Aneurin Bevan University Health Board

Guideline for communication after traumatic birth, birth reflection and birth debrief.

This policy replaces the Guideline for Obstetric Communication after Traumatic Birth

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out-of-date printed versions of the document. The Intranet should be referred to for the current version of the document.

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Contents:

1 Executive Summary

This document is a procedure designed to support safe and effective obstetric and midwifery practice, to reduce birth trauma and the psychological impact of birth, and to aid women and birthing people in their recovery. Psychological safety is an important aspect of maternity care.
Some birth experiences may leave women and birthing people feeling traumatised, distressed, or confused. For some women and birthing people, the birth they experienced was very different to the birth they hoped to have, which can be difficult to deal with. Birth discussions, reflections and debriefs should be an opportunity to talk about these feelings, and to better understand what happened during the birth. This can be helpful soon after the birth, or sometime later. It can also be helpful to discuss how this can impact future births.

Women should be offered the opportunity to discuss complex birth events with an appropriately trained practitioner. It is recognised that all women who meet the criteria should be offered a discussion as detailed below, prior to leaving hospital, however many women will need some time to process and reflect on events and therefore the opportunity should be made available for further opportunities to discuss their birth.
It should be recognised that some women may perceive their birth as traumatic in the absence of emergency procedures and events, and their thoughts and feelings should be listened to and validated.

1.1 Scope of guideline

This guideline applies to all clinicians working within maternity services. There are three main sections- inpatient birth discussion, birth reflection at home and birth debrief (after at least 6 weeks postnatal)

1.2 Essential Implementation Criteria for inpatient birth discussion

A discussion surrounding birth events should be offered prior to discharge from hospital for the following group of women:

- Delivery resulting in emergency caesarean section.
- Difficult instrumental delivery

- Obstetric anal sphincter injuries/ third- and fourth-degree tears
- Obstetric emergency- including postpartum haemorrhage, shoulder dystocia, eclampsia, cord prolapse, maternal collapse,
- Intrauterine death/ Still birth/ Neonatal death
- Baby admitted to neonatal unit due to intrapartum asphyxia.
- Unexpected return to theatre.
- Women who perceive their birth as traumatic.

Auditable standards are stated where appropriate.

2 Aim of the Service for inpatient birth discussion

- To provide clear information about birth events
- To justify why procedures were indicated.
- Arrange follow up if needed (community or hospital). For more complex cases a 6 week follow up should be organised with the consultant obstetrician.
- Allay anxiety about future pregnancies and discuss vaginal birth after caesarean section (VBAC)
- Reduce post-delivery trauma and depression.
- Ensure effective communication between primary and secondary care.

3 Responsibilities in relation to inpatient birth discussion

The Maternity/ Obstetric Staff/ Midwife

- Where outcomes of the birth relate to obstetric led care, the obstetrician needs to have the inpatient birth discussion.
- Where outcomes relate to midwifery led care, the midwife needs to have the inpatient birth discussion.
- The obstetrician or midwife needs to discuss with the woman birth events at the end of the shift or the following day.
- If the involved doctor is off the next day, this can be completed by the on-call team. If the involved midwife is off the next day, this can be completed by the midwife providing care.

- Ensure that the birth discussion is done in a quiet and private environment and document the discussion in the clinical notes.
- Women and birthing people should have the opportunity to ask questions and the professional doing the birth discussion should ensure that the person has understood answers.
- Where needed, interpreter services should be used.
- The obstetrician or midwife should document in the clinical notes/ or on CWS, that a birth discussion has taken place and the woman or birthing person had the opportunity to ask questions.

3.1 Birth reflection at home

All women and birthing people should be offered the opportunity to have a birth reflection discussion with their named midwife, or midwife providing care, at home. The aim of this discussion is to listen to and validate feelings and experiences. The midwife should provide clear information on birth events and justify why procedures were implemented. Impact on future births should be discussed and new parents should be directed to further resources. https://abbhealthiertogether.cymru.nhs.uk/

Where a midwife feels unable to answer questions effectively, the midwife should seek the support of their team leader, Senior manager for community, Lead midwife for PNMH or Consultant Midwife. Birth reflection should be documented in the person's clinical notes/ electronic notes.

3.2 Birth debrief

Following initial inpatient birth discussion and birth reflection at home, some women and birthing people will require a more extensive debrief. This should be after at least 6 weeks postnatal when women have had the opportunity to begin recovery, rest and begin to process events. Clinical notes will then be available on Clinical Workstation (CWS).

The referring professional should complete the debrief pathway proforma (see appendix 1), ensuring the documentation is complete, and send to the Birth Afterthoughts email address. ABB.birthafterthoughts@wales.nhs.uk

The referral form will be reviewed by the Consultant Midwife and PNMH lead midwife and will be allocated to the most appropriate person.

- If the birth was an obstetric emergency or meets any of the essential criteria above (excluding perceived traumatic birth), the named Consultant will be contacted and should arrange to see the woman or birthing person (or allocate to an appropriate colleague)
- If the woman or birthing person is known to the PNMHT or PNMH services, the PNMH lead midwife will be contacted and should arrange to see the woman or birthing person.
- If the birth/ questions relate to care in the community (including home birth, free-standing midwifery led units or alongside midwifery led units), the senior manager for community will be contacted and should arrange to see the woman or birthing person (or allocate to an appropriate colleague)
- If the birth/ questions relate to care in the hospital setting, the senior manager for inpatient services will be contacted and should arrange to see the woman or birthing person (or allocate to an appropriate colleague)
- If the birth/ questions relate to all aspects of care or multiple complexities, the Consultant Midwife should arrange to see the woman or birthing person.
- Where birth/ questions raised relate to possible practice issues or a concern, initially people should be directed to 'Putting Things Right' https://abuhb.nhs.wales/about-us/complaints-concerns/

3.3 Rewind therapy

ABUHB maternity have a birth REWIND service, targeted therapy for a single event trauma. This service is delivered by midwives and overseen by psychology services and PNMHT. Please contact the lead PNMH midwife or Consultant midwife via email, to assess eligibility.

4 Training

Staff should access appropriate training where provided. Training needs will be identified through personal appraisal development review (PADR) and clinical supervision. All midwives have access to PNMH training during mandatory study days.
Where staff request additional skills and guidance with birth reflections and debrief, they should contact their line manager, PNMH lead midwife or Consultant Midwife alongside appraisals and clinical supervision.

5 Monitoring and Effectiveness

- Local service Improvement Plan will guide monitoring and effectiveness.

- Performance outcomes will be reviewed through clinical audit and clinical risk management systems.

- All debriefs undertaken after 6 weeks postnatal should be recorded on an excel spreadsheet for audit (Spreadsheet collated by Consultant Midwife)

This policy has undergone an equality impact assessment screening process using the toolkit designed by the NHS Centre Equality & Human Rights. Details of the screening process for this policy are available from the policy owner.

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Appendix A

Birth Debrief referral form.

Please email completed form to ABB.BirthAfterThoughts@wales.nhs.uk

Rerefers Details: Name……. Job title…… email address…….	
Date of referral	
Details of the person you are referring: Name…….. CRN…… or NHS number…… Date of Birth…… Contact number…… email address…….	
Baby's Date of Birth	
Was the person under OLC or MLC for pregnancy?	Yes ☐ No ☐
Was the person under OLC/ MLC for birth?	Yes ☐ No ☐
Is the person known to perinatal mental health services (PNMH)?	Yes ☐ No ☐ Unsure ☐
Is this a debrief or a concern/ complaint? *If a concern/complaint, please follow the Putting Things Right referral pathway on the intranet.*	

Please summarise the main questions or areas of discussion that the person you are referring has, so that they can be allocated to the most appropriate person for debrief.

For Birth Afterthoughts Team Only:

Tick boxes for who referred	***Date referral received***
Obstetrician. ☐	
Senior Midwifery Manager ☐	
Consultant Midwife ☐	
PNMH lead midwife ☐	
Other ☐ *Name* *Email address*	