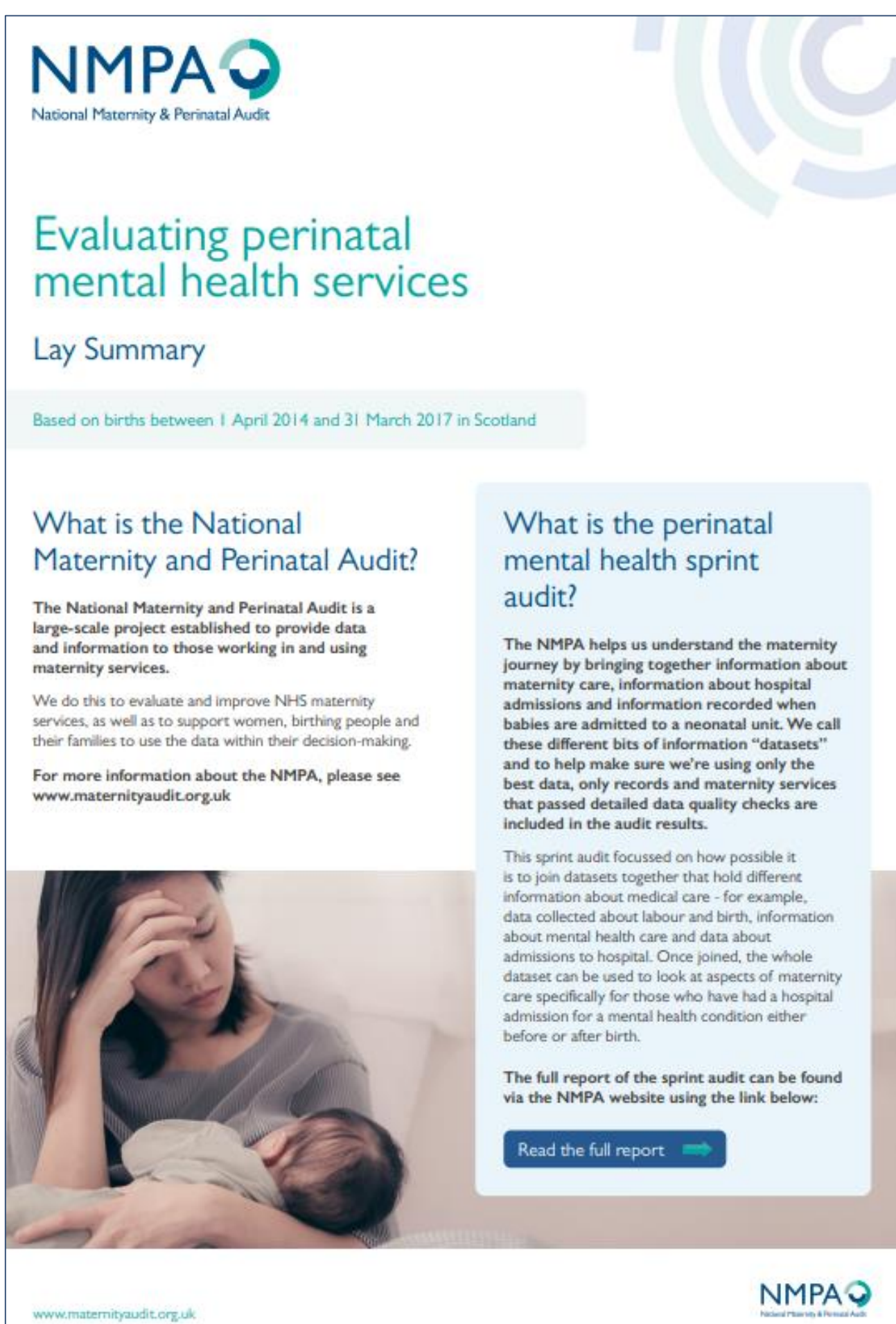
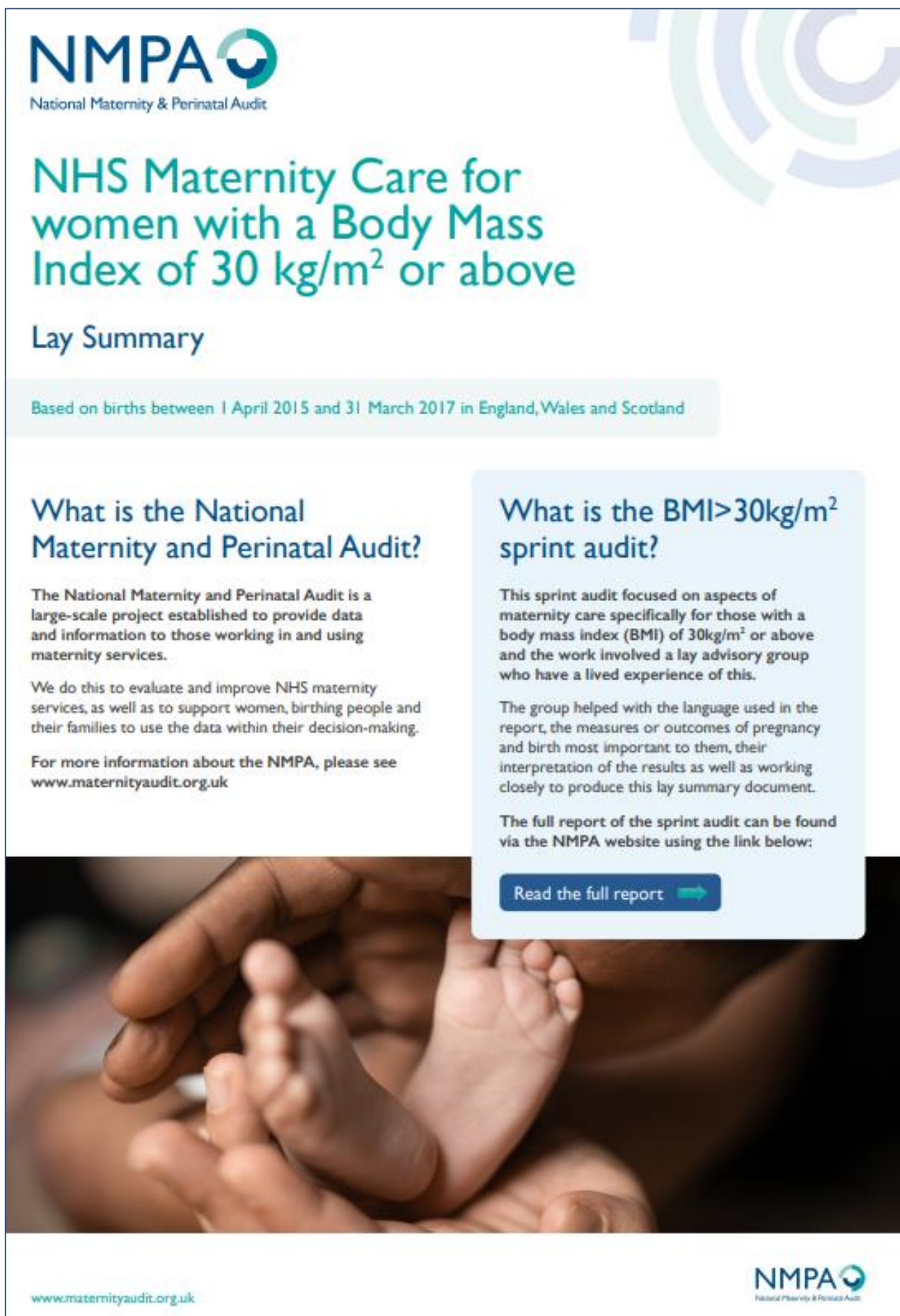


Including the voices of women and families in a national maternity audit

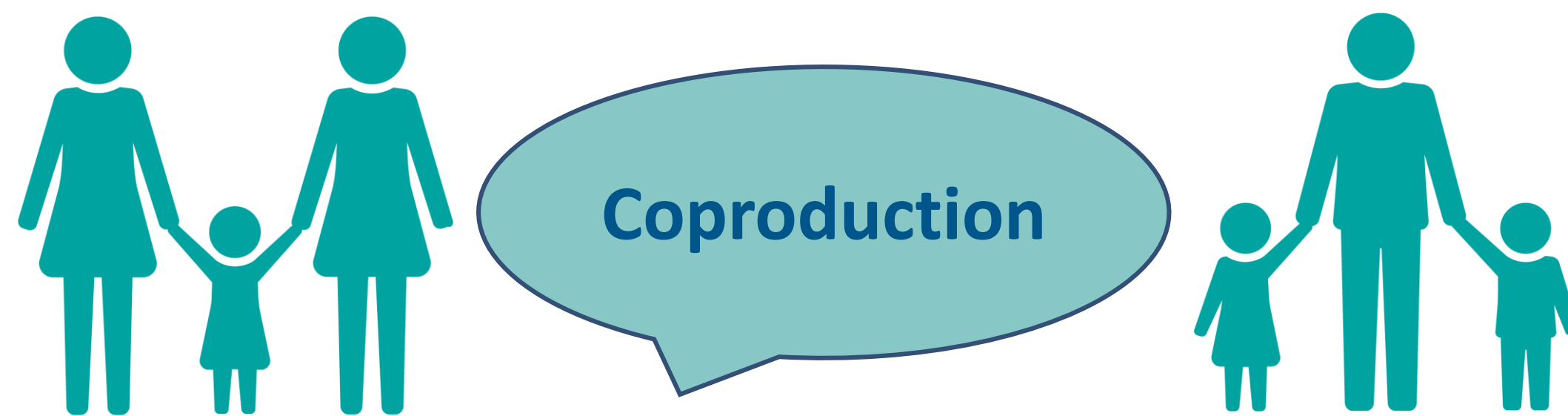
Fran Carroll^[1]; George Dunn^[1]; Alissa Frémeaux^[1]; Ipek Gurol-Urganci^[2]; Tina Harris^[3]; Brinda Indusegaran^[1]; Amar Karia^[1]; Asma Khalil^[4]; Sam Oddie^[5]; Louise Thomas^[1]; Jan van der Meulen^[2]; Kirstin Webster^[1]

[1] Royal College of Obstetricians and Gynaecologists, [2] London School of Hygiene and Tropical Medicine, [3] De Montford University, [4] St George's University of London, [5] Bradford Teaching Hospitals NHS Foundation Trust



OBJECTIVES:

To create, develop and facilitate a group of women and families to shape the work of a national audit of maternity and perinatal care.



CONTEXT:

The National Maternity and Perinatal Audit (NMPA) is a large-scale audit of the NHS maternity services across England, Scotland and Wales which commenced in 2016. Data from each Trust and Board in participating nations are collected, and records of over 550,000 women are included each year.

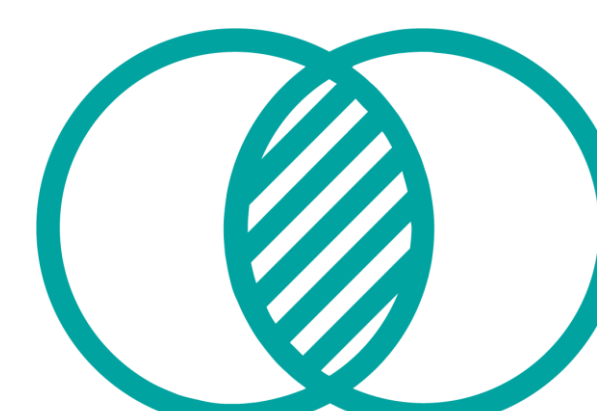
Using high quality data, the audit aims to evaluate a range of care processes and outcomes in order to identify good practice and areas for improvement in the care of women and babies.

METHODS:

The NMPA Women and Families Involvement Group (WFIG) was created in 2017 by inviting a broad range of individuals with experience of UK maternity care and relevant stakeholders to form the group. New members are regularly encouraged to ensure that experience is recent and relevant to arising issues.

The group takes on a variety of roles offering the perspective of the service user, for example by setting priorities for the audit and contributing commentary or assisting with the accessible design of outputs. Coproduction is an important aspect of the role of the group, building new resources and outputs together with the audit project team.

Collaboration



RESULTS:

Lay involvement with the NMPA has resulted in the coproduction of a number of accessible report summaries, the 'Family Gateway' - an online resource specifically designed for women and families to facilitate the use of NMPA data, as well as the contribution of qualitative data to NMPA annual clinical reports.

Engagement with lay groups has increased since the COVID-19 pandemic, with the move to virtual working enabling more frequent meetings, increased virtual communication and an ability to reach groups and individuals from broader geographic regions.



CONCLUSIONS:

Including women and families in service evaluation and national clinical audits provides incredibly valuable insight. Diverse voices contributing to the focus, structure and dissemination of outputs offer an important way of reaching a broad range of stakeholders and ensuring results and publications are accessible.

