

Developing a new team approach to support women and their families through Screening and Fetal Medicine

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Objective

To merge Antenatal and Newborn screening (ANNB) with Fetal Medicine in a large teaching hospital in the UK.

Historically the care for women and their families was performed by two separate teams. If a woman was to receive a higher chance result on her Down's, Edwards' and Patau's Syndrome screening test or had a raised Nuchal Translucency measurement on a dating scan and a diagnostic test was requested, a referral would be made to the fetal medicine unit where a different midwife would support her having the test performed.

Better Births (2016) report recommends that the quality services we provide must be personalised, and that we offer continuity of carer. We needed to have a joined up approach with a larger merged team to allow continuity of carer across the two sites to benefit women and their families.

Methods

A business plan was submitted to the Trust to develop a team of midwives who cover Public Health England's Antenatal and Newborn screening programmes as well as the Fetal Medicine Unit. This would enable the same midwife to counsel the woman and her family and be available to assist with the invasive procedure within Fetal Medicine, and to be available to support them following the results.



Results

The business plan was approved by Leeds Teaching Hospitals and an internal advert for expressions of interest was drafted by the Screening co-ordinator and Fetal Medicine Team Leader. This attracted midwives with the relevant experience and similar vision to join the team. Once a team was established, local training took place around the ANNB Screening programmes and Fetal Medicine competencies as well as making use of Public Health England funded courses and study days.

Conclusions

We now support women and their partners through antenatal screening and diagnostic testing for a range of conditions including Down's, Edwards' and Patau's syndrome, and for haemoglobinopathies.

We communicate the results during pregnancy, and if positive following the newborn blood spot screening after birth. Team members who have completed the genetic module for haemoglobinopathies will visit the families at home following birth.

We have received positive feedback in many different forms to support this method of working. The team of midwives have a greater job satisfaction in being able to follow families through and support them whatever the outcome of the pregnancy.

Future plans are to expand the knowledge and training of the team and for further development of the continuity of carer model. For example, a pathway when a fetal cardiac anomaly is detected, which would allow co ordination of appointments and support by a named midwife and the cardiac team.

References

www.england.nhs.uk/.../better-births-improving-outcomes-of-maternity-service...