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NCT Document Summary: Pathways for Maternity Care

*Pathways for Maternity Care*¹ was published by NHS Quality Improvement Scotland in March 2009. It is part of the Keeping Childbirth Natural and Dynamic (KCND) programme, which has been developed to support the multi-professional team to implement the principles outlined in the *Framework for Maternity Services in Scotland*², which states that pregnancy should be midwife-managed and woman-centered. The Pathways aim to facilitate ongoing risk assessment and to ensure evidence-based care by the appropriate professional for all women accessing maternity care across Scotland. The ethos of the Pathways is that pregnancy and childbirth are normal physiological processes and unnecessary intervention should be avoided. This document¹ provides a summary of the Pathways and also offers an NCT comment.

The philosophy of the Pathways

A key principle of the Pathways is the right of pregnant women to be provided with current evidence-based information and to be involved with decisions regarding their care and that of their baby. The Pathways state that good communication between the multi-professional team and women is essential. Women and their families should be treated with respect, dignity and kindness with their views and beliefs being sought and respected at all times.

The following principles are outlined in the Pathways to enable midwives to deliver maternity care that embraces normality:

- The way midwives practice protects and maintains normality.
- The midwife is the lead professional for healthy women with uncomplicated pregnancies.
- There is consistent high quality communication with women, providing relevant information at appropriate times.
- Discussion with all women is facilitated to enable them to make decisions regarding care and birth preferences, including place of birth and to encourage women to document these preferences in their handheld record.
- Women are supported to take a central, active role in their own care during pregnancy, labour and the postnatal period.

¹ NCT document summaries present a précis of the content or main messages in documents published by government, research organisations, parliament, etc with relevance to maternity care, the transition to parenthood and life with a baby or toddler. The language is usually taken directly from the source document so it is not the view or policy of the NCT. Comment from the NCT is provided labelled clearly in a separate section or sections.

- There is recognition of the impact of inequality and social exclusion on health and it is ensured that appropriate information, support and referral are provided to all women based on need.

The Pathways

There are three Pathways that a woman can take during pregnancy, birth and the postnatal period.

- **Green** is for healthy women with uncomplicated pregnancies who will be offered a midwife as their lead professional. It should be acknowledged, however, that a woman may still choose to see her GP and/or obstetrician.
- **Amber** care is for women who require assessment. She may have a potential medical, obstetric or social risk factor that requires the appropriate health professional to give further assessment and/or support. Following assessment women may return to the green pathway, but also may move to the red pathway.
- **Red** is for women with significant medical or obstetric factors that should have a consultant obstetrician as their lead professional, who would share care with other professionals such as midwives, anaesthetists, and neonatologists, for example.

At any point during pregnancy, birth and the postnatal period, women can move between different care packages, in both directions, depending on their needs.

The Pathways cover the different principles that should govern caring for women at different stages from early antenatal care through to the postnatal period. The principles are the same for women in the green, amber and red pathways. The Pathways state that midwives' belief in physiological birth should be explicit in their approach to **antenatal care**. Continuity of carer should be encouraged, as should woman's self-belief and confidence around normal birth. Extra support may be required for the promotion of a normal birth. Women can be given additional one-to-one time, be referred to community networks, planned peer support, Allied Health Professionals e.g. physiotherapists, dietician, and counselling services as appropriate.

In the **first stage of labour**, for example, the birth environment should be relaxed and private, with one to one support from a midwife and the facility to eat and drink as desired. Intervention should be kept to a minimum; routine amniotomy should be avoided, vaginal examinations are not required unless slow progress is suspected and there is no evidence to support admission CTG in healthy women with no complications. Local guidance on waterbirth, if labouring in water, should be referred to.

The same principles about birth environment and one to one support applies in the **second stage of labour**, but women should also ensure they are well hydrated and adopt upright positions where possible. There should be non-directed pushing and timings need not be applied rigidly. Checks on the labouring woman's temperature and blood pressure should be conducted but as in the first stage of labour, vaginal examination is only required if there are not obvious signs of progress.

Informed maternal consent should be a principle of both **physiological and active third stage of labour**. With a physiological third stage, the cord should not be cut and clamped unless clinically indicated. The fundus should not be interfered with and the cord should not be pulled. A physiological third stage should be complete within 60 minutes, thereafter active management is recommended.

Postnatal care should be planned to ensure continuity of care. A documented plan should be individualised for each mother and baby. The emphasis should be on practical advice and information on pain management, signs and symptoms to look out for, infant feeding, social networks and coping strategies.

NCT Comment

The NCT welcomes the new Keeping Childbirth Natural and Dynamic (KCND) *Pathways for Maternity Care*. The charity has been involved in developing the programme from the outset and is pleased to see women centred care at the heart of maternity provision in Scotland. We are particularly pleased that the Pathways endorse pregnancy and childbirth as normal life events where care should be centred on midwives delivering care to healthy women and unnecessary interventions are avoided. The NCT has been instrumental in the programme's delivery, and we are delighted that KCND will now make it easier for women with a straightforward pregnancy to go directly to a midwife if they choose to. Family doctors will continue to be available for any health problems – we know that many women value continuing a relationship with their GP.

The NCT welcomes the fact that all women, no matter what their care needs are, can be cared for through the Pathways. We welcome that that Pathways can be adjusted around any changes in women's care needs, as women can freely move, in both directions, between the risk assessment categories. The NCT particularly welcomes that normality is used as a benchmark for care for all women and that pregnancy and childbirth are recognised as normal physiological processes and unnecessary intervention should be avoided.

The NCT has been lobbying for midwives to have a higher profile, and to be available as the first point of contact for pregnant women, since the 1990s, as women often report disappointment with their first visit to a health professional in early pregnancy. This is partly because women have a lot of questions about pregnancy and looking after themselves and partly because they want reliable information about the choices available for their pregnancy care and care at the time of their baby's birth. Women need to see someone who is knowledgeable and up to date on all of these issues and midwives are ideally placed to discuss up to date pregnancy care and explain the choice options.

References and further sources of information:

You can find out more about Keeping Childbirth Natural and Dynamic and the Pathways for Maternity Care on the NHS Quality Improvement Scotland website
<http://www.nhshealthquality.org/nhsqis/4517.145.1123.html>

References:

1. NHS Quality Improvement Scotland. *Pathways for maternity care*. NHS QIS; 2009. Available from: <http://www.nhshealthquality.org/nhsqis/4587.html>
2. Scottish Executive. *A framework for maternity services in Scotland*. Scottish Executive: Edinburgh; 2001. Available from: <http://www.scotland.gov.uk/library3/health/ffms-00.asp> ;
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The NCT wants all parents to have an experience of pregnancy, birth and early parenthood that enriches their lives and gives them confidence in being a parent.

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