

# Antenatal & Postnatal Report

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Lawley Plus Sure Start Antenatal and Postnatal statistics

## Background

In May 2003 a pilot scheme was developed between Lawley Plus Sure Start and Wrekin Community Midwives. Di Goring and Gail Edwards began working patch based within Lawley Plus Sure Start catchments area, offering antenatal and postnatal support to all of the expectant Sure Start parents. Within this scheme they have offered home visits/bookings, held appointments at Lawley Plus baby cafes in the local area and worked very closely with the Sure Start Outreach team.

As the role developed we devised a system for collecting statistics on a range of antenatal/postnatal issues, this is how the information for the following report was gathered. As it is the first report of its kind there are some missing statistics, due to the midwives having inherited existing bookings when they began the scheme, and also there have been incomplete statistics from some clients records throughout the process for a variety of reasons e.g. miscarriages, moving out the area before or soon after delivery. However, the statistics gathered highlight some interesting trends and information

### What advantages are there for this type of scheme?

The relationship between Lawley Plus Sure Start Outreach Team and the midwives is very strong; there is regular contact between each of the Teams through joint Team Meetings, joint training and telephone contact almost daily. At present due to the scheme all expectant mothers are referred to Sure Start at 12 weeks of booking, which enables early intervention if required by the Outreach team on issues identified by the Midwives. We are able to explore such issues as smoking in pregnancy, refer to Breast feeding workshops/B.E.S.T (Breast feeding Encouragement Support Team – peer support group run by Sure Start parents), social issues and Antenatal Depression (A.N.D) and postnatal depression (P.N.D); we are also able to support postnatal so we can continue to support on such issues. Due to the close working relationship with the Midwives it ensures good coordination of roles, appropriate support for the families on issues highlighted by Midwives/Outreach Workers and excellent joint working/networking.

## The Results

### ***Antenatal***

Subject	May 2003 – April 2004	May 2004 – April 2005
Total number of stats collected	243	217
Breast feeding workshop attendance	(24) 9.9%	(14) 6.5%
Alcohol Consumption	(10) 4.1%	(6) 2.8%
Average marker question score	9	6
Smoking at booking	(44) 18.1%	(36) 16.6%
Gave up for pregnancy - Yes	(20) 8.2%	(14) 4.6 %

Gave up for pregnancy - No	(15) 6.2%	(15) 6.9%
Referred to Help 2 Quit service - Yes	(17) 7%	(10) 4.6 %
Referred to help 2 Quit service - No	(20) 8.2 %	(24) 11.1%
Smoking at 28 weeks	(33) 13.6%	(17) 7.8%
Partners smoking at booking	(73) 30%	(53) 24.4%
Mothers taking drugs (all were prescribed by GP)	(16) 6.6%	(18) 8.3 %
Average EPDS score	7	7

### ***Postnatal***

Subject	May 2003 – April 2004	May 2004 – April 2005
Total number of stats collected	188	101
Method of Feeding - <b>Delivery</b>	Breastfeeding: (97) 51.6 % Artificial: (75) 39.9% Combination: (18) 9.6%	Breastfeeding (55) 54.5% Artificial (39) 38.6% Combination (6) 5.9%
<b>10 days</b>	Breastfeeding (75) 39.9% Artificial (97) 51.6% Combination (15) 7.9%	Breastfeeding (41) 40.6% Artificial (53) 52.5% Combination (6) 5.9%
<b>28 days</b>	Breastfeeding (60) 31.9% Artificial (111) 59% Combination (13) 6.9%	Breastfeeding (32) 31.7% Artificial (62) 61.4 % Combination (6) 5.9%

### What can we see from the results?

#### Antenatal

**Attendance at breast feeding workshops** is lower in the second period; this may be due to the introduction of LPSS Baby cafes. During LPSS Baby Cafes there are volunteers from B.E.S.T and midwives attend every week, so expectant parents are having regular contact with information about breastfeeding and are meeting breast feeding mothers on a regular basis. The Outreach Team also introduced a new time table of visiting expectant mothers approximately 9 months ago:

**At 12 weeks pregnancy:** Referral received by Outreach Team from Midwives



**At 5 months of pregnancy:** A home visit by LPSS Outreach Worker



**At 38 weeks of pregnancy:** A home visit by LPSS Outreach Worker



**Within 2 months of birth:** A home visit by LPSS Outreach Worker

(See appendix 1 for type of support/information given to parents during these contacts)

Above are the planned stages of contact; however if additional needs are identified at point of referral or thereafter then visits may be done earlier and increased to enable additional support to be offered in the form of regular home visits. (Please see appendix 2 – case study)

**Alcohol consumption** is down in second period; this may be due to extra information/advice being available through a variety of sources e.g. midwives, Outreach Workers.

**Mothers' smoking at booking** is down in the second period; this may be due to extra information/advice being available both nationally and locally in many areas accessible to woman e.g. GP practices, hospitals, community venues. However the figure of **expectant mothers giving up for pregnancy** was lower in second period; throughout LPSS's contact with expectant mothers who smoke their smoking status is frequently revisited, enabling them to be able to gain the support if they wish to stop smoking.

The number of expectant mothers requesting to be **referred to help 2 quit services** is down in the second period; it was decided that LPSS would invite Help 2 Quit service to regularly attend our baby cafes to enable mothers to receive information/support without needing to attend a local Help 2 Quit clinic. All Outreach staff has also attended Help 2 Quit Sign posting training to enable them to sign post correctly into the service.

**Smoking at 28 weeks** is down in the second period; this may suggest that additional support, advice and information may have produced this result.

**Expectant mothers taking drugs** is higher in the second period; however all drugs were prescribed by the mothers GP; there was no record of mothers taking illegal substances during both periods.

### Postnatal

As stated the main focus in this stage of statistics was feeding Status; and breast feeding results were encouraging. This may be due to extra support/activities being provided both antenatal and postnatal, and increasing awareness of the benefits of breast feeding both locally and nationally.

It has been acknowledged how important it is to provide adequate support at the 10 days period and beyond, as some mothers may experience difficulties in this period. Therefore Midwives are available at baby cafes, along with B.E.S.T volunteers; we also operate a B.E.S.T helpline and Outreach Workers all have breastfeeding training (a number are trained as La Leche League peer administrators) to enable them to offer advice/support during home visits. B.E.S.T has 21 La Leche League trained peer supporters; these are from both Lawley Plus Sure Start and Jubilee Sure Start. The volunteers had a total of 280 contacts from January 2005 to December 2005; it was only for the period of July 2005 to December 2005 that the final 11 became operational. Therefore this figure is quite an achievement; the contacts will consist of telephone calls to the B.E.S.T mobile telephone and through face to face contact at baby cafes.

For attendance figures of baby café please see appendix 3.

How have we changed our service as a result of the findings?

- Within LPSS Outreach team practice we have changed the frequency of visits, and all expectant parents have a least 3 contacts throughout their pregnancy with a Home Visitor regardless of their level of need.
- LPSS Outreach Team has implemented a system of early identification of need so preventative and early intervention is able to take place.
- We have reviewed our information given to parents and have produced a standard checklist, to ensure all parents are receiving the same information (see appendix 1)
- LPSS Outreach Team has strengthened the relationship with the Midwifery service, to enable strong working relationships and good communication; through regular meetings, joint training and joint service provision.
- Baby cafes have been introduced in 2 of our areas; where Midwife antenatal and postnatal appointments can be held, breast feeding advice is readily available and we have regular attendance from local Health Visitors.
- We have extended our catchments area for the B.E.S.T support and this is now offered Telford & Wrekin wide.
- We have continued to build on our Team of B.E.S.T volunteers and have a rolling programme to train local volunteers both in LPSS and Wave 6 Jubilee Sure Start. There has also been further training offered to local Midwives, Health Visitors and Sure Start workers to enable them to train local volunteers.
- We have built stronger links with the local Help 2 Quit service; and now have regular attendance at Baby cafes.

### Conclusion

This report highlights areas in which we can continue to develop our service and emphasises the importance of links built between the Midwifery Service and LPSS Outreach team; without this pilot scheme the statistical information could not have been gathered, and most importantly the families would not be receiving this unique and valuable service. The scheme has been so successful that we are now working with Midwifery services to look at lessons learn't, and the potential realignment of maternity services in conjunction with Children Centres, School and Community Clusters and extended schools.

### **Appendix 1**

Antenatal/postnatal referral checklist

First visit (5 months of pregnancy)

**Sure Start Introduction**

- Areas that we cover
- Outreach Service/home visits
- Nursery Team
- Centre Team (facilities, buildings)
- Midwives
- Confidentiality
- Membership for completed

**Breastfeeding Information**

- Breastfeeding workshops
- B.E.S.T
- Baby Café

**Additional Services**

- Smoking Cessation      Referral made (date).....
- Safety Equipment
- WHT Drop In (if applicable)
- CAB Drop In
  
- **HOME VISITOR STICKER PUT ON GREEN BOOK**

**Information/freebies**

- Explain confidentiality policy (within Welcome to Sure Start)
- Domestic Violence survival card
- B.E.S.T info.
- PAG info.
- Looking after your baby
- Real nappy network/Schmuggles/React leaflet
- What's On
- Nursery Prospectus
- Passive Smoking
- NHS direct book
- BFW time table
- Pampering kit

**32 weeks: Telephone contact & offer visit (if unable to contact after 2 attempts send standard letter**

- Safety Equipment scheme (baby monitors etc)
- Breast Feeding Workshop
- Baby Café
- B.E.S.T                      Appointment made for baby café:.....

**Postnatal visit within 2 months**

**Information given:**

- What's On
- Baby signing information available through play library/promote course
- Emotional bonding book
- Childcare Information (childcare outlook)
- Healthy teeth leaflet
- Baby Nosh
- **HOME VISITOR STICKER ON RED BOOK**

*Freebies*

- Bib
- Cup/Beaker
- Smoke Free Sticker
  
- **CHANGE OF CIRCUMSTANCES FORM COMPLETED**

**Appendix 2**

## Case study's to demonstrate antenatal/postnatal support in Lawley Plus Sure Start

(Names have been changed within the case studies to protect families' identities)

### Case 1

#### Initial referral

Lawley Plus Sure Start Outreach Team received a referral from the Teenage Identified Midwife when Sally was approximately 15 weeks pregnant. The areas of support that had been identified at this stage were:

- benefit advice
- parenting support/advice
- social isolation

An appointment letter was sent to Sally within 24 hours of the referral being received, and a home visit by an Outreach Worker was conducted within 12 days.

#### Background

Sally is a teenage care leaver who is still receiving support from the 16+ Team; Sally had been in care since the age of 12 years due to her mother having severe mental health issues. Sally's boyfriend is in prison in Scotland, and Sally told us on the initial visit that she was drinking most weekends due to feeling low. Sally was very keen to become involved with Sure Start, as she wants to try and do the best for her baby and felt very isolated. Sally was also very keen to breastfeed, so this was a very positive start to the relationship with Sally.

#### Sure Start support

We have been visiting Sally on a weekly basis at home; this has been more frequent at times due to unsettlement. The Outreach Worker has offered a range of support:

- **Advice on diet:** Due to limited finances Sally had been struggling to buy food, we have given verbal and written information on a healthy diet and have helped Sally with low cost meal ideas.
- **Benefit advice:** When we began visiting Sally there was a lot of confusion over what her benefit entitlement was, and what bills she was responsible for (as accommodation was provided by Social Services 16+ Team initially). Through liaising with Nacro, Social Services and DWP we were able to establish Sally's entitlement, and help organise payments. We were also able to get a food parcel from social services, to enable Sally to eat whilst her benefits were being processed.
- **Completing forms:** We have helped Sally complete her Income Support forms and Sure Start Maternity Grant form.
- **Budgeting:** We have helped Sally with budgeting whilst she has been familiarising herself with paying household bills.
- **Buying equipment for baby:** Sally has begun preparation for the arrival of her new baby, Sally requested help with writing a list of what

equipment she would need. A list was written with Sally and costing was researched to enable good budgeting.

- **Smoking cessation advice:** Sally did not wish to give up smoking but through encouragement and guidance has cut down her smoking vastly; advice has also been given about not smoking around the new baby. Sally has also reduced her alcohol in take and feels a lot happier now she has made these changes.
- **Breastfeeding workshops:** Sally expressed a wish to learn more about breast feeding, as she is very keen to breast feed her new baby; therefore we booked Sally onto the local Breast feeding workshops and took her along to help settle her in.
- **Visits to hospital:** Sally had to be rushed into hospital recently due to bleeding, due to no transport and the local consultant unit being 20 miles from home we visited and transported back home.
- **Donation of a pushchair/pram:** We were very kindly donated a new pram and this was passed onto Sally for her new baby.
- **Attendance at case conference:** Due to Sally being a care leaver a case conference was held on Sally's unborn baby, we are an active agency within this process.

Month	Carpenter Family Centre baby café – No. of families	Watling Centre baby café – No. of families
November 2003	14	15
December 2003	9	38
January 2004	15	40
February 2004	25	30
March 2004	24	42
April 2004	19	40
May 2004	16	40
June 2004	52	62
July 2004	31	50
August 2004	28	61
September 2004	10	74
October 2005	19	105
November 2005	18	57
December 2005	12	45
January 2005	23	77
February 2005	32	77
March 2005	33	75
April 2005	37	65

**N.B** The Baby cafes started in November 2003; and as with all activities it can take time to establish regular attendance, and as these figures demonstrate it is evident that at the start attendance was low but began to increase over the period of time.

