

Target areas

Valuing people's time

Streamlining services and systems to avoid waste

Examples: Tackling delayed discharge, scheduling of appointments, decreasing travel to appointments

Supporting informed choices

Providing relevant information and support so that people can successfully access/implement the choices that are best for them

Examples: Linking into local voluntary provision, access to pain relief, better access to translation services, culturally relevant support, being explicit about sustainability choices e.g. bounty packs

Pelvic health and continence

Tackling the long-lasting effects of poor continence following childbirth

Examples: Promotion of ante-natal pelvic health guidance, access to specialist services, improvement to perineal tear care

Infant feeding

Meeting the unmet need of those who want to breastfeed but lack appropriate support

Examples: improved systems for supporting people in their feeding choices including peer support, culturally relevant nutritional support

Complex pregnancies

Improved systems for those with additional care needs or complications

Examples: hypertension pathway improvements, new ways of monitoring, reducing travel to appointments

Access and experience for people who experience worse maternity outcomes

Focusing resource and/or re-designing systems to cater for those that the system has underserved before

Examples: Improvement of services for people living in deprived communities, black and Asian people, and young mothers and birthing people

Listening to women and birthing people

Reducing waste and improving outcomes by involving people in their own care, co-designing services, and utilising third sector support

Examples: More say for people in how and where they access care, processes that value their voices

We believe that by focusing Quality Improvement and service re-design projects around these target areas, maternity care can become more equitable and sustainable. These target areas overlap and many projects will tackle several at the same time.

For all improvement work the outcome and experience of the people using the services is key. These should be maintained or improved, in particular for people who are underserved by the status quo.