



<b>Title</b>	<b>Redesigning Postnatal Care: A Randomized Controlled Trial of Protocol-based, Midwifery-led Care Focused on Individual Women's Physical and Psychological Health Needs</b>
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<b>Reference</b>	Health Technol Assess 2003;7(37). Nov 2003. <a href="http://www.nchta.org/execsumm/summ737.htm">www.nchta.org/execsumm/summ737.htm</a>

## Aim

To develop, implement, and test the cost effectiveness of redesigned postnatal care compared with current care on women's physical and psychological health.

## Conclusions and results

At 4 and 12 months postpartum, the mean SF36 Mental Component Score (MCS) and Edinburgh Postnatal Depression Scale (EPDS) scores were significantly better in the intervention group, and the proportion of women with an EPDS score of 13+ (indicative of probable depression) was significantly lower relative to controls. The physical health score (SF36 -PCS) did not differ. Use of health services was significantly lower in the intervention group as was psychological morbidity reported at 12 months. Women's views about care were either more positive or did not differ. Intervention midwives were more satisfied with redesigned care than control midwives were with standard care. Intervention care was cost effective since outcomes were better and costs did not differ substantially.

## Recommendations

The redesigned community postnatal care led by midwives, and delivered over a longer period, resulted in an improvement in women's mental health at 4 months postpartum, which persisted at 12 months and at an equivalent overall cost. There were fewer GP consultations during the first year in the intervention group, but no difference was detected in the physical health score used.

## Methods

A cluster randomized controlled trial used general practice as the unit of randomization. Recruited women were followed up by postal questionnaire at 4 and 12 months postpartum, and further data were collected from midwife and general practice sources. Women's health problems were systematically identified and managed, led by midwives with general practitioner contact only when required. Symptom checklists and the EPDS were

used at times to maximize the identification of problems and individual care and visit plans based on needs. Evidence based guidelines were used to manage needs. Care was delivered over a longer period.

## Further research/reviews required

A summary is presented in the report.