



**Procedure for**

**The maternity Multidisciplinary Team (MDT) care plan for women with additional health or support needs**

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## 1.0 Introduction

This Standard Operating Procedure (SOP) is intended to provide staff with instructions about when and how to use the maternity Multidisciplinary Team (MDT) care plan for women with enhanced care needs. In the context of this SOP, enhanced maternity care needs are defined as a range or combination of conditions, physical health issues, mental health issues, and/ or social vulnerabilities that may impact on their ability to care for themselves or their baby whilst in hospital or after transfer home. See glossary for some case examples.

The Maternity MDT care plan aims to define any additional care required when a mother is an inpatient at Barnsley maternity unit or when she is discharged home with her baby. The plan will highlight key points such as: names of key professionals, contact numbers and any reasonable adjustments required such as the partner staying overnight for support. It will also include the visiting plan for when mother and baby are transferred home and outline the roles and responsibilities of partner agencies within this plan.

If there are *co-existing safeguarding issues* a birth safety planning meeting will be arranged for between 31- and 32 weeks gestation in line with the Maternity and Social care Integrated Care Pathway [Integrated Care Pathway for Pre Birth Assessments](#). In this case, this will supersede the need for a maternity MDT Care Plan as all aspects of care should be brought into the social care birth plan.

Consideration should be given in **all cases** to undertaking an Early Help Assessment (EHA) as this process would underpin any MDT planning. [Early help assessment form](#)

## 2.0 Objective

To ensure that there is a comprehensive plan available that identifies enhanced care needs for mother and baby and offers guidance around support whilst in hospital and after transfer home.

## 3.0 Scope

This SOP is for all staff working within the maternity unit.

## 4.0 MDT Meeting

### 4.1 Coordinator and Attendees

The midwife who is responsible for the care of the woman will coordinate and chair the MDT meeting. This will be the named Community Midwife (CMW) or the young families Midwife.

All key maternity staff involved in caring for the woman will be invited to attend. This could include (but is not an exhaustive list): Obstetricians, Neonatologists, perinatal mental health service, 0-19 service.

If a woman has the majority of her care within the hospital then the Antenatal Clinic Team lead will review the notes and coordinate with the named CMW to decide who is the best person to coordinate the meeting.

The family will play a key role in this meeting which will be organised between 31- and 32-weeks gestation.



## **4.2 Agenda**

- Overview of the pregnancy and care needs
- Review of the risks in general (short and long term)
- Outline care needs in hospital setting for the mother
- Outline care needs in hospital setting for the baby
- Identify how care needs can be supported on labour ward, postnatal ward, and after discharge home
- Identify what additional support is required: extended family; additional agency support
- Consider if EHA or referral to another agency is required

## **4.3 MDT Plan**

The outcome of the meeting will be documented in a proforma (see Appendix 1) which will be circulated to attendees and filed in the maternity records .

## **5.0 Roles and responsibilities**

All staff will be familiar with all SOPs relevant to their area of work.

### **5.1 Named Community Midwife**

- To discuss women on caseload that have additional care needs with team lead and allocated Consultant obstetrician in order to decide if MDT planning required
- To coordinate and invite all relevant people to the MDT
- To chair the meeting (or allocate this role to the most appropriate lead professional) as required and follow the agenda to develop an MDT plan of care
- To continue to be the main point of contact for the woman if she has any questions following the meeting

### **5.2 Obstetricians**

To attend the MDT, provide expert obstetric advice and contribute to the MDT plan.

### **5.3 Anaesthetists**

To attend the MDT (when required) and provide expert medical advice and contribute to the MDT plan.

### **5.4 Paediatricians**

To attend the MDT (when required) and provide expert medical advice and contribute to the MDT plan.

### **5.5 Hospital Pharmacists**

To attend the MDT (when required) and provide expert advice and contribute to the MDT plan.

## **6.0 Associated documents and references**

NICE, (2010) Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors. Clinical guideline [CG110] Published date: 22 September 2010  
<https://www.nice.org.uk/guidance/cg110>



NICE, (2015) Diabetes in pregnancy: management from preconception to the postnatal period  
NICE guideline [NG3] Published date: 25 February 2015 Last updated: 26 August 2015  
<https://www.nice.org.uk/guidance/ng3>

Antenatal and postnatal mental health: clinical management and service guidance  
Clinical guideline [CG192] Published date: 17 December 2014 Last updated: 11 February 202  
<https://www.nice.org.uk/guidance/cg192>

Relevant Trust Approved Documents:

1. Early help assessment form
2. Diabetes in Pregnancy
3. Impaired hearing: Checklist for women with hearing difficulties
4. Guideline for mental health assessment v2
5. Epilepsy referral guideline

## 7.0 Training and resources

Training will be delivered as outlined in the Maternity Training Needs Analysis. This is updated on an annual basis.

## 8.0 Monitoring and audit

Element to be monitored	Compliance with SOP
Lead	Community Matron
Tool	Audit
Frequency	3 monthly for 9 months until embedded in practice
Reporting arrangements	Maternity Governance BHNFT.

## 9.0 Equality and Diversity

The Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality, diversity and inclusion principles through its policies, procedures and processes. This procedure should be implemented with due regard to this commitment.

To ensure that the implementation of this procedure does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact assessment is conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.



This procedure can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy in the first instance.

The Trust will endeavor to make reasonable adjustments to accommodate any employee/patient with particular equality, diversity and inclusion requirements in implementing this procedure. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

### **9.1 Recording and Monitoring of Equality & Diversity**

The Trust understands the business case for equality, diversity and inclusion and will make sure that this is translated into practice. Accordingly, all procedures will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis as part of Equality Delivery System. The monitoring will cover the nine protected characteristics and will meet statutory employment duties under the Equality Act 2010. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.



**Appendix 1**

**The Maternity Multidisciplinary Team (MDT) care plan for women with enhanced care needs.**

Patient Identifier sticker
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<b>Gravida:                  Para:                  Actual Due Date (ADD):</b>	
<b>Meeting Date</b>	
<b>Attendees</b>	
<b>Apologies</b>	
<b>Background information: (preparatory notes for meeting)</b> <i>(Bullet point main areas/concerns to discuss e.g.: Gravida, Parity, ADD, Concerns etc.)</i>	
<b>Medications:</b>	
<b>Additional Care Needs identified</b>	
<b>New information shared at meeting/meeting discussion</b>	
<b>Outcome/Agreed Action Plan e.g. Family member to stay, mental health review, long acting contraception, reasonable adjustments</b>	<b>Person responsible &amp; completion date</b>



**Appendix 2**

<b>Glossary of terms</b>		
MDT	Multidisciplinary Team	Group of professionals providing a wrap around care plan for mother and baby
Additional Care Need	Additional needs that may require enhanced maternity care such as:	Mental Health Previous SIDs or Pregnancy Loss Epilepsy Diabetes Young mother Substance misuse Alcohol Misuse Narcolepsy/Cataplexy Surrogate pregnancy Morbid Obesity Physical Disability Sight loss Hearing loss Mobility concerns Learning disability Fetal abnormality <b>Note this list is not exhaustive and professional's judgment should take place</b>

**Appendix 3**

Maintain a record of the document history, reviews and key changes made (including versions and dates)

<b>Version</b>	<b>Date</b>	<b>Comments</b>	<b>Author</b>
7	16.12.20		Jo Poskitt (SG Advisor) & Mirelle Martin (Named Midwife Safeguarding)

**Review Process Prior to Ratification:**

<b>Name of Group/Department/Committee</b>	<b>Date</b>
Reviewed by Maternity Guideline Group	20/01/2021
Reviewed at Women's Business and Governance meeting	22/01/2021
Approved by CBU 3 Overarching Governance Meeting	24/02/2021
Approved at Trust Clinical Guidelines Group	25/03/2021
Approved at Medicines Management Committee (if document relates to medicines)	N/A





**Trust Approved Documents (policies, clinical guidelines and procedures)**

**Approval Form**

<b>Document type (policy, clinical guideline or procedure)</b>	<b>Procedure</b>
<b>Document title</b>	<b>Procedure for the maternity Multidisciplinary Team (MDT) care plan for women with additional health or support needs</b>
<b>Document author</b> (Job title and team)	<b>RM Joanne Poskitt Safeguarding and Drug and Alcohol Advisor. RM Mirelle Martin Named Midwife Safeguarding</b>
<b>New or reviewed document</b>	<b>New</b>
<b>List staff groups/departments consulted with during document development</b>	<b>Obstetric consultants, specialist midwives, senior midwives</b>
<b>Approval recommended by (meeting and dates):</b>	<b>Maternity guideline group 20/01/2020</b> <b>Women's Services Business &amp; Governance meeting 22/01/2020</b> <b>CBU 3 Business and Governance meeting 24/02/2021</b>
<b>Date of next review (maximum 3 years)</b>	<b>24/02/2021</b>
<b>Key words for search criteria on intranet (max 10 words)</b>	<b>MDT, Care plan, additional health needs, multidisciplinary</b>
<b>Key messages for staff (consider changes from previous versions and any impact on patient safety)</b>	
<b>I confirm that this is the <u>FINAL</u> version of this document</b>	<b>Name: Charlotte Cole</b> <b>Designation: Practice Educator Midwife</b>

FOR COMPLETION BY THE CLINICAL GOVERNANCE TEAM

<p><b>Approved by (group/committee):</b> NICE Trust clinical guideline group meeting</p> <p><b>Date approved:</b> 25/03/2021</p> <p><b>Date Clinical Governance Administrator informed of approval:</b> 12/04/2021</p> <p><b>Date uploaded to Trust Approved Documents page:</b> 14/04/2021</p>
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