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## Standard Operating Procedure (SOP)

# Birth Reflection Service

Initiated By	Cwm Taf Morgannwg University Health Board Obstetrics and Gynaecology Directorate
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### CHANGE HISTORY

Version	Date	Author Job Title	Reasoning
1	June 2024	Bryany Tweedale	New guidance

### AUTHORSHIP, RESPONSIBILITY AND REVIEW

Author	Bryany Tweedale	Ratification Date	June 2024
Job Title	Consultant Midwife	Review Date	June 2027

### **Disclaimer**

**When using this document please ensure that the version is the most up to date by checking the Obstetrics & Gynaecology Guidelines on WISDOM**

**PRINTED DOCUMENTS MUST NOT BE RELIED ON**

## **BIRTH REFLECTION SERVICE**

### **Introduction**

The aim of a birth reflection is to provide women and people who have received maternity care and/or given birth within Cwm Taf Morgannwg University Health Board with the opportunity to explore and discuss their maternity experience, ask questions and receive explanations surrounding pregnancy, birth or postnatal care. The maternity and neonatal services at Cwm Taf Morgannwg University Health Board recognises that there is a need to offer a birth reflection service to women, pregnant and birthing people and their families.

This Standard Operating Procedure (SOP) applies to any woman or pregnant person (and their partner and family as appropriate) who has received maternity care and/or given birth within Cwm Taf Morgannwg University Health Board, to provide the opportunity to explore and reflect upon their maternity experience, to ask questions, discuss and receive explanations around their pregnancy, birth or postnatal care. The SOP will ensure that women, pregnant and birthing people and their families are offered an opportunity for birth reflection in a timely manner using a standardised approach across the Health Board.

### **Objectives**

- Outline the referral process to organise Birth Reflections appointments.
- Triage and allocation of appropriate clinician to support individuals' needs.
- Ensure all women/people expressing a need for Birth Reflections are supported appropriately to obtain this.
- Provide clear localised guidance relating to the provision of Birth Reflections appointments

## 1. Referral

All service users will be signposted with the opportunity to self-refer as required to the birth reflections service via a 'Leaving letter' given during the postnatal discharge process, in addition to the CTMUHB maternity website.



After your birth.pdf

The individual requesting a birth reflection can self-refer to the central email referral triage: [CTM.Afterthoughts@wales.nhs.uk](mailto:CTM.Afterthoughts@wales.nhs.uk)

The referral for Birth Reflections can also be made by any health professional working with or representing an individual who requires the service. Health professionals may include:

- Midwives (including specialist midwives)
- Obstetric doctors,
- Health Visitors,
- General Practitioners
- Perinatal Mental Health Service.
- Consultant neonatologist
- Senior neonatal nurse

As this is a clinical birth reflection, those women whose clear intention is to raise a concern relating to their care should be advised of the 'Putting Things Right' (PTR) process, and can submit concerns via: [CTHB\\_Concerns@wales.nhs.uk](mailto:CTHB_Concerns@wales.nhs.uk)

## 2. Triage

The Maternity Experience Midwife will have responsibility for checking and maintaining the self-referral email inbox.

The Maternity Experience Midwife will contact the individual directly (usually by phone) within 10 working days of their self-referral to discuss their individualised needs.

Following triage, the Maternity Experience Midwife will allocate the individual's referral to the most appropriate clinician who may include:

- Named Community Midwife
- Operational Lead Midwife/Intrapartum Lead Midwife
- Maternity Experience Midwife
- Consultant Midwife
- Consultant Obstetrician.
- Other health professional (e.g. anaesthetist/neonatologist) as appropriate

Please note: If there is a request made from a woman who lives within CTMUHB geographical locality, but who gives birth within an external Health Board, the woman should be signposted and given support to make a request to the Health Board where her birth occurred.

### 3. Appointment

Once the most appropriate clinician has been identified to support a birth reflection, an appointment should be made to facilitate a meeting with the individual.

The individual requesting the birth reflection appointment should be made aware that it is usually advisable to wait until 6 weeks postpartum prior to receiving a birth reflections de-brief to enable them to have time to recover from their birth, to allow their thoughts to settle and feel ready to talk through their experience.

Women should be encouraged to discuss their initial thoughts, questions and experiences with their maternity team during their postnatal stay, or with their community midwife before discharge from the maternity service.

### 4. Birth Reflections Process

- Introduction and outline the process for the birth reflection

- Set boundaries for the session (which would usually be around an hour), as sessions that become lengthy may prove counterproductive.
- Invite the woman to share her experiences/worries/concerns/ questions in their own way (these may not be chronological)
- Acknowledge the woman's expression of her own experience
- A woman's experience will be much deeper than the information captured within clinical records and this should be acknowledged and validated
- The clinical records should be available and where appropriate, refer to the notes for additional information and for clarity, providing factual information and explaining terminology as appropriate.
- Avoid making judgements and sharing personal opinions
- Use visual aids (such as doll/pelvis, or pictures) to help explain the mechanisms/process of labour/birth where appropriate. It may be appropriate to explain/discuss evidence for practice, however bear in mind that some women may be coming for birth reflection many years after the birth of their child and that evidence for/and clinical practice may have changed.
- Acknowledge areas where positive/negative feedback of the experience can inform clinical practice. It may be appropriate to explore care in a future pregnancy/birth or arrange a further meeting and/or instigate and agree a plan of care with the relevant clinicians/clinical managers.
- Aim to close the session at the agreed time and confirm if the woman's expectations and the set objectives for the clinical debrief have been met (where this is not met, it is unlikely that further clinical debrief will help).

## 5. Post meeting

Once the woman has been seen by the appropriate clinician, a summary of the session should be documented in the woman's notes or a written summary letter can be provided. This should include areas discussed, explanations given, any concerns, and any actions agreed to be taken.

It is essential that the clinical record or letter is a factual outline which represents the content of the meeting, written in simple terms with no medical abbreviations.

## 6. Signposting

In cases where the woman feels that clinical care issues and related outcomes remain unresolved, consider escalation to a senior clinician, for example the Head of Midwifery.

The woman can be provided with information on the Birth Trauma Association who can provide support and signposting for people who experience trauma around childbirth: [www.birthtraumaassociation.org.uk](http://www.birthtraumaassociation.org.uk)

In situations where the clinician facilitating the birth reflection feels there are issues relating to individual clinical practice, this should be addressed via the line manager of the staff member (midwifery staff) or educational supervisor (medical staff).

In situations where a member of staff or team receives praise or positive feedback, this feedback should be given directly to the member of staff or team via email or maternity communication tools.

## 7. Ways to engage

There are a variety of ways for women and their families to become engaged with the maternity and neonatal service, and they may feel motivated to support ongoing improvements following their own experience/s. Opportunities to engage should be discussed and offered, and may include:

- Asking for consent to use the woman/family's story for sharing in service meetings for learning and reflection purposes (including in an anonymised format).
- My Maternity, My Way (MMMW), Maternity Voice Partnership (for past and present service users to engage and discuss future changes and improvements within the maternity and neonatal services).
- Engagement via social media through the 'Bump Talk' closed group and the 'Maternity Services Bridgend, Tirion Birth Centre and Merthyr' page.

- If any further support is required then please contact:

[CTM.WomensExperiencesCTUHB@wales.nhs.uk](mailto:CTM.WomensExperiencesCTUHB@wales.nhs.uk)

## 8. Perinatal Mental Health Service

The Perinatal Mental Health (PNMH) team is designed for those women and pregnant people who require further support or management in respect of their mental health, or for those whose mental health has deteriorated during the antenatal or postnatal period.

This service accepts referrals from booking up to 12 months post-partum. Referrals to the Perinatal Mental Health service can be made by midwives, obstetricians, health visitors and GPs.

Services that can be offered dependant on individual needs and meeting the referral criteria and include:

- Comprehensive mental health assessment,
- Psychology input,
- Trauma stabilisation,
- Cognitive behaviour therapy (CBT),
- Dialectical behaviour therapy,
- Eye movement de-sensitisation and reprocessing therapy (EMDR)

If following a Birth Reflection meeting, a woman continues to experience emotional distress, consider referral to the perinatal mental health team or primary health care services for counselling referral.

## 9. Evaluation

The Birth Reflection service will be subject to continuous evaluation, and women who have used the service will be sent an electronic evaluation form via email.

## Appendix 1.

# Birth Reflections Triage

<b>Name:</b>	
<b>Address:</b>	
<b>Post Code:</b>	
<b>Date of Birth:</b>	
<b>phone</b>	
<b>Email:</b>	
<b>Preferred contact details</b>	
<b>GP details:</b>	
<b>EDD / Babies Date of Birth.</b>	
<b>Neonatal event?</b>	
<b>Baby's full name</b>	
<b>Baby's address if different</b>	
<b>Date of conversation:</b>	
<b>Situation:</b>	
<b>Background:</b>	
<b>Assessment:</b>	
<b>Recommendation:</b>	
<b>Plan made:</b>	
<b>Supporting evidence:</b>	