

Relevant Team Members' Publications

Susan Bewley

Mezey, G., Bacchus, L., Bewley, S., White, S. 2005. "Domestic violence, lifetime trauma and psychological health of childbearing women." *BJOG*, 112(2): 197-204.

Bacchus, L., Mezey, G., Bewley, S., Haworth, A. 2004. "Prevalence of domestic violence when midwives routinely enquire in pregnancy." *BJOG*, 111(5): 441-445.

Jaqueline Dunkley-Bent

Dunkley-Bent, J. 2003. "Why do PCTs leave midwives out in the cold?" *Journal of Family Health Care*, 13(2): 30.

Dunkley-Bent, J. 2000. *Health Promotion in Midwifery Practice*. London: Bailliere Tindall.

Susan Fairley-Murray

Murray, S.F., Bacchus, L. 2005. "Patient safety and adverse maternal health outcomes: the missing social inequalities 'lens'." *BJOG*, 112: 1-5.

Murray, S.F., Elston, M.A. 2005. "The promotion of private health insurance and the implications for the social organisation of healthcare: a case study of private sector obstetric practice in Chile." *Sociology of Health and Illness*, 27: 6.

Susanna Finlay

Finlay S, Fitzgerald R. and Legge M. 2004. "Cytogeneticists' Stories around the Ethics and Social Consequences of their Work: A New Zealand Case Study." *New Zealand Bioethics Journal* 5 (2): 13-24.

Fitzgerald, R, Campbell, H., Sly, C. & Finlay, S. 2002. "The Flight to Nature? An ethnographic study of retailing and consumption of organic food." Paper presented to the International Sociological Association World Congress. Brisbane, July 2002.

Lesley Page

Page, L.A., Beake, S., Vail, A., McCourt, C., Hewison, J. 2001. "Clinical Outcomes of One-to-One Midwifery Practice." *British Journal of Midwifery*, 9(11): 700-706.

McCourt, C., Page, L.A., Hewison, J., Vail, A. 1998. "Evaluation of One-to-One Midwifery: Women's Responses to Care." *Birth*, 25(2): 73-80.

Jane Sandall

Humphrey, C., Ehrich, K., Kelly, B., Sandall, J., Redfern, S., Morgan, M., Guest, D. 2003. "Human Resources Policies and Continuity of Care." *Journal of Health Organization and Management*, 17(2): 102-121.

Sandall, J. 1998. "Occupational burnout in midwives: new ways of working and the relationship between organisational factors and psychological health and wellbeing." *Risk, Decision & Policy*, 3(3): 213-232.

Charles Wolfe

Smeeton, N.C., Rona, R.J., Dobson, P., Cochrane, R., Wolfe, C. 2004. "Assessing the determinants of stillbirths and early neonatal deaths using routinely collected data in an inner city area." *BMC Medicine*, 2: 27.

Waterstone, M., Wolfe, C., Hooper, R., Bewley, S. 2003. "Postnatal morbidity after childbirth and severe obstetric morbidity." *BJOG*, 110(2): 128-133.



The One-to-One Caseload Project Evaluation

The One-to-One Caseload Project is a partnership between King's College London, Guy's and St Thomas' NHS Foundation Trust and Guy's and St Thomas' Charity

Guy's and St Thomas' Charity New Services Innovation Fund awards grants to enable improvements to health services across Lambeth and Southwark. This project is funded by the New Services Innovation Fund which funds projects that enhance the local health services and which have the potential to benefit the wider NHS.

Project Description

Grant Number: G040401

This 18 month project will explore the impact of a new community-based caseload midwifery programme that is being implemented at Guy's and St Thomas' NHS Foundation Trust. The study has several purposes:

- To collect pre-implementation, process and outcome data for women and babies who are recipients of caseload midwifery, for example: women's journeys through the service; clinical and psychosocial outcomes; experiences of care.
- To explore issues in the midwifery workforce, for example: scope of practice; morale and achievement; commitment; work-life balance and burnout.
- To explore the impact on the organisation and multi-agency working.
- To evaluate the implementation and the role of a professional development programme of ongoing training and support.
- To test a) pilot acceptability, ease of use, validity and reliability of process and outcome measures b) the feasibility of conducting a full evaluation by a randomised controlled trial once the service has progressed from implementation to stable phase using the MRC Framework for trials of complex interventions.

Methods

The research draws on a theory driven approach to evaluation and uses a range of quantitative and qualitative methods.

- Clinical processes, outcomes and experiences of women going through the caseload programme and women receiving standard care will be compared using data extracted from records and a postnatal postal survey.
- In-depth interviews with women.
- In-depth interviews with staff and stakeholders.
- Survey of midwifery staff.
- Non-participant observation of programme delivery in a range of settings.

Relevance for women and health professionals

Observation will explore whether the programme is delivered as intended and possible unintended consequences for women and staff.

The survey will explore relationships between continuity of care with a known midwife and clinical and psychosocial outcomes such as trust, self-esteem, and control in childbirth.

Interviews will explore women's journey through care, and what processes and outcomes are important to them.

The staff survey will explore support for, and scope of midwifery practice, work-life balance, staff moral and commitment.

Stakeholder interviews will explore impact on the wider organisation of maternity care, and inter-agency working.

Language requirements of individual participants will be identified in consultation with the maternity caregivers prior to the

research. In the case of the postal questionnaire, any additional language needs will be identified in the follow-up telephone call and interpreter services arranged. All information sheets and consent forms will also be translated into the four most common languages of the area (English, French, Spanish, Portuguese).



Dissemination

We plan to publish papers in professional and academic journals and user publications, and will also disseminate findings within the Trust, on the Internet and at conferences.

Ethical Approval

The NHS Research Ethics Committee for St Thomas' Hospital has reviewed the study and given it ethical approval (05/Q0702/182) and R&D approval (RS1 05/0259) has been granted by the Guy's and St Thomas' NHS Foundation Trust Research and Development Department.

Project Collaborators

King's College London

www.kcl.ac.uk/nursing/research/women.html

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