

**TRUST BOARD**

Title:	<b>A patient story about being supported with the journey to motherhood and the initial uncertainty about accepting the Bedfordshire universal Health Visiting service.</b>
Action:	<b>FOR DISCUSSION</b>
Meeting:	<b>18 September 2019</b>

**Purpose:**

The purpose of bringing patient stories to Board members is:

- To set a patient-focused context for the meeting.
- For Board members to understand the impact of the lived experience for the patient, family and friends.
- For Board members to reflect on what this experience reveals about our staff, morale and organisational culture, quality of care and the context in which our clinicians work.
- To review and recognise any shared learning and recommendations relevant to this story.

**Recommendation:**

To receive the patient story and note the context from which it was generated.

	Name	Title
Author:	Lisa Wright Clare Estes	Patient Experience Manager Health Visitor
Executive sponsor:	Julia Curtis	Chief Nurse

## Trust Objectives

<b>Objective</b>	<b>How the report supports achievement of the Trust objectives:</b>
Provide outstanding care	This paper demonstrates where our Bedfordshire Healthy Child Programme has provided outstanding care to support this mother during her journey to motherhood.
Collaborate with other organisations	The Health Visitor signposted and referred as appropriate to ensure maximum support for the family.
Be an excellent employer	This story demonstrates how our staff are supported with training and continuous supervision to develop the required skills for interventions that support families and the positive impact this is having on providing excellent clinical care.
Be a sustainable organisation	Not covered in this paper.

**Trust risk register:** N/A

**Legal and Regulatory requirements:** N/A

## Equality and Diversity implications:

<b>Objective</b>	<b>How the report supports achievement of objectives:</b>							
Achieve an improvement in the percentage of service users who report that they are able to access the Trust services that they require	This story demonstrates how the service was able to successfully engage with a service user who was initially reticent and sceptical of Health Visitors.							
To introduce People Participation in our diversity and inclusion initiatives to capture the experience of hard to reach / seldom heard / varied community groups.	Understanding and hearing the experience of parents who may be experiencing low mood can enable us to understand what works well and what can be improved, and how this can be used in the co-production and improvement of the services we offer, now and in the future.							
Introduce Disability Passport Scheme to record agreed reasonable adjustments.	Not covered in this paper.							
To utilise the diverse experience and backgrounds of our Trust Board members in promoting an inclusive culture.	Not covered in this paper.							
Are any of the following protected characteristics impacted by items covered in the paper – yes								
Age <input type="checkbox"/>	Disability <input type="checkbox"/>	Gender Reassignment <input type="checkbox"/>	Marriage and Civil Partnership <input type="checkbox"/>	Pregnancy and Maternity <input checked="" type="checkbox"/>	Race <input type="checkbox"/>	Religion and Belief <input type="checkbox"/>	Sex <input type="checkbox"/>	Sexual Orientation <input type="checkbox"/>

## **1. Introduction**

- 1.1 This patient story focuses on one women's journey of accepting the offer of the universal Health Visiting (HV) service that is provided as part of our 0-19 Healthy Child programme in Bedfordshire. This particular story is about how a new mother-to-be was initially uncertain about the journey to motherhood and was very hesitant about wanting to work with the HV service. The Service has worked hard to be able to offer an effective on-going package of care and this has been provided by Clare Estes, Health Visitor, throughout all the visits offered so far. The visits started in the antenatal period and they currently continue from our Health Visitor service.
- 1.2 To aid the sharing of this story the mother will be attending in person and has participated in a short film which will be shown at the Trust Board and will later be used within the service. The mother within this paper will be known as SH for confidentiality. SH has agreed that her full story should be shared in order to gain understanding and to demonstrate the impact that the 0-19 Healthy Child Programme has had on her journey of transitioning to motherhood with the support that Clare has offered, to how SH was eventually able to enjoy being a mum.
- 1.3 Clare Estes, Health Visitor in Bedford, will also attend. Clare is the named professional in this story who has been able to offer SH with constant support that has provided the mother with a dependable, supportive health professional that can be relied upon and trusted by the mother.

## **2. Background to the service offered**

- 2.1 The Healthy Child Programme focuses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting.
- 2.2 For the focus of this story, the service offer began with an antenatal visit, and additional listening visits were interwoven around all the mandated visits including the New Birth Visit and the 6-8 week review. Our health visitors support the health and wellbeing of the whole family from antenatal visits until school age. The antenatal contact (between 28-36 weeks) includes discussion of some of the following information and will usually take place at home:
  - Introduction of the Health Visiting service
  - Bonding with your baby
  - Baby brain development
  - Mental health and your feelings/emotions
  - Feeding your baby
  - Preparing for the arrival of your baby
  - 'Healthy Start Programme' and eligibility
  - Physical health
  - Parental relationships
  - Promotion of immunisation programme
  - Preparing for parenthood
- 2.3 The new birth review takes place between 10 and 21 days old and may be in clinic or at home. During this contact discussion may include:
  - Discussion about your labour and birth
  - Advice and support with feeding your baby
  - Coping with a new baby
  - Safety and your baby to include reducing the risk of sudden infant death
  - Mental health and your feelings/emotions
  - Observation of baby to include weight and head circumference
  - Your babies brain development

- Immunisation programme
- 2.4 ‘Listening visits’ offer the opportunity for us to explore with the client how they’re feeling and how this impacts on the child to ensure the child’s voice is the focus of care. This ensures that parents’ emotional wellbeing is not negatively impacting on the needs of the child.

### **3. The Patient’s Healthcare Journey within the Team**

- 3.1 SH met Clare, her Health Visitor, antenatally whilst she was experiencing anxiety, depression and severe mood swings which SH acknowledged was impacting on her relationship with her husband. SH remembers “*I think it was around 36 weeks when I received a letter with an appointment from the Health Visitor. Up to that point in my pregnancy I had not been functioning well emotionally so I was not receptive to the idea of an outsider coming to discuss my pregnancy/baby with me. I very nearly cancelled on the morning of the appointment but luckily my husband convinced me otherwise.*”
- 3.2 During the visit SH shared that she had had a traumatic childhood and felt this was preventing her from being able to bond with her baby. Clare suggested that some additional ‘listening visits’ might be beneficial and SH agreed. During these visits it became apparent that SH had stopped taking her anti-depressants abruptly when she found out she was pregnant. Clare supported and signposted SH to the GP to discuss re-starting medication. SH also consented to a referral to the Primary Care Mental Health Nurse.
- 3.3 When Clare returned to visit SH 12 days later, she had been to the GP and they had recommenced re-starting anti-depressants. SH was also feeling well-supported by her husband. Although still low in mood, SH felt keen to engage in gaining support. During this visit SH shared issues from her childhood which resulted in her feeling fearful of motherhood. Clare used some of the Family Partnership Model resources to identify some goals and ways to achieve them. SH reports that she found these tools useful for referring back to and tracking her progress. Through partnership working SH was able to find creative ways to bond with her unborn baby (she mentioned playing music for the baby to hear as an example) and to prepare practically for the birth and the first few weeks.
- 3.4 SH’s mood stabilised as she accessed emotional wellbeing support and she achieved the home birth she was hoping for but still struggled to initially bond with her baby. Although SH continued to engage with Clare she remembers feeling “very flat” at this time. SH reported that she remembers caring for her baby “out of duty” but could not use the baby’s name or find any enjoyment in spending time with her infant. The knowledge that she had gained from her antenatal classes (Bump, Birth and Beyond provided by Bedfordshire Baby Friendly team) and visits from Clare equipped her with the knowledge and ability to understand how to be as responsive as possible to her baby’s needs.
- 3.5 SH reports that as she began to feel less anxious and low in mood, she started to go out and about with her baby. Clare continued to visit on a regular basis to assess her mood and discuss the baby’s wellbeing. By week 8, SH reported that she had fallen in love with her baby and was using the baby’s name. SH’s feels that “*my experience with the NHS has been brilliant throughout the pregnancy but the midwives are there for your baby development and Clare has been the first professional person to ask me how I am doing.*”

### **4. Learning Points for the Wider Trust Services**

- 4.1 Signposting and referral in a timely way to other agencies led by the Health Visiting service was the key to supporting SH with her successful transition to motherhood. The main area of learning is how with a multi professional approach, from the GP support and the prescribing of effective anti-depressants to the Primary Care Mental Health Nurse

identifying some key areas for SH to reflect on and building future avenues of support, has really made a difference to the mental health and early bonding opportunities of this mother and baby. Furthermore, supporting SH to access antenatal classes, postnatal groups and knowledge of the Children's Centre were also invaluable in SH's journey.

- 4.2 Within all the services we offer across the Trust, wherever possible we should continue to strive for continuity of healthcare by one named professional, where possible. Having the same Health Visitor enabled SH to build a trusting relationship over time with a practitioner and this enabled a seamless package of care. It is recognised that this is not always possible and where this is not, healthcare professionals need to make sure handovers and records are reviewed, so that service users and their families feel that the service is one offer and they do not need to tell their story over again at each contact.

## **5. Recommendations the service have recognized form the review of this story:**

- 5.1 SH very nearly cancelled her first antenatal visit on receipt of the appointment. The service has agreed that they are going to review if there is more we can do to communicate the work of the Healthy Child Programme to raise awareness of the skilled health care professionals that work within it. The first contact is via letter, so this will be reviewed within the next 3 months, with service users to aid clarity to the service offer and what can be expected from the Health Child programme.
- 5.2 The Service is aiming to share the outcome and video of this patient story with all our Trust Healthy Child Programme, with the help of the Patient Experience team within the next 6 months.