Maternity Audit Indicators

The Working Party produced 30 standards for maternity care. To facilitate implementation each standard sets out specific audit indicators.

All the audit indicators have been collated in this document to assist self-assessment and action planning. The process of audit against these standards will act as one of a series of indicators of safety. Maternity services are advised to identify a selection of audit indicators most appropriate to their service. Thresholds should be set locally to prioritise those areas identified as most in need of improvement. There is no overall timescale for implementation but it is anticipated that the standards will be an integral part of the audit and commissioning process. Where high standards are not achieved, data from audit may provide evidence to support a business case for additional resources.

List of standards and audit indicators

STANDARD 1: Looking forward to pregnancy

Documentary evidence of:
- a multi-agency strategy for local health promotion for pregnancy
- availability of healthy lifestyle literature in sexual health clinics, general practice surgeries, pharmacies and schools
- availability of midwives’ contact details in the public domain (for example, telephone helpline, advertisements in pharmacies, GP surgeries and public places)
- percentage of pregnancies which were planned (recorded at booking assessment)
- percentage of women taking folic acid at conception (recorded at booking assessment)
- percentage of women with health and social care needs assessment completed by 12 weeks + 6 days of gestation (recorded retrospectively after dates confirmed)
- percentage of women accessing prepregnancy care in the community
- percentage of women receiving smoking cessation support before this pregnancy.

STANDARD 2: Prepregnancy care for women with existing medical conditions or significant family or obstetric history

Documentary evidence of:
- access to multidisciplinary prepregnancy services, such as prepregnancy clinics (secondary care)
- percentage of women with existing medical conditions who have received prepregnancy care (and recorded in booking assessment)
- percentage of diabetic and mothers with epilepsy provided with a higher dose of folic acid supplementation (and recorded in booking assessment)
- percentage of midwives trained to provide prepregnancy counselling.

STANDARD 3: Access to maternity care

Documentary evidence of:
• a maternity strategy in place that takes into account changes in the profile of the local population
• choice of place to see midwife for booking (survey of women)
• a professional lead for organisation of services for teenage pregnancies
• availability and uptake of translation, interpreting and advocacy services that are reflective of the requirements of the local pregnant population
• percentage of women seen by a midwife before 10 weeks of gestation, by ethnic origin
• percentage of women not booked by 12 weeks + 6 days of gestation, by ethnic origin, and record of the reason.

STANDARD 4: Early pregnancy services
Documentary evidence of:
• guidelines and an algorithm for the pathway of care for women presenting with problems in early pregnancy
• audit of women’s choice and uptake rates of medical, surgical and conservative management of miscarriage and ectopic pregnancy
• a minimum of 5-day clinic opening and appropriate prompt weekend arrangements
• patient satisfaction survey of care in EPAU
• audit of algorithm of patient care (such as rate of failed diagnoses/year following opportunity for diagnosis in EPAU, number of ruptured ectopic pregnancies/year following opportunity for diagnosis in EPAU, number of visits to establish confirmed diagnosis, appropriate use of anti-D prophylaxis, chlamydia screening).

STANDARD 5: Maternity booking and planning of care
Documentary evidence by case note review and questionnaire of women of:
• information provided concerning pregnancy care and options available
• percentage of women with two visits and risk and needs assessment by 12 weeks + 6 days of gestation
• percentage of women with documented plan of care by 12 weeks of gestation
• percentage of women after the booking appointment knowing the name of their named midwife and contact numbers
• percentage of women booked for midwifery care
• percentage of women booked for team-based care.

STANDARD 6: Pre-existing medical conditions in pregnancy
Documentary evidence of:
• multidisciplinary joint clinics (such as joint diabetes/antenatal clinic)
• percentage of women with a pre-existing medical condition who are assessed by a consultant obstetrician
• percentage of women with a pre-existing medical condition who are seen by an appropriate multidisciplinary team
• percentage of women with a pre-existing medical condition who have a documented plan of care.

STANDARD 7: Women with social needs
Documentary evidence of:
• written inter-agency arrangements, including protocols for care of women from disadvantaged groups
• written evidence of local strategies to engage hard to reach women
• appointment of lead professionals, such as specialist midwives, for substance abuse, disability, teenage pregnancy and identification of their working relationships with key agencies where indicated
• the availability and uptake of translation, interpreting and advocacy services
• individual plans of care for women with identified social needs
• a multi-agency care pathway for women at risk of or suffering domestic abuse.

STANDARDS 8: Pre-existing and developing mental health conditions in pregnancy
Documentary evidence of:
• local joint working arrangements within a perinatal mental health network
• information given to women at risk of or developing mental health problems in pregnancy
• percentage of staff trained in mental health issues
• percentage of maternity case notes recording that women are asked about family and personal history of mental health problems
• percentage of at-risk women who received prepregnancy counselling
• percentage of at-risk women with a written plan of care from booking.

STANDARD 9: Antenatal screening
Documentary evidence of:
• appointment of screening coordinator and status
• training of maternity staff in current antenatal screening guidelines
• number of attributes tested on fetal anomaly scan
• percentage of eligible women (that is, booking before 20 weeks of gestation) offered screening for Down syndrome
• percentage of eligible women accepting screening for Down syndrome
• percentage of women reporting being offered information and choice about antenatal tests and screening (survey of women)
• percentage of blood screening results available within 7 days
• percentage of amniocentesis or chorionic villus sample tests for Down syndrome that were negative
• pregnancy loss rate after amniocentesis.
STANDARD 10: Routine antenatal care
Documentary evidence of:
• referral pathways for women with complex pregnancies
• average number of antenatal checks for multiparous and primiparous women
• evidence of involvement of partners in antenatal care
• availability of antenatal education
• percentage of women with explicit plan of care
• percentage of women after booking appointment knowing the name of their named midwife and contact numbers
• percentage of women seeing mostly the same midwife throughout pregnancy (for example, 75% of visits)
• percentage of women with hand-held notes following booking appointment.

STANDARDS 11: Pregnancy-related conditions
Documentary evidence of:
• local protocols for care when complications arise
• audit of appropriate and timely referral and access for women who develop complications
• existence of guidelines for the management of pregnant women in the accident and emergency department and clear escalation policies for the involvement of maternity staff
• local arrangements for transfer to intensive care and guidelines for identification of the lead clinician
• local development of early warning chart for critical illness
• percentage of women referred to obstetricians during pregnancy
• percentage of women referred back to midwifery care following an isolated obstetric consultant care episode
• percentage of pregnant women attending an accident and emergency department assessed in person or by telephone by maternity staff
• percentage of women with complications where consultant was informed and involved in decision-making (case note review).

STANDARD 12: Intrapartum care
All birth settings should audit childbirth outcomes, evaluating annually linked clinical care, any changes or trends.

Documentary evidence of:
• staffing levels (obstetric, midwifery, anaesthetics)
• percentage of staff trained in obstetric emergency skills
• percentage of births by location
• percentage of women receiving one-to-one midwifery care throughout labour and delivery
• percentage of mothers with a medical problem known to the obstetric team who arrived on labour ward having had an anaesthetic consultation during pregnancy
• percentage of women who were attended by the anaesthetist within 30–60 minutes of requesting epidural analgesia
• percentage of occasions the anaesthetist attends within an appropriate period of time [locally determined] and without compromising the care of a patient elsewhere
• percentage of singleton breech where external cephalic version was attempted
• percentage of women with episiotomy or tear sutured within 1 hour
• percentage of primiparous women having a caesarean section
• percentage of vaginal births after caesarean section
• percentage of women with postpartum haemorrhage of 2500 ml or more
• percentage of cases in theatre with a suitably trained anaesthetic assistant present
• percentage of women in whom the fetal heart rate is monitored during initiation of a regional nerve block and until the skin preparation
• percentage of caesarean sections for fetal distress or maternal emergency in which the decision to delivery interval is over 30 minutes.

STANDARD 13: Neonatal care and assessment
Documentary evidence of:
• named consultant paediatrician with responsibility of neonatal care
• implementation of policies to avoid separation of mothers and babies
• guideline for management of babies at high risk of hypoglycaemia
• audit of avoidable admissions to SCBU
• percentage of women receiving personal child record antenatally
• percentage of maternity staff who have had training in neonatal examination techniques
• percentage of baby examinations carried out by midwives
• percentage of babies who have received the newborn infant and physical examination within 72 hours of birth
• percentage of recorded postnatal plan of care including details of care for the baby
• percentage of bloodspot tests taken at 5–8 days
• percentage of blood spot tests taken that were of high enough quality for testing.

STANDARD 14: Postnatal assessment and care of the mother
Documentary evidence of:
• choice in place of postnatal care
• availability of home visits for postnatal care
• average number of postnatal contacts with midwife after going home
• percentage of women with documented and comprehensive postnatal plan of care
• percentage of women who know the name of the lead professional responsible for their care in the postnatal period
• percentage of women admitted or readmitted within 2 weeks of delivery and reasons
• percentage of women receiving information on contraception within 2 weeks of delivery.

STANDARD 15: Supporting infant feeding
Documentary evidence of:
• audit against UNICEF/WHO Baby Friendly recommendations
• written breastfeeding policy
• appointment of a designated breastfeeding coordinator
• annual percentage increase in women initiating breastfeeding
• arrangements for 24-hour access to advice for support in infant feeding
• readmission rate of neonates with a diagnosis of dehydration or hypoglycaemia
• percentage of mothers intending to breastfeed at birth, initiating breastfeeding and still breastfeeding at 6–8 weeks postpartum
• percentage of women achieving skin-to-skin contact within the birthing environment
• percentage of women reporting good advice, help and support on infant feeding.

STANDARD 16: Care of babies requiring additional support
Documentary evidence of:
• policies to avoid separation of mothers and babies
• guidelines for postnatal care, including surveillance for infection and jaundice
• guidelines for diagnosis and management of hypoglycaemia and sepsis in babies
• admission rates to neonatal care for symptomatic hypoglycaemia
• readmission rates for poor feeding and dehydration
• readmission rates for hypernatraemic dehydration
• readmission rates for neonatal jaundice.

STANDARD 17: Care of babies born prematurely
Documentary evidence of:
• number of inappropriate in utero or neonatal transfers, such as level III to level III transfers
• number of transfers out of an agreed network
• percentage of preterm babies (born at less than 35 weeks of gestation) whose mothers received antenatal steroids
• percentage of babies born at less than 30 weeks of gestation whose temperature on admission was less than 36ºC
• percentage of babies born at less than 30 weeks of gestation who required artificial ventilation who were not offered surfactant
- percentage of babies born at 34–37 weeks of gestation who are admitted to the neonatal unit rather than being cared for in an appropriately staffed area of the maternity unit.

**STANDARD 18: Promotion of healthy parent-infant relationships**

Documentary evidence of:

- information available to women and their families about parent–infant relationships
- number of mothers receiving personal child health record prior to discharge from midwifery care
- quality of formal handover between midwife to health visitor (specialist community public health nurse, SCPHN)
- percentage of notes confirming appropriate transfer of records to community care and then to the health visitor (SCPHN).

**STANDARD 19: Transition to parenthood**

Documentary evidence of:

- local provision of information given in the postnatal period and examples
- protocols concerning written communication; in particular, about the transfer of care between clinical sectors and healthcare professionals
- percentage of women receiving personal child health record antenatally
- percentage of notes with documented postnatal plan of care
- percentage of women knowing the name of lead professional in the postnatal period
- percentage of postnatal records with documentation of transfer out of midwifery care.

**STANDARDS 20: Supporting families who experience bereavement, pregnancy loss, stillbirth or early neonatal death**

Documentary evidence of:

- policies relating to maternal loss, early or mid pregnancy loss, stillbirth or neonatal death
- availability of a dedicated bereavement coordinator, usually a specialist midwife
- dedicated facilities for grieving families
- policy for sensitive disposal of fetal tissue
- percentage of GPs and community midwives notified within 1 working day of a stillbirth or neonatal death
- percentage of women offered postmortem examination of their baby and percentage of these who accept the offer
- percentage of postmortem reports available to the lead clinician within 6 weeks.

**STANDARD 21: Choice and appropriate care**

Options and alternatives for place and type of care are available in all services but true assessment of choice within the available services depends on the woman’s perception and will require surveys of women to evaluate.

Evidence of:
- percentage of women always given information or explanations needed, and involved in decisions during antenatal care
- percentage of women always given information or explanations, and involved in decisions during labour and birth
- percentage of women given a choice at the start of pregnancy of where to have their baby
- percentage of women having a home birth
- percentage of women offered information in advance of screening tests
- percentage of women given choice of where antenatal and postnatal check-ups took place
- percentage of women receiving pain relief of their choice
- percentage of women with breech presentation at term offered external cephalic version.

**STANDARD 22: Communication**

Documentary evidence of:
- follow-up of complaints relating to communication
- policies and working practices that clearly demonstrate that personal handover of care takes place with adequate time for discussion
- percentage of mothers receiving antenatal education on analgesia and anaesthesia
- percentage of mothers for whom written or verbal consent for an anaesthetistic intervention in labour has been documented
- percentage of women reporting that they were treated with respect, kindness and understanding by healthcare professionals
- percentage of women reporting that they were fully informed about choices in maternity care
- percentage of women reporting they were fully involved in the decisions made during the course of their pregnancy, birth and as new parents
- percentage of women offered information in a language or format they could understand
- percentage of non-English speaking women who were satisfied with translation and advocacy services
- percentage of women who have discussed their experience of pregnancy and birth with a midwife postnatally.

**STANDARD 23: Training and professional competence**

Evidence of:
- percentage of maternity staff who are trained on how to communicate information in an effective and sensitive manner
- percentage of midwives who have up-to-date skills and knowledge to support women who choose to labour without pharmacological intervention, including supporting women in the use of birthing pools
- percentage of midwives who are able to support women to labour and deliver in the position of their choice
• percentage of maternity professionals who have had training in obstetric complications and emergencies (such as cardiac arrest and haemorrhage)
• percentage of maternity professionals who have had annual update training from anaesthetic staff, particularly those who care for women with epidural anaesthesia
• percentage of maternity professionals who are trained in recognising significance of past serious psychiatric history and domestic abuse
• percentage of maternity professionals who are trained in mental health issues
• percentage of maternity professionals who are trained in current antenatal screening guidelines.

STANDARD 24: Documentation and confidentiality
Documentary evidence of:
• audit of record keeping conducted annually
• availability of facilities where confidential matters may be shared with women/families
• percentage of women carrying hand-held maternity records by the 12th completed week of pregnancy
• percentage of personal child health records received antenatally.

STANDARD 25: Clinical governance
Documentary evidence of:
• a risk management strategy
• staff involvement in risk management; for example, percentage who have completed incident forms and had feedback (staff questionnaire)
• staff knowledge of and availability of up-to-date clinical guidelines
• compliance with guidelines (notes review, obstetric review meeting records)
• trend analysis; for example, use of the Maternity Dashboard
• appropriate professional taking consent (notes review)
• clinical audit with topics, action plans, reaudit and documentation to show improvement in outcome or care
• multiprofessional attendance at obstetric case review and audit meetings
• complaints procedure and timely response
• confirmation of referrals to the Confidential Enquiry into Maternal and Child Health, National Patient Safety Agency and UK Obstetric Surveillance System
• evidence of participation in local safeguarding children board reviews.

STANDARD 26: Development, implementation and review of local maternity services strategy
Documentary evidence of:
• the existence of an up-to-date, local maternity services needs assessment
• a strategy developed in partnership with local users of services
• the existence of an effective multidisciplinary services forum (such as an MSLC)
• number of forum meetings held in past year
• number of maternity services representatives on forum
• expenses paid to forum members
• annual report produced and shared with board within the previous year
• percentage of women offered a home birth
• percentage of births under midwifery care
• percentage of women cared for by one midwife during labour and delivery
• percentage of forum composed of patient and primary care representatives and stakeholders.

STANDARD 27: Maternity and neonatal networks
Documentary evidence of:
• the existence of a maternity and neonatal clinical network
• multidisciplinary input and appropriate referral in complex cases, such as a retrospective case note review
• a record of all transfers and transfer requests
• agreed pathways of care and standardised protocols and guidelines
• records of time from decision to transfer to time transfer takes place and reasons for delay if appropriate
• number of transfers out of an agreed network
• number of inappropriate in utero or neonatal transfers, such as level III to level III transfers
• percentage of women transferred in labour or after delivery to a different service within or outside the network.

STANDARD 28: Child protection and safeguarding babies
Documentary evidence of:
• a lead midwife within the service with responsibility for child protection
• percentage of maternity service staff with current Criminal Records Bureau checks
• percentage of Criminal Records Bureau checks that have been reviewed in the last 3 years
• percentage of maternity service staff who have received level 1 and 3 child protection training in the previous year
• percentage of clinical and non-clinical staff with contact with parents and babies that have received level 2 child protection training prior to contact
• percentage of clinical and non-clinical staff with contact with parents and babies that have received level 2 child protection training every 3 years.

STANDARD 29: Infection prevention and control
Documentary evidence of:
• specific policies in **Standard 29.2** relating to prevention of healthcare-associated infections
• induction programme for all new staff that includes prevention and control of infection
• policy relating to infection control and the use of birthing pools
• infection rates and trends: maternal and newborn
• length of stay and readmission rates due to infection.

**STANDARD 30: Staffing**

Documentary evidence of:

• named lead consultant obstetrician, lead obstetric anaesthetist and a paediatrician with interest in neonatal care
• multiprofessional teams and named specialist midwives for specific conditions
• policy for midwives accompanying women who transfer to or from unit
• ratio of midwives to mothers
• 40-hour dedicated consultant cover on labour ward
• consultant obstetrician presence on labour ward (hours/week) and evidence of ward rounds
• percentage of maternity care staff with up-to-date adult and neonatal resuscitation training
• percentage of baby checks undertaken by specially trained midwives
• percentage of midwives reporting working in a well-structured team environment
• percentage of women with the same named midwife for antenatal and postnatal care
• percentage of women left alone during labour or shortly after the birth
• percentage of emergency caesarean sections with consultant present in theatre
• percentage of parents seen by consultant within 24 hours of baby’s admission to neonatal care
• percentage of women seen by anaesthetist prior to elective regional anaesthesia.

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