

Project: Family Birthing Centre

Client: Fiona Stanley Hospital

Date: 4th August 2018

Report: Consumer & Midwife Consultation Session



Aha! Consulting

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1 Introduction

On the 4th of August 2018, independent consultant Joel Levin of Aha! Consulting facilitated a Family Birthing Centre Consultation for the Fiona Stanley Hospital (FSH) which was attended by 75 people.

It is important to note that 37% (n328) of the participants were consumers and the remainder were nursing/midwifery staff, doulas and others from the industry, some of whom hope to be future clients at the Birthing Centre when they birth their own children. Feedback has not been de-aggregated between these two cohorts and some of the midwifery staff could also be considered prospective consumers of the service.

The session followed on from two site tours of the proposed space for the family birthing centre. Its purpose was to identify the design principles which would guide the fit out of the new family birthing centre. What follows are the collated notes from this session. The session plan can be found in Appendix one.

2 The Feel

Participants were asked to describe how they would like the centre to feel. Some thematic groupings of the key feelings identified are collated below. There were six tables in the room and the numbers indicate how many tables mentioned each specific term.

As can be seen, there is a strong alignment and consistency of perspectives about how people wanted the space to feel:

- Homely (6)
 - Safe (3)
 - Warm (2)
 - Soft
 - Family friendly
- Welcoming (3)
 - Inviting (2)
 - Whole family
 - Culturally secure
- Relaxing (5)
 - Calm/calming (4)
 - Serene (2)
 - Peaceful
- Quiet (3)
 - Especially buzzers
- Non-medical/Non-clinical (4)
 - Natural
 - Flexibility
 - Freedom to adapt environment
- Private (3)
- Comfortable (3)
- Accessible

3 The Look

Participants were then asked to describe how the centre might look in order to deliver that feeling. Their responses are similarly themed as follows:

- **Room Layout**

- Double beds (for postnatal/partner etc.)
- Bed out of centre of room
- Co-sleeper cot (not plastic or wire)
- Recliner chair/breastfeeding chair
- Uncluttered
- Window views
- Natural scene/plants
- Simple/movable furniture

- **Room Aesthetics**

- Euro/modern style
- Private, dim, quiet
- Affirmations
- Art
 - Aboriginal Art
 - Mural (nature)
 - Artwork on ceiling
- Sensory technology
 - Projection of images and sound
 - Projector to change scenery
- Colours
 - Natural tones
 - Neutral, soft, less sterile
- Spa textures design/look/feel (not high glass)
- Flooring
 - Wood/bamboo look
 - Wood lino (light)
 - Wood effect
 - Floating timber or timber lino

- **Room Features**

- Diffuser
- Skyping facility
- Zone off areas
- Good sound system
 - Stereo
 - Bluetooth speakers (wireless connection)
- USB ports for charging
- Temperature control
- Lighting
 - Changeable, flexibility of lighting, self-control lights
 - Warm, soft
 - Salt lamp, Himalayan etc.
 - Natural light
 - Plantation shutters
- Bar fridge (in room)
- Bath
 - Oval/round
 - Like LBS
 - Inflatable birthing pools
- Portable TV
- Private toilet and shower
 - Nice toilet paper (4 ply)
- Non-clinical look
 - Hidden medical equipment In cupboards
 - Pack away the clinical stuff (panels)
 - Fewer clinical uniforms e.g. community midwives
- Upright active birthing fixtures
 - Ropes etc

- **Facility Layout**

- Family/support person space
- Comfortable seating (with supports for birthing)
- Play area
- Space for other children to visit
- Dedicated entry
- Microwave/kitchenette
 - Boiling water for gel heat packs
- Ice and water dispenser in common area
- Shared dining area
 - Toilet near but not attached
 - Space for different families
 - Chill out room
- Outdoor access
 - Fresh air
 - Real plants

- **Linen**

- Not white
- Option to bring own linen (hospital sheets but own doona)
- Softer linen, flannelette
- “Real pillows” – BYO
- “Real bedding” – e.g. doonas
- Homely bedding

4 Function

Participants were then asked what they would want to be able to do in the centre. Three of the six groups worked on this question and the rest of the group contributed alternate views and filled any gaps. The feedback is collated into themes, with the raw notes from each group is in Appendix 2.

Orientation /Education

- Tours to ensure women are familiar with the environment
- Place for antenatal education and morning teas etc.
- Pain management techniques that are non-pharmaceutical
 - TENS
 - Birthing pool
 - Massage
 - Movement active birth

Room Amenity and Functionality

- Moveable spaces and fixed space
- Continuity of room features rather than distinctly themed room to reduce booking complications, competition etc.
 - Not a choice of room but have all rooms with same flexibility options
 - Bed not the focus (moveable)
- Time after birth to bond and not be pushed out too early
- Adjustable lighting – dim to bright
- Quality shower
 - Moveable shower head
 - Double shower (room for support person)
 - Don't compromise the shower space for bathtub space
 - Comfortable to sit / yoga mat
 - Hot water with good pressure
 - Handle to hold on to
- Warm bathroom
 - Under tile heating
 - Heat lamps
- Active birth
 - Ropes from ceiling, wall ledge for women to grip (Royal North Shore Hospital)
 - Benches to lean on
 - Birth balls/ peanut balls
 - Floor mats
 - CUB chairs
- Built-in pools vs inflatable pool
 - If there are inflatables, it needs to be done well and properly (pump for ease of emptying)
 - Explore how it's done elsewhere
 - Factor it into design so there is dedicated space

- Notice board for affirmations
- Block out blinds
- Separate air flow (can use oils, diffusers etc.)
- Shield view from door – non-clinical feel

Clinical Approach

- Know who your midwife is
- Family birth centre skilled midwives, e.g. competent in water labour
- Flexibility of support teams
- What clinical guidelines will the midwives follow? What about individual plans for women?
- Would Community Midwifery Program have access to centre, like they do in King Edward Hospital (KEMH)?
- MOU with KEMH
 - Reciprocate if space is needed
- Work station (stand up/sit down desk)
- Room between rooms for midwives; interconnecting rooms where clinical staff and equipment are shared between birthing rooms

Other Comments and Functionality

- Cleaning and catering that is non-invasive
- Increased number of birthing rooms, over number of post-natal rooms
- Multi-functional room post-natal/antenatal/education room
- Easy direct access to Family Birthing Centre
- Ability to stay and not feel pushed out
- To eat/sleep – quiet
 - Table, chairs
 - Lounge area
- Comfortable seat

5 Support

Participants were also asked about the kinds of services or programs they would like to access. Three of the six groups worked on this question and then the rest of the group contributed any gaps and alternate views. The feedback is collated into themes, with the raw notes from each group in Appendix 2.

Ante-Natal (AN)

- Access to physio AN
- Meeting midwives
- Antenatal classes in community
 - Exercise classes
 - Diet classes/lifestyle – budgeting etc.
 - Hypnobirthing/yoga or provide contacts
 - Similar geography, similar gestation types – form support groups
 - Alternative pain relief/hypnobirthing
 - Water etc.
 - Breastfeeding education

Intrapartum

- Known midwife
- Doula service information/info re. photographers
- Waterbirth-competent midwives
- Info re. pharmacological analgesia/support using natural birthing equipment
- Partner/birth support to stay overnight

Post-Natal

- Group physio class
- Community support groups/BF/parenting classes
- Baby massage
- Lactation consultation (option for at home/in the centre)
- Mother groups
- Postnatal home visits – frequency to be determined (two - six weeks)
- Consider input into what post-natal care looks like

Other supports

- Equipment hire — TENS, breast pumps
- Group education
- Unexpected outcomes – midwife team to visit next day

Models of Care and Consideration

- Continuity of midwife
 - Team midwifery
 - Team doctor
- Consider previous birth experiences
 - To tailor what is needed
- Flexibility for visitors and numbers
 - Sound proofing between rooms
- Individualised care
- Access for private midwives
- Service facilitates access to external providers
- Look at eligibility requirements (i.e.: reduce the threshold for participation, given access to surgical support)

Appendix One – Session Plan

Session Purpose: Identify design principles that will guide the fitout of the new family birthing centre.

Time	
1:00pm	Site Tour - #1
1:30pm	Site Tour - #2
2:00pm	Getting Started <ul style="list-style-type: none">- Welcome and Introduction- Expectations and outcomes<ul style="list-style-type: none">a. (Purpose and Scope)
2:06	Setting the Scene <ul style="list-style-type: none">- Why are we here?- What are the givens? (limitations)- How are they being set up in other places?- What does the project team look like?
2:15	Amenity – Look and Feel <ul style="list-style-type: none">- “Describe how you would like the centre to feel?”- “Describe how the centre looks that deliver that feeling?”
2:50	Functionality and Support <ul style="list-style-type: none">- Functionality: “What would you want to be able to do in the centre?”- Supports: “What kinds of services or program would you like to access?” (pre-natal classes, anti-natal classes, lactation support etc)
3:25	Next steps <ul style="list-style-type: none">- What will happen with the information gathered today?
3:30	Session end
	Afternoon Tea
4:00	END

Appendix Two - Raw notes

Raw notes – Questions about functionality

Group 1

- Tours to ensure women are familiar with the environment
- Time after birth to bond + not be pushed out too early
- Cleaning + catering that is non-invasive
- Family birth centre skilled midwives e.g. competent in water labour
- What clinical guidelines will the midwives follow? What about individual plans for women?
- Place for antenatal education & morning teas etc
- Pain management techniques that are non-pharmaceutical
 - TENS
 - Birthing Pool
 - Massage
 - Movement Active Birth
- Active birth: ropes from ceiling, wall ledge for women to grip (Royal North Shore)
- Thick mattress for the floor
- Adjustable lighting – dim & bright

Group 2

- Access to services if I meet the criteria (not geographic)
- Increased number of birthing rooms, over number of post-natal rooms
- Quality shower
 - Moveable shower head
 - Doesn't comprise the shower space for bathtub space
 - Comfortable to sit / Yoga mat
 - Hot water with good pressure
 - Handle to hold on to
- Would Community Midwifery Program have access to centre? – like they do in King Edward Memorial Hospital (KEMH)
- Continuity of room features
 - Not a choice of room
 - But all with same flexibility options
 - Bed not the focus (moveable)
- MOU with KEMH
 - Reciprocate if space is needed
- Moveable space fixed space
 - Stay in space you are birthing in (ability to move to support other women to birth)

Group 3

- Known midwife
- Active birth aids
 - Ropes/poles/ballet barres
- Benches to lean on
- Built-in pools in each room
 - No inflatables
 - Needs to be done well and properly (pump for ease of emptying)
 - Explore how it's done elsewhere
 - Factor it into design
- Enough birth balls
- Floor mats – space available
- Multi-functional room post-natal/antenatal/education room

- Easy access to Family Birthing Centre
 - Direct
- Interconnecting room where clinical staff + equipment shared between birth rooms
- Ability to stay
- To eat/sleep – quiet
 - Table, chairs
 - Lounge area
- Room between birthing room for midwives
- Supports for 'active' labour
- Warm bathroom
 - Under tile heating
 - Heated lighting
- Double bed (includes partners)
- Ropes/bars/Rails/Water birth facilities
- Double showers
- CUB chairs
- Comfortable seat
- Notice board for affirmations
- Birth balls/peanut balls
- Flexibility of support teams
- Work station (stand up/sit down desk)
- Block out blinds
- Separate air flow (can use oils, diffusers etc)
- Shield view from door – not clinical feel

Raw notes – Questions about supports

Group 1

- Continuity
- Equipment hire
- Group education
- Home visits for ANC
- Meet the midwives (morning tea AN + PN)
 - Each team 1/12
- L/C services
 - Option of home/centre
- Mother groups
- Partner/birth support to stay overnight
- Unexpected outcomes – midwife team to visit next day
- Consider input into what post-natal care looks like

Group 2

- Midwifery-led antenatal class
 - Alternative pain relief/hypnobirthing
 - Water etc
 - Breastfeeding education
- Lactation consultant
- Doula
- Hiring equipment – TENS, breast pumps
- Postnatal home visits – 2 weeks minimum
- Continuity of care
 - Known midwife taking through journey

- Case load
 - Team
 - Team doctor (continuity)
- 6-week check with midwife
- Flexibility for visitors and numbers
 - Sound proofing between rooms
- Individualised care
- Access for private midwives
- Success measure?
 - Increase in vaginal birth
- Service facilitates access to external providers
- Look at eligibility requirements and access to surgical support if needed

Group 3

AN

- Access to physio AN
- Antenatal classes in community
 - Exercise classes
 - Diet classes/lifestyle – budgeting etc
 - Hypnobirthing/yoga or contacts for
 - Similar geography, similar gestation types – form support group
- Team midwifery
- Consider previous birth experiences
 - To tailor what is needed

Intrapartum

- Known midwife
- Doula service information/info re photographers
- Waterbirth competent midwives
- Info re pharmacological analgesia/support using natural birthing equipment

PN

- Group physio class
- Community support groups/BF/parenting classes
- Baby massage
- Lactation consultation

-END-