

Quality in the Care of Women and Babies



The Use of Care Bundles in Midwifery: A Scoping Study







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Introduction

Care bundles are gaining popularity within healthcare and can be defined as a collection of evidence based interventions applied to a particular medical condition or client group. They are designed to ensure that healthcare professionals consistently deliver the best possible care.

There is anecdotal evidence that suggests that care bundles are increasingly being used in maternity care to improve the quality and safety of care that women and babies receive.

Care bundles have been shown to improve patient outcomes in nursing (AHRQ HIE 2010, Malouf-Todaro et al. 2013), but there is no robust evidence about their impact on client outcomes in midwifery.

Aim

To explore how care bundles are being currently used in different midwifery settings in Wales. Semi-structured interviews will be conducted with key midwifery stakeholders in each of the seven Local Health Boards across Wales.

Structure of NHS in Wales



Map courtesy of the Welsh NHS Confederation

Method

This scoping study of the use of care bundles in maternity comprises 2 stages.

Stage 1: A rapid systematic review of the use of care bundles in midwifery. This review is currently underway.

Stage 2: Qualitative data will be collected via individual semi-structured telephone interviews conducted with a purposive sample of risk managers and senior midwife managers from maternity units throughout Wales. Discussions will focus on how care bundles have been used in different maternity units and what impact they have had on the quality of care that women and babies receive.

The study is overseen by a Project Advisory Group of key stakeholders and members of the public with an interest in improving the quality and safety of midwifery care in

Ethics

Ethical approval has been granted by the School of Healthcare Sciences in Cardiff University and NHS R&D approvals from each of the Health Boards are currently being processed.

This study is classified as Service Evaluation and as such does not require separate NHS ethical review.

Analysis

The qualitative data captured from the interviews will be anonymised and transcribed verbatim.

Data will then be subjected to structured thematic analysis by the research team in order to identify themes and patterns. The standard qualitative software package NVivo will be utilised to facilitate data analysis.





Findings from the scoping study will be disseminated through publication in an appropriate journal.

It is planned that the findings from this scoping study will enable us to ascertain the potential for a larger externally funded multi-centre UK wide future programme of research focused on improving the quality and safety of midwifery care that women and babies receive.

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