Better Start Bradford

Personalised Midwifery Project: Clover Team

Delivered by Bradford Teaching Hospitals NHS Foundation Trust From October 2015 - March 2024

This project provided women and their families with personalised, continuous care before, during and after the birth of their baby, and supported them in planning and making informed choices around the birth. It also offered



babies delivered by the Clover Team

Higher

enhanced care to help promote key health messages around breastfeeding, smoking cessation and nutrition

T How it was delivered

Following a pilot phase, the service was provided by the Clover Team, a Continuity of Care midwifery team based at St Luke's Hospital.

It differed from the way midwife services are normally provided by ensuring one dedicated midwife, alongside another midwife as a 'buddy', was allocated to support each woman during pregnancy, the birth, and afterwards. When women went into labour, the team aimed to provide a midwife she knew for the birth.

The service provided longer antenatal appointments and a home visit at booking, allowing the woman and her midwife to establish a relationship and have more time for discussing choices around pregnancy and birth. To enable this, midwives had smaller caseloads than standard care, allowing them to personalise care to each family's needs.

A Maternity Support Worker (MSW) held additional sessions for antenatal plus and postnatal sessions. At these sessions the MSW shared public health messaging around smoking cessation, safe sleeping and baby weight.

Why this project was developed

Within this plan, the Maternity

Women living in social disadvantage (including diverse ethnicities, and low socioeconomic status) are at greater risk of poor birth outcomes. In 2017, the NHS produced the Better Births plan to improve midwifery led care in England.

Project outcomes:

- Women's experience would lead to increased satisfaction and choice within their maternity care, they would feel fully-informed along their pregnancy journey, and know what to expect.
- Every woman would have the opportunity, through a variety of channels, to provide feedback and have

T Impact and findings*

- 100% of women who required signposting for additional support (such as mental health and obesity) were referred on to appropriate services.
- 88% of women received scheduled antenatal care provided by their named midwife and named buddy. The target for this was 80%.

attendance at glucose tolerance test clinics than standard care

Higher breastfeeding rates at 6-8 weeks than the district average (Bradford average: 44.9%, **Clover Team:** 51.6%)

Transformation Programme aimed to implement the midwife-led 'continuity' of carer' (MCC) model to support safer, more streamlined maternity care, while fostering positive relationships between women and their midwives, to ensure better outcomes for women and their babies.

Evidence suggests that this type of enhanced care has a lasting benefit for families and their children.

their voice heard.

- Women understand explanations or information and feel able to ask questions.
- Where women have a communication adjustment/ accessible information need e.g. disability or language need they feel they receive all the adjustments they required.
- Women are fully-informed and understand their choices for place of birth.
- The MSW carried out 172 postnatal plus contacts which are personalised to address relevant areas such as safe sleep, smoking cessation, weight, and contraception advice. The MSW completed 231 other postnatal appointments.
- There was higher attendance at glucose tolerance test clinics than standard care the Clover Team Glucose Tolerance Test 'did not attend' (DNA) rate was lower than the hospital average (hospital: 24-26%/Clover Team: 20%).
- *This section includes information from both the evaluation report/s and project









Bradford District Care NHS Foundation Trust

