Aim Statement:
Within 6 months, 40% of women attending Tweed and Murwillumbah Antenatal Clinics will accept referrals to Get Healthy in Pregnancy for information and coaching on healthy lifestyle choices to prevent excessive weight gain in pregnancy.

A problem worth solving:
Overweight and Obesity and Excessive Gestational Weight Gain (EGWG) are key risk factors for stillbirth and a number of serious medical problems for mother and baby.

Women with EGWG stay on average 20% longer in hospital. This translates to an extra day in hospital for every 1 kg increase in EGWG (and importantly, this estimate is independent of maternal factors, pregnancy complications, birth weight and mode of delivery).

Team members
Sponsors (Guidance Team) members:
Vivien Rose, Executive Director Allied Health and Integrated Care
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Project team members:
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Justine Sadataio, Midwife, Senior Project Manager – Get Healthy in Pregnancy

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Affiliates:
Childbirth Education
Get Healthy in Pregnancy

Primary Drivers
midwives ask every pregnant woman if they can refer them to GHIP at ...
“Booking in”
Childbirth Education

Secondary Drivers
midwives understand the importance and value of GHIP and that it is not targeting only those women who are above the healthy weight

Policy Training

Proportion of pregnant women referred to GHIP

Results
Outcome measures: pre (March) and post (April – Nov) intervention.

Structure

Discussion:
The outcome measure is the proportion of referrals accepted by women and sent to GHIP service by email or fax. Numerator = number of referrals received by GHIP service for that month. Denominator = number of births at that facility in 2016 for that month. The intervention (blue) line is the proportion in Murwillumbah and Tweed Hospitals. The control (green) line is the other maternity hospitals and clinics in NNSWLHD. The pink line is the Key Performance Indicator in the NNSWLHD Service Agreement. Since the first PDSA, the proportion of pregnant women seen in intervention antenatal clinics and referred to GHIP has increased substantially with a median of 36% (May – November) while the control sites had a median of 5% for the same period. The peak in July in both intervention and control is likely to be as the result of a backlog of referrals which were not processed in June because of GHIP supplier data entry issues.

Process Measures:
Most PDSSAs were implemented in the first few months of the project. Antenatal clinics now report routinely offering referral to GHIP to all women however the recent dip in the number of referrals received by the Ministry of Health from Tweed Hospital needs investigating.

Balancing Measures:
Initially, there was a problem of Queensland residents who were referred to the program not being counted as referrals even though they were referred from a NSW Hospital and received the service. This was the balancing measure but was corrected by July 2018.

Overall Outcome of Project:
The aim of having 40% of pregnant women referred to GHIP within 6 months was achieved (42% at 6 months – October, 2018) but the drop in November needs to be investigated and efforts need to be sustained to ensure referral to GHIP becomes routine. Since the intervention, 256 women have received advice and coaching support for healthy weight gain in pregnancy in the target site compared to 62 in control sites.

Plans to sustain change:
Standardisation: a) Asking Maternity Staff how we can help them implement any new policy will be a standard approach from now on and b) Routine offer of referral to GHIP for all pregnant women across the LHD

Monitoring and documenting: Referrals will continue to be monitored and reported as this is a KPI in the service agreement

Training: 12 Health Promotion Officers have been trained in Improvement Science approach.

Plans to spread/share change:
The project will be rolled out to other hospitals in the LHD and has been shared with two other LHDs at their request. It will also be shared on the ACI Information Exchange and submitted for a Quality Award with NNSWLHD in 2019.

Link to National Standard (NSQHS)
3. Comprehensive care
5.4 The health service organisation has systems for comprehensive care that:
- Support clinicians to develop, document and communicate comprehensive plans for patients’ care and treatment
- Provide care to the patient in the setting that meets their clinical needs
- Ensure timely referral of patients with special healthcare needs to relevant services

Literature review