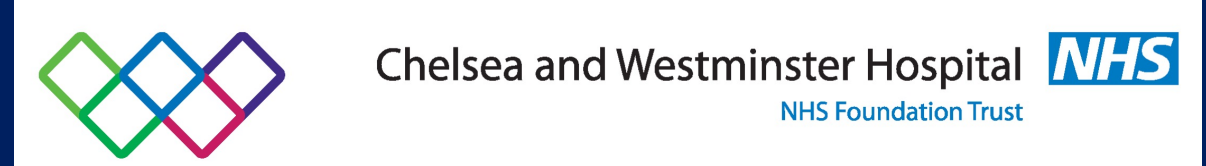


Postnatal Digital Suite: A digital enabler for the 'Cinderella' of maternity services

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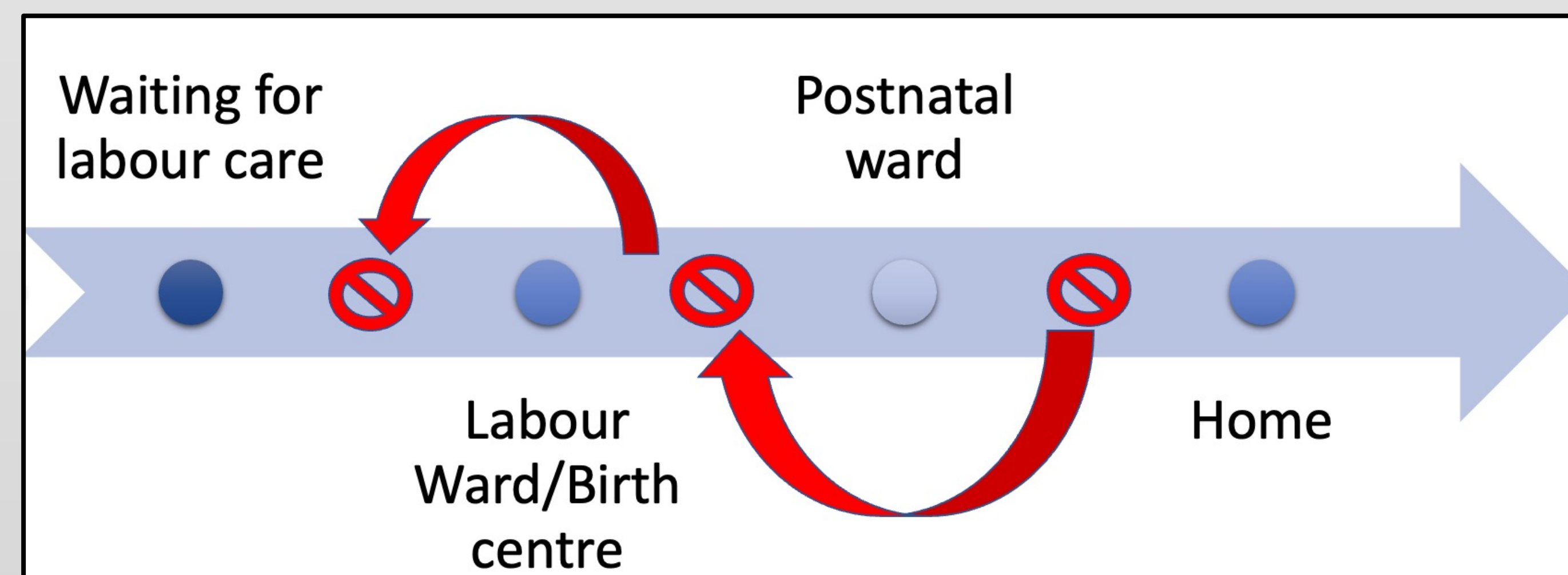


Objective

For decades, maternity reports¹ have highlighted that National Health Services (NHS) has not been able to meet the need of those who receive and support postnatal care.

Sub-optimal postnatal ward processes, can be a bottleneck to flow of in-patient care and can adversely influence:

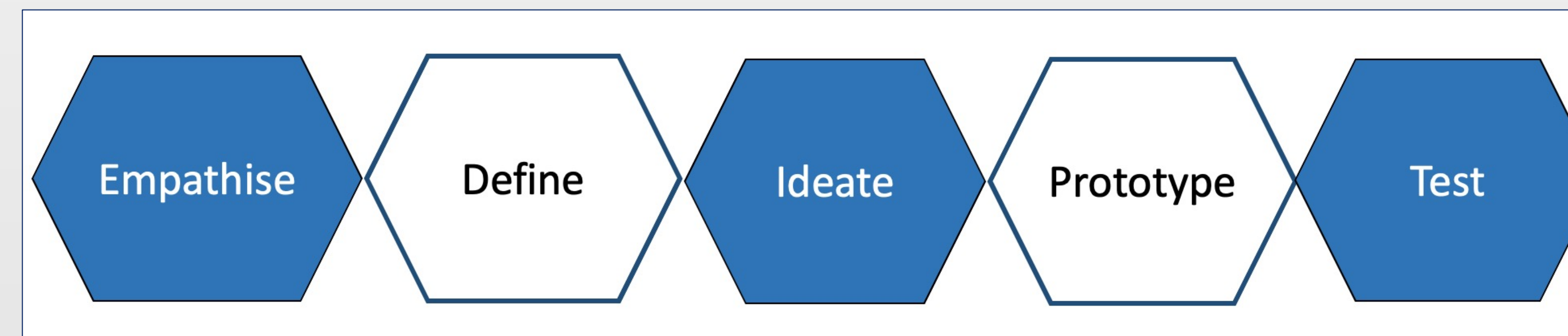
- **Clinical outcomes** for mother and baby
 - on the postnatal ward and back home
 - those in need for one-to-one labour care
- **Experiences**
 - maternity service users
 - staff members
- **Optimum utilisation** of NHS resources



NHS Postnatal services locally adapt to the increased demand of shorter length of stay and clinical, social, and psychological complexity within historical resource (financial and workforce) constraints. To an outsider, this may appear as sticking plasters to a wider system-based issue.

Our project is **re-imagining postnatal ward care**, working to achieve safe, effective and efficient processes and therefore support a **value-based model** of postnatal care.

Methodology: Stanford Design thinking process² incorporating the following five steps-



Enabled an **understanding of the real-life challenges** of a NHS postnatal ward in a busy maternity unit

- Surveys
- Semi-structured interviews
- Service safari
- Touch-point emotional mapping
- Co-design workshops

Close working with all stakeholders and Maternity Voices Partnership helped identify a **be-spoke** solution

- fit-for-purpose for the uniqueness of postnatal care
- Incorporating desirability, feasibility and viability

DISCOVERY: THE NEED Real-time traffic-light visibility OF

'mother and baby(ies)' ward progress **together**
BY
bringing **all** team members in one **digital** portal

References

1. <https://nhssurveys.org/surveys/survey/04-maternity/year/2007/>; <https://www.england.nhs.uk/publication/better-births-improving-outcomes-of-maternity-services-in-england-a-five-year-forward-view-for-maternity-care/>; <https://www.cqc.org.uk/publications/surveys/maternity-survey-2021>
2. <https://web.stanford.edu/~mshanks/MichaelShanks/files/509554.pdf>.
3. www.lumeon.com

Results

Digital solution- Real-time, traffic-light be-spoke postnatal dashboard³



And

- **Mother and baby' ward staff handover sheet**
- **Staff role-specific dashboard and worklist**
- **Obstetric discharge templates** based on national guidance-personalised patient (**+multi-lingual**) discharge letters and discharge report
- **QI capability-** retrospective and predictive analysis

Understanding the complexity and opportunity for improvement in NHS postnatal ward

- Over 2 years task-related **operational information-exchange** occurred at least 48,993 times
 - Assuming each information-exchange takes up to five minutes, then **up to 4,083 hours or 170 days' worth of valuable time for clinical care is being lost**
- Staff survey (n=40) showed that 77% found it extremely useful to somewhat useful for their role

Conclusion

This bottom-up innovation highlights that the uniqueness of postnatal care requires a **be-spoke digital enabler** to optimises operational efficiency alongside clinical care to support a value-based model of care.

To the best of our knowledge, there is no maternity digital system, which offers these postnatal functionalities.