



The National Maternity Hospital  
Vita Gloriosa Vita ~ Life Glorious Life



UCD School of  
Nursing, Midwifery  
and Health Systems

# Evaluation of the Poppy Clinic – Postnatal Morbidity Service In the National Maternity Hospital Accessible Summary



## A Joint Research Network Project

### Authors:

Caroline Brophy, AMP, Assisted Care, NMH

Jean Doherty, Research Midwife, NMH

Lucille Sheehy, Practice Development Co-ordinator, NMH

Margaret Folan, Assistant Professor/lecturer, UCD

Barbara Coughlan, Assistant Professor/lecturer, UCD



This study was funded by: Nursing and Midwifery  
Planning and Development Unit, Dublin South,  
Kildare & Wicklow

## The Poppy Clinic

Caroline Brophy, the National Maternity Hospital Advanced Midwife Practitioner (AMP) in Assisted Care was the lead clinical researcher on this project. As a midwife manager of the antenatal clinic for nine years and a background in postnatal care and management, Caroline observed that there was a lack of formal postnatal follow up for women who experienced increased physical health problems following pregnancy, labour or childbirth. It was also identified that 25% of all women who attended the hospital's emergency department were postnatal mothers. Therefore, a gap in services for women who experience a morbidity following pregnancy or childbirth was identified. In view of these findings, in early 2013, a postnatal morbidity clinic was developed, called the Poppy clinic, to bridge this service gap. Many women suffer lasting physical health consequences of childbirth which greatly affects their quality of life (Angelini *et al.*, 2018; Prick *et al.*, 2015; Cooklin *et al.*, 2015; Fialkow *et al.*, 2003). The Poppy clinic was a fundamental shift in the delivery of postnatal care offered at the National Maternity Hospital (NMH).

The Poppy clinic is held in the outpatient department of the NMH. This collaborative service is provided by a consultant obstetrician and the AMP. When required, allied health professionals are involved in the woman's care. The care delivery in the Poppy clinic is the formal assessment, management, and follow up of physical and emotional

complications for mothers following childbirth, using a multidisciplinary approach, as required. The introduction of this clinic is in line with best practice in offering quality, safe care. Attendance to the Poppy clinic has significantly risen since its commencement. Records reveal that the attendance rate in 2013 was 122, which substantially rose to 621 attendees in 2018 when the study commenced (not including women who were visited by a Poppy clinic midwife/obstetrician outside clinic times) (NMH, 2019).

## Evaluation of the Poppy Clinic

As this clinic is the first of its kind in Ireland, the research team believed that it was imperative to evaluate its effectiveness and establish service areas that could be further improved. The aim of the study was to complete an evaluation of the clinic. Ethical approval was granted by the Ethics Research Committee in the NMH. A cross sectional mixed-methods study design incorporated a retrospective chart review and a survey of all women discharged from the clinic between October 2018 and March 2019 (n=179). The survey was developed from two questionnaires (SWOPS – Satisfaction with Outpatient Survey and CARE – Consultation and Relational Empathy) which were modified with the authors' permission to include demographic questions, questions pertaining to waiting times and spaces for free-text comments. Descriptive and inferential statistics was undertaken using SPSS (version 24).

## Results

The evaluation results are presented in the full report on the Poppy clinic. This accessible summary will highlight the results which we feel are the most clinically significant.

### Demographic details

Overall, the demographics of the women attending the Poppy clinic were similar to that of the general population of the NMH. However, 68% of the women attending the clinic were first time mothers, compared to 42% of the general population of the hospital (NMH, 2019), meaning that being a first-time mother is a risk factor for attending the Poppy clinic. A few other demographic details emerged as risk factors for attending the Poppy clinic. The average age of women who attended the clinic during the study period was 35 years old, compared to 31, which was the average age of women attending the hospital at the same period. Women who had an epidural had a higher attendance at the clinic compared to the general population (74.3% compared to 52% of the population).

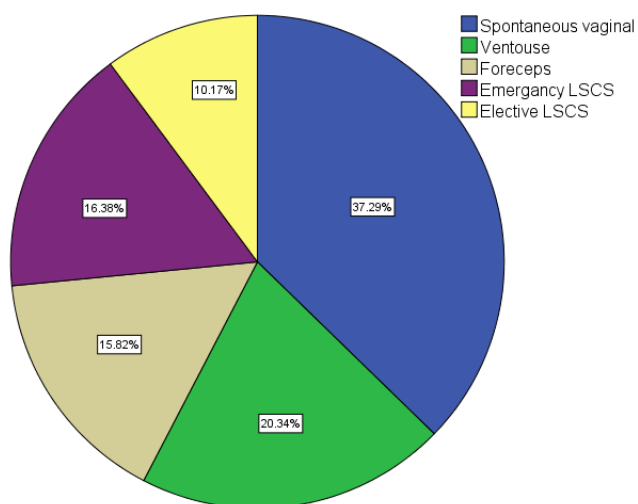


Figure 1 Delivery type

### Labour and birth details

The gestation age at birth ranged from 25+2 to 42+2 weeks gestation. Nearly half (n=84) of the women had a spontaneous labour, with 33.7% of women undergoing induction, compared to 29.8% of the general population of the hospital (NMH, 2018). The total length of the labour ranged from 8minutes to 13hours 32minutes.

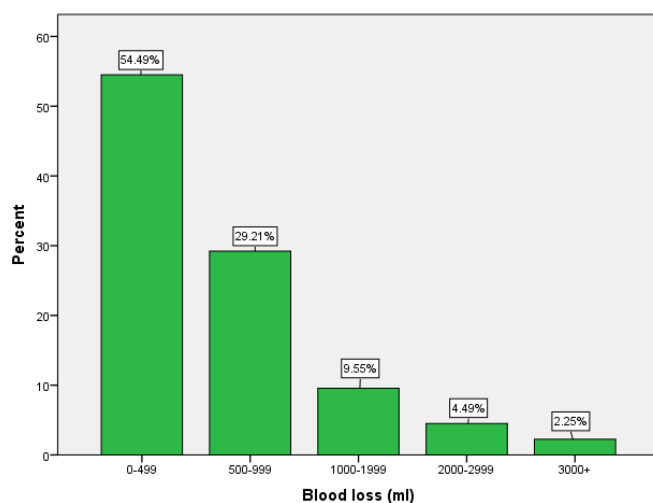


Figure 2 Estimated Blood Loss of sample (n=178)

One third (37.3%) of the women had a spontaneous vaginal birth. This is significantly lower than the general population at the hospital where 57% of women had a spontaneous vaginal birth in 2018 (NMH, 2019). The operative vaginal birth rate was 36.16%. This is significantly higher than the NMH 2018 rate of 13.7% (NMH, 2019). Over 17% of the women in this sample had a primary caesarean section (caesarean section prior to labour).

The estimated blood loss at delivery plus any additional blood loss during the immediate postnatal period for the women attending the

Poppy clinic was significantly higher than the general population at the hospital (NMH, 2019). In total, 45.51% (n=81) of all women attending the clinic had a blood loss over 500mls, which is classified as a postpartum haemorrhage (PPH). Major postpartum haemorrhage was recorded for 16.29% (n=29) of the women attending the Poppy clinic, which is classified by IMIS as a blood loss of over 1litre (HSE, 2019).

### Poppy Clinic Referral

The most common reason for referral to the Poppy clinic was wound review, with 46.07% (n=82) being referred for this reason. This includes women who suffered wound infection or wound breakdown of perineal or abdominal wound. All women who suffer from 3<sup>rd</sup> or 4<sup>th</sup> degree tears are referred to the Poppy clinic prior to attending the perineal clinic (OASI clinic). This is due to the long waiting times for the perineal clinic. Visiting the Poppy clinic 6

weeks post-birth affords the clinicians an opportunity to assess healing and if necessary they expedite the woman’s appointment for the Perineal Clinic. Nearly 25% of the Poppy clinic attendees were referred for a 3<sup>rd</sup> or 4<sup>th</sup> degree tear review. A further 6% experienced a 3<sup>rd</sup> or 4<sup>th</sup> degree tear but also experienced a further, primary reason for referral to the Poppy clinic, such as a postpartum haemorrhage or wound infection (9%). Additionally, 32 women (18%) had more than one reason for referral. For example, six women were being referred for debriefing as well as their primary reason for referral. Four women suffered a post-partum haemorrhage (PPH) in addition to their primary reason for referral.

Treatment offered to women varied. A quarter of the women needed a physical assessment, with no further treatment needed. The women who had suffered a 3<sup>rd</sup> or 4<sup>th</sup> degree tear were assessed and referred onto the perineal clinic. A small number of women (5.58%) were

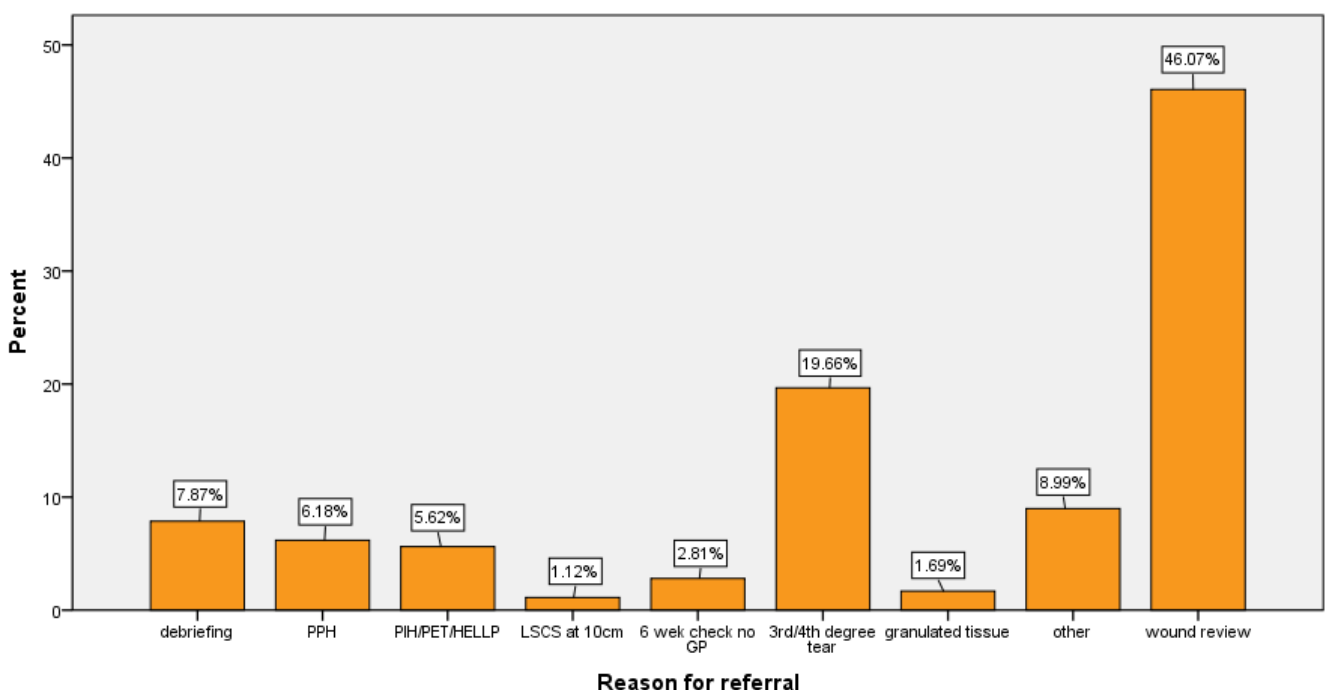


Figure 2 Reason for Referral

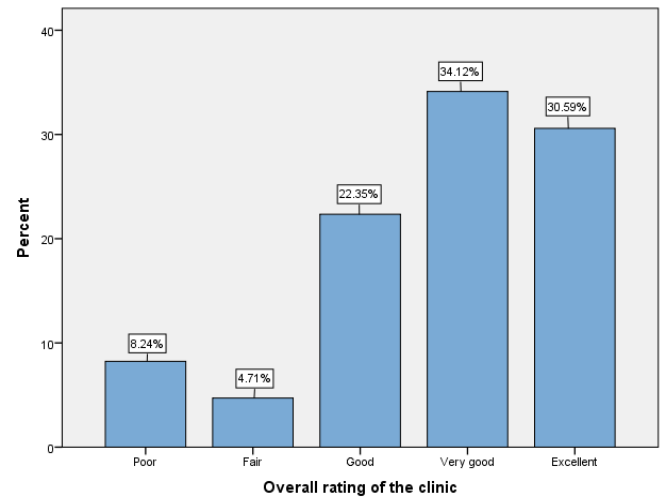
referred to other specialist areas in the hospital and to other hospitals. Wound management

accounted for the largest percentage of treatment offered and given at the clinic.

### Rating of the Poppy clinic

Women were asked a number of questions about their experience of the care they received by the midwife or doctor looking after them at the Poppy clinic. Approximately 70% responded with 'very good' or 'excellent' to the various questions (between 61.9% and 70.6%). However, only 45% and 52.9% respectively reported 'very good' or 'excellent' care in terms of 'helping them to take control' and 'making a plan of action'. For these questions, 25.4% and 22.8% of women rated this aspect of care 'poor' or 'fair, respectively. For the other eight questions, the women rated their care 'poor' or 'fair' between 12% and 16.5% of the time.

When asked how long they had to wait to be seen, just less than 1/3<sup>rd</sup> (32.1%) of women reported waiting less than 30 minutes, while over 1/3<sup>rd</sup> of women reported waiting longer than one hour for their appointment.



**Figure 3 Overall rating of the Poppy Clinic**

Two questions in the survey gave women an opportunity to make comments. One question read: "Are there any areas where you feel we could make improvements?" Of the 92 surveys received, 67 people left a free-text comment in this section. The final question read: "Please use the following section for any comments you would like to make". A total of 39 women left a comment in this section. All comments

**Table 1 Women's ratings of their experience of attending the Poppy Clinic**

Question (number of responses)	Rating n (%)					
	Poor	Fair	Good	Very good	Excellent	Does not apply
Making you feel at ease (n=85)	5 (5.9)	7 (8.2)	13 (15.3)	19 (22.4)	41 (48.2)	0 (0)
Letting you tell your 'story' (n=85)	7 (8.2)	7 (8.2)	15 (17.6)	22 (25.9)	33 (38.8)	1 (1.2)
Really listening (n=84)	6 (7.1)	11 (13.1)	13 (15.5)	28 (33.3)	26 (31)	0 (0)
Being interested in you as a person (n=83)	9 (10.8)	10 (12)	12 (14.5)	29 (34.9)	22 (26.5)	1 (1.2)
Fully understanding your concerns (n=85)	8 (9.4)	7 (8.2)	17 (20)	24 (28.2)	28 (32.9)	1 (1.2)
Showing care and compassion (n=84)	5 (6)	8 (9.5)	15 (17.9)	26 (31)	30 (35.7)	0 (0)
Being positive (n=84)	4 (4.8)	7 (8.3)	16 (19)	25 (29.8)	32 (38.1)	0 (0)
Explaining things early (n=85)	6 (7.1)	8 (9.4)	15 (17.6)	30 (35.3)	26 (30.6)	0 (0)
Helping you to take control (n=83)	5 (6)	11 (13.3)	17 (20.5)	17 (20.5)	19 (22.9)	14 (16.9)
Making a plan of action with you (n=85)	7 (8.2)	11 (12.9)	21 (24.7)	17 (20)	15 (17.6)	14 (16.5)

were amalgamated, and themes were created from these 106 comments received.

Some of the comments were relatively general, complementing the Poppy clinic and its staff on a good service.

*“Overall, excellent treatment and services. With 5\* midwives in the whole hospital.”*

A small number of comments were made regarding the lack of continuity of care. Two women mentioned that they were seen by different staff at each visit.

*“I got a different doctor also most weeks, bar one doctor I had twice who was really good and sent me upstairs for ultrasound etc.”*

Several women displayed enormous gratitude for care received.

*“I could not fault anything with the poppy clinic they were all amazing and so understanding”*

A few women referred specifically to being listened to by the staff at the Poppy clinic.

*“The doctor I met in the Poppy clinic was the first person who I felt listened to me. He gave me so much time and I just wish I had gotten his name”*

There were, however, some negative comments regarding care received. Some of the comments referred to reduced empathy, with others referring to the clinician not being thorough enough.

*“My 2nd visit was much better when I met the consultant. On the 1st visit the trainee doctor only wanted to check my 3rd degree tear and not full injury. I had to ask as there was complications, then I needed more procedures. If I didn't ask, I would have left in more pain”*

Some women displayed disappointment when the clinician looking after them was unaware of their history or reason for their visit before entering the room. Frustration was noted in some of the comments.

*“I don't think the doctor I saw knew what I was there for (it didn't seem to have anything to do with my experience of Hellp)”*

Some statements were made to the contrary, with women remarking their satisfaction with the knowledge that the clinicians had about their experiences.

*“First visit to the clinic I was only waiting about 10-15 minutes and met Doctor who knew my history – very efficient”*

Women mentioned the improvements they felt physically because of the care received at the Poppy clinic, as indicated in the following comments.

*“Overall this clinic was a huge help to me and I'm really grateful to all the midwives and the doctors there for not letting me go until I healed”*

The appointments felt rushed by some women, whereas some women found the visits thorough and pointed out that they did not feel rushed at all.

*“The wait times were ok but never at the scheduled time and I did feel like the exam was quite quick and perhaps would have liked it to have been at a slower pace but overall I felt very well cared for”*

Waiting times were a significant issue for many survey respondents, with 30 comments involving women waiting for a long time to be seen by a clinician. Several women highlighted that the same appointment times are given to several women, increasing the waiting time, as per the quotations below.

*“On my first visit I waited 4 hours to be seen. I was in pain, emotional and very worried about having my tiny new-born out with me in a hospital for such a lengthy amount of time”*

For some women, an explanation of what to expect, in terms of pain and healing, was not explained. Also, what steps to take if they are concerned was lacking.

*“If you develop future problems, I was not made aware what supports were available”*

Some women had issues with their records not being up to date on the electronic record system. Further, it was requested that medical records be made freely available for women.

*“Improving the medical records. Keeping them up to date”*

Some women found it extremely difficult to negotiate buggies through the small corridors and into the doors of the small examination rooms. Additionally, the lack of facilities available for breastfeeding mothers in the waiting room was remarked upon. Other items suggested for a postnatal clinic were drinking water, baby changing table, bottle warmer and possibly a play area for siblings. A further issue was the uncomfortable wooden benches that women had to sit on while waiting. This discomfort was a cause of pain for one woman.

*“The seating was very uncomfortable – especially when sore below”*

## Discussion: The Value of the Poppy Clinic

This evaluation study provides evidence of the value and necessity of a postnatal morbidity clinic in the National Maternity Hospital and the

recommendations within offer support for the development of such clinics nation-wide. The benefits of the Poppy clinic is that it provides a service for GP's and public health nurses to refer women to, who have experienced increased problems postnatally. Additionally, within the hospital, women who identify as needing extra care and treatment as a result of their pregnancy or birth now have a streamlined care pathway to the Poppy clinic. This new service ensures that women no longer need to suffer in silence, where important issues like sexual health and incontinence can be discussed in a safe space where they feel listened to and supported. Furthermore this clinic offers women the opportunity to prepare for their next pregnancy with greater confidence.

## The Future of the Poppy Clinic

In response to the increasing numbers of women attending the Poppy clinic annually, and as a result of the findings of this current evaluation, several steps are in the planning, and implementation stages of improving the quality of care women receive at the clinic. The Poppy clinic is in a position to now increase the number of clinics per week from one to three, including evening clinics offering new mothers a greater choice of times. Using the data gathered from the chart audit and the survey, a new referral pathway has been developed to further streamline the process of referring women to the Poppy clinic.

Education and training and knowing the importance of communication will be a vital

component in improving aspects of relational care offered in the clinic. Communication training for staff working in the Poppy clinic will be implemented to enhance aspects of relational care highlighted by the women in this study as needing improvement. This includes staff members' knowledge of patient history, making a plan of action in conjunction with the women and fully understanding the woman's concerns.

Because of the feedback given by the women who participated in this study, measures have

been implemented to streamline the appointment times, while in turn reducing time waiting. It is envisioned that the addition of the two new clinics per week will also assist in this endeavour. Since the development of the clinic in 2013, the numbers of attendees have increased by 500%, without an increase in clinic hours or resources. The increase in clinic slots and the new AMP role gives a valuable opportunity to expand the service to more women in the years ahead.

#### Recommendations made as a result of the evaluation of the Poppy Clinic

- Postnatal morbidity clinics are an essential element of maternity care and should be developed in all maternity units in Ireland.
- Women at high risk of developing an infection or wound breakdown, such as women who have undergone caesarean section, women with a blood loss of over 500ml or women with a Hb less than 11mmol/l should be given information on signs of infection and wound breakdown and the contact details of the Poppy clinic or other postnatal morbidity clinic should symptoms develop.
- Midwives and obstetricians should be familiar with women's history and reason for her attendance at the Poppy clinic prior to commencing any consultation.
- Compassionate communication skills are essential for all clinicians treating women with a postnatal morbidity, specifically primiparous women who are at higher risk of psychological morbidity.
- Women should be given a specific time to attend the clinic.
- A national referral pathway should be available in the community (GP and PHN practices) and in all maternity units for all women displaying symptoms of increased morbidity after discharge.

*The research team would like to offer our heartfelt thanks to all of the participants of this study – the new mothers who attended the clinic - who took time out of their busy lives, caring for their new babies, to complete the survey. Without all of you, this study would not have been possible.*