

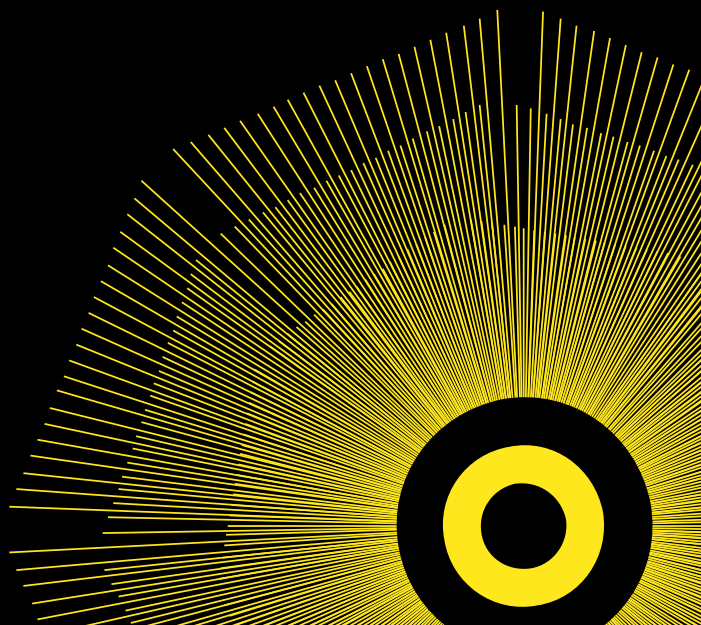
Shine 2012 final report

My Birthplace

Portsmouth Hospitals NHS Trust

February 2014

The Health Foundation
Tel 020 7257 8000
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Part 1. Abstract

Project title: My Birthplace

Lead organisation: Portsmouth Hospitals NHS Trust

Partner organisation:

Lead Clinician: Gill Walton Director of Midwifery

Abstract

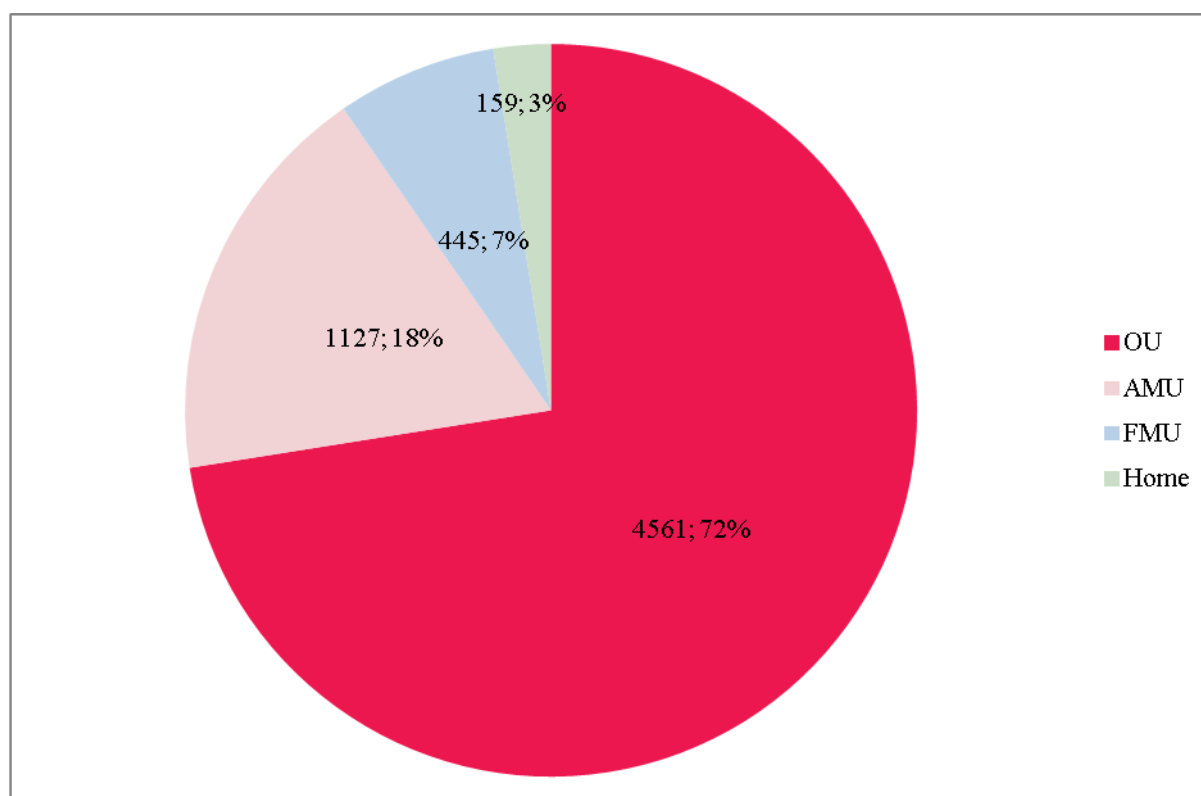
Background in brief including the local problem and intended improvement

Portsmouth Hospitals NHS Trust Maternity Service (PHT) is in the third year of a major transformation programme-‘Nurture’, its main priority is to provide one to one midwifery care in labour. PHT offers a full range of options for place of birth; home, 3 Freestanding Midwifery led Units (FMUs), an Alongside Midwifery led Unit (AMU - in the consultant unit) and a consultant led labour ward (OU). In 2011/2012 10.9% (n=673) of the total births (n=6151) were at home or in a FMU.

Women often receive subjective information about safety and facilities for place of birth from professionals, the internet, media, friends & family and our local birth-rate data demonstrated that a high number of low risk women were delivering in the Obstetric Unit. We believed they weren’t aware of the safety associated with the alternatives, despite the 2011 evidence (Hollowell et al, 2011)¹. In addition, the majority of women do not register a preference for place of birth by 36 weeks gestation; therefore it is difficult to plan maternity services.

We planned to measure 2013 data against 2012 data. In 2012 6292 babies were born in PHT 72% of these births were at Queen Alexandra Hospital (QAH), in the OU (Figure 1). This has been the trend for several years.

Figure 1: Distribution of Actual Birthplace - Portsmouth Hospitals NHS Trust 2012



We planned to pilot our innovation with women due to have babies in October/November 2013.

We felt that women often had their babies in hospital because they were unaware of the choices available and the actual risks associated with each place.

Description of Innovation

We wanted to give women information about the different places to have babies in Portsmouth and South East Hampshire, in a way that was acceptable to them. We wanted the information to be objective and evidence based and to include other factors that women consider when they're making this decision. We wanted them to review this information, then discuss it with their midwife so that together they could reach the best decision for each woman.

We developed a prototype web-app that incorporates Birthplace findings, local data and information about the different options available.

Methods used for implementation

When the Trust received the funding for the Shine project we set up a multidisciplinary Steering Group (SG) to oversee the project (Appendix 2i). The SG summarised the data that was to be presented and the technical expert (Dr Rees) translated this into app content. The prototype was taken to local women to review. Their feedback has been essential in defining the content of the app.

The SG appointed a Project Manager in April and two Lead Midwives in June. We devised formal plans for the pilot and future work and the Lead Midwives researched the principles of shared decision making.

We followed an iterative process; the app was taken to women several times; after three revisions a final version was ready for piloting. Women requested that graphs be limited and percentages expressed as frequency per 100 or 1000, they also asked for the language to be simplified and appropriate for them. The app is now presented in language that is easily understood by most people, rather than being specifically professional.

The data manager and lead midwives derived a list of women eligible to be included in the pilot. To be eligible, women had to be assessed as being low risk by their midwife at their first appointment, have a good understanding of English and due to have their babies in October or November 2013.

The Lead Midwives designed and delivered a training package to 30 midwives who had the most eligible women within their caseloads to pilot the app (Appendix 2ii).

The Trust's Information Communication Technology (ICT) department facilitated the publishing of the app, the provision of hardware for use by the midwives and on-going support of the app. As this is the first time an app has been developed by the Trust, they are keen to share learning from this project for the development of apps for future wider use.

We asked the midwives to introduce the app to women from 25 weeks gestation throughout July, August and September. They gave the women a leaflet containing an outline of the project and how to access the app (Appendix 2iii).

At this and subsequent appointments the midwives were asked to record having introduced the app, discussions about the app and any preference for place of birth up to 36 weeks. We designed a digital sheet (Appendix 2iv) to support this - PHT Midwives routinely use digital pens and notes for antenatal records.

We included a user survey at the end of the app and took the feedback from this, interviews and focus groups with the women and the midwives to shape refinement of the app so that it can be rolled out for all low risk women in PHT.

We looked at the preference recorded at the women's first appointment with their midwife and compared it with what was recorded at 36 weeks to see if preference had changed over time and with access to the app.

What we achieved – what went well and what were the challenges.

We have refined our app with the help of a graphics expert, based on the feedback received from women and midwives (Appendix 2v). The app will have a final review by local women before being rolled out to all women in PHT. This will ensure clear unbiased facts are available, so informed preferences can be made.

For us, the most successful element of the project was the user involvement;

“For me, I think that the thing that has worked really well is having a app designed by local women for local women and their families”

(Sarah Barton, Maternity Services Liaison Committee).

The support and enthusiasm of the SG was important throughout and the commitment of the Project Manager was essential in providing clarity of tasks and strong leadership.

We faced challenges with data capture, timing of key project events and engagement of the midwives.

Overall the feedback received can be summarised with this quote

“I am incredibly excited about this app as I think there was a total lapse in women's knowledge in their choices of place of birth and this app will ensure that **all** women have the information to make an informed and educated choice of where they would like to have their baby. It's ground-breaking and I'm so proud to have been a part of it.” (Midwife)

References:

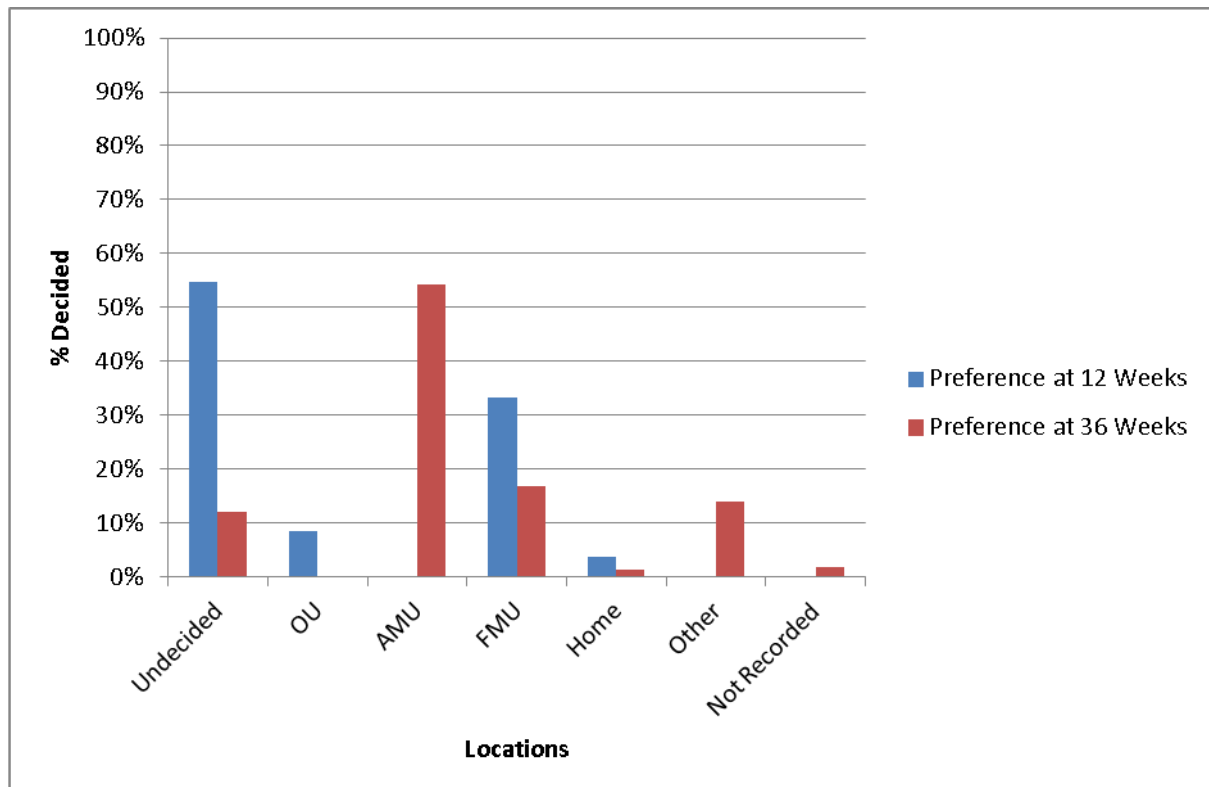
1- Hollowell J, Puddicombe D, Rowe R, Linsell L, Hardy P, Stewart, M, et al. *The Birthplace national prospective cohort study: perinatal and maternal outcomes by planned place of birth. Birthplace in England research programme. Final report part 4. NIHR Service Delivery and Organisation programme*; 2011.

Part 2. Quality impact: outcomes

We aimed to give the app to 250 women, the lead midwives initially identified 236 eligible women and the process was completed for 166.

Of these 166 women 45% (n=75) had a preference for place of birth at their first appointment, this rose to 86% (n=143) at 36 weeks.

Figure 4: Birthplace Preferences at 12 and 36 weeks



A further sample of 155 women was identified as eligible but did not have access to the app. At their first appointment 52% (n=81) of them had recorded a preference for place of birth. We did not have a mechanism to record their preference at 36 weeks as this step was part of the innovation.

We have decided that registering preference for place of birth for all women at 36 weeks is a sensible step forward and are adding a field to capture this in the latest version of women's notes.

As well as quantitative data we relied heavily on qualitative feedback that we obtained through several avenues;

Focus Groups

We held focus groups throughout the initial design phases of the project that shaped the prototype app and subsequent groups reviewed the app post pilot period.

We had positive feedback from the users:

“Using the app reassured me regarding my decision making” *User*

“I thought the app was a good idea, very innovative and contained useful information.” *User*

Usability Survey

We received 24 completed surveys (Table 1). This was lower than we had hoped for; this was partly because we experienced a technical hitch that prevented submissions reaching us.

Table 1: Responses from Usability Survey

Question		Response
Did you use the app	Alone	85%
	With a partner	10%
	With another family member or friend	5%
Did you use the app	On a phone	65%
	On a tablet	25%
	On a PC or laptop	10%
The app was easy to use	Strongly Agree	38.1%
	Agree	47.6%
	Neutral Response	14.3%
	Disagree	
The app helped me reach a preference	Strongly Disagree	
	Strongly Agree	5%
	Agree	60%
	Neutral Response	25%
	Disagree	5%
	Strongly Disagree	5%

Women's Survey

3-4 weeks after their babies had been born sixteen women were surveyed by 'phone to assess usability of the app. The overall response was that the app was easy to use and provided information in a clear non-patronising way. See Appendix 2vi for full responses.

Midwives Survey

Using Survey Monkey the pilot midwives were asked 10 questions about the training and the usability of the app. Half of the midwives who used the app responded; they agreed that the app was a good way to communicate complex data to women and would aid discussion. However, they felt more appointment time would be needed when fully implemented as part of the standard antenatal care pathway. See Appendix 2vii for full responses.

Readability Review

As the app was refined, the text used was tested using readability software (Appendix 2viii) and although the score was higher than expected, limited changes were made as the words that contributed to the high score were considered fundamental to maternity care and understandable in that context

Part 3. Cost impact

The initial proposal was not based on a potential cost saving, although we thought that use of the app may increase out of hospital births, with a subsequent reduction in intervention (e.g. epidurals, caesarean sections, instrumental births) and therefore a cost saving for the service.

Within our pilot group many women expressed a preference for giving birth in the AMU. Some women whose preference had been for a FMU actually gave birth in the OU for clinical reasons.

We will be capturing preference at 36 weeks for all women from Spring 2014 so we will be able to perform more detailed analysis of preference and actual place of birth and we will be able to begin to use this information to shape our services.

We know that Home births cost £1066.50 and Community Birth Cost £1434.90 against Obstetric Unit Births that cost £1631.20 so if there is a shift in place of birth we would see a corresponding shift in costs. The cost figures are arrived at from nationally compiled data and taken from the birthplace study financial impact section (Hollowell et al 2011²).

All tangible costs for the project were recorded by the Finance team. There were however, some resources that the Trust provided at no direct charge to the Project; such as IT support (8 days) and data analysis (12 days).

Time was allocated to the midwives to learn the background of the project and how to use the app. This was limited, but the lead-midwives were on hand throughout the pilot to provide assistance and advice, the Lead Midwives' time has been funded by the project. It was initially felt that the app would save time for the midwives as it provided information to the clients that they would normally have to take time to review thoroughly with their midwife. However, feedback from the midwives suggests that it actually took more time to introduce something new. For the wider roll-out of the app time will need to be allocated to facilitate the discussion around preferred place of birth.

² - Schroeder L, Petrou S, Patel N, Hollowell J, Puddicombe D, Redshaw M, *et al.* *Birthplace cost-effectiveness analysis of planned place of birth: individual level analysis. Birthplace in England research programme. Final report part 5. NIHR Service Delivery and Organisation programme*; 2011

Part 4: Learning from your project

When we applied for the Shine 2012 Award our aim was to develop a simple computer programme, which would be accessible as a web application and Smartphone or tablet application (app). The programme would support shared decision making for prospective parents and midwives, through decision analysis software. This app was to share outcome information using national and local data.

Our expected outcomes and benefits were:

Expected Outcome/Benefit	Actual Outcome/Benefit
Women using the app will be provided with evidence based, consistent information and free from subjective bias about outcomes for birth settings	Women that have used the app were provided with evidence based, consistent information and free from subjective bias about outcomes for birth settings.
All women will have chosen their planned place of birth by 36 weeks of pregnancy, improving workforce planning for maternity services	Pilot group women chose their preferred place of birth by 36 weeks of pregnancy, and from Spring 2014 all women will record their preferred place of birth by 36 weeks which should improve workforce planning for maternity services

One of the first things that we learnt was the difference between a “Decision Making Tool” and a “Decision Support Tool”. Having examined both, we were keen to pursue decision support and embed the principles of shared decision making. We feel that this gives women the dual benefits of evidence based information at their fingertips as well as the professional wisdom of their midwives.

We have been delighted with the response and participation of local women. Their feedback has shaped the app and confirmed our suspicion that involving the end-users early in the development process is paramount.

We benefited from strong project management to steer us through the challenges, and each member of the team has contributed to the success of the app. We are particularly grateful to have had Sarah Barton (Chair of the MSLC) to work with the women, the technical expertise of Dr Rees to translate our ideas into reality and the lead midwives to engage, train and support the piloting midwives. If we were to start again we would try to have the PM and the Lead Midwives in post earlier in the process.

User engagement was very successful however this was more difficult for the midwives as we were introducing this at time of great change for community midwives within PHT. Midwives felt that the time pressure within the antenatal appointments made it more difficult to introduce the app.

The project lead midwives mitigated some of these problems. The most successful method of support was going to clinics and meeting with women. This helped to achieve the project aims but we are aware that to embed shared decision-making as normal practice more formal training sessions are needed for all midwives. The appointments in which place of birth are discussed will be reviewed to ensure that there is an appropriate amount of time to have the discussion.

Using digi-sheets to relay data directly to the central management system was invaluable as it saved time and allowed the project team to concentrate on other aspects of the work.

At the end of the pilot midwifery feedback was limited, we would have preferred to hold focus groups, but this was not possible due to time constraints.

We provided four iPad Minis containing the app for use with women who could not access the app on personal devices. The Lead Midwives used the iPads with women on some occasions but generally these devices were underused. Since the pilot, the SG has recommended that support workers are trained in the use of the app to support women and midwives. They have also suggested that the devices are maintained securely in public areas in the maternity centres so women can access them when attending for antenatal care.

Overall, the development of this decision making tool was helped by the enthusiasm of the team and participation of the women we care for.

‘The project has had a positive effect on giving information to the women on choice of place of birth. Giving them access to national and local statistics and information they may otherwise not have been able to see and has enabled them, and for some for the first time ever, to make an informed choice on where they would like to have their babies by seeing all the information on all possibilities.’

Steering Group Member

In addition to the development of the app PHT has secured funding for a Clinical Academic Doctoral Midwife Fellow which we anticipate will strengthen the output and the sustainability of the project, as this research will focus on the next stage of this work.

A member of the team summed up our feelings:

‘Go for it! It has been so rewarding to see the project through and develop into a working App that will help to inform and assist women with important decisions’.

Steering Group Member

Part 5. Plans for sustainability and spread

The Steering Group is confident that the use of our app will spread and be sustained. The Lead Midwife is working with other midwives to develop a new training programme for midwives and time is being scheduled in their duties to undertake this. The antenatal care pathway is being reviewed to ensure that there is sufficient time to utilise the app to facilitate discussion on preference of place of birth with the women and a new field has been added to the notes to record this at 36 weeks. The management team are committed to and enthusiastic about the principle of sharing information, and sharing decision making with our client group.

The app is being refined – reacting to feedback so will continue to evolve as an app for the women, by the women. We have plans to update the local data on an annual basis. As part of the project close we will also be making recommendations for future developments which include expansion of the information library held within the app, such as screening information and healthy pregnancy guidance. Our aim is to match the information provided with the women's antenatal care pathway.

We plan to draft a business case for future development as we are keen to work nationally to encourage the principle of shared decision making and link with national bodies, such as Royal College of Midwives (RCM) and National Childbirth Trust (NCT), to achieve this where possible. We also want to explore the opportunity of helping other Trusts to make use of the app tailoring it to their situation and data. We have had expressions of interest, and are investigating methods by which to make this come to fruition. We have applied to register our Logo as a trademark and have had the first part of that application passed.

Features about our app have been published (EHI February 2014), others are due to be published in the Health Service Journal, and professional midwifery journals.

We were highly commended for Sarah Barton's work with local women that shaped the app in the 2014 NHS England Award for Individual Excellence in Participation (Appendix 2ix).

PHT has secured funding for a Clinical Academic Doctoral Midwife Fellow which we anticipate will strengthen the output and the sustainability of the project, as the research focus will continue this work.

Appendix 2: Resources from the project

Appendix 2i: Steering Group Members

Name	Title	Role
Gill Walton	Director of Midwifery	Project Executive
Emily Gaskell	Project Manager	Project Manager
Mandy Forrester	Midwife, Supervisor of Midwives	Lead Midwife
Mandy Grosvenor	Midwife	Assistant Lead Midwife
Dr Greta Westwood	Head of Nursing, Midwifery and AHP Research	Steering Group Member
Professor John Rees	Software Developer	Software Developer
Sarah Barton	Maternity Services Liaison Committee Chair	Steering Group Member
Elaine Taylor	Information and data Manager	Data Lead
Dawn Phillips	Clinical lead for Grange Maternity Centre, Postnatal Coordinator and Supervisor of Midwives Midwifery Lead Grange maternity centre	Steering Group Member
Jo Davis	Community Midwife	Steering Group Member
Sarah Backhouse	Community Midwife	Steering Group Member
Jane Parker-Wisdom	Senior Midwifery Manager for Community and Public Health and also a Supervisor of Midwives.	Steering Group Member
Sandie Leeming/Charity Pople/Michelle Wilmshurst	Finance	Finance
Suzanne Cunningham	Consultant Midwife	Steering Group Member

Appendix 2ii: Training plan

My Birthplace Training Plan

Target audience: midwives whose caseload has been selected to work with women in the pilot study

When: July 2013

Where: Training can take place in groups or on an individual basis according to midwives' workload and availability

Duration: 45 minutes

Resources: PowerPoint presentation on I-pad mini

Information pack to include:

- Information for midwives – how to use and access the app, Birthplace outcomes, shared decision making model
- Information sheets for women
- Digital sheets
- My Birthplace stickers

Time	Information
5 minutes	Introduction to Shine 2012 award; Birthplace in England outcomes; design of the app
15 minutes	PowerPoint presentation
10 minutes	Recruitment and study processes
15 minutes	Hands on session with app and questions

Appendix 2iii: Women's information leaflet

Adding the Web App to the Home Screen - iPhone and iPad (iOS-based) method

- Open the mobile web app in the Safari browser
 - Open the browser by tapping the browser icon
 - Enter the web address as:
<http://mybirthplace.porthosp.nhs.uk>
- The browser will now show the My Birthplace web app first page. Now follow instructions for iPhone or iPad

iPhone

Press the "Share" arrow (middle button of the Safari bottom bar, may be a curved arrow going to the right or a + sign) then press "Add to Home Screen"

iPad

Press the "Share" arrow. This is next to and to the left of the address bar at the top of the browser screen and is a curved arrow going to the right. Press the "Add to Home Screen" option.

- The My Birthplace icon should appear automatically alongside the text there. Press "Add"
- You can now see the bookmark on your Home Screen with the My Birthplace icon

You can also scan the QR Code



Portsmouth Hospitals NHS Trust



My Birthplace



My Birthplace is an app that you can use on your smart phone, tablet or computer to help you decide the best place for you to have your baby.

We have a variety of places where you can have your baby. These include:

- Home
- A midwifery led unit at Portsmouth Maternity Centre
- A midwifery led unit at Grange Maternity Centre, Petersfield
- A midwifery led unit at Blake Maternity Centre, Gosport
- A midwifery led unit at Queen Alexandra Hospital (B5, the Mary Rose Unit)

The decision on where to have your baby can be exciting and at times daunting.

Your decision may be affected by:

- you or your baby's well being
- the advice you receive from friends and family, and health professionals
- what you instinctively feel is right for you.

Your decision may also be influenced by the information you receive from your midwife.

We have developed an app for you to use with your midwife to help you make the best decision for you and your baby. You can access the app at home on your smart phone, tablet or computer.

The app has been developed using evidence from a large study that looked at the risks and benefits of place of birth for women having their first baby and subsequent babies.

As you use the app, you will be able to see how information from the study may relate to you. We hope that this will help you to make your decision.

You will be able to discuss your preference with your midwife at your 36 week antenatal appointment. Your preference will then be recorded in your notes.

We hope you find the app useful. We will be asking you some questions about it at the end of the app. This is anonymous but will help us improve the app for women in the future.

Please note.

We are happy to support your choice. However, there are some rare occasions when your choice cannot be supported when you go into labour.

Adding the Web App to the Home Screen - Android method

- Open the mobile web app in the native Android browser or Chrome
 - Open the browser by tapping the browser icon
 - Enter web address as:
<http://mybirthplace.porthosp.nhs.uk>
- The browser will now show the My Birthplace web app first page
- Press the "bookmark" icon next to the address bar then press "Add"
- Make sure the name is how you want it to appear, then click "OK"
- Press your new shortcut and hold it until a menu appears then press "Add shortcut to home"
- You can now see the bookmark on your home screen with the My Birthplace icon

Appendix 2iv: Digital sheet

Check the battery level of your digital pen by drawing along the battery status bar below from left to right until your pen vibrates.

Portsmouth Hospitals

NHS Trust



0% 25% 50% 75% 100%

MY BIRTHPLACE – CONTACT RECORD

Title:

Forename:

Surname(s):

NHS No:

Pathway:

Standard ☐ Intensive ☐ Intermediate ☐

Preference for place of birth at booking

AMU ☐ FMU ☐ Undecided ☐ Other (please specify below) ☐

First contact to introduce app (25 – 28 weeks)

Midwife Initials:

Date:

Gestation:

Preference for place of birth at time of review:

AMU ☐ FMU ☐ Undecided ☐ Other (please specify below) ☐

Contact to review app (28 - 31 weeks)

Midwife Initials:

Date:

Gestation:

Preference for place of birth at time of review:

AMU ☐ FMU ☐ Undecided ☐ Other (please specify below) ☐

Contact to review app (31 - 34 weeks)

Midwife Initials:

Date:

Gestation:

Preference for place of birth at time of review:

AMU ☐ FMU ☐ Undecided ☐ Other (please specify below) ☐

Contact for final review (34 – 36 weeks)

Midwife Initials:

Date:

Gestation:

Preference for place of birth at time of review:

AMU ☐ FMU ☐ Undecided ☐ Other (please specify below) ☐

Reason for choice:

☐ VOID FORM

**WHEN ANY NOTES HAVE BEEN WRITTEN
PLEASE TICK RED BOX**



Appendix 2v: Screen shot of My Birthplace App



App available at: <http://mybirthplace.porthosp.nhs.uk/>

Appendix 2vi: Analysis of My Birthplace post birth women's survey

The Lead midwives wrote to sixteen women and asked them to participate in a survey after the birth of their. They also 'phoned to reiterate the contents of the letter and seek permission to call after the birth of their baby to conduct the survey.

Approximately 3-4 weeks after the birth the women were telephoned. The lead midwives checked again that the women were happy to participate and for the survey to be recorded so responses could be captured.

Of the 16 women that were approached, 10 completed the survey. One declined as she had also been invited to the focus group and felt she had already contributed to the survey. It was impossible to contact one woman as the given phone number was not working. Four women did not answer their phones on more than two occasions, and did not respond to text messages.

	Questions	First pregnancy (Number of women -7)	Second or subsequent pregnancy (Number of women -3)
1	Have you used the App?	Yes -6 No – 1	Yes -3
2	Did you go through the whole process? If not how much of the App did you use?	Whole process – 6	Whole process – 2 Relevant bits and pieces - 1
3	Do you think the App helped you to make a decision regarding your choice of place of birth?	Yes -3 Sort of -2 No -1	Yes -1 No -2
4	Do you think your decision making process was different as a result of the App?	No - 6	Yes -1 No -2
5	Do you think the App changed your choice of place of birth from your previous birth experience?	N/A	Yes -1 No -2
6	Were you happy to take part in the project?	Yes -6	Yes -3
7	Was the information in the App valuable?	Yes – 6	Yes -3
8	Do you think that using the App helped you talk with your midwife about your choice of place of birth?	Yes -4 No -2	Yes -1 No -2
9	Was the App easy to use?	Yes -6	Yes -2 No -1
10	Did you have any difficulties in downloading/accessing the App?	No-6	Yes -1 No -2
11	Did you use the App with anyone else? If so, who?	Yes -4 (partner/husband) No -2	Yes -3 (partner/husband)
12	Did you discuss your decision of choice of place of birth with anyone else?	Yes -5 No -1	Yes -3
13	How long did it take you to work through the App?	Varied between 5 mins to an hour	15-30 mins
14	Do you think this was a good use of your time?	Yes -6	Yes -3
15	What did you think of the look of	• It was fine. I	• Very

	the App?	<p>printed off the information sheet and they were useful. Information was at the right level for me.</p> <ul style="list-style-type: none"> • Can't remember what the App looked like. • All information was really good. It was easily readable and easy to follow. • User friendly and clear. • Good. Easy to read, easy to work out. People friendly. • It looked good. 	<p>professional. Easy to use and understand, not too medical.</p> <ul style="list-style-type: none"> • Easy to use, no faffing around on there. Information presented well. • A bit plain. Very wordy. Liked the summaries.
16	Did you need help accessing the App	No -6	No-3
17	Is there anything you would change about the App?	No -6	No -3

Comments:

Q2.

- 'looked at the App in bits and pieces (stopped as she knew enough – works at the hospital so knew about the hospital environments already)'

Q3.

- 'I felt there was no conclusion to help me make a decision. Felt I had not gained anything from the App.'
- 'It cemented my decision. I knew what I wanted to do but it gave me more information so that I knew it was the right decision'
- 'Sort of – I would have preferred to see all of the options in person. Nice to look at it on-line though'
- 'already knew where I wanted to birth'
- 'it helped me to make a decision'
- 'personally I had already made my decision before using the App, but it did help my husband with an understanding of the differences between the birth centres'
- 'already made my decision before using the App'

Q4.

- 'already knew where I wanted to birth'
- 'No, I had already made my mind up'
- 'it helped me with my decision'

- 'already made up my mind before using the App'
- 'No, but it helped me to confirm I wanted to go to B5'
- 'No, I don't think so'

Q5.

- 'I just live up the road so it was convenient to me to use the birth centre'
- 'I had my first two in St Mary's hospital and was looking for something similar. The App advised me to use B5. I had never been to QA so found this information useful'
- 'No, but the information about the transfer rates was interesting'

Q7.

- 'yes, but the info was a little wordy'
- 'There was a lot of information, all useful'
- 'it was helpful as it explained what each hospital part was as I had never been there before'
- 'It was really informative and clear. All the pages were relevant and had good information. It raised awareness'

Q8.

- 'Yes as it had info on all the choices rather than the one that you think you want. It gave you an opportunity to look at the other options'
- 'Didn't have a discussion with my own midwife – she was off sick at that time. I did quickly go through things but my decision had already been made'
- 'it helped me to decide on B5 with her help'
- 'it was nice to have my decision making confirmed'
- 'I would say so yes, it was easier to understand the options and differences between Blake and B5'
- 'did not get the opportunity to talk at length with my midwife due to time constraints'

Q10.

- 'I had a few problems. It was difficult to access at first – it would not recognise the web page – tried three times before it worked'

Q12.

- 'I discussed it with my partner but he was a little bored'
- 'I did have a general discussion with my mum around where to have the baby'

Q17.

- 'It would be good if that sort of service was available with other information services. Very handy to access it via the iPad'
- 'I didn't read it all. However I found that it was informative and not patronising'
- 'it ticked all the boxes and gave enough info about choices'
- 'I looked at it a while ago but I don't recall there being anything missing. I found the videos/locations and photos useful on there. I can't recall saying...'I wish it had this.....'

Appendix 2vii: Analysis of midwives survey

My Birthplace Midwives Survey

Process

Midwives were asked to complete 10 questions using the online survey tool Survey Monkey. Their responses were used to refine the app along with comments from women.

All participating midwives (30) were invited to submit answers to the survey. Fourteen responses were received and of those 13 were complete.

Likert scales were used for questions 1 and 10; selecting a range of answers was used for questions 2, 3, 6, 7, 8 and 9. Responses to questions 4 and 5 required free text as midwives' direct opinions were sought.

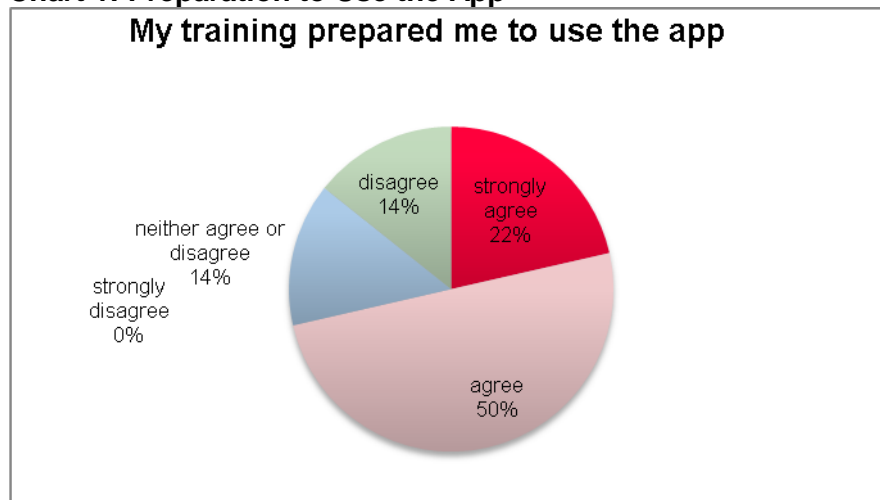
Outcomes

Q 1: My training prepared me for using the app

Most midwives agreed that the training prepared them for introducing and discussing the app with women. One midwife commented that if she had any queries, the Clinical Leads were easily contacted to offer help.

Those who disagreed that the training prepared them for using the app will be followed up so that the roll out training can be improved.

Chart 1: Preparation to Use the App

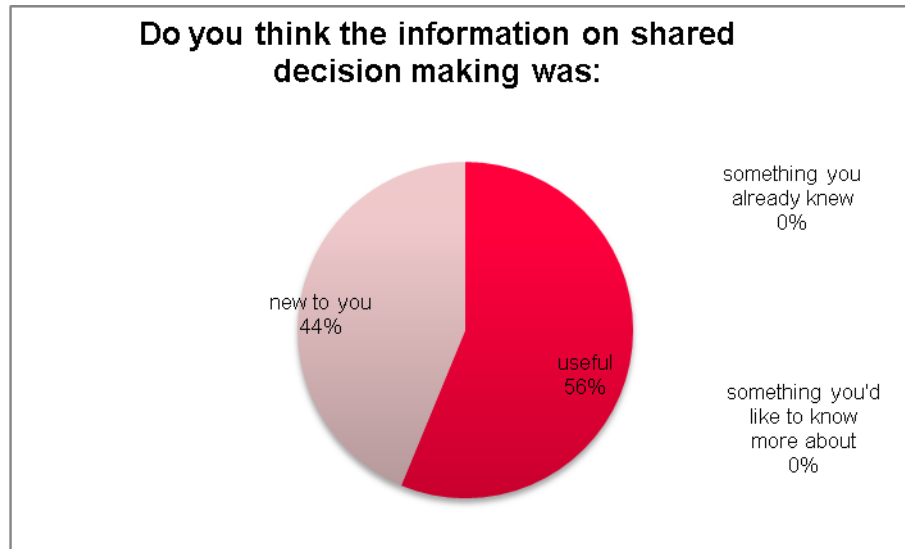


Q2: Do you think the information on shared decision making was...?

Midwives found the information included in the training about shared decision making useful. None of the midwives felt it was new knowledge or that they wanted to know more about

shared decision making. Roll out training will include more focused activity around shared decision making.

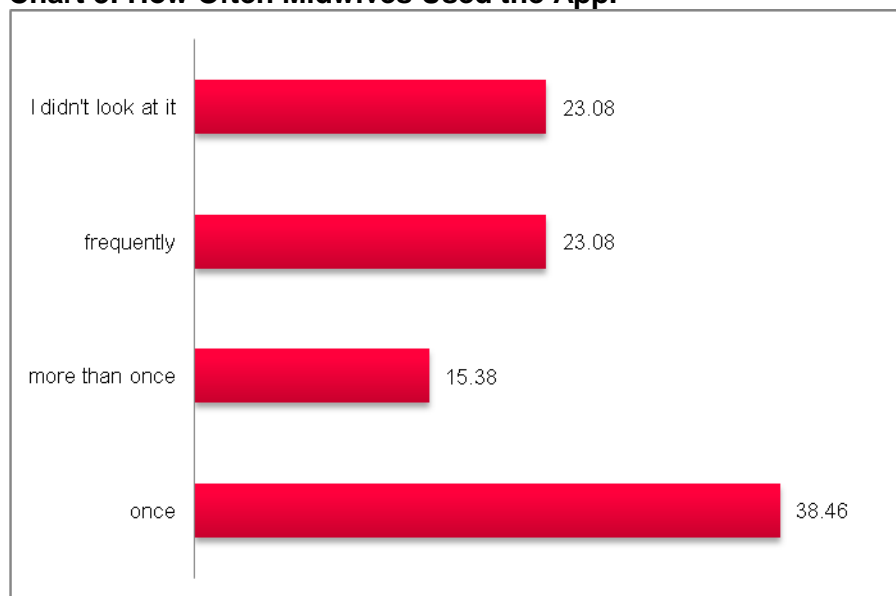
Chart 2: Midwives Views of the Information on Shared Decision Making



Q3: Did you use the app yourself?

38.46% of midwives used the app once in contrast to 23.08% of midwives who did not look at it at all. Three midwives commented on the use of the app. Once could not access it at home, the other two found it easy to use. The roll out training will provide enough time for midwives to orientate themselves to the app. It will also be freely available to them on smart phones, tablets and computers.

Chart 3: How Often Midwives Used the App.



Q 4: What midwives liked about the app

Midwives were invited to use free text boxes to respond to this question. The majority like the app thought it was easy to use and informative for women. They liked the link to the NHS Birthplan and the fact that PDFs of women's preferences could be printed off to add to the handheld notes. One midwife had not looked at the app and another did not like it but did not say why.

Q5: What midwives would change about the app

All midwives who responded said they would like to see the app less wordy and with graphics.

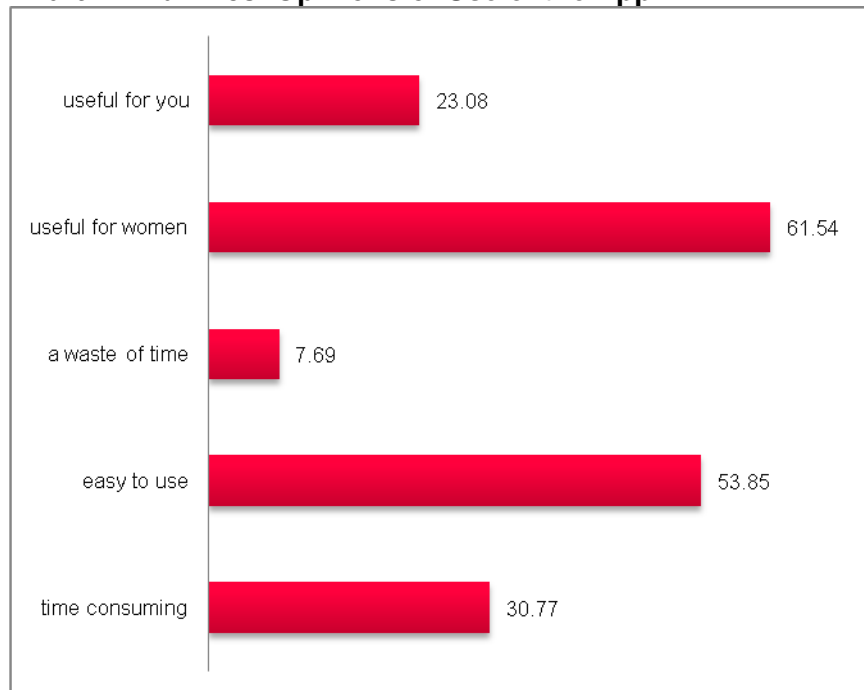
Q 6, 7 and 8: Use of the app

Midwives were asked about the use of the app (Q6) and whether there was enough time to introduce the app (Q8) and hold final discussions with women at 36 weeks (Q7).

Midwives found the app easy to use and considered that it was useful for women. They also found that it was time consuming. 76.92% (10) found there was not enough time to introduce the app and 53.85% (7) found there was not enough time to hold a discussion with women at 36 weeks.

This has been addressed by recommending that adequate time be allocated for the introduction to the app and the discussion around choice of place of birth in the antenatal pathway.

Chart 4: Midwives' Opinions of Use of the App

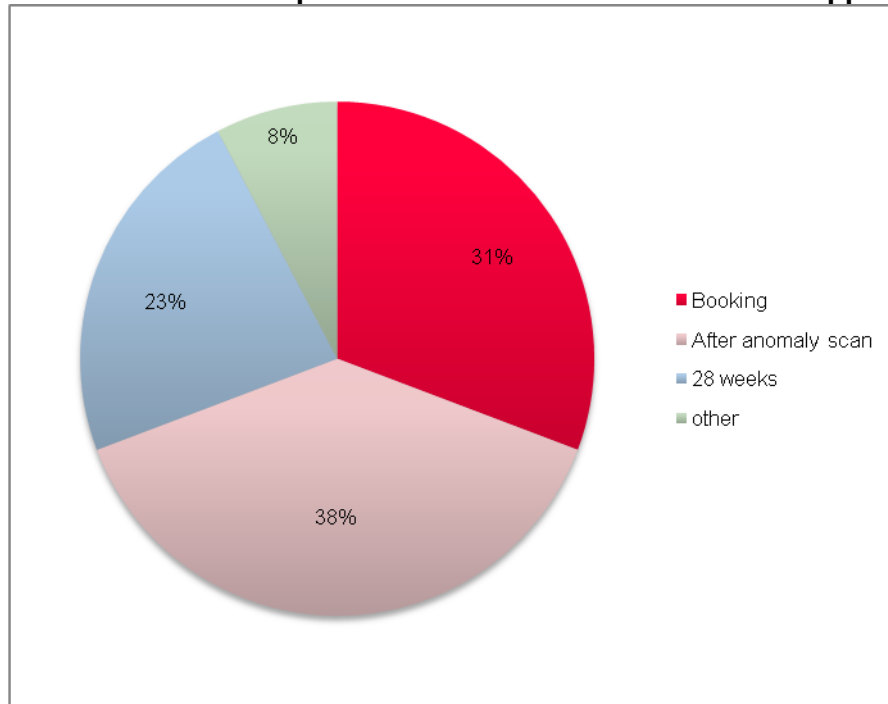


Q10: At what point should the app be introduced to women?

Midwives favoured introducing the app to women following the anomaly scan (20 weeks). In discussion with midwives, the lead midwife found this was because all screening tests had been completed and women were in a better position to think about birth options. Other midwives thought the app should be introduced at booking and information about the app is included in the booking pack.

The Steering Group will consider the options and make recommendations to the management team.

Chart 5: Midwives Opinion of Best Time to Introduce the App



Appendix 2viii: Language acceptability test

The Gunning Fog Index was used to test the readability of the text contained within the app. We found that it was specific terms that pushed the score up; words such as epidural, Entonox, caesarean section. These are all necessary to the app and are particular maternity terms that do not have an alternative.

Page	Content	Initial score	Changes made	Second score	Comments
1	Welcome	8.564			
2	Complications	10.44	took out link to tour	9.523	
3	Places to have your baby	12.25	took out link to tour	12.5	All words necessary
4	Where are we				Not tested as addresses
5	Which baby?	5			
6	1st baby home	12.8			All words necessary
7	1st baby FMU	12.84			All words necessary
8	1st baby AMU	13.87			All words necessary
9	2nd or subsequent baby	14.83			Only new word different from 1 st baby at home is 'subsequent' -bullet points may have pushed the score up.
10	2nd or subsequent baby FMU	13.05			All words necessary
11	2nd or subsequent baby AMU	14.13			All words necessary
12	Last page	8.319			

Appendix 2ix: NHS England Award for Individual Excellence in Participation

