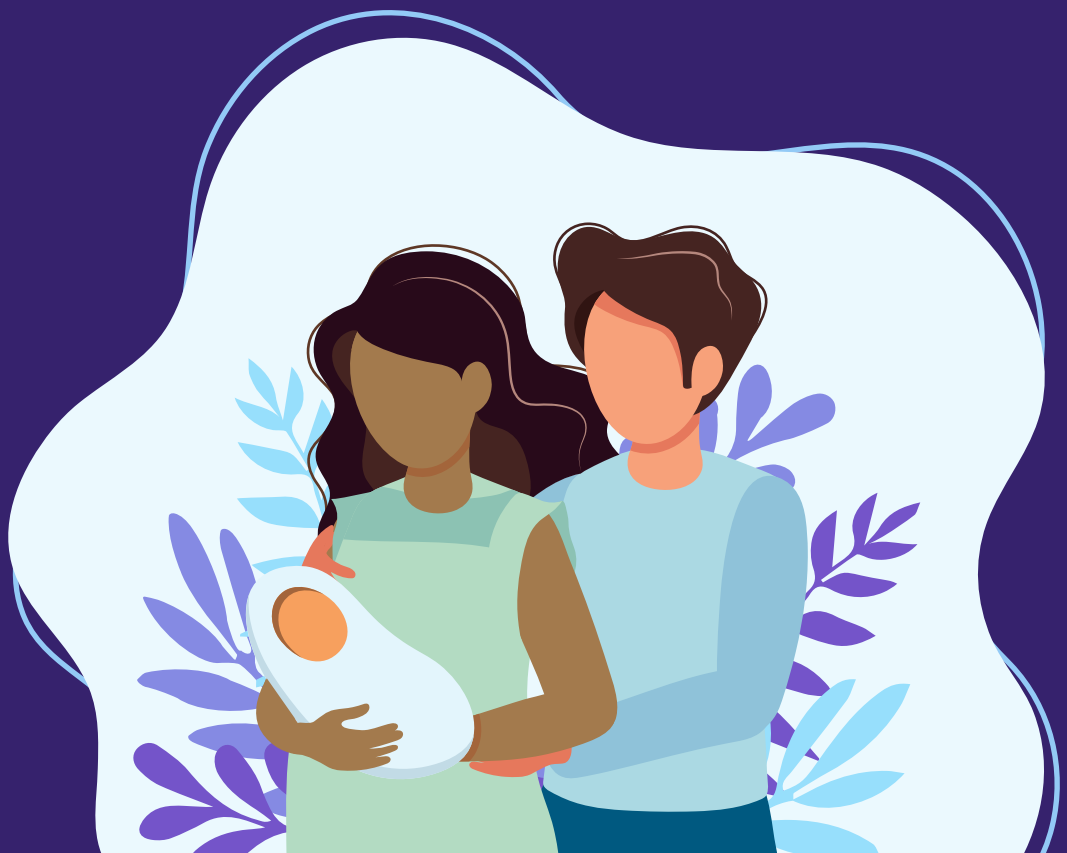
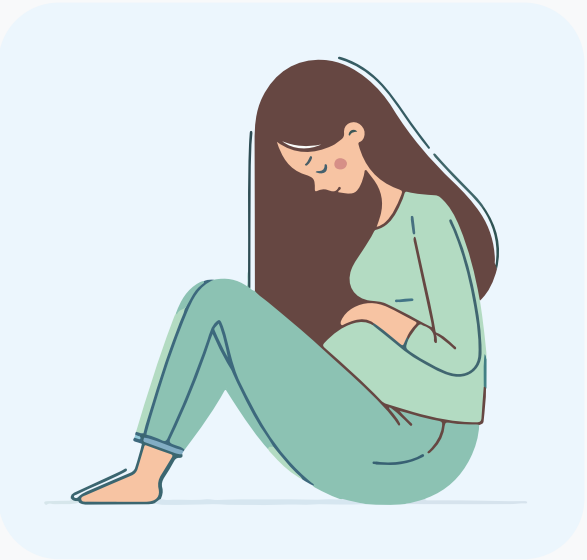
Evaluation of the **Reproductive Trauma Service** in Lancashire & South Cumbria



Background

The Lancashire and South Cumbria Reproductive Trauma Service (RTS) was established to support women experiencing birth trauma, tokophobia or perinatal loss.

The RTS integrates midwifery, mental health practitioners, peer support and psychological therapists into one holistic approach.



Findings

Service Related Data:

Referrals

From March 2022 to April 2024, the RTS received 952 referrals – 622 of which provided consent for their data to be used for research/evaluation purposes.

Most referrals were for White service users (85.5%) aged 30-34 years. The primary referral reason was traumatic birth experiences (72.2%), with workforce behaviour, language and not feeling heard identified as contributory factors

Triage Appointments

81.8%

of referrals were allocated for an initial consultation.

The average waiting time from referral to triage was 3.03 days

Service Duration

The average duration of service was 171.62 days, with significant variability in the time women were engaged within the service.

This length of time may reflect waiting lists as well as women accessing different modalities of support

Evaluation of Outcome Data:

Changes in Outcome Measures:

Significant improvements were observed in psychological distress (CORE-10), PTSD symptoms (PCL-5), and fear of childbirth (Haines Fear of Birth Scale)

Influence of Support Types on Outcomes:

Psychological therapy (PT) showed significant positive correlations with PTSD symptom improvements. Combining PT with other support types enhanced its impact.
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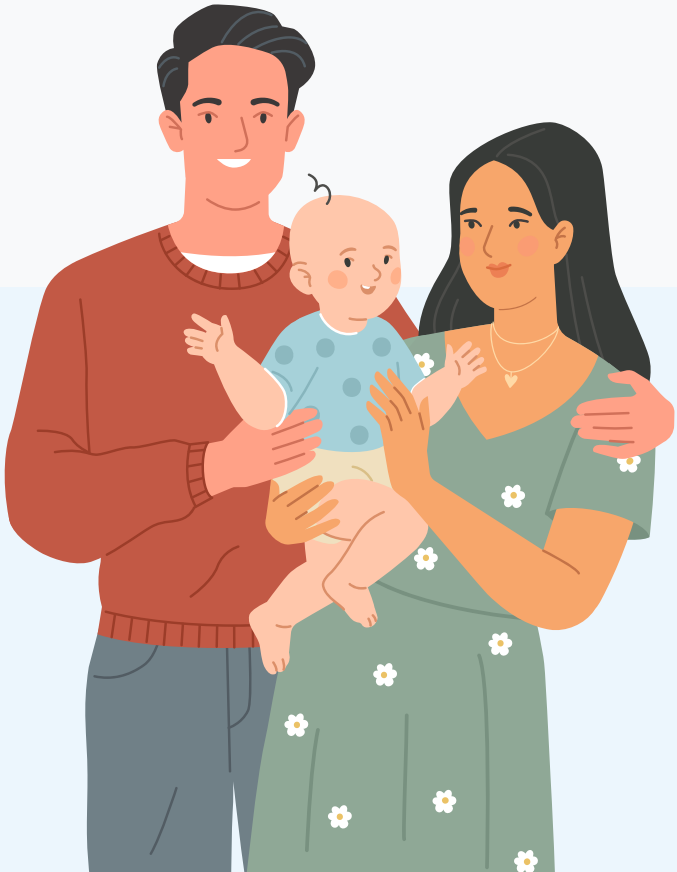
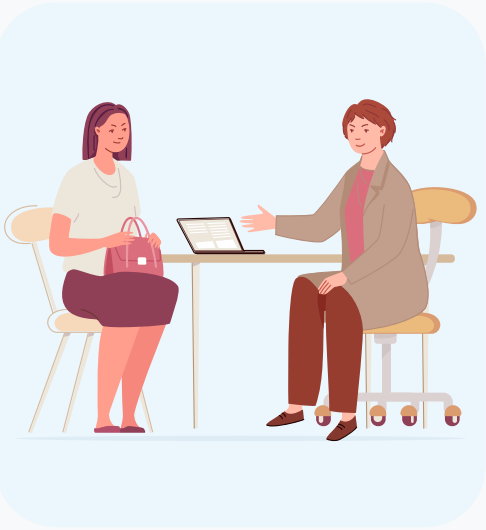


Qualitative Findings



1 Role, Value, and Operationalisation of the RTS

• **Need for Specialist Provision -** The importance of having specialist support to help this group of parents was emphasised

• **Management Style -** Staff praised the project leads for their personable and knowledgeable approach through creating a culture of mutual respect and providing wrap around support from the start. “She’s not only knowledgeable, she’s good from a managerial aspect, I think she’s brilliant and so approachable”

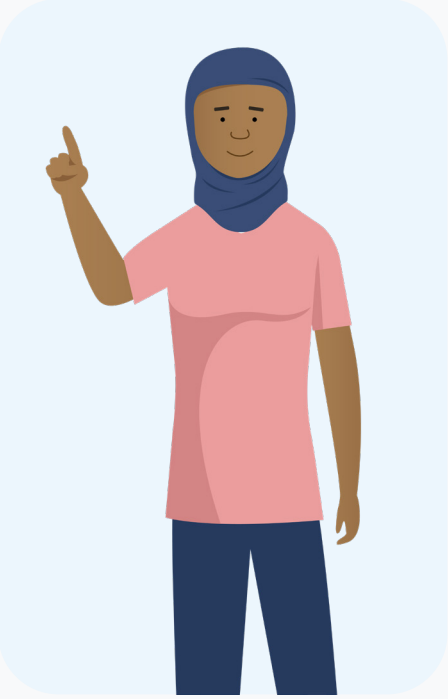
• **Importance of Supervision -** Staff reflected on how “supervision is really, really important, particularly when you are working consistently with trauma”

• **Remote Working -** Staff enjoyed the flexibility of remote working, which supported their mental health and well-being. It also allowed for timely support due to the team not having to travel across the system to see women face to face

• **Flexibility as a Practitioner -** Practitioners valued the autonomy to manage their caseload and time, enhancing job satisfaction

• **Technology Issues -** Challenges with IT systems like Badgernet and EMIS were highlighted, causing delays and administrative burdens

2 Working as a Multidisciplinary Team (MDT)



• **Perceptions of MDT Working -** Staff expressed positive feelings about working for the RTS, describing it as “the best job I’ve ever had”

• **Holistic Care: A Village of Support -** The integrated approach provided by the team and key partner organisations ensured a “wrap-around service” to meet service users’ needs

• **Synchronising the Care -** Joint working allowed for coordinated support, such as mental health practitioners focusing on grounding techniques before therapy, midwives developing flexible birth support plans and joint sessions with practitioners and peer support

• **Benefits for All -** MDT working facilitated learning opportunities and developed interpersonal connections within the team even with the challenges of remote working across a large geographical area

3 Access, Information, and Communication Issues

• **Getting the Referral Right -** This is essential to prevent women being passed to multiple services, having to repeat their story, and ensure timely access to care

• **Need for Further Information -** Service users valued awareness-raising opportunities and written information about the RTS

• **Modes of Contact -** Mode of contact varied, with most service users appreciating the flexibility and convenience of online support

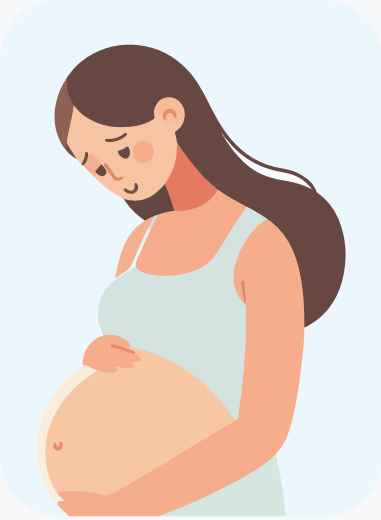
4 Perceptions of Support

• **Midwives' Meaningful Support -** RTS midwives were praised for their consistent care and understanding. -"my rock to get me through"

• **Therapeutic Input -** Service users valued the therapeutic relationships and techniques taught by mental health practitioners and therapists

• **Flexibility in Provision -** The flexibility in the number of sessions and mode of contact was highly appreciated

• **A Symbol of Care -** Self-care bags were provided to all service users designed by the RTS co-production team. which were highly valued as a symbol of care



> *I want to help support/be there for someone going through pregnancy/birth trauma or struggling with PND. I had no one to talk to when I struggled, having a peer support worker would have made my journey much less painful and difficult*

5 Impact of the Support

• **Changing the Birth Narrative -** The support helped women reframe their birth experiences positively

• **Space to Heal -** The RTS provided a space for emotional healing and the ability to build trust with other health care professionals; many service users described significant improvements in their well-being

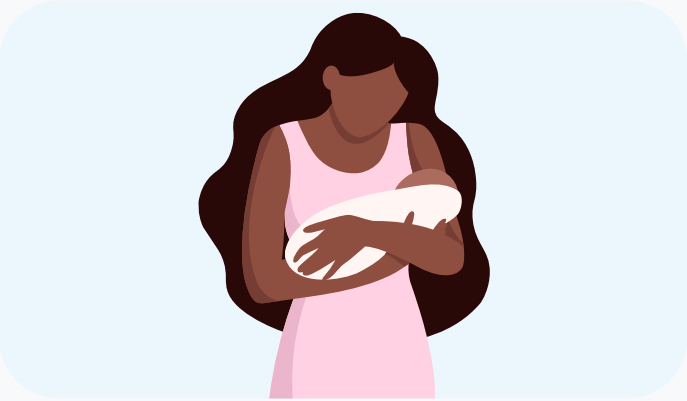
• **Post-Traumatic Growth -** Some service users experienced personal growth and empowerment

• **Supporting Wider Relationships -** The support positively impacted service users' relationships with their partners, children, and wider social networks

Key Elements of Best Practice

System-wide Approach	The service is hosted by one Trust that covers a large maternity system (L&SC) with one workforce that use the same data recording systems and follows the same processes and procedures
Collaborative Approach	Working closely with key partners identify existing and new provision to offer one truly integrated service
Holistic Support	Integrated support from midwives, mental health practitioners, therapists and peer support volunteers provides a holistic approach to improving service user well-being
Continuity of Carer	Ensuring consistent, flexible, compassionate, trauma-informed and woman-centred support at all times
Prevention	RTS support aligns with NHS England 2024/25 priorities and operational planning guidance by contributing to the prevention of women needing to access acute mental health services
Flexibility	Tailoring support to individual needs, which is reviewed on a regular basis
Compassionate and Trauma-Informed Care	Providing a compassionate approach to service delivery and encouraging others to do so through awareness raising and training
Inclusive Training	Multidisciplinary training for consistent care, inclusive of wider key partners
Service User Input	Integrating lived experienced in service development and design using feedback in co-production for ongoing service improvement
Collaborative Relationships	The service has developed strong relationships with key stakeholders to share learning, best practice and explore collaborative opportunities
Supervision	Regular supervision is provided to all clinical and peer support staff to prevent vicarious trauma, avoiding burnout and keep staff well in the workplace

Recommendations



• **Additional Resources -** As demand for the service has far exceeded the capacity this has created long wait times, frustration, and lack of opportunities for antenatal therapeutic support. Additional staffing is urgently needed to meet demand and ensure timely access to support

• **Extending the RTS Offer -** More group-based support, support for partners, and peer support is required to meet the needs of service users

• **Data Monitoring and Feedback Systems -** Develop appropriate IT systems for accurate data collection and feedback

• **Increasing Inclusivity -** Address barriers for minoritised ethnic service users to ensure the service is reaching all cohorts of women

• **Preventative Approaches -** Training for healthcare professionals, collaborative multi-agency working, and antenatal education required to raise awareness of maternal mental health

• **Reflective Supervision -** All non-clinical staff need access to appropriate reflective supervision, in line with clinical staff

• **Additional Information and Clarification -** Promote the service through various channels and provide targeted information

• **Further Follow-Up -** Ongoing contacts and regular updates for service users, specifically for those on the waiting list

• **Location and Mode of Support -** Address challenges in meeting modality preferences and ensure sufficient staffing

Conclusion

The RTS has successfully created a compassionate, flexible, and effective person-centred integrated system for women experiencing reproductive trauma and loss. The service's holistic approach, combined with strong leadership and a dedicated multidisciplinary team, and ongoing consideration of quality improvement, has led to significant improvements in service users' mental health and well-being.

Service users spoke of how the support provided invaluable coping strategies within a safe, trust-based relationship, However, to sustain and enhance its impact, the RTS must address capacity issues; inclusivity to ensure the service is reaching all cohorts of women; continue to improve referral processes, information for service users and IT systems; and continue to evolve based on service user feedback. Further preventative efforts should also be addressed within the maternity system to prevent unnecessary birth trauma.

The RTS provides a model of best practice that offers transferable lessons for other areas of practice and service development for system-wide roll-out

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The evaluation was led by Professor Gill Thomson from the University of Lancashire