

Is our post-natal debrief clinic offering adequate care to ensure good patient satisfaction?

Elizabeth Adcock (Cardiff University), Mrs. Rajul Patel-Gadhia (Princess of Wales Hospital)

Objective:

To evaluate the service offered by post-natal debrief clinic (PNC) by analysing patient feedback and outcomes accumulated since late 2018 and comparing it to national guidelines and services.

Introduction:

Around one third of women experience birth trauma¹. Traumatic birth experiences refer to deliveries in which the mother endures excess distress². These experiences can have profound effects on the mother and her family, such as mental health disorders, damage to familial relationships, physical consequences, and fear over future pregnancy³.

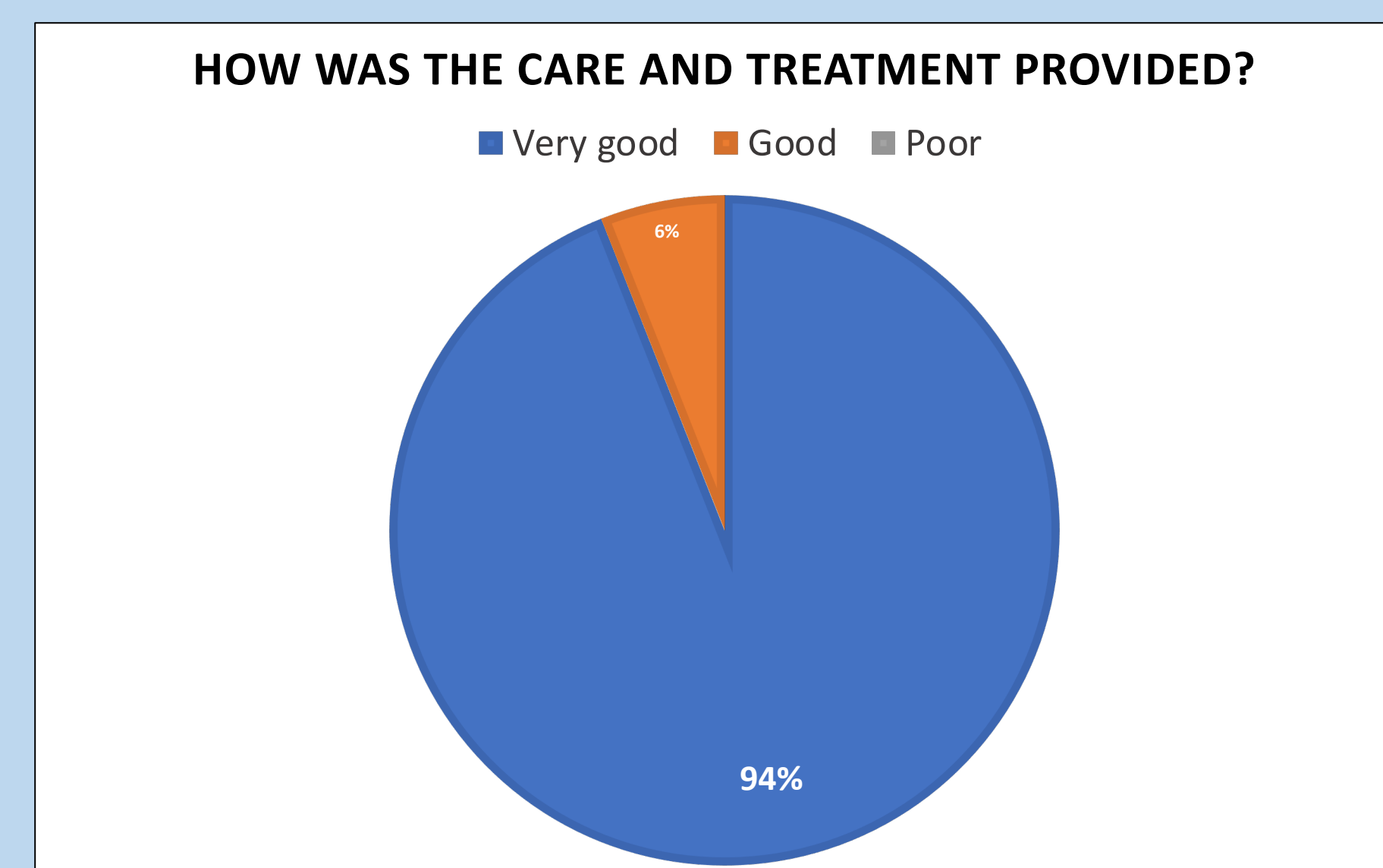
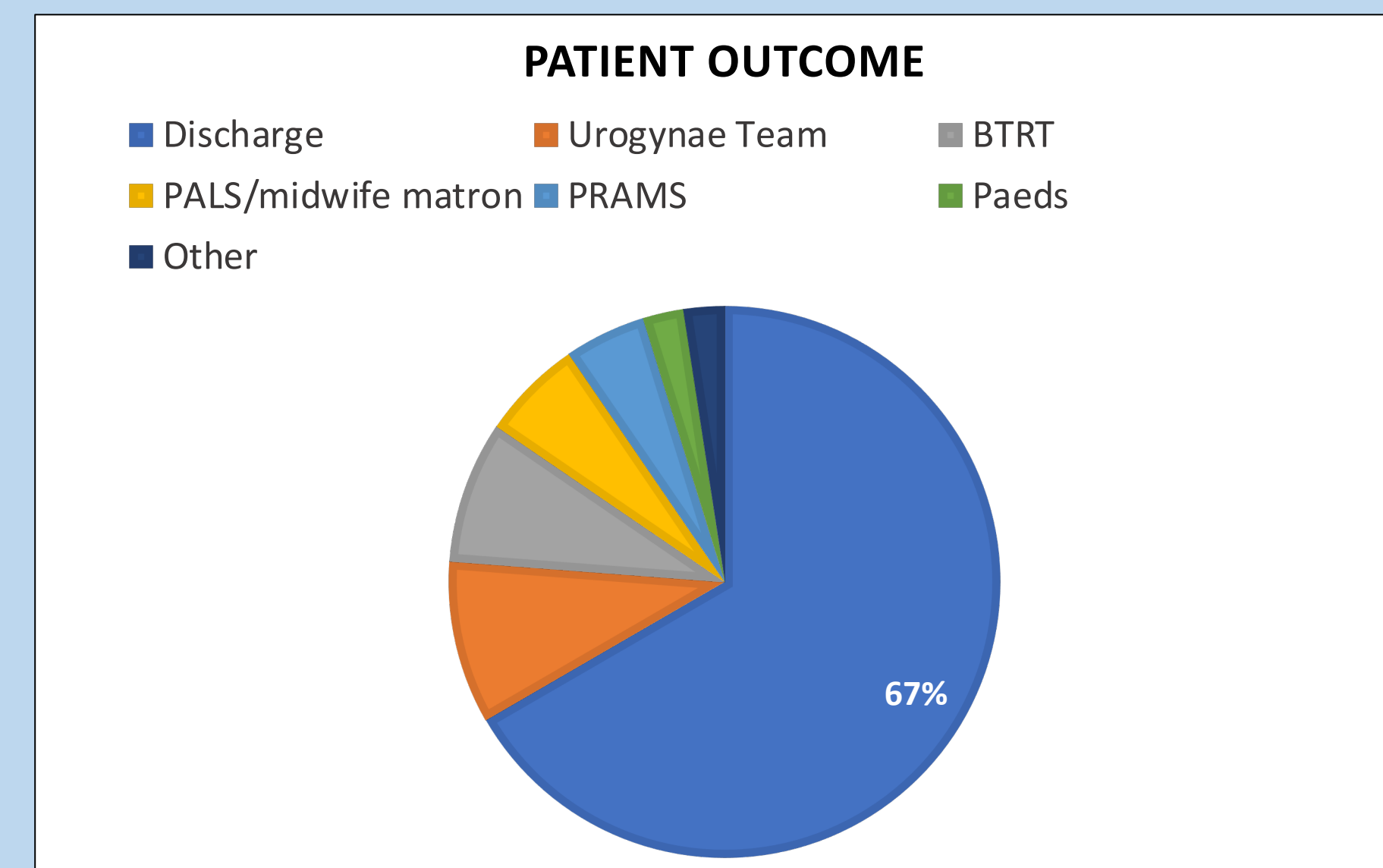
The PNC in the Princess of Wales Hospital (POWH) debriefs mothers following traumatic birth experiences. Patients can be referred through several sources, using specific referral criteria. The PNC is a consultant led service that aims to offer appointments 6 weeks post-delivery. It allows discussion of the patient's birth experience to ensure mothers and their partners gain a complete understanding and can discuss any disappointments in their care.

Method:

- This was a mixed methods service evaluation.
- Data was collected via clinic letters, the Welsh Clinical Portal and patient feedback forms between 2018-2021.
- 84 patient's outcomes and 53 patient's feedback forms were reviewed.
- Data was extracted in relation to multiple obstetric and perinatal factors, patient concerns, and outcome following PNC.
- Patient satisfaction was assessed through an anonymous qualitative feedback form.
- An informal qualitative survey was conducted by telephone and email with 5 Welsh health boards and 4 English hospital trusts to compare the services offered by PNC.
- Patient feedback on telephone clinic (introduced since the start of the COVID pandemic) was collected separately.

Results:

- PNC has acted to channel this patient cohort and provide a suitable environment with a dedicated clinic and staff to debrief patients.
- Induction of labour was the most commonly recurring risk factor in labour, with 46% of patients observed in PNC being induced.
- 60% of patients had operative delivery, the majority of which were emergency CS (70%). There were no patients seen who had delivered by elective CS.
- Most patients had a good outcome following PNC but, literature on the impact of debrief is limited and out-dated, so it is suggested that further studies are required to investigate this⁴.



All patients thought that their concerns were dealt with in the appointment and that the clinic helped them come to terms with their experiences. Here are some of the positive patient comments:

‘The time, kindness, care and honesty were exceptional.’

‘Gave me peace of mind and I feel more confident about future pregnancies.’

‘...the staff have made every effort to ensure the care I require is being provided.’

‘Informative, friendly and willing to help with any concerns.’

Some areas were identified that may require improvement, such as problems with admin, referrals, and waiting times. Many patients noted that all mothers should be offered this service.

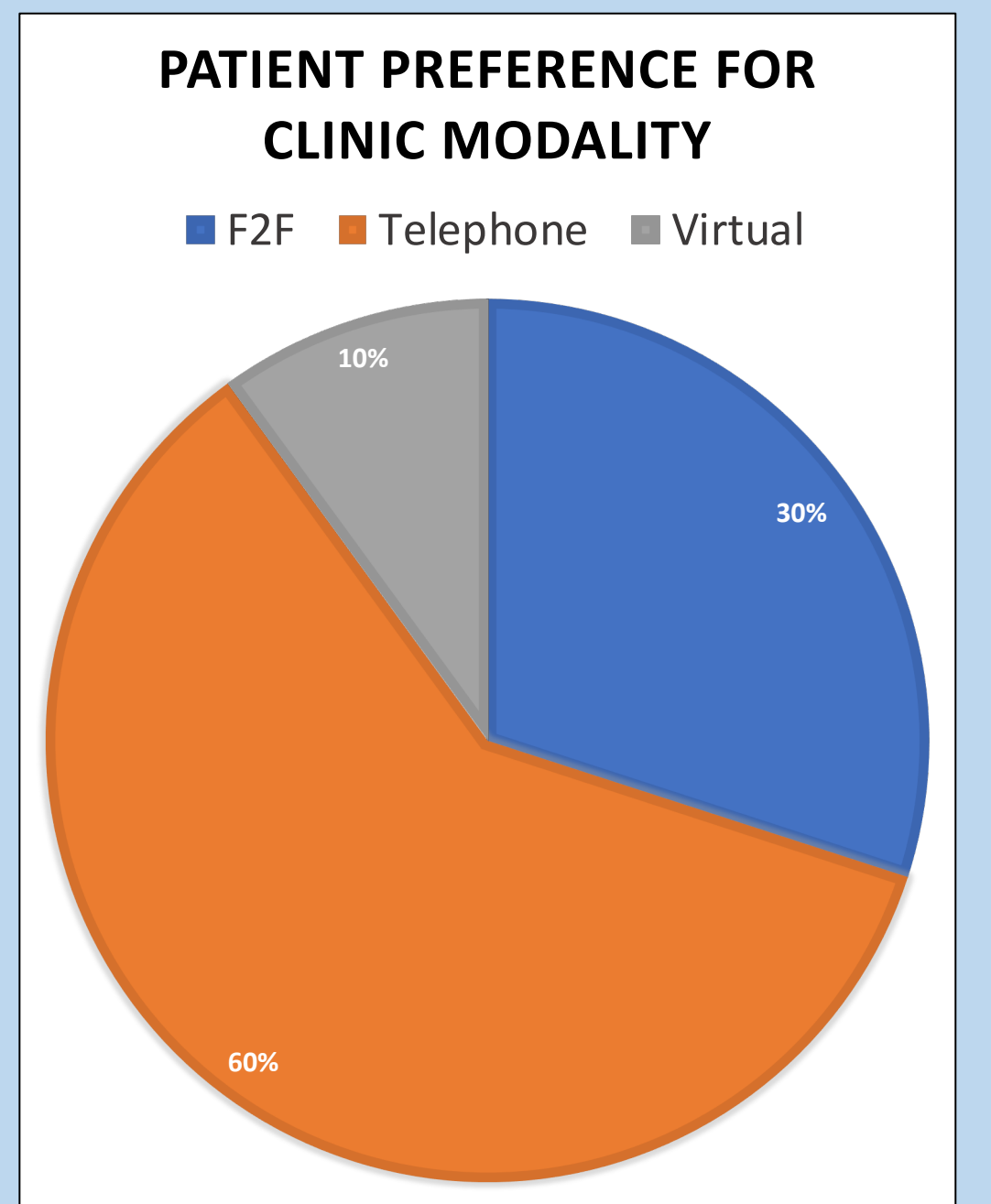
Current guidelines on debrief are vague, but PNC appeared to exceed what is recommended by NICE .

Across Wales, one hospital offered a dedicated debrief clinic. In other units, patients were usually seen by their consultant and consultant midwives on their regular clinic list. In two English hospital trusts there was a consultant or midwife led specialist clinic. Literature indicates that 94% of UK hospitals offer some sort of post-natal debrief⁵.

There are further plans awaiting implementation, such as centralisation of the clinic to cover the entire health board (Cwm Taf), the introduction of a midwife triage, and extending the clinic to all mothers.

Debrief during COVID

- During the COVID pandemic, the clinic adapted to become virtual.
- A small patient satisfaction survey has confirmed the efficiency of this clinic since these changes.
- Positives of telephone clinic included that it was more flexible, time-efficient and easier to attend with a new-born. DNA rate was observed to decrease.



Conclusion:

- This service evaluation shows that PNC in POWH is exceeding NICE guidelines and services offered in other areas of Wales.
- It has evolved since 2016 based on patient needs and their feedback.
- Despite hurdles at various levels, such as admin and capacity, this clinic is striving to give the best care to all the women that will benefit from it.
- Further research is recommended to develop guidance on post-natal debrief.

Bibliography

- Reed, R., Sharman, R. and Inglis, C., (2017). Women's descriptions of childbirth trauma relating to care provider actions and interactions. *BMC Pregnancy and Childbirth*, 17(1), pp.761-771.
- James, S., (2015). Women's experiences of symptoms of posttraumatic stress disorder (PTSD) after traumatic childbirth: a review and critical appraisal. *Archives of Women's Mental Health*, 18(6), pp.761-771.
- Taghizadeh, Z., Irajpour, A. and Arbabi, M., (2013). Mothers' Response to Psychological Birth Trauma: A Qualitative Study. *Iranian Red Crescent Medical Journal*, 15(10), p.10572.
- Bastos, M. et al. (2015). Debriefing interventions for the prevention of psychological trauma in women following childbirth. *Cochrane Database of Systematic Reviews*, (4).
- Ayers, S., Claypool, J. and Eagle, A., (2006). What happens after a difficult birth? Postnatal debriefing services. *British Journal of Midwifery*, 14(3), pp.157-161.

With thanks to Mrs. Patel-Gadhia for her support and to the patients who kindly participated.