

Equalities
In Health



INEQUALITIES SENSITIVE PRACTICE INITIATIVE MATERNITY PATHWAYS

Women with Learning Disabilities



Standard of Care

1. All staff should have awareness training and education on learning disabilities in order to provide the responsive support required by community care legislation. (1)

Antenatal Care

2. Any health or social care professional who is already engaged in supporting a woman with learning disabilities should inform maternity services of her client's particular needs if she becomes pregnant.
3. Easy read resources and other accessible sources of information e.g. CD/DVD/ websites, along with face-to-face information sharing, should be used routinely to support communication with women with learning disabilities. (2), (3)
4. As maternity services are not always informed of a woman's learning disabilities, communication and support needs should be identified through the maternal history taking process. (3)
5. Midwives should be alert to behaviours that might indicate that a woman has learning disabilities. This should prompt the use of simplified language and further screening. A screening tool should be used to aid identification of women with learning disabilities. (4)
6. Adult learning disabilities services should be contacted to provide advice and support, and to undertake further assessment where appropriate. (5)
7. Where a woman has learning disabilities or difficulties a staged booking process should be considered to allow information to be provided in manageable amounts and understanding to be reinforced. Appropriate resources e.g. easy read information leaflets, should be available at these appointments.
8. Women with identified learning disabilities should be referred into SNIPS care.
9. The designated midwife should inform the woman's health visitor of the pregnancy.
10. Care should be tailored to the needs of the woman and include more frequent appointments, longer appointment times, home visits and orientation visits to the maternity unit. The woman's birth plan should be referred to and discussed further, during an orientation visit to the labour ward.
11. Continuity of care/carers should be ensured as far as possible.

12. Parenting education and support should be delivered on a one-to-one basis within the home. The woman's partner and/or birth partner, and where appropriate other family members or support workers, should be involved in the teaching session so they can reinforce learning.
13. The woman's support needs and care plan should be documented in both her handheld record and the base record and include contact details of key workers.
14. Where there are ongoing concerns around the woman's competence or support needs, a joint visit with the health visitor should be arranged and/or a multi agency liaison meeting convened, in order to assess needs and risks and develop a joint care plan.

Hospital-Based Care

15. Staff caring for the woman in labour should refer to and implement her birth plan ensuring that communication support needs are met and that continuity of carer is provided. Support agencies should be informed of the birth.
16. Staff caring for the woman after the birth should refer to and implement her care plan and co-ordinate parenting support to meet her needs. A longer hospital stay should be considered to facilitate learning and to ensure home support arrangements are in place prior to discharge.
17. Staff should engage with and observe mother and baby interactions to identify any support needs. Where current or anticipated needs are identified, these should be documented and SNIPS and/or social services informed.

Postnatal Care in the Community

18. The frequency and length of postnatal visits by community midwives should be tailored to the woman's needs and should include at least one visit daily. Visits should include the ongoing assessment of the woman's understanding and competence in relation to parenting skills and infant care. Any support needs or concerns should be documented and the multi-agency liaison team informed.
19. Liaison with the health visitor or where appropriate other support agencies e.g. the adult learning disabilities team, must be undertaken prior to handover of care.
20. Maternity services should undertake risk and needs assessment in relation to learning disabilities throughout the pregnancy pathway, taking into account that needs may change over time.

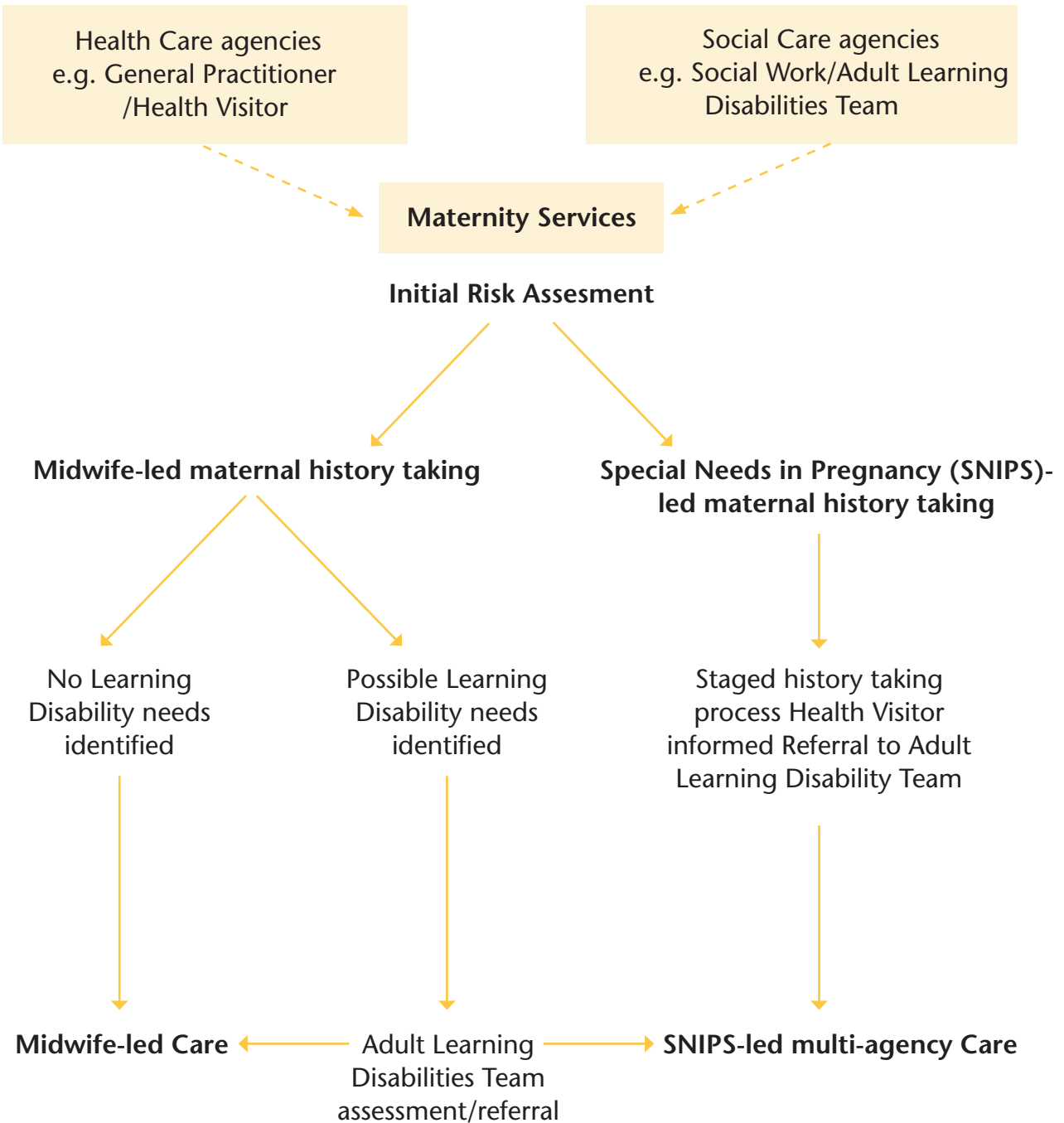
Staff Competencies

- All midwives should be competent in identifying and supporting women with learning disabilities, using appropriate communication skills and strategies to identify support needs, to provide tailored care and to refer on appropriately.
- All midwives should be familiar with and be able to use easy read resources to facilitate learning and understanding with people who have communication support needs.
- SNIPS midwives should be skilled in learning support strategies for people with learning disabilities.
- SNIPS midwives should be familiar with and linked into local organisations involved in the care of adults with learning disabilities e.g. adult learning disabilities services, social work services, advocacy agencies.

References

1. NHS Greater Glasgow and Clyde and Glasgow City Council (2008) "Working Together: For parents with a learning disability and their children" Draft policy document.
2. NHS Greater Glasgow and Clyde (2008) Communication Support and Language Plan. www.equality.scot.nhs.uk
3. NHS Quality Improvement Scotland, (2008), Maternal History Taking Best Practice Statement
4. NHS Fife (2008), Maternity services: Learning disabilities screening tool.
5. NHS Greater Glasgow and Clyde, Information for ward staff working in the Acute Division regarding admission/provision of care for patients presenting with learning disabilities.

Pathway: Women with Learning Disabilities (LD)



Continuous risk and needs assessment throughout pregnancy pathway