

Quality in the Care of Women and Babies



Patient Safety & Healthcare Quality

The Use of Care Bundles by Midwives: **A Scoping Study**



Dr Ray Samuriwo^{1*}, Dr Lucie Warren ^{1*}, Professor Billie Hunter ^{1*} and Susie Moore ^{2*}

1*School of Healthcare Sciences, Cardiff University and 2*College of Human and Health Sciences, Swansea University Email: SamuriwoR@cardiff.ac.uk

Introduction

Care bundles are gaining popularity within healthcare as a way of improving the quality and safety of care delivered by Healthcare Professionals. Care bundles combine evidence measures and guidelines which are designed to ensure that healthcare professionals consistently deliver high quality care to their patients1.

Critical incidents in maternity across the UK have highlighted the need for the consistent delivery of safe high quality midwifery care^{2,3}. Care bundles are increasingly being used by midwives to improve the quality and safety of maternity care that women and babies receive. Care bundles have been shown to improve patient outcomes in nursing4,5 but there is no robust evidence about their impact on the outcomes of women and babies that receive maternity care.

Aim

To explore how care bundles are being currently used in different maternity settings in Wales.

Structure of NHS in Wales



Map courtesy of the Welsh NHS Confederation

Method

The study was overseen by a group of key stakeholders and members of the public with an interest in improving the quality and safety of midwifery care in Wales. This scoping study on the use of care bundles by midwives gathered data in two stages.

Stage 1: A rapid systematic review (RR) of the care bundles used by midwives

Stage 2: Qualitative data were collected via individual semi-structured telephone interviews conducted with a purposive sample of eight senior midwives from maternity units in six Welsh Health Boards.

Ethics

Ethical approval was granted by the School of Healthcare Sciences in Cardiff University and NHS R&D approval was obtained from all seven Welsh Health Boards. However, we were unable to recruit any participants from one Welsh Health Board.

Analysis

The qualitative data from the interviews were anonymised and transcribed verbatim. Data were subjected to structured thematic analysis facilitated by NVivo in order to identify themes and patterns.



Findings

The Rapid Review showed that, internationally, care bundles are mainly used to improve quality of care in five different aspects of the maternity care of women and babies:

- 1. Intrapartum care
- 2. Encouraging Maternal Breast Milk (MBM) to prevent Necrotizing Enterocolitis (NEC)
- 3. Post-partum haemorrhage prevention
- 4. Maternal sepsis prevention
- 5. Caesarean wound infection

There are a number of generic and maternity care bundles (MCBs) that are used by midwives in Wales. However there have been very few care bundles that have been conceived, designed and implemented with input from midwives, women and their families:

Victoria*: "It is different for the generic nursing care bundles, it feels as if they were just introduced and we had to use them. Whereas, midwives feel completely involved with the maternity care bundles as they are fully informed about why we have decided to use them."

Tiffany*: "The skin and venous care bundles have come from the Infection Control Nurse, who said you need to be using this and then we implemented it."

Jessica*: "We come up with care bundles for blanket stuff. My overriding issue with all of these things is about its relevance. We have to think about how good this is going to be for the women and how effective it is going to be."



Holly*: "The ones that we have implemented for stillbirth and sepsis are very relevant to midwifery and specific. Midwives are actually very receptive to them and them as a valuable tool to help with their decision making and judgement."

MCBs are said to have been successfully integrated into practice resulting in the consistent delivery of high quality safe maternity care. In contrast, generic care bundles especially those that originate from nursing appear to have had a limited impact on the quality of maternity care and are said to have increased the clinical workload of midwives:

Victoria*: "The maternity ones are quite short, like the sepsis six checklist is only one page but the generic ones are more lengthy and midwives do complain about them "

Holly*: "There are so many bundles that people can become a bit complacent or overwhelmed by it all. Sometimes people find bundles a little bit patronising and say you're teaching your granny to suck eggs, we've been doing this for years why have we now got to tick a box? Why have we got to fill in an extra

Amy*: "There's an inordinate amount of paperwork to be completed because there's a whole raft of admission bundles that need to be completed. bundles are a lot of paperwork."

* All names have been anonymised to maintain confidentiality

Conclusions

MCBs appear to have been more successfully integrated into the practice of midwives in Wales than generic care bundles. Further research is required to better understand the ways in which care bundles can be integrated into practice to improve the outcomes of women and babies across the UK.

References

1.RESAR, R. K., GRIFFIN, F. A. ET AL. 2012. Using Care Bundles to Improve Health Care Quality. IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement.

2.KIRKUP, B. 2015. The report of the Morecambe Bay investigation. An independent

2.KIRKUP, B. 2015. The report of the Morecambe Bay investigation. An independent investigation into the management, delivery and outcomes of care provided by the matemity and necental services at the University Hospitals of Morecambe Bay NHS Foundation Trust form January 2004 to June 2013. London: Morecambe Bay Investigation, Williams Lea Group and The Stationery Office.

3.KINIGHT, M. KENYON, S., ET AL 2014. Saving Lives, improving Mothers' Care - Lessons learned to inform future matemity care from the UK and helped Confidential Englains of the Material Eleastics and Morbidity 2009–12. Oxford National Permatal Epidemiology Unit.

4. AHRO HIE (2010) Comprehensive interdisciplinary guidelines combined with tools to promote adherence significantly reduce hospital-acquired pressure uclear, Rockville, Maryland: Agency for Healthcare Research and Quality.

5. TODARO N. BARKER, 1ET AL (2013) "Impact of Enhanced Venitlator Care Bundle Checklist on Nursing Documentation in an Intensive Care Unit', Journal of Nursing Care Quality. 28(3), 233-240.

Quality, 28(3), 233-240,

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