

The Nurture Programme – providing a flexible workforce for one-to-one care in labour

Portsmouth Hospitals NHS Trust

What was the problem?

The number of women in labour at any one time fluctuates, and midwives need to be flexible enough to respond to demand in all settings. But covering all aspects of the maternity pathway with midwives alone reduces this flexibility. Portsmouth's care model was too inflexible for safe births in all environments. This led to birth centres closing, more caesarean sections, fewer normal births and growing dissatisfaction among women and commissioners.

What was the solution?

- Introducing band 3 maternity support workers (MSWs) to give routine postnatal care in postnatal clinics rather than home midwifery visits.
- Increasing efficiency by moving midwives to children's centres and maternity centres rather than GP surgeries for antenatal care.
- Setting up a team of midwives (three per shift) in addition to core staff in the labour ward and the integrated birth centre. These midwives care for women in labour wherever required to ensure one-to-one care.

What were the results?

- One-to-one midwife care in labour has risen from 67% to 98%.
- MSWs provide up to 65% of postnatal care previously provided by midwives, releasing staff time.
- Patient satisfaction reported through the Care Quality Commission's national survey and the friends and family test has increased.
- Only 3% of mothers are denied a choice of place of birth at times of high acuity. On average over the last three years, 24% have given birth off the main labour ward.
- Improved clinical outcomes: a rise in the normal birth rate and fall in the lower segment Caesarean section rate.

What were the learning points?

- Sufficient flexibility to respond to peaks in activity should be a priority for maternity services.
- Freeing midwifery time by assigning activities to well-trained MSWs and centralising community services creates the flexibility to meet demand.

Find out more

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