

Maternal health: promoting maternal health through community-based strategies

Topic engagement with stakeholders

NICE issued a topic overview for a potential new quality standard *Maternal health: promoting maternal health through community-based strategies*, and conducted a topic engagement exercise with stakeholders between 1-14 April 2016.

It was envisaged that the quality standard would cover women who are planning a pregnancy, are pregnant or who have had a baby in the past 2 years. The proposed scope of the quality standard was community-based strategies to promote maternal health.

During the topic engagement exercise stakeholders were invited to suggest key areas for quality improvement within this remit.

However, because aspects of maternal health are covered by other quality standards, it was expected that the focus for this quality standard was likely to be around weight management and stopping smoking in pregnancy. The following NICE guidelines were suggested as potential sources for the quality standard:

- [Smoking: stopping in pregnancy and after childbirth](#) (2010) NICE guideline PH26
- [Weight management before, during and after pregnancy](#) (2010) NICE guideline PH27
- [Smoking: acute, maternity and mental health services](#) (2013) NICE guideline PH48 (this guideline provides cross-references to PH26 in respect of maternity services)

Overlap with other quality standards

NICE was aware of potential overlap with other quality standards before commencing the topic engagement exercise. The two main potential sources for the *Maternal health: promoting maternal health through community-based strategies* quality standard had been used for previous quality standards:

[Smoking: stopping in pregnancy and after childbirth](#) (2010) NICE guideline PH26 was a source for quality statements within:

- Quality standard QS22 on [antenatal care](#)
- Quality standard QS43 on [smoking cessation](#)

[Weight management before, during and after pregnancy](#) (2010) NICE guideline PH27 was a source for quality statements within:

- Quality standard QS22 on [antenatal care](#)
- Quality standard QS37 on [postnatal care](#)

Response to topic engagement

Quality improvement areas suggested by stakeholders at topic engagement for the *Maternal health: promoting maternal health through community-based strategies* quality standard included:

- Weight management (including primary prevention)
- Stopping smoking (including primary prevention)
- Mental health: primary prevention, access to support (including for postnatal mental health problems)
- Management of health conditions (e.g. diabetes, epilepsy and mental health conditions) during pregnancy
- Alcohol misuse strategy, and avoidance of alcohol in pregnancy
- Drug and substance misuse strategy, and in pregnancy
- Vaccination and immunisation strategy (influenza, pertussis and MMR)
- Spacing of pregnancies (following caesarean section)

Decision following topic engagement

Following topic engagement, NICE decided it was more efficient to incorporate the issues raised within other existing quality standards rather than proceed with the development of a separate quality standard on *Maternal health: promoting maternal health through community-based strategies*. The overlaps with other quality standard topics specifically include:

- Areas for quality improvement around weight management and smoking are already included in quality standards QS22 on [antenatal care](#), QS37 on [postnatal care](#) and QS43 on [smoking cessation](#).
- Areas for quality improvement around maternal mental health are covered in QS115 on [Antenatal and postnatal mental health](#).
- Areas for quality improvement around vaccination and immunisation strategy will be followed up as part of the forthcoming quality standard on vaccine uptake in the general population.
- NICE has published a quality standard on [diabetes in pregnancy](#) (QS109). Suggestions around other related conditions will be covered in the scope of quality standards about those conditions.

Appendix A: stakeholder topic engagement submissions

<i>ID</i>	<i>Type</i>	<i>Stakeholder</i>	<i>Key area for quality improvement</i>	<i>Why is this important?</i>	<i>Why is this a key area for quality improvement?</i>	<i>Supporting information</i>
1	SH	Association of Catholic Nurses England and Wales	Key area for quality improvement 1	There is poor access in many instances to support services such as healthy minds . There is also often a lack of childcare or crèche facilities where services are provided that frequently prevent attendance at appointments..	Health visitors are aware that where mental health support services were available locally in childrens' centres with onsite crèche availability funding cuts have resulted in Healthy Minds and similar services no longer being commissioned into childrens centre service provisions.	
2	SH	Association of Catholic Nurses England and Wales	Key area for quality improvement 2	Depressed women may be reluctant through low self esteem depression and associated low motivation to access local services so health services may need other partners such as family support workers on board to sufficiently encourage mothers to attend or to accompany them to a local group . Some will not access local services if they feel they are going to be stigmatised . Mothers who have excessive weight gain due to pregnancy or anti-depressant medication are particularly at risk of low self esteem which may affect their ability to engage with local services.	By re-establishing or providing more mental health support services in childrens' centres community engagement could be improved as it is easier for mothers to be able attend without feeling stigmatised and to have family support workers based there on board to provide extra help and support around attendance at these meetings . Child care is often a concern and the availability of a crèche in Childrens' centres is also another positive factor towards extending services within childrens' centres. Corporate funding for nursery time children less than 3 years also needs to be more easily available to mothers with depression to enable those that need a break to be more easily able to get one.	
3	SH	South West Yorkshire Partnership NHS Foundation Trust	3.1 Population and topic to be covered This quality standard will cover women who are planning a pregnancy, are pregnant or who have had a baby in the past 2 years.	I believe this is looking at health promotion. One way of looking at this is by addressing what is commonly termed primary, secondary and tertiary prevention: Primary prevention aims to prevent disease or injury before it ever occurs. This is done by preventing exposures to hazards that cause disease or injury, altering unhealthy or unsafe behaviours		

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			<p>It will look at community-based strategies to promote maternal health. The main focus is likely to be around weight management and stopping smoking in pregnancy. Areas to be excluded can be found in section 3.3, as they have already been covered in other quality standards.</p>	<p>that can lead to disease or injury, and increasing resistance to disease or injury should exposure occur.</p> <p>Weight management and stopping smoking are both important primary prevention measures, although in many cases it will also come under secondary prevention because damage has already occurred. Any interventions need to be specific to mothers, not expecting mothers to take part in those interventions that are open to all. Mums often cannot get to those settings because of the demands of young children.</p> <p>Any interventions should take part in the services that are already in place to support mothers, especially those that have access to crèche facilities. For example, running clinics, advice centres, and group sessions in childrens' centres.</p> <p>Prenatally, mums should be offered primary prevention options as part of their pregnancy booking and midwifery care / antenatal classes, with written guidance as to where they can receive this type of help.</p> <p>Specifically, with regard to mental health prevention, mums to be should receive written information explaining the increased risk of mental health problems shortly after birth and for the following 12 months. This should include a brief summary of what those difficulties might be and where to go / who to ask for help from, should they occur.</p>		

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				<p>This should also specify that asking for help should not be seen as failure, and that often it is mums who don't ask for mental health support that are the ones who run into difficulties.</p> <p>There appears to be a glaring omission in not including substance misuse alongside weight and smoking. Mums with postnatal mental health problems associated with substance misuse are a very significant at risk group, both in terms of morbidity and mortality, both from physical and mental health causes.</p> <p>Mental health, substance misuse and midwifery services should aim to set up jointly run antenatal clinics to screen for mental health difficulties and those at high risk of developing them postnatally.</p>		
4	SH	South West Yorkshire Partnership NHS Foundation Trust		<p>Secondary prevention aims to reduce the impact of a disease or injury that has already occurred. This is done by detecting and treating disease or injury as soon as possible to halt or slow its progress, encouraging personal strategies to prevent re-injury or recurrence, and implementing programs to return people to their original health and function to prevent long-term problems.</p> <p>Specifically with regard to postnatal mental health problems, often this leads to a mum becoming isolated and not keeping up with all the other mums they know from antenatal classes. They don't feel they are doing "as good a job as the other mums", leading to a cycle</p>		

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				<p>of poor confidence, loss of self esteem and depression. They cannot access lots of the social groups that healthy new mums can access. They should be offered access to support groups specifically for mums with postnatal mental health problems. Also, they should be offered transport to these groups, especially if they live in rural locations, because otherwise they can be significantly discriminated against simply by where they live.</p> <p>They should be offered online peer support that is moderated by people who have recovered from postnatal mental health problems.</p> <p>If there is evidence of a postnatal mental health problem, primary care, IAPT and secondary services must have reduced thresholds for accepting their care. Professionals working with women in this age group should be offered perinatal mental health awareness training appropriate to their professional role. CCGs should commission specialist community perinatal mental health services to take a lead on this training. Those with lived experience could well assist with such training.</p>		
5	SH	South West Yorkshire Partnership NHS Foundation Trust		Tertiary prevention aims to soften the impact of an ongoing illness or injury that has lasting effects. This is done by helping people manage long-term, often-complex health problems and injuries (e.g. chronic diseases, permanent impairments) in order to improve as much as possible their		

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				ability to function, their quality of life and their life expectancy.		
6	SH	The Royal College of Midwives	Key area for quality improvement 1 Advice about pregnancy spacing	To ensure that births are not too close together particularly if they have had a caesarean last time.	Not all women are being offered this information	
7	SH	The Royal College of Midwives	Key area for quality improvement 2 Women should have their glycosylated haemoglobin (HbA1c) assessed prior to pregnancy to ensure optimum glucose management at conception.	This is in the NICE guideline for type 1 diabetics	There appears to be considerable variability in practice.	
8	SH	The Royal College of Midwives	Key area for quality improvement 3 Use of the additional folate for women with a family history of neural tube defects and those with diabetes.		There appears to be considerable variability in practice.	
9	SH	The Royal College of Midwives	Key area for quality improvement 4 The preconception assessment of medications by the GP for women with	Women should ideally stop taking sodium valproate as this causes fetal anomalies	There appears to be considerable variability in practice.	

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			long term conditions such as epilepsy, existing mental health disorders etc.			
10	SH	The Royal College of Midwives	Key area for quality improvement 5 Discussion about alcohol intake.	All pregnant women should be clear that they should avoid alcohol as a precaution.	Not all women are being offered this information	
11	SH	Sheffield City Council	Key area for quality improvement 1 Pre-conception care	Evidence of local arrangements to ensure women have access to effective peer to peer support programmes for both smoking and weight management which support behaviour change and prevent relapse. Ensure that at every point there is opportunity for people to encourage women and their partners to stop smoking and reduce their weight prior to becoming pregnant.	More emphasis is required on pre conception care and the need for people considering pregnancy to make healthy changes where possible before getting pregnant	NHS evidence (NICE). Clinical knowledge summaries: pre-conception—advice and management—management. Which scenario? Secondary clinical knowledge summaries: pre-conception—advice and management—management. Which scenario? http://www.cks.nhs.uk/pre_conception_advice_and_management/management/which_scenario
12	SH	Sheffield City Council	Key area for quality improvement 2 Effective evidenced based Peer to Peer support	Awareness of the services that exist to refer people in for support and where possible if there is the opportunity for peer support this should be encouraged.	Women receive on-going intensive support postpartum using effective behaviour change techniques to prevent relapse back to smoking and/ or weight gain from community based practitioners/frontline workers. Women are signposted to services and community groups as appropriate. Support can be made available via new technology based interventions including virtual social media support and text groups.	As outlined in NICE PH guidelines 47 and 48.
13	SH	Royal College of Nursing	This is just to let you know that there are no comments to submit on behalf of the Royal College of Nursing in relation to the stakeholder engagement exercise for the Maternal health: promoting maternal health through community based strategies quality standard.			
14	SH	NHS England	Key area for quality improvement 1 Community Based Strategies- Drug and Alcohol.	What about community based strategies regarding alcohol consumption and recreational drug use?	These are both factors that can significantly influence both mother and baby outcomes from pregnancy.	

