

Development of a Maternal Medicine and MS service

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Background and Aims

The average demographic for diagnosis with Relapsing Remitting MS (RRMS) in the UK is women aged thirty. When this is considered alongside evidence from the Office for National Statistics (2016), which shows that the average age for a woman to have her first baby is 28.6 years, it is easy to glean that for many women who are diagnosed with RRMS, pregnancy will be an important factor for them to consider. Past research has demonstrated that women with MS are able to experience the same journey through pregnancy as those without the condition (Bove et al 2014, Bennet 2005).

It has therefore often been the case that women with MS are not given an increased amount of support whilst pregnant, nor equipped with a management plan for the postnatal period. Following a patient complaint made to the Midwifery team that her MS was not taken into account when planning or delivering her care the Maternal Medicine Midwife contacted the MS nursing service to discuss how the identified need could be met. The NICE guidelines for MS (2014) promote the importance of women having the opportunity to discuss their MS care within the concept of pregnancy. It was decided to trial running a combined MS/Maternal Medicine clinic modeled on the Epilepsy /Maternal Medicine clinic which is an existing service. The aim of the service is to provide an opportunity to discuss and develop a comprehensive management plan for labour and the immediate post natal period.

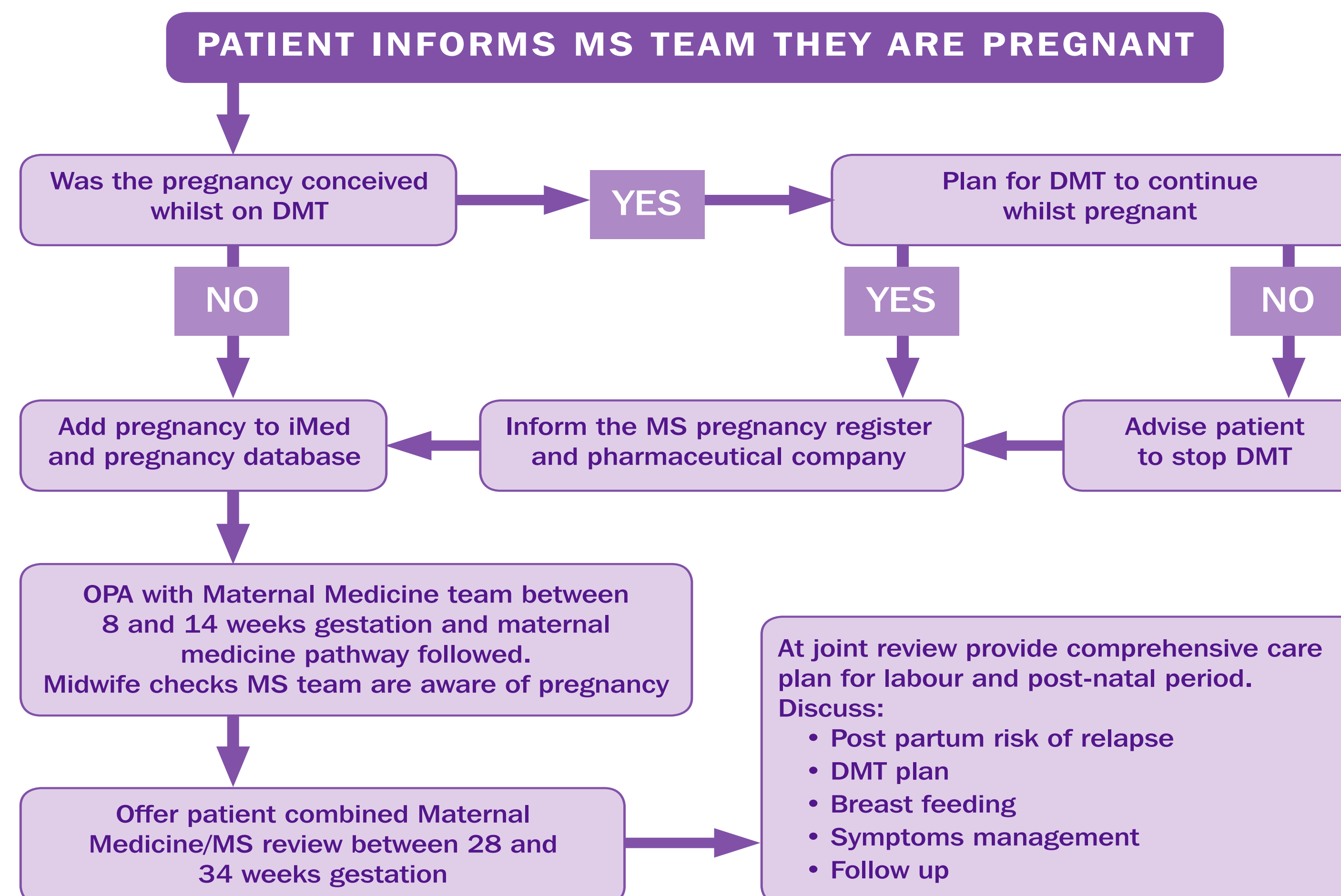
Setting the Service up

The concept of the Combined MS/Maternal Medicine clinic was explored with various members of the multi-disciplinary team (MDT) including Consultants, MS Nurses, Midwives and Breastfeeding Counselors as well as patients.

The decision was made that patients would be offered an appointment between 28-34 weeks gestation. A patient pathway, proforma to use during the appointment covering topics to discuss and a patient satisfaction questionnaire were developed. A database has been created to record patient information. To ensure we could find the clinic space we simply added an additional slot at the beginning of a MS Nurse clinic. The benefits of the service include improved care for the patient, increase and sharing of knowledge across the two teams and the clinic is income generating for the Trust.



Condensed MS pregnancy pathway

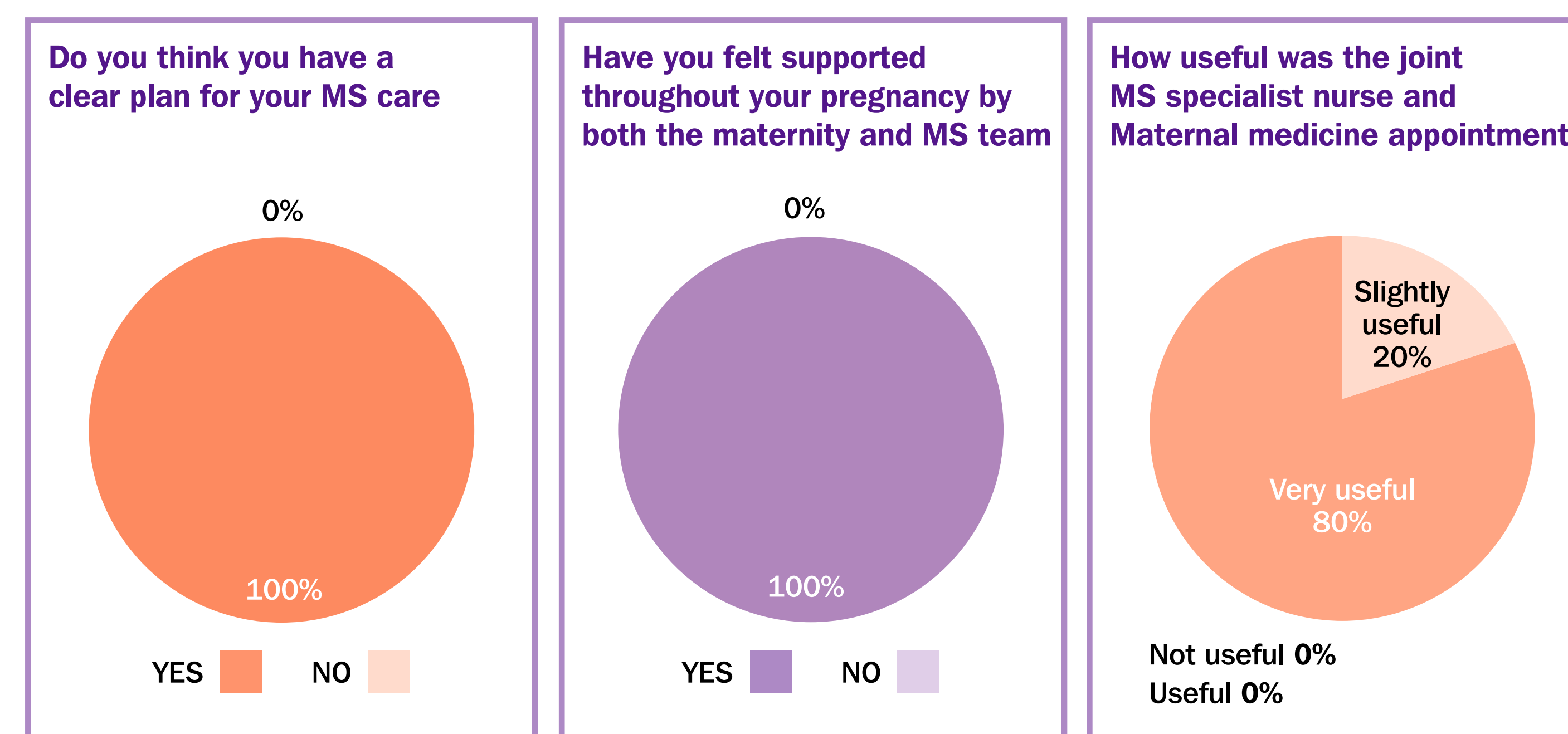


Outcomes

Initial findings from the patient satisfaction survey:

- 92%** of women left clinic with a personalised birth plan
- 100%** of women left clinic with a DMT and support plan in place for the post partum period
- 92%** of women were referred on to other appropriate specialists such as perineal service and breastfeeding counselor

A further, unexpected, benefit of the clinic is the sharing of knowledge across the two teams, which has proved invaluable to the MS Nurses especially when providing support for women who are planning to give birth at another Trust.



Future plans

Audit
Evaluation of patient satisfaction questionnaire
Developing local resource for managing fatigue postnatally
Educational session for MS nurses to raise awareness of issues such as post-natal depression and domestic abuse

I know the plan for DMT after birth and I'm not worrying about breast feeding now I am going to see a breastfeeding counselor

Very useful as I was able to talk through practical tips and strategies to use in the first few weeks after birth

Comined service made me feel very supported

References

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