

The Fetal, Antenatal, Neonatal and Surgical clinic: multidisciplinary team working to support families

The fetal medicine, antenatal medicine, neonatal and surgical teams have come together at St Mary's Hospital, Manchester, to offer a holistic, family-orientated clinic for parents-to-be of *in utero* babies who are known to have surgical problems. These families face high levels of stress and anxiety, and have questions about their unborn child that need answering. This multidisciplinary clinic has shown clear benefits in maximising parental understanding, empowering parents through knowledge sharing, and preparing the future relationship between parents and medical teams for the long-term care of the baby.

Helen E M Porte¹

Neonatal Trainee
hporte@doctors.org.uk

Robert T Peters²

Consultant Neonatal and Paediatric Surgeon

Philip Bullen¹

Consultant in Fetal Medicine

Ajit Mahaveer¹

Consultant Neonatologist and Research Lead

¹St Mary's Hospital, Manchester

²Royal Manchester Children's Hospital

Keywords

multidisciplinary team (MDT); neonatal surgery; fetal medicine; family-orientated

Key points

Porte H.E.M., Peters R.T., Bullen P., Mahaveer A. The Fetal, Antenatal, Neonatal and Surgical clinic: multidisciplinary team working to support families. *Infant* 2021; 17(1): 39-41.

1. Parents-to-be of babies with anticipated surgical conditions may have a lack of knowledge about their baby's condition and worry about what will happen after its delivery.
2. A family-orientated, multidisciplinary clinic improves parental confidence, helping to build rapport with the teams that will look after their baby.
3. Neonatal trainees benefit from participating in these clinics and can contribute as part of the MDT.

Finding out on antenatal scans that your child has anomalies that will need surgery in the future is a daunting prospect for any family. At St Mary's Hospital, Manchester, we manage and care for approximately 80 babies each year who are known to have surgical problems identified on antenatal scans. As a surgical tertiary centre of excellence, new advances in the provision of support for families of these babies have been made – starting before the baby is born.

Background

The Fetal, Antenatal, Neonatal and Surgical (FANS) clinic was set up in 2018 to coordinate a multidisciplinary approach to preparing families of babies with anticipated surgical conditions for management around birth and over the long term.

Families of babies with a wide range of anticipated conditions can be accommodated in this clinic (TABLE 1). An element of flexibility within the clinic allows each appointment to be tailored to the families' needs. This approach has also been trialled with other surgical teams on a case-by-case basis where significant complications are anticipated.

The FANS clinic

A family will meet a number of healthcare professionals during this clinic (TABLE 2). The baby's expected needs at delivery, immediately after birth and in the longer term can be discussed as a team. The intended surgical procedures can be

- Gastroschisis
- Exomphalos
- Bowel atresia
- Tracheo-oesophageal fistula
- Congenital diaphragmatic hernia
- Congenital lung malformation

TABLE 1 Conditions managed by the FANS clinic.

- Fetal medicine consultant
- Neonatal consultant
- Surgical consultant: ear, nose and throat, general surgical or thoracic
- Specialist midwife
- Neonatal unit senior nurse

TABLE 2 Some of the healthcare professionals involved with the FANS clinic.

explained to the parents-to-be in a calm environment with little time pressure, giving parents the space and time to understand the procedure, what the implications of the surgery might be and to ask any questions that they might have. The needs of the baby and the wider family can be discussed and parents are encouraged to talk about ways that they will be able to engage in the care of their baby. Practical issues are covered, such as car parking and visiting arrangements. The clinic includes time spent viewing the neonatal unit, allowing families to see the environment ahead of time and ask further questions.

The FANS clinic began as a joint quality improvement project between St Mary's

Hospital and Royal Manchester Children's Hospital. Initially we held the clinic once a month but because of demand we now run it once a fortnight. It is intended to be a one-off appointment for families with all specialties and healthcare professionals available at the same time. The fetal medicine department coordinates the clinic as the appointments are scheduled with the women's scans. In this way, an extra visit to the hospital is avoided and from a teaching and counselling perspective, we are better informed and come to the meeting with a team plan for the baby. This includes timing of delivery, where to deliver, mode of delivery and consideration of involvement from any other specialty, eg genetics.

A questionnaire

To gauge the impact of this clinic, questionnaires were given to the families after their consultation to assess levels of parental anxiety, their perceived knowledge and the extent to which their questions had been answered by attending the FANS clinic. The questions were divided into two sections.

Before attending the clinic:

- Did you have a good understanding of your baby's condition?
- Did you have a good understanding of what to expect following your baby's delivery?
- Did you feel anxious about the appointment?

After attending the clinic:

- Was the information explained in a way you could understand?
- Did you feel involved in decision making during the appointment?
- Were you able to ask questions during the appointment?
- Were staff sensitive to your concerns?
- Did you have a better understanding of your baby's condition?
- Did you have a better understanding of what to expect for your baby, following delivery?
- Did you feel it was beneficial to attend the FANS clinic?

Questionnaire responses

The questionnaire was given to 24 parents over a six-month period; 19 responded and immediately returned their answers following their appointment at the FANS clinic. **FIGURE 1** demonstrates that before attending the FANS clinic, most parents-to-

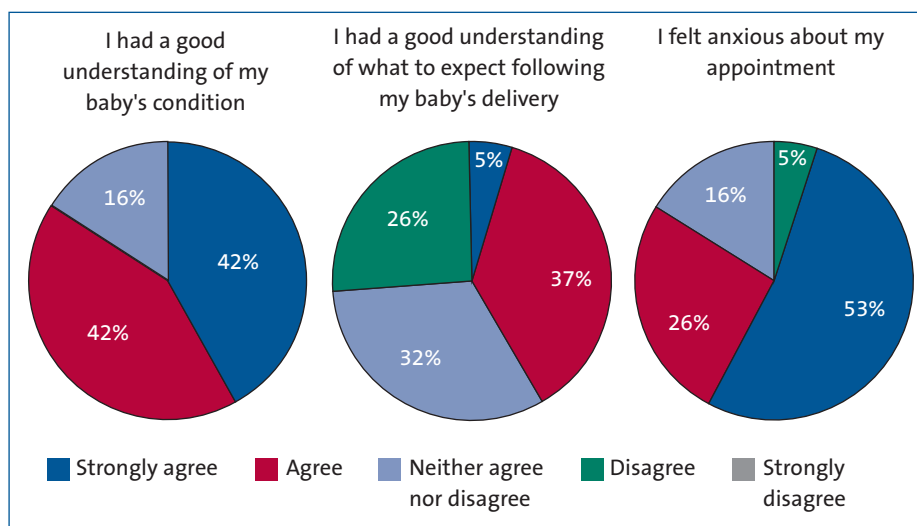


FIGURE 1 Questionnaire responses before attending the clinic (n=19).

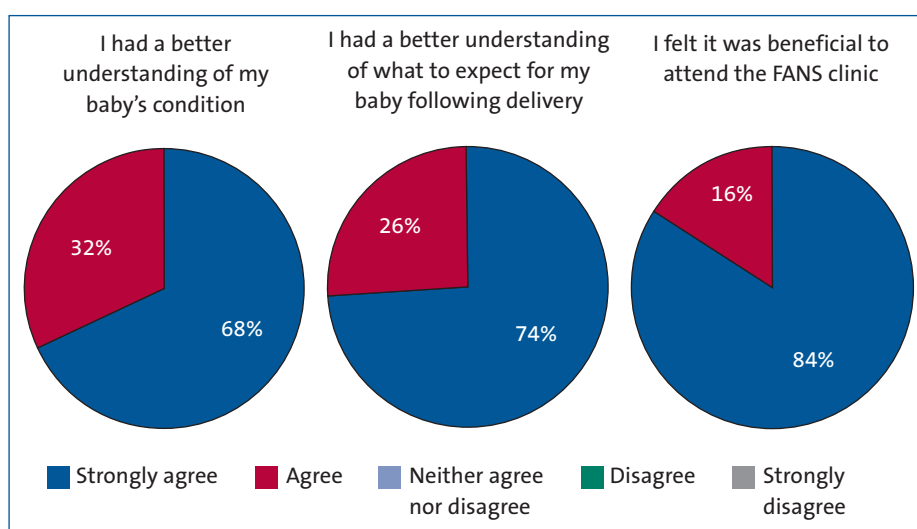


FIGURE 2 Questionnaire responses after attending the clinic (n=19).

be felt that they had some understanding of their baby's condition, but a significant proportion were unsure what to expect after the delivery. The majority of parents felt anxious about the appointment.

FIGURE 2 shows how families found this clinic extremely beneficial. All parents felt it was useful to attend the FANS clinic and having attended, all had a better understanding of their baby's condition and what to expect for their baby. They felt that they were in a supportive environment where they could ask questions and this helps to allay anxiety, empower the parents and engage them in the process of preparing for the future care of their child.

Discussion

Given the complex nature of these babies' conditions, a holistic approach is required to ensure all areas of health care are addressed. There is, therefore, a clear benefit of multidisciplinary team (MDT)

working for families. The wide range of professionals present at the meetings gives parents-to-be the opportunity to explore issues and ask any questions they have about their future. Our parents found this experience highly valuable. These parents will need to work with medical, nursing and allied health professional teams on a long-term basis, potentially for several years. Setting up these professional-parent relationships in a positive, collaborative manner from the outset ensures the best possible way forward.

Moving forwards

The FANS clinic has scope for growth, both in terms of the teams that can be involved and in developing the services offered to these families. In future, it is hoped that the genetic and neurosurgical teams will get involved to offer this highly beneficial service to a wider range of families.

Neonatal trainees and the FANS clinic

When these babies are born they will be cared for on the neonatal unit where they will be looked after by a MDT, which includes paediatric and neonatal trainees. There is an unmet need among neonatal trainees who feel that they lack exposure to fetal medicine training, lack the necessary experience and opportunities to learn about this area, and worry what this might mean for their long-term practice as a future consultant.¹ McGrath and Dyet argue that more needs to be done to ensure trainees have adequate experience;¹ we suggest that trainees have a lot to offer a clinic of this nature. The FANS clinic is a great learning opportunity for neonatal

trainees seeking greater experience in clinics and MDT working. This also benefits the clinic as trainees have up-to-date knowledge of the routine and working practices of the neonatal unit and are ideally placed to explain the daily medical routine to parents, such as ward rounds, investigations and parental updates. As well as providing excellent learning and experience, integrating neonatal trainees into these clinics gives parents-to-be practical information and a greater understanding of the role of a trainee doctor.

Conclusion

The family-orientated, collaborative approach provided by the FANS clinic

shows enormous benefits for parents-to-be and their unborn baby. Looking to the future, this approach is set to expand to include more specialties providing the same excellent care to more families. Trainees, as future consultants, should stand to benefit from this example of excellent practice in family-orientated care.

Acknowledgement

The authors would like to thank the specialist midwives, neonatal nurses and parents involved in the running of this clinic.

Reference

1. McGrath J, Dyet L. Fetal medicine training for neonatal trainees: a national survey. *Infant* 2020;16:76-77.

Avoid the scrum - get your own copy of *Infant*

Keep up to date with *Infant* for just **£35** for a whole year

Infant is the essential journal for neonatal and paediatric healthcare professionals, containing authoritative articles with a clinical or practical bias written by experts in their field.

Printed and online subscriptions for the coming year give instant access to all issues to date, including the full text of over 70 articles published in the past two years, available exclusively to subscribers.

Subscribe online at www.infantjournal.co.uk
or email subscriptions@infantjournal.co.uk
or call Tricia on 01279 714511



infant