

Importance of Training in Obstetric Emergencies for Ambulance Professionals

1 in 50 women in England and Wales will give birth at home [1]. Births in community settings, and community services in general, are gaining more attention as a better option for some low-risk mothers [2] [3], and to support continuity of care for mothers [4].

For women giving birth for the first time, there is a slightly increased risk of adverse perinatal outcomes compared to an obstetric unit (9.3 per 1,000) [3]. In addition, nearly half of women birthing for the first time at home are transferred to the obstetric unit (45%), and over 1 in 10 multiparous women (12%) [3].

Multi-professional conversations and training should form a vital component of regular CPD training, to allow optimum transfer and outcomes. Qualitative and quantitative results in Baby Lifeline's *Childbirth Emergencies in the Community* lucidly highlight that training positively impacts upon knowledge, confidence, and empowerment – which is sustained 3 months following the training [5].

Impact of Course of Ambulance Professionals

Knowledge

Knowledge in key competencies increased by around a third following the course, an increase which has been shown to be retained 3 months following the course for ambulance professionals (*Figure 1*).

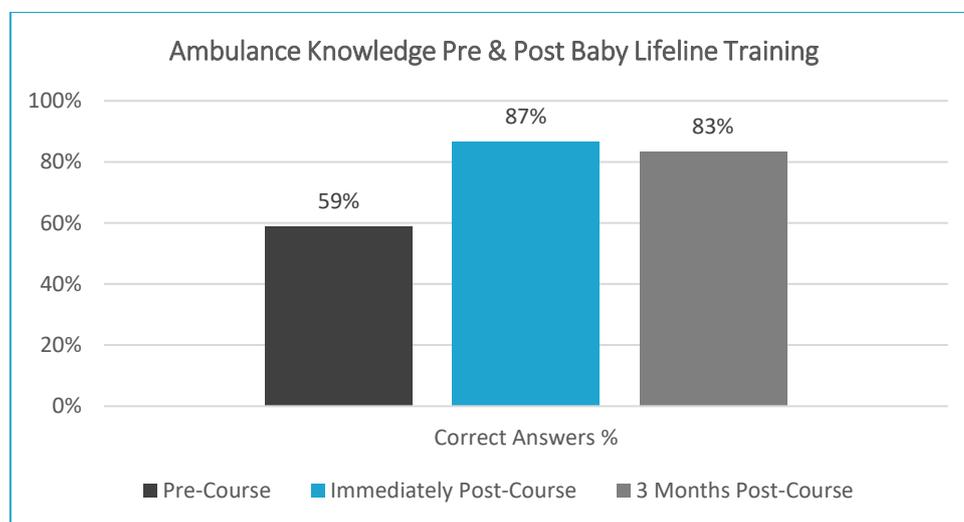


Figure 1: Knowledge Scores Before and After Maternity Training

When questions relate to **maternity-specific management** the knowledge increase is even greater; for example, correct answers about management of a shoulder dystocia in the community increased from 38% pre-course to 91% post-course. Whereas, more commonplace ambulance knowledge like adult resuscitation was answered correctly by 100% of ambulance professionals at all time points (*Figure 2*). It is important to note that the response rate does drop at 3 months, and so the percentage increase in certain subjects may be due to the lower sample.

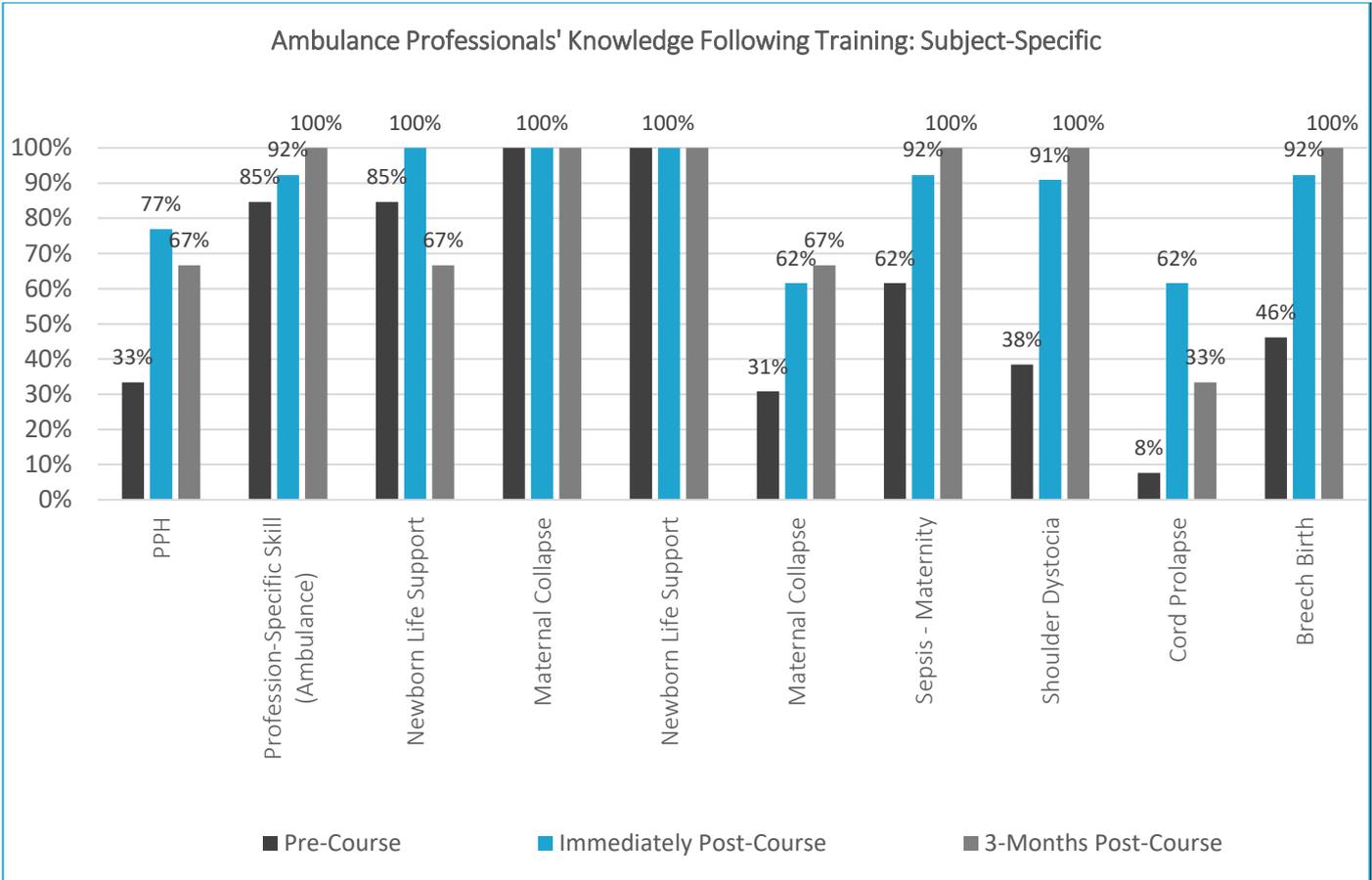


Figure 2: Subject-Specific Knowledge Scores

Confidence

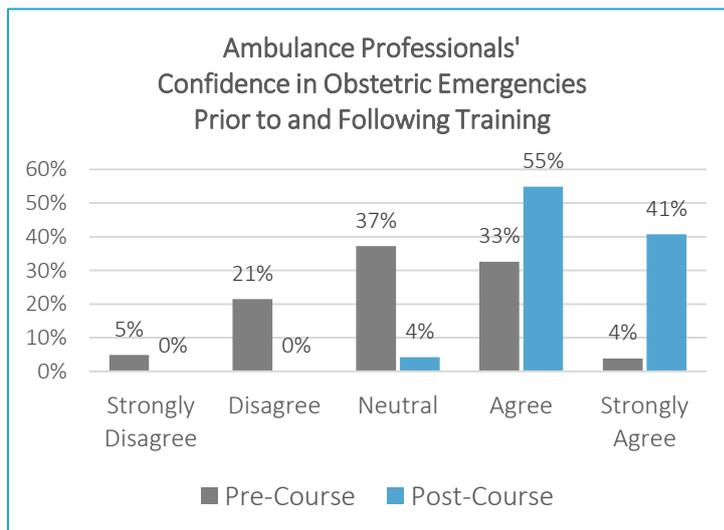


Figure 3: Ambulance Professionals' Confidence Scores

Confidence in obstetric emergencies greatly improved post-course. Prior to the training, around a third of ambulance professionals (37%) reported that they “agreed” or “strongly agreed” that they were confident in managing obstetric emergencies.

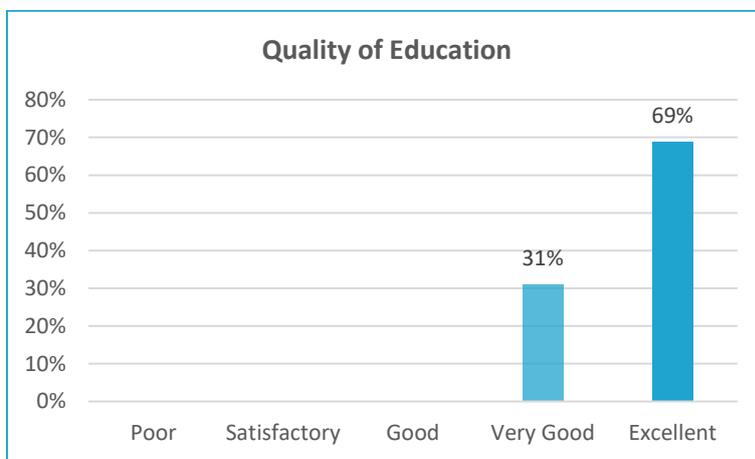
Following training, 96% of ambulance professionals stated that they “agreed” or “strongly agreed” that they were confident in the management of key obstetric emergencies.

Childbirth Emergencies in the Community: The Impact on Ambulance Professionals

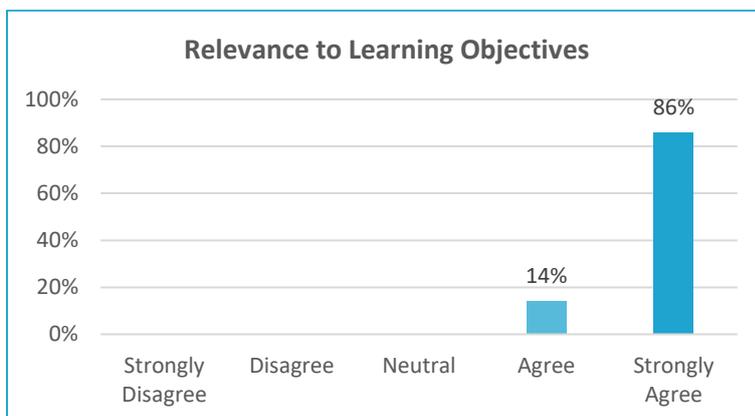
Ambulance professionals' confidence was measured pre and post course in the following areas:

- Communication in an obstetric emergency
- Vaginal breech birth
- Neonatal resuscitation
- Sepsis
- Cord prolapse
- Shoulder dystocia
- Maternal collapse
- Post-partum haemorrhage (PPH)
- Physiological birth

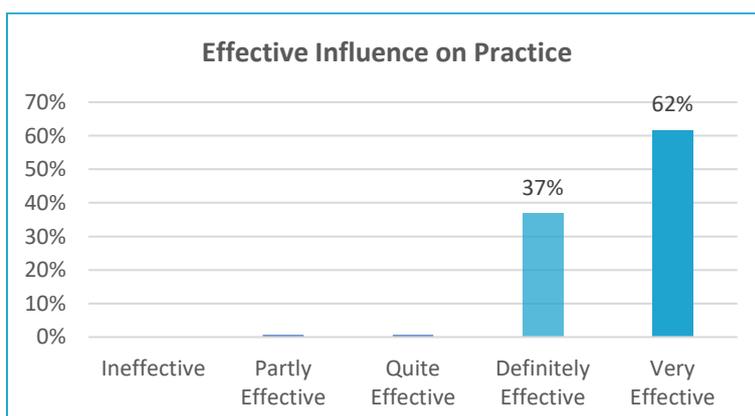
Delegate Satisfaction



100% of ambulance professionals rated the quality of education of **“very good”** or **“excellent”**.



100% of ambulance professionals agreed or strongly agreed (86%) that the course was **relevant to their learning objectives**.



98% of ambulance professionals stated that they would **change their practice** in a minor (*definitely effective*) or major (*very effective*) way following the course.

“Very enjoyable course, as a paramedic I have learnt more and feel more confident in future maternity incidents. Fantastic to be able to do the course with midwives. Highly recommend the course.”

“Excellent. Learnt loads. Very relevant to paramedic practice.”

“Fantastic course which I have recommended to all my colleagues. I learnt more about childbirth emergencies within the first few hours of the day than I did my entire university degree and the 4 years I have been a Paramedic. Thank you.”

Conclusion

Births in the community are not uncommon, with 1 in 50 women in England and Wales reportedly giving birth at home [1]. For women giving birth for the first time, there is a slightly increased risk of adverse perinatal outcomes compared to an obstetric unit (9.3 per 1,000) and nearly half are transferred to the obstetric unit [3]. Transfer for women having subsequent births is can also be fairly frequent, with in 1 in 10 being transferred [3].

Multi-professional conversations and training should form a vital component of regular CPD training, to allow optimum transfer and outcomes.

Following Baby Lifeline’s training in maternity, knowledge, confidence, and empowerment increased greatly, and was sustained 3 months following the course. In addition, reported delegate satisfaction following course was extremely positive.

References

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2. National Institute for Health and Care Excellence (2014). *Choosing place of birth: resource for midwives* (CG190). Retrieved from <https://www.nice.org.uk/guidance/cg190/resources/choosing-place-of-birth-resource-for-midwives-msword-248730877>.
3. Birthplace in England Collaborative Group, Brocklehurst P, Hardy P, Hollowell J, Linsell L, Macfarlane A, McCourt C, et al. *Perinatal and maternal outcomes by planned place of birth for healthy women with low risk pregnancies: the Birthplace in England national prospective cohort study*. *BMJ* 2011;343:d7400.
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