


Achieving Safe and Personalised maternity care In Response to Epidemics

ASPIRE
COVID-19 UK

Key messages for
Safe and Personalised Maternity and Neonatal Care




University of Central Lancashire
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UKRI Economic and Social Research Council

Project overview

The ASPIRE COVID-19 project was funded to find out what might make maternity and neonatal care safe and personalised during the pandemic, and in future situations of normal care provision, or of crisis.

What we did

The study began on June 1st and formally ended on February 25th 2022. It was supported by a steering and stakeholder group, with members from 29 national and international organisations. In phase one (ending December 2020), interviews were undertaken and documents were collected at national level in the United Kingdom [UK] and the Netherlands [NL].

In phase two, interview, clinical, documentary, and organisational data were collected from seven NHS Maternity Units in England (Nov 2020 to Sept 2021, with some data collected back to January 2018).

Maternity Units were purposively selected for maximum variation, including number of births per year, geographical setting, level of neonatal intensive care, and demographic characteristics of the local population.

Summary of collected data

Phase One - National data gathered (UK and NL)

Babies Born Better Survey responses:
UK n=1324
(474 since Mar 2020)
NL n=929
(220 since Mar 2020)
Dates: Births June 2017-Dec 2020

Interviews national policy makers:
UK n=26
NL n=13
Dates: July - Dec 2020

National policies document review:
UK and NL
n=407
Dates: Feb - Dec 2020

Phase Two - England only data gathered

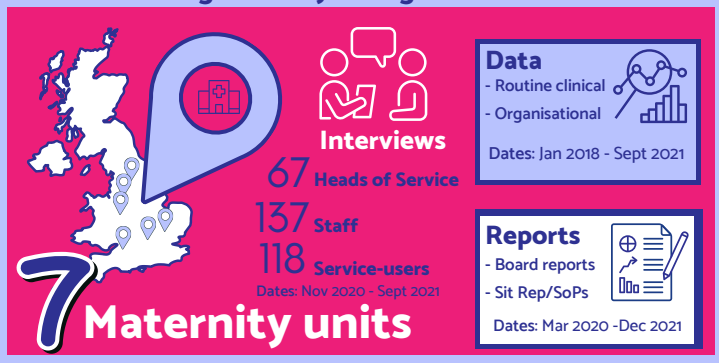

Table One - English maternity units characteristics

Region	Annual births	NICU/ SCUBU	Demographics	SB NND	Choice: place of birth
North	3,000-6,000	Level 3	In highest 20% commissioning group for Asian population: 16% Black or Asian	<5% above average	Consultant unit; AMLU; Home; FSMU
North	>6,000	Level 4	High levels of deprivation/child poverty; 9% Black or Asian	<5% above average	Consultant unit; AMLU; Home
South	<3,000	Level 1 SCBU	No specific deprivation; 9.7% Black or Asian	<5% above average	Consultant unit; AMLU; Home
Midlands	<3,000	Level 1, 2 SCBU	No specific deprivation; 7% Black or Asian	<5% above average	Consultant unit; AMLU; Home
South	>6,000	Level 4	Diverse demographic profile between sites; 20-30% Black or Asian	<5% above average	Consultant unit x2; AMLU x2; Home; private care at one site
North	3,000-6,000	SCBU	Some areas in the top 25 most deprived areas; some in the least 0.9%; 1% Black or Asian	Average rates	Consultant unit x2; FSLU; Home
South	3,000-6,000	Level 3	47 LSOAs (29.2%) in the most deprived 20% in England; 4% Black or Asian	<5% above average	Consultant unit; home

Overall theme

MAGNIFICATION

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of the change needed for safe, personalised and sustainable care

"I suppose a crisis like this brings out the best and the worst of the system....
it's shown areas where there was always a need for improvement, but it's really highlighted the urgency of those changes"

Key messages	Summary	Actions
1 PREVENT STAFF BURNOUT	Routinely working above and beyond to maintain safety and personalisation is highly detrimental to staff wellbeing and workforce retention.	Ensure safe staffing, manageable workloads, time to provide personalised care and work-life balance.
2 INTEGRATE USER AND STAFF VOICES	Safe and personalised services require genuine consultation and collaboration.	Ensure staff and service users are integral to decisions about key service changes.
3 ENSURE COMPANIONSHIP	Partners and families are not visitors. For many, they are essential for safety and personalisation throughout maternity and neonatal care.	Ensure partners and families are never routinely excluded from maternity and neonatal care even in future crises.
4 EMBED EQUITY	Rigid application of rules and guidelines is not equitable, safe, or personalised.	Staff should be enabled to support service users when their individual needs do not fit organisational norms.
5 ENABLE AUTONOMY	Facilitating staff autonomy and evidence-informed, person-centred discretion for personalised, safe and equitable care.	Trust staff to offer safe, personalised care in line with maternity reviews and transformation programmes.
6 FOSTER A TEAM ETHOS	Enabling staff autonomy and flexibility is in line with delivery of safe, personalised and equitable care.	Develop shared visions and goals, strengthen respect for professional expertise and roles through training.
7 TARGET TARGETS	Targets dictate organisational priorities. Targets, incentives and data systems should prioritise personalisation as well as safety.	Ensure all targets promote genuinely personalised and safe care, rather than tick-box driven activity that 'looks good on paper'
8 RATIONALISE RED TAPE	Unnecessary bureaucracy takes staff away from frontline care.	Assess all bureaucratic processes conducted by clinical staff and remove or redirect those that are not essential.
9 MAKE DATA USEABLE	Rapid access to high quality safe AND personalised data is crucial. Data only counts if it can be used.	Prioritise the collection of useful, accessible, up-to-date data, and ensure rapid feedback loops to inform ongoing practice.
10 CONSIDER UNINTENDED CONSEQUENCES	Before changes are made, consider impacts and potential unintended consequences.	Changes made in a crisis to be evaluated for positive and negative impact on service-users and staff before becoming routine.

Address any tensions between the key messages to

ACHIEVE BALANCE

Each of these ten key messages has policy and organisational implications for safe and personalised maternity and neonatal care (and other areas of health and social care).

Recommendations

For policy makers

- Map these key messages to on-going initiatives; consider the potential for new initiatives where there are gaps;
- Support commissioning of if-then planning at Trust level against the key messages to enable best practice when a crisis arises;
- Encourage the development of a 'best practice' scheme for shared learning in post-crisis recovery.

For professional organisations

- Develop a 'best practice' scheme for Trusts that address the key messages, as a basis for shared learning in post-crisis recovery;
- Integrate the key messages into multidisciplinary learning.

For commissioners

- Encourage multidisciplinary if-then planning at organisation level to maximise shared learning and practice in post-crisis recovery and for future learning;
- Encourage Trusts to engage in a 'best practice' scheme based on the key messages.

Research team
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Charities & Non-Academic Partners
11 organisations: see ASPIRE Web page: https://aspire-covid19.com/advisory-group-membership/

Study website
https://aspire-covid19.com/

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