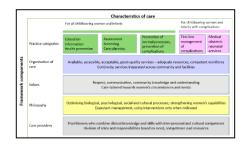
14.02.2020 5th International Conference of the DGHWi

Dr. Andrew Symon





Namensnennung-Nicht kommerziell 4.0 International (CC BY-NC 4.0) McTempo: Models of Care: The Effects on Maternal and Perinatal Outcomes Mother and Infant Research Unit



The QMNC Framework's influence in policy,

practice, education and research

Dr. Andrew Symon







Dundee is called 'The City of Discovery',

after Scott of the Antartic's ship "Discovery" which was built in Dundee, and which returned to the city a few years ago.



Dundee is also known as the home of 'Jute, Jam and Journalism'









Jam: http://www.electricscotland.com/food/images/Image6.gif Jute: http://www.jamescairdsociety.com/pix/Dundee%20jute%20mill%20356%20209.jpg

The Lancet Series on Midwifery



Global evidence: applies in low, middle and high income countries

Papers 2014 & 2016	Methods	Findings and conclusions
1. Midwifery and quality care	Defined midwifery, critical synthesis of quantitative and qualitative evidence, case studies	Could improve 50+ outcomes. Definition and framework for use in planning, monitoring, regulation, education
2. Projected effect of scaling up midwifery	Modelled impact of implementation of midwifery	Universal provision of midwifery as defined in the series could reduce mortality by 80%+
3. Country experience of strengthening health systems through midwifery	Analysis of four country case studies with high maternal mortality	Focus on coverage not enough. Must include quality, respectful care, reducing over- medicalisation
4. Improvement of MNH through midwifery	Summary, analysis, call to action	Midwifery and midwives crucial to achievement of national and international goals and targets
5. Asking different questions	Analysis and consultation to identify priority research questions	Priorities identified. Requires new programmes of research



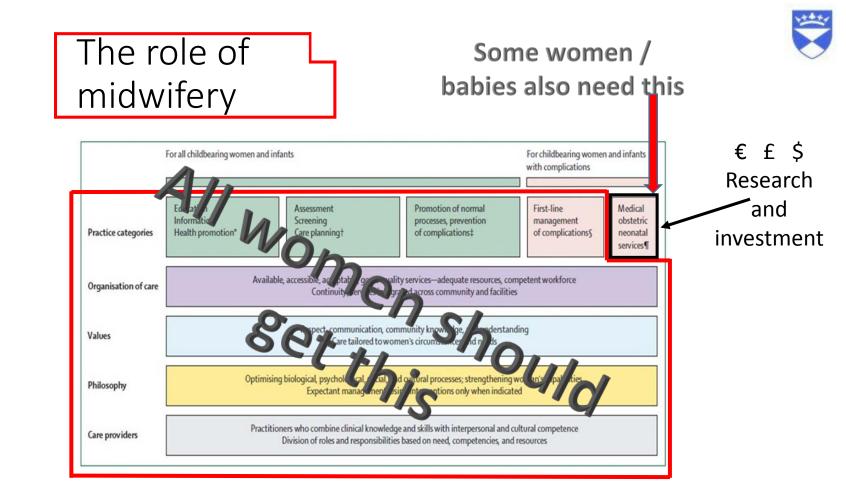
Quality Maternal and Newborn Care (QMNC) Framework



Renfrew et al (2014)

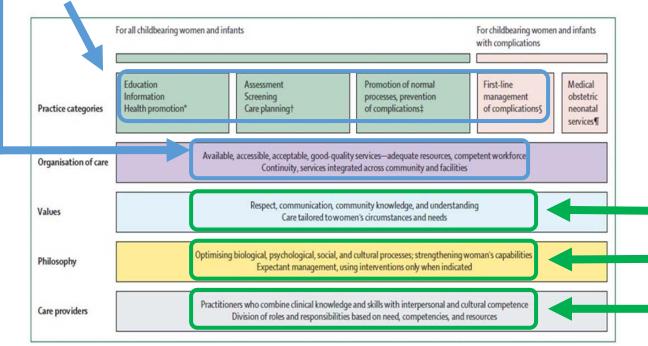
Embedded: <u>https://www.youtube.com/watch?v=6g1rgnHq3vQ</u>

Search for: Mary Renfrew Lancet Series $-\frac{1}{4}$ you'll find it!



If care is organized along these lines...

... and the care you give covers all this...



...then there shouldn't be any problem



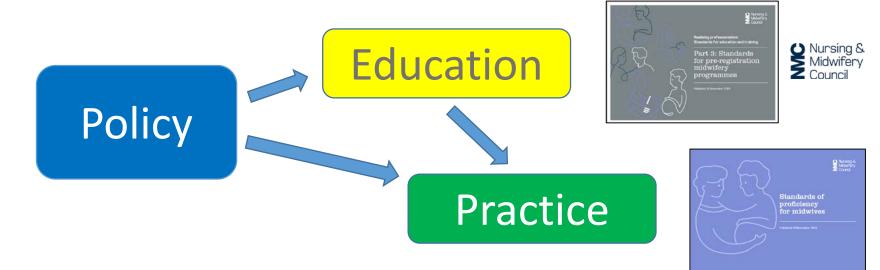
But we live in the real world. Not everything goes well every day, and we need to evaluate how well we're doing.

Since all women should get this...

... Doesn't it make sense to evaluate maternity care according to how well the elements of this framework are achieved?



- We want to evaluate practice
 - What influences practice?





1. Impact on policy



Renfrew MJ, McFadden A, Bastos MH et al. (2014) Midwifery and quality care: findings from a new evidence-informed **framework for maternal and newborn care. Lancet**, 384 (9948): 1129–45. "(An) "interventionist approach is not adequately sensitive to the woman's (and her family's) personal needs, values and preferences, and can weaken her own capability during childbirth and negatively impact her childbirth experience."

WHO recommendations Intrapartum care for a positive childbirth experience



1. Impact on policy





THE BEST START (2018) A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland

"The categories developed by the Lancet Series on Midwifery framework for quality maternal and newborn care (Renfrew et al., 2014) were used to distinguish between what care is provided, how that care is organised, the qualities of respectful care, engaging women and families, and valuing normal processes, and who should provide that care."



The QMNC Framework has an impact on policy





2. Impact on education and practice

CrossMark



Commentary

An agenda for midwifery education: Advancing the state of the world's midwifery ${}^{\dot{\approx}}$

Kuldip Kaur Bharj, OBE, PhD, MSc, BSc, RM, RN, DN, MTD, IHSM, RSA Counselling (Associate Professor in Midwifery)^{i,*},

Ans Luyben, PhD, PGDM, PGEd, RM (Midwife, Honorary Lecturer, Visiting Research Fellow)^{a,b,c},

Melissa D. Avery, PhD, APRN, CNM, FACNM, FAAN (Professor, Director Midwifery Education Program)^d,

Peter G. Johnson, PhD, FACNM, CNM (Director of Nursing and Midwifery, Director of Global Learning)^e, Rhona O'Connell, PhD, MEd, BA, RM, RN (Midwifery Lecturer)^f, Mary K. Barger, PhD, MPH, CNM, FACNM (Associate Professor)^g, Debra Bick, PhD, MMedSci, BA, RM (Professor of Evidence Based Midwifery)^h

* Spital STS AG, Thun, Switzerland

Bharj et al (2016) *Midwifery*, 33: 3-6

"Practitioners of midwifery, particularly those who embrace the philosophies and values articulated in the Lancet series (Renfrew et al., 2014), are well positioned to provide effective care that meets the needs of women and newborns. Midwifery education, therefore, is the bedrock for equipping midwives with appropriate competencies to provide a high standard of safe, evidence-based care "

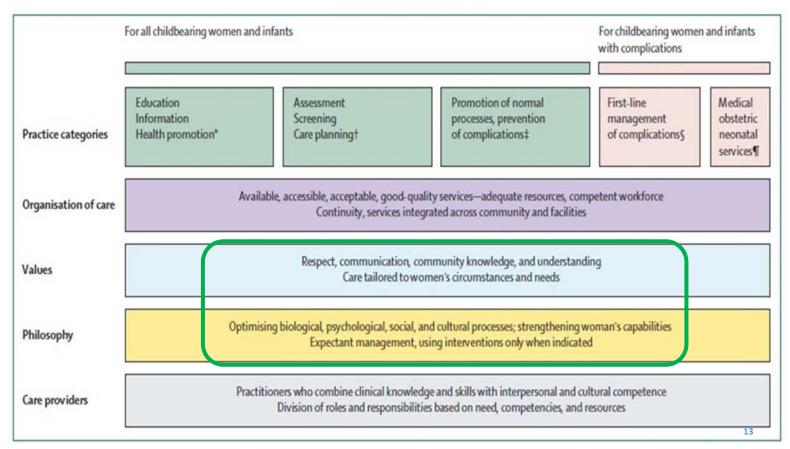
^b Institute of Psychology, Health and Society, University of Liverpool, UK

^c Faculty of Health and Social Sciences Care, Bournemouth University, UK

^d School of Nursing, University of Minnesota, Minneapolis, USA



Philosophies and Values







Standards for pre-registration midwifery programmes

education

Standards of proficiency for midwives



Midwifery curricula must include the outcomes set out in the *Standards of proficiency for midwives*

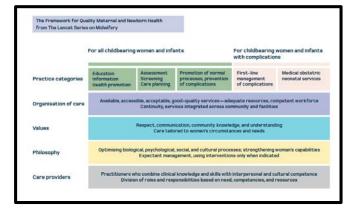


Standards of proficiency for midwives Nursing & Midwifery Council, 2019

The standards of proficiency are those expected of a qualified midwife.

The standards have drawn on the evidence-informed definition of midwifery and the **framework for quality maternal and newborn care** from the **Lancet Series on Midwifery**





Standards of proficiency for midwives Nursing & Midwifery Council, 2019

The Domains:

- 1. Being an accountable, autonomous, professional midwife
- 2. Safe and effective midwifery care: promoting and providing continuity of care and carer
- 3. Universal care for all women and newborn infants
- 4. Additional care for women and newborn infants with complications
- 5. Promoting excellence: the midwife as colleague, scholar and leader
- 6. The midwife as skilled practitioner

Universalist, human rightsbased approach







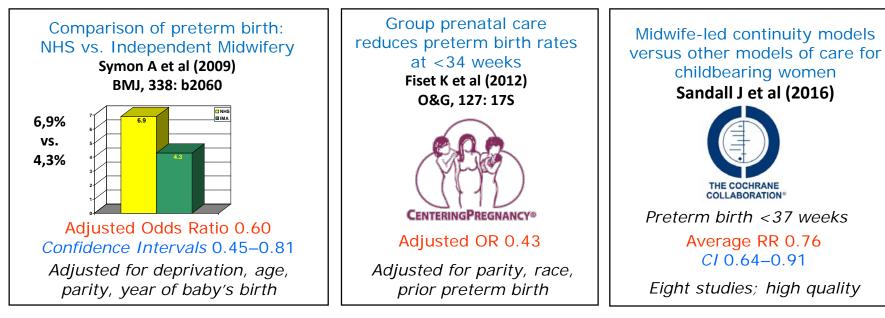
The QMNC Framework has an impact on education





3. Impact on research – applying the QMNC Framework

Background Previous evidence had suggested that the model of care can affect clinical outcomes, including the risk of preterm birth



Na und?

- We know that good quality midwifery care improves outcomes
- The causal mechanisms are not well understood
 - We can hypothesise that it may be relational, perhaps to do with stress and cortisol
- If we can identify what works well (and not so well) in different models of care we might get closer to identifying the causal link between good quality care and improved outcomes

To find out if we can use the QMNC Framework to evaluate what works well and what doesn't, we adapted it for use as a qualitative data collection tool





- Psychological
- Organisational



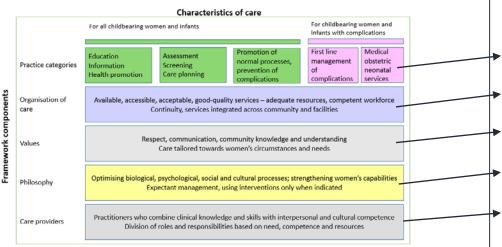


McTempo

Research Phase 1 – The McTempo Tayside and Fife study

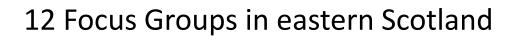
Prof. Alison McFadden, Marianne White, Katrina Fraser, Dr. Allison Cummins

We transformed the QMNC Framework into a focus group topic guide to find out what works where, why and for whom.



Funded by a grant from





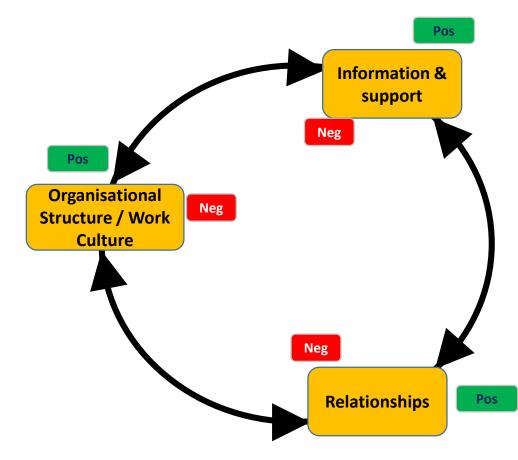
- **3** Pregnant women
- 3 New mothers
- 1 Both
- 3 Midwives n=26
- 2 Obstetricians n=12

Models of care: n=31

- 'High risk'
 - **Modified Universal Provision** (MUP) – including 'team midwifery'
 - Caseload
 - MUP & 'High Risk'

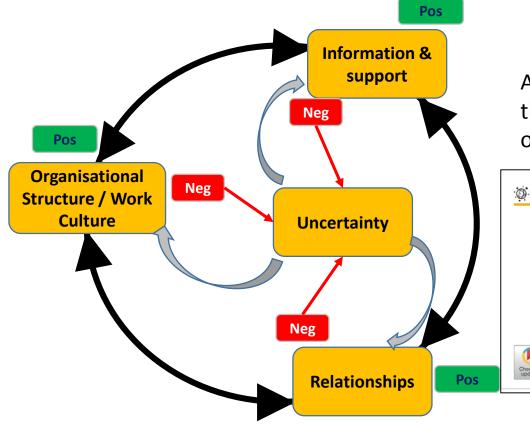
Thematic analysis (Ritchie and Spencer's framework model)

Three initial themes





Negative sub-themes created a fourth theme

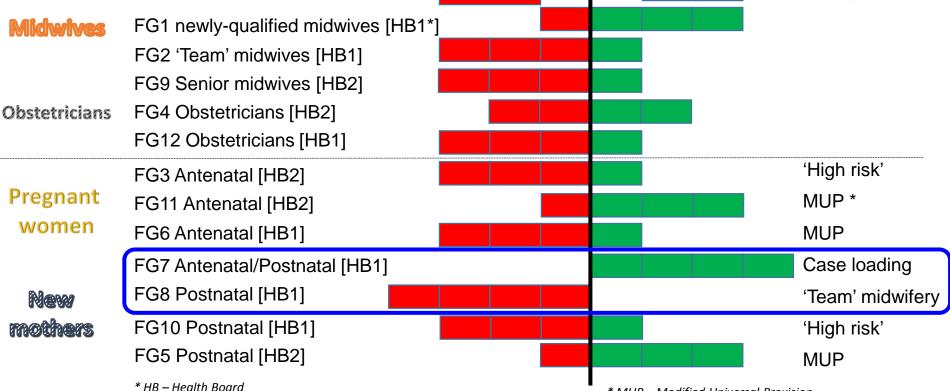




A loop-back mechanism meant that most - but not all - instances of uncertainty were resolved

	RESEARCH ARTICLE
	Adapting the Quality Maternal and Newborn
	Care (QMNC) Framework to evaluate models
	of antenatal care: A pilot study
	Andrew Symon ¹ *, Alison McFadden ¹ , Marianne White ² *, Katrina Fraser ³ *, Allison Cummins ⁴
	1 Mother and Infant Research Unit, School of Nursing and Health Sciences, University of Dundee, Dundee, United Kingdom, 2 Maternity Services, Ninewells Hospital, NHS Tarsjele, Dundee, United Kingdom, 3 Maternity Unit, Victoria Hospital, NHS File, Kirksaddy, United Kingdom, 4 Centre for Midwifery, Child and Family Health, University of Technology Sydney, Sydney, Australia
	These authors contributed equally to this work. a.g. symon @ dundee.ac.uk
Check for updates	Abstract

Discussions in the 12 focus groups varied in how positive or negative they were



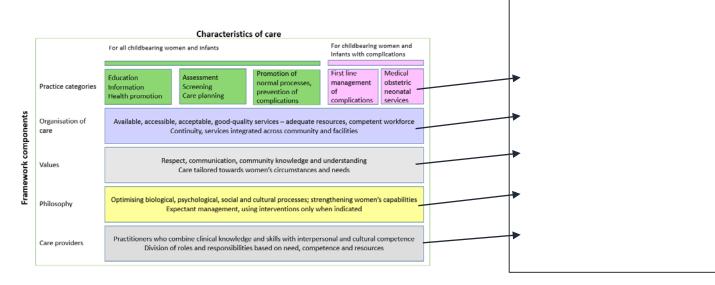
Negative



Positive

^{*} MUP – Modified Universal Provision

We found that discussions with these women, based on the characteristics of care detailed in the QMNC Framework, identified large differences between different models of care



Research Phase 2 - Australia

Dr. Allison Cummins, Dr Deb Fox, Bec Coddington

We re-tested this approach in focus groups in metropolitan and rural sites in New South Wales

20 midwives, 8 pregnant women, 14 new mothers

- Midwifery-led continuity of care model
- A shift in the power dynamic a less hierarchical between women and midwives facilitating informed decision making

The QMNC Framework is a useful tool for exploring the facilitators and barriers to the widespread provision of midwifery-led continuity of care.





Exploring the qualities of midwifery-led continuity of care in Australia (MiLCCA) using the quality maternal and newborn care framework

Allison Cummins^{3,4}, Rebecca Coddington³, Deborah Fox³, Andrew Symon^b ⁴ Camer for Mihofey, Ghila and Jamiy Insulti. University of Technology Sydney, 235 James S., Ultime NW 2007, Australia ⁴ Moder and Index Research Units' University of Dandes, Core Camuss, J. Marker L. Dander 2011 (Mich Kimderm

ARTICLE INFO

ABSTRACT



cTemp

Research Phase 3 – Scotland again

Shona Shinwell

Scotland Angus

We re-tested this approach in another model of care

The **Angus** home birth scheme offers continuity of <u>carer</u> throughout pregnancy, labour and the postnatal period

Angus home birth team picture

Focus groups and interviews with two home birth midwives, six community midwives, 18 mothers, and one partner

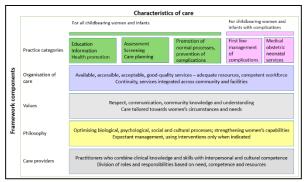
There were similar themes as in Phase 1 of the research, and once again the themes shared a number of subthemes, indicating how interconnected care issues are



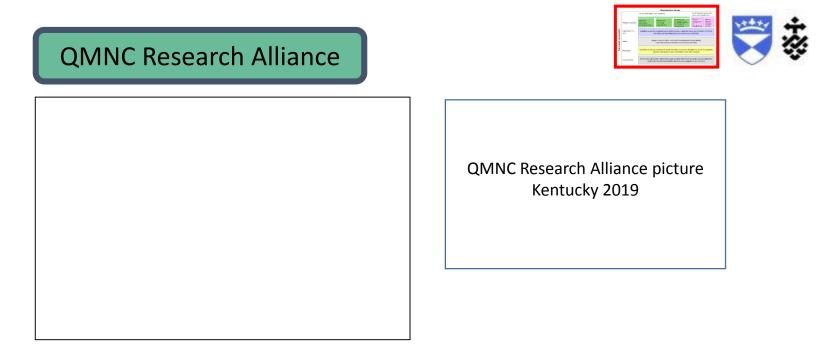


Care is complex – assessing the quality of care is too

- The QMNC Framework provides a comprehensive basis for discussing care quality
- By asking the right questions, and with suitable group facilitation, it helps to identify strengths and limitations of different care models
- It offers some insights into different service user / provider group experiences
- It allows for some comparison between care models
- It can be used on a case-by-case basis, but we would like to produce a standardised version



Was kommt als nächstes?



Research Priority A: Evaluate the effectiveness of midwifery care as defined • Models of care by the QMNC Framework

Research Priority B: Identify and describe aspects of care that optimize, and those that disturb, the biological / physiological processes... **Research Priority C:** Determine which indicators, measures, and benchmarks are most valuable in assessing quality care across settings

- Epigenetics
- Outcomes

QMNC Research Alliance

Research Phase 4: developing the QMNC Framework into a quantitative tool

Proof of principle - the Framework can help elicit relevant information on care quality in different models of care Now we will develop the survey version Addresses Research Priority A ('models of care'), and also touches on Research Priority C ('relevant outcomes')

- Produce draft questionnaire
- Delphi survey
- Field test in diverse settings
- Validate
- Translate for different countries
- Re-validate



Characteristics of care Education For all childhearing women and trafes Cord childhearing women and trafes Practice categories Education Assessment insaft priorition of care planning Front diverse with complications Digenisation of care Available, accessible, acceptable, good quality services – adequate resources, competent workforce core First line and care planning First line care planning First line complication Medical investig Values Respect, commachation, community tervices integrated across community and taclities Complication Contraining Values Respect, commachation, contrain diverse and needs Contraining biological, psychological, social and cultural provensive only and machines Values Optimising biological, psychological, social and cultural intervensive only and machines Expectat management, using intervensive only and machines Care providers Practitioners who combine clisical movaledge and alkin with intervension only and machines







Whether you are using the QMNC Framework in your curriculum or in your research, are you interested in joining us? We need to test the Framework in different settings around the world.



Vielen Dank a.g.symon@dundee.ac.uk

