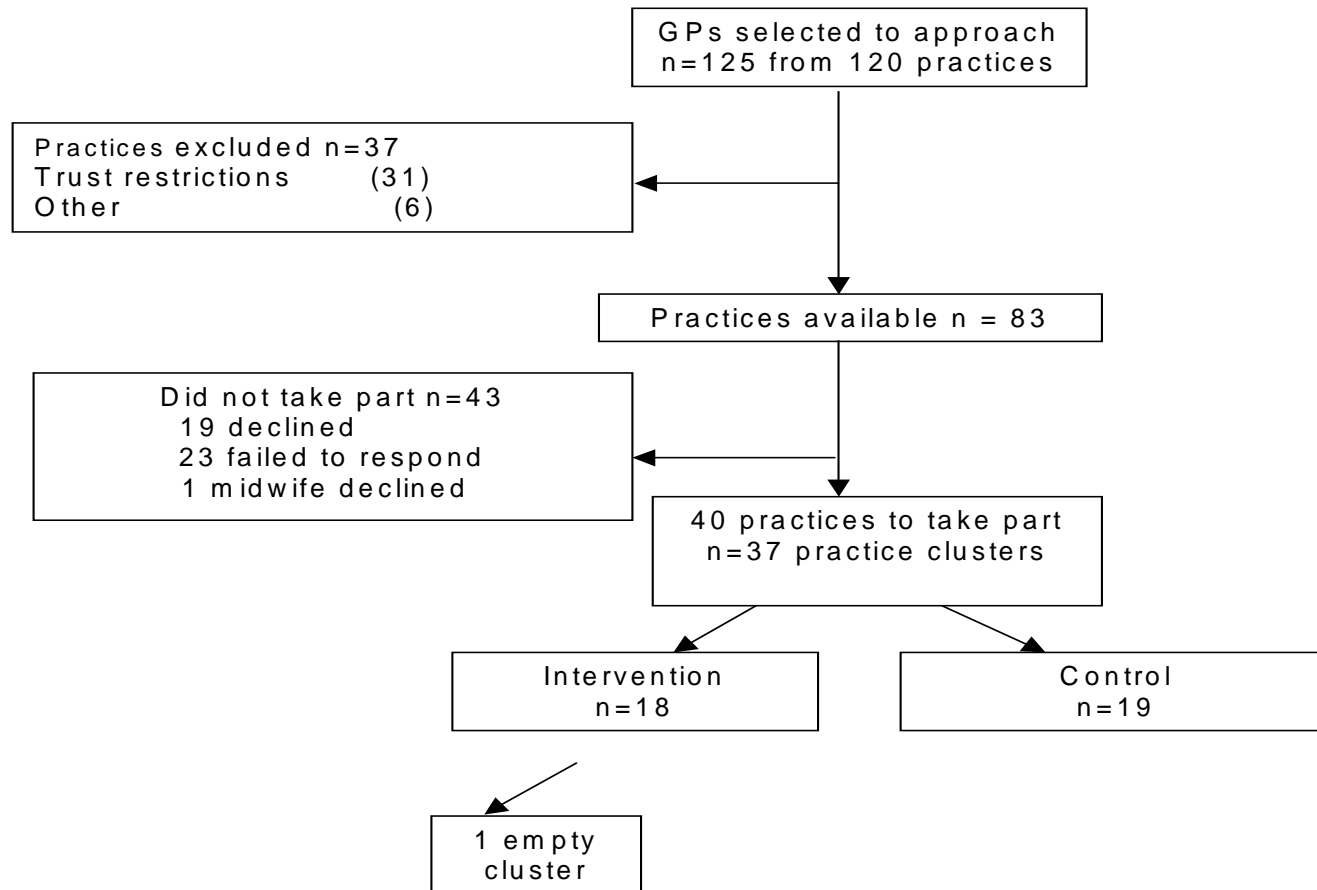
Secondary: 12 months

- Health service usage during the first year
- Women's reported morbidity
- Good practice indicators (e.g. breast feeding, immunisation)
- Midwife views of postnatal care

Data collection

- Baseline data (maternal - demographic questionnaire, hospital delivery notes; cluster - GP practice info.)
- Primary and secondary outcome data (questionnaires at 4 & 12 months, GP practice records, health professional's questionnaires)
- Process outcome data (Midwife records, women's diaries, 4 month questionnaire)

Flow diagram of cluster recruitment



Cluster characteristics

- Cluster baseline characteristics did not differ significantly between groups

Number of GP partners

Number of attached midwives

Midwife post-experience qualifications

Size of cluster (no. of women recruited)

Deprivation level of cluster (Townsend score)

Women's characteristics

- Women's baseline characteristics did not differ significantly between groups
- Some proportionate differences, more of which likely to disfavour the intervention group
- Non responders similar pattern to other studies

Women's health and well-being at 12 months

	Control mean	Intervention effect (95% CI)	p value
Mental Component Score (MCS)	48.46	2.74 (1.48 to 4.0)	<0.001
EPDS	7.62	-1.54 (-2.26 to 0.82)	<0.001
Physical Component Score (PCS)	48.76	-0.24 (-1.37 to 0.89)	0.680
	Control	OR (95% CI)	
EPDS score 13+	1	0.46 (0.33 to 0.63)	<0.001

Midwife views about care

- Intervention midwives were:
- More satisfied with
 - organisation of postnatal care
 - role of midwife
 - role of GP
- As satisfied with role of health visitor
- More likely to feel organisation of postnatal care allowed care appropriate to individual needs

Summary of findings

- Redesigned care associated with significant benefit to women's psychological health at 4 & 12 months postpartum
- No differences in physical health measure
- Women's views of care were either more positive or did not differ
- Unlikely to have major implications on midwifery workload
- Midwife views about care were more positive
- Consultations with GP during first 12 postpartum year were reduced

Concluding issues

- Intervention content designed to overcome problems identified with current care – certainly complex!
- Feedback day with midwives – did they believe findings? Mechanisms for effects?
- Has it altered care? Locally/nationally