

## **PDSA Cycle 1**

### **Aim:** what are you trying to accomplish?

We propose the implementation of the eight-question checklist handed to mothers to improve maternal knowledge with managing neonatal care. We address eight key topics with illustrative examples to prompt mothers to seek further information where necessary.

### **Plan:** what will your test be?

We plan to go on the UCLH postnatal ward and hand mothers a checklist to be kept with the child's personal health record (red book) and ask them the eight questions. We will then follow them up seven to ten days after with a phone call repeating the eight questions.

### **Prediction:** what do you think will happen as a result of your test?

We predict mother's confidence and knowledge will improve, as the checklist will allow them to tailor their questions to healthcare professionals and/or independent research towards areas they feel less confident with.

### **Do:** what happened when you carried out your test?

We were able to speak with and gain consent from 37 mothers on the post-natal ward. However, only 30 of these were successfully followed-up by phone-call seven to ten days later. Reasons for incomplete follow up include: no answer, voicemail, mothers too busy to talk or incorrect phone number.

### **Study:** how did the results of your test compare with predictions?

The follow-up score after seven to ten days improved significantly in comparison to the mother's initial score on the postnatal ward. During this time, mothers were able to look through the checklist and address any key concerns. Consequently, this improved the mother's knowledge, demonstrated by the increase of their follow-up score compared to their initial score. This is consistent with our predictions.

### **Act:** how will you change your previous test in light of what you have learned?

We aim to increase awareness of the checklist intervention through illustrative posters on the post-natal ward highlighting a preliminary key concerns they may have. This will familiarize mothers about the study and prompt them to seek information before the checklist is given. This will allow us to see whether the checklist is still beneficial or not.

## **PDSA Cycle 2**

**Aim:** what are you trying to accomplish?

We propose the implementation of A4 posters around the post-natal ward to prompt mothers to begin to identify key topics in which they may lack knowledge with regards to neonatal care. Additionally, we will also be handing the eight-question checklist to the mothers to help improve their knowledge regarding neonatal care.

**Plan:** what will your test be?

We plan to put up posters around the post-natal ward prior to the beginning of PDSA Cycle 2. We will then hand mothers a checklist to be kept with the child's personal health record (red book) and ask them the eight questions. We will then follow them up seven to ten days after with a phone call repeating the eight questions.

**Prediction:** what do you think will happen as a result of your test?

We predict mother's confidence and knowledge will improve, especially as they should have foreseeably considered the key topics illustrated on the poster. Furthermore, the checklist will allow them to supplement their queries and thus tailor their questions to healthcare professionals and/or independent research towards areas they feel less confident with.

**Do:** what happened when you carried out your test?

We were able to speak with and gain consent from 35 mothers on the post-natal ward. However, only 32 of these were successfully followed-up by phone-call seven to ten days later. Reasons for incomplete follow up include: no answer, voicemail, mothers too busy to talk or incorrect phone number. During the week of data collection on the post-natal ward, some of the posters were removed or covered up with other information; all the mothers in this cycle may not have previously seen the poster which could be a variable, contributing to the statistical outcome of the data.

**Study:** how did the results of your test compare with predictions?

The follow-up score after seven to ten days improved significantly in comparison to the mother's initial score on the postnatal ward, showing the poster supplementing the checklist was still a beneficial intervention. During this time, mothers were able to look through the checklist and address any key concerns. Consequently, this improved the mother's knowledge, demonstrated by the increase of their follow-up score compared to their initial score. This is consistent with our predictions.

**Act:** how will you change your previous test in light of what you have learned?

As some of the posters were removed or covered up and there is the chance that the mother may not keep the checklist with her child's personal health care record (red book), lose the checklist or leave it behind on the postnatal ward, we aim to staple the checklist intervention to the personal health care record. This would ensure it would be readily accessible for the mothers at all times as well as allowing them the opportunity to go through it when the midwife is checking other aspects of the personal health care record. This will allow midwives to address any queries together with the mother and will also allow us to see whether the checklist is still beneficial or not.

### **PDSA Cycle 3**

**Aim:** what are you trying to accomplish?

We propose the attachment of the checklist intervention by stapling it to the child's personal health care record (red book). The permanent implementation of the eight-question checklist will ensure it is readily accessible for mothers at all times and will give mothers the opportunity to go through any concerns together with a healthcare professional in the hospital and post-discharge. Additionally, permanent attachment of the checklist will be beneficial to prevent mothers losing or leaving the checklist behind on the postnatal ward.

**Plan:** what will your test be?

We plan to go on the UCLH postnatal ward and staple the checklist to the child's personal health record (red book) and ask them the eight questions. We will then follow them up seven to ten days after with a phone call repeating the eight questions.

**Prediction:** what do you think will happen as a result of your test?

We predict permanent attachment of the checklist to increase the mother's confidence and knowledge in neonatal care, especially as they will be able to tailor any queries from the checklist and address any concerns specifically with a healthcare professional. Permanent attachment will prevent and loss or misplacement of the checklist, also allowing independent research towards areas they feel less confident with.

**Do:** what happened when you carried out your test?

We were able to speak with and gain consent from 34 mothers on the post-natal ward. However, only 30 of these were successfully followed-up by phone-call seven to ten days later. Reasons for incomplete follow up include: no answer, voicemail, mothers too busy to talk or incorrect phone number.

**Study:** how did the results of your test compare with predictions?

The follow-up score after seven to ten days improved significantly in comparison to the mother's initial score on the postnatal ward. During this time, mothers were able to look through the checklist and address any key concerns. With the red book being a national method to monitor the well-being of the newborn, the midwife will always ask for it and check it at each visit, providing the mother with opportunities to address any questions she may have from the checklist, as it is readily accessible within the book. Consequently, this improved the mother's knowledge, demonstrated by the increase of their follow-up score compared to their initial score. This is consistent with our predictions.

**Act:** how will you change your previous test in light of what you have learned?

This is the end of our study. We do not have any further cycles.