

An Audit of Perinatal Care Plans in the Perinatal Mental Health Community Service in Kent and Medway



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Background

Perinatal Care Plans (PCP's) are important documents containing care planning and risk management information for women in the perinatal period. There are significant relapse rates for severe mental illness within the perinatal period which can be associated with risk to the patient and infant and implications for bonding and child development. Ensuring high quality communication and a thorough approach to care planning are areas ways that can minimise this. PCPs are also an opportunity to utilise a patient centred approach and empower women in a period which can be associated with heightened anxiety.

Aim

To improve Perinatal Care Plans (PCPs) in the Perinatal Mental Health Community Service (PMHCS) in Kent and Medway Trust.

Method

All patients open to the PMHCS team across the Trust had their records screened for presence of a PCP (Figure 1). There were no trust specific standards for PCPs so compliance was measured using national standards derived from the Perinatal Quality Network (PQN) (Figure 2). Data was collected retrospectively using electronic patient records and recorded on Microsoft Excel.

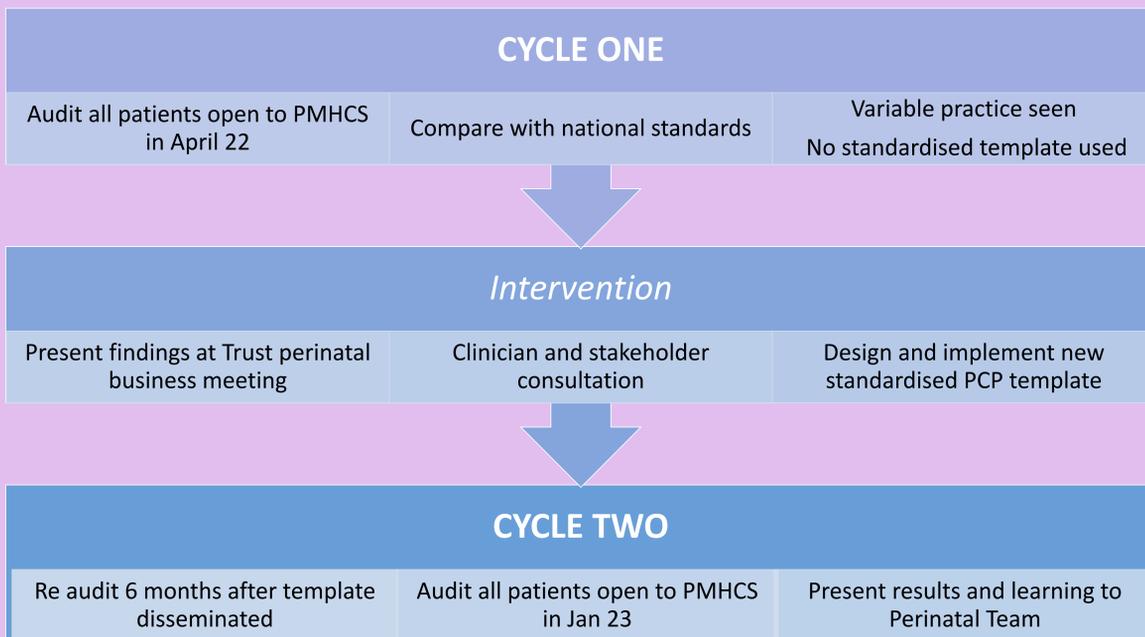


Figure 1: Summary of audit cycles

Standards for PCPs

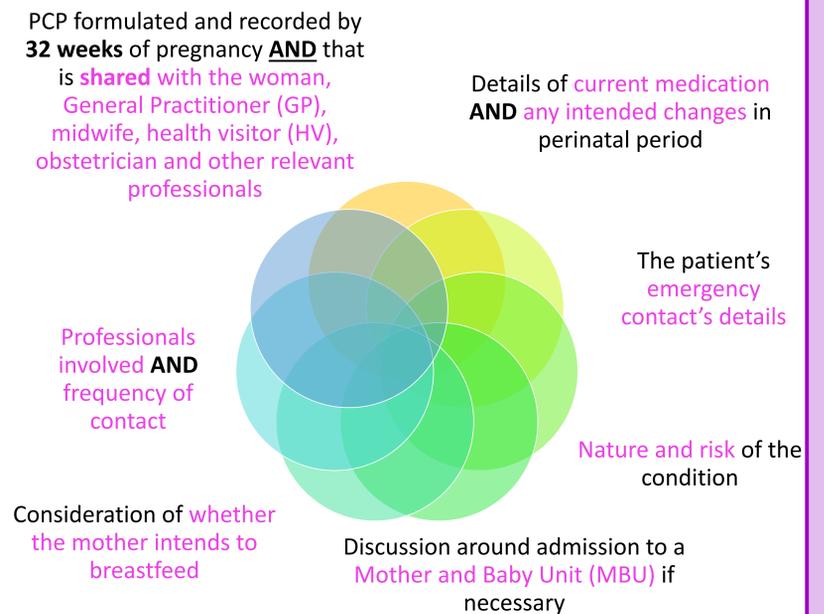


Figure 2: Standards derived from the Perinatal Quality Network 5th Edition (2020) guidelines for Community Perinatal Mental Health Services

Results

Overall 295 patient records were audited during the first cycle, of which 48 patients had a PCP. During the second cycle, a total of 25 patients had a PCP completed in the 6 months after the intervention was introduced.

Standard	Compliance (cycle 1)	Compliance (cycle 2)	Standard	Compliance (cycle 1)	Compliance (cycle 2)
MBU	46%	96%	GP - SHARED	81%	88%
MEDICATION	88%	92%	GP - FOC	58%	88%
MEDICATION CHANGES	54%	76%	HV - NAMED	73%	72%
NATURE AND RISK	33%	56%	HV - SHARED	83%	84%
EMERGENCY CONTACT	77%	88%	HV - FOC	52%	96%
FEEDING PREFERENCE	73%	92%	PMHCS - NAMED	96%	100%
MIDWIFE - NAMED	92%	92%	PMHCS - FOC	77%	68%
MIDWIFE - SHARED	92%	92%	OBSTETRICIAN - NAMED	69%	76%
MIDWIFE - FOC	56%	96%	OBSTETRICIAN - SHARED	56%	76%
GP - NAMED	81%	80%	OBSTETRICIAN - FOC	32%	20%



% Improvement compliance

- MBU 50%
- HV - FOC 44%
- MW - FOC 40%
- GP - FOC 30%
- Nature/risk 23%
- Medication changes 22%
- Obstetrician - shared 20%
- Infant feeding 19%
- Emergency contact 11%
- Obstetrician - named 7%
- GP - shared 7%
- Current medication 4%
- PMHCS - named 4%
- HV - shared 1%

% Reduction compliance

- Obstetrician - FOC 12%
- PMHCS - FOC 9%
- HV - named 1%
- GP - named 1%



Gestation at time of PCP



The second cycle of the audit saw good use of the new standardised PCP template across the Trust. There was an improvement in 14 standards, with 5 standards moved up to 90-100% compliance. 5 standards had reduced compliance, though the percentage was minimal. There was an improvement in the number of appointments for the PCP appointment being under 32 weeks as per the national guidance. After the first audit cycle there were 4 standards less than 50% compliant but this improved to only 1 after the re audit.

Figure 3: a. Percentage of PCPs that met each respective standard in cycle 1 and 2. b. summary of standards which improved or reduced in compliance with the second cycle. c. Gestation at time of PCP Key: FOC – Frequency of contact

Conclusion

Ongoing clinician engagement with use of the new template as well as addressing barriers to usage would be desirable to ensure the continued compliance of PCPs with national standards. Additionally, it would be beneficial to find innovative ways to facilitate co-production of the PCP process with patients. There may be an opportunity to re audit in the future.

References:

RCPSYCH. Standards for Community Perinatal Mental Health Services -5th Edition. May 2020

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