

Community Midwifery – Emerging Model

Executive Sponsor Paula Gardner



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- Introducing a new model of care
- Using the concept of ‘Midwife Families’
- Benefits for staff



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The New Model

The aim of this Model is to greatly improve antenatal and postnatal continuity, making it safer and kinder for families and midwives across all of Sandwell and West Birmingham.

We aim to do this by introducing –

- **Smaller Teams called ‘Midwife Families’** - this will greatly increase the likelihood of a woman being cared for by her own midwife throughout her pregnancy journey. This will also enable a geographically smaller homebirth area increasing the likelihood of the woman seeing a member of her own team if she has a homebirth.
- **GP practices/Children’s Centre/Shop Bases** - working from Children’s Centres or venues within the community will improve communications with Health visitors AND provide easy access for women without having to be referred from their GP’s or attending the hospital.
- **Seamless care** – working more closely with the GP’s/ practice nurses will ensure women’s needs are met.
- **Early contact appointments** - Early access clinics will be run from the community venue’s by Support workers – where referrals can be put straight onto the electronic patient record, patient portal access can be set up in order to enable women to enter their own demographics prior to her first meeting with the midwife.
- **A Community Triage midwife** – each teams deputy or their buddy will hold a ‘triage phone’ each day, taking referrals from the Community office, GP’s or Health Visitors. Additionally they will be triaging low risk patients, taking pregnancy enquiries and providing support to the team as a single point of access for her area.



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Benefits for the woman and her family

- **Welcome Boards** will be introduced in all areas (GP's, antenatal clinic, Children's Centres) which will identify the team Midwives, their contact details and clinics at the first point of contact.
- A **'Meet your Midwife'** leaflet will be presented to each woman at her first appointment, this will include a photo and contact details of each midwife in her team where her named midwife will then be identified.
- **Flexible/soft borders** means the woman has the choice to access different midwives or support workers if she has 'specific' needs or requests – it is *her* care.
- **Personalised Postnatal Care** Similar to the 'Dorset Model' we will trial integrated postnatal visits with midwives, health visitors and support workers. For example the primary and day 28 visits will be undertaken by the named midwife with HV input around day 11 and incorporating the support worker to provide interim visits such as day 5 visits, baby weight checks or Breast Feeding support. This will enable individual and personalised care. Furthermore the 28 day postnatal visit will allow for identification and management of possible mental health issues.
- **Increased continuity at a Homebirth** A smaller geographical area utilising site specific midwives for homebirths will increase the likelihood of a familiar midwife attending the homebirth.



Midwife Mabel Smith
0776543221

I specialise in infant feeding, and educating first time parents. I work full time hours and I am the midwife at St Marks Medical Centre on Mondays and Derby Clinic on Wednesdays.

I also work occasional weekends and cover Home births too!! So don't worry if we haven't met yet ...we will!



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• **CURRENT**

- Currently has 35 midwives across all teams (11-12 per team) and 2 MSW's.

• **NEW**

- The 6 new Model teams will ideally consist:-
- 1 Deputy (Senior Band 6)
- 4 Band 6 midwives (comprising of senior and junior midwives).
- A Band 5 rotating midwife
- 2 support workers.

Who

- As an example we chose to look at the geographical area of Sandwell and how it could be split into smaller teams.

- Upper and Lower Sandwell which would comprise of 3 teams each.

- City likewise arrangement.

- The map indicates GP's AND potential Children's Centre Bases for each team.

- 'soft borders' to enable continuity.

Where

- Teams will ideally be based out in Children's Centres/alternative locations (outside GP surgeries).

- Senior Band 6 in each team will take on a deputy role and hold the triage phone for the day.

- Every team member will be paired with a buddy, to cover absence, sickness and annual leave which will in turn enhance continuity.

- Band 5's will be on a full inpatient AND outpatient rotation.

- Support workers will take on more of an active role in clinics and visits.

What



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Benefits for staff

- Smaller teams with a deputy 'parent' figure will mean Midwives will feel safe, continually supported and form closer working relationships.
- The Band 6 deputies will benefit from a tailored leadership/management training package for upward progression.
- The Band 6 deputy midwife will be responsible for triaging new discharges and allocating workload/clinics each morning from base allowing midwives to work more productively from the start of the day. She/he will also be holder of the 'Triage Phone' for the days referrals, complaints, sickness, staff lone working safety, support and advice.
- A buddy system will be in place ensuring women are seen by selected midwives in the event of absence.
- Midwives will have access to an electronic diary and will manage their own caseloads fairly – this will ensure midwives will have complete autonomy over their working diary allowing better flexibility for the women.
- Being based at Children's Centres or 'shops' will make midwives easily accessible to women and their families allowing for early capture, better opportunities for relationship building and effective handovers to Health Visitors.
- In order to ensure competence and confidence Midwives will rotate into Serenity/inpatient areas to maintain their clinical skills.



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Thank you for your time - any Questions?

Nicki Tomkins

Terri Franklin



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