# Patient personas

32-year-old first time mother who is three months pregnant and works t time as a legal secretary

## Wants, needs, behaviours:

- Wants to be able to understan-care she and her baby will rece
- Empathetic and personalized communication showing that h medical team truly cares
- Initially nervous about what to expect from her pregnancy and birthing journey

## Private Basic Health Coverage



- Worried about not able to afford of for herself and her baby
- Compassionate care and support address her other needs (i.e. final address).
- Rarely visits the doctor and her medical records are limited.

### No insurance

# Laura

## Wants, needs and behaviours:

- Has only experienced a midwi care pathway for her first preg
- Trust in the team of doctors, nur and staff that she is in the right and that her choices are respect

## Major Health Coverage

## James & Natasha

## Wants, needs and behaviours

- Compassionate care as they struggle with knowing how to for their premmie baby

Private Health Coverage

# Journey Map (Maternal Health)



		An illustrative current-state experience of the end-to-end First 1,000 Days Pathway, from the perspective of the four personas to bring it to life*				
PHASE		Discovery of the pregnancy	Pregnancy (First Trimester)	Pregnancy (Second Trimester)	Pregnancy (Third Trimester)	Post-partum
o is ks full-			Specialist care Diagnostics Scan/Ultrasound Specialist care	Specialist care Diagnostics Specialist care Other	Specialist care Overseas care Specialist care Birthing	Follow-up care
and the eceive d t her		I learn I'm pregnant lattend an and want to confirm appointment my pregnancy with with my GP to a healthcare confirm my provider pregnancy of the clinic linic lattend an appointment with my GP to a healthcare confirm my provider pregnancy clinic linic lattend an appointment with myself to an OBGYN/S&RH clinic clinic	Lattend my first of DB/clinic appointment about how to care for myself during pregnancy of the program of the p		I visit my I see an I visit my I see an OB/clinic for a specialist to monitoring appointment condition during pregnancy	A paediatrician performs a discharged new born home arrange a first my baby at home visit home wish home hospital/office  A health visitor A health visitor baby for a postpartum visits me and newborn check-up my baby at home with my OB home
and ange	In person (setting)  In person (self)  In person (home)					
just ant. She college	Phone  © Email					
rk – she rk full- ord care port to financial)	GAIN POINTS The positive experiences which enhance the journey and exceed patient and staff	<ul> <li>Self referrals to OBGYN/SH&amp;R are made upon discovery of pregnancy.</li> <li>Support for uninsured citizens: The S&amp;RH clinic provides antenatal care to women at no cost, particularly for the uninsured.</li> <li>Primary care support: GPs make referrals to specialist care and diagnostics services. They also provide information to women regarding sexual and reproductive health</li> </ul>	are provided to expectant mothers in adherence to global clinical guidelines  Diagnostics and screening services for antenatal care are available on island through a network of labs	Mother and baby's health continues to be routinely monitored with any necessary specialist referrals done when needed  Women receive information about antenatal and breastfeeding classes  An established community of doulas exist to support mothers through their pregnancy and birthing journey  The private setting provides access to antenatal/pre-natal classes  A breastfeeding class has recently been restarted by the public clinic  Women are advised to register with a pediatrician and receive some information about newborn screening	As pregnant women enter their third trimester they will visit their OB/Clinic more often, which provides a good level of reassurance of being adequately cared for.  Early intervention referrals can also be made by providers at this stage of the pathway with families needing accessing to early intervention getting education on services available.  There is a care pathway for premature born babies at various stages of prematurity. Usually, if born under 26 weeks, premature babies are referred overseas for further care. In addition, established relationships are in place with overseas providers such as Boston Children Hospital and the Sick Kids Hospital in Canada.  Women receive information about their birth pathway from their OBGYN in preparation for it.	Women welcome the support they receive from their health visitors and home visit post-partum. During this visit, the child health record book is provided to mothers alongside general screening and health assessments  Women are able to attend a postpartum check with their OBGYN usually at 6 weeks postpartum.
iter with da from	EMOTIONAL JOURNEY  An illustrative scale from -3 to +3 to track the movements in the citizens' emotional journey across the touchpoints					
rife led gnancy h nurses, ht care ected oula  0 years baby re at 30 his care	I ne negative experiences where the system is not meeting expectations from the perspective of both citizens and staff	Unclear on services available: uninsured women are not always aware of services available to them through the public clinics. In some cases this leads to late presentation of pregnancies, with limited or no provision of antenatal care.  Patient confidentiality issues deters some women from accessing essential maternal services for fear of their pregnancy being disclosed to other.	Information about what to expect from pregnancy can be limited: with some women experiencing feelings of uncertainty, questions about what care they'll receive and needing guidance about how to manage existing conditions.  OB care experienced by patients vary from one provider to another: this is reflected in how people access information like results from bloodwork or scans, or in the way they communicate directly with their provider.  Anecdotally, patients take time to develop trust and relationship with their OB: this is due to appointments being perceived as too short or not empathetic.  Whilst antenatal care provided by the public clinics at no cost, medications are not covered which in some individual cases poses an additional cost burden on women.  Historically, the public clinics carry some stigma associated with the services they offered (i.e. STD testing) which may deter access to services but some segments of the population.  Emotional wellbeing support for women who miscarriage in their first trimester is limited. Currently country-led education and support initiatives about miscarriage do not exist.	As women move along the pathway, and where they continue to see an specialist for some of their care, lack of coordination of care, and medical records not shared between providers can cause unnecessary stress,  Women who are underinsured may have limited access to specialist care, which puts a strain on physical and emotional wellbeing  Conversations about mental health wellbeing can be sporadic, with women left feeling isolated during their pregnancy.  Access to paediatrician wariation: some women/families will be offered an in-person visit with a pediatrician when registering whilst other won't.  Access to antenatal/prenatal classes for the uninsured provided at no cost is limited.  Patient confidentiality remains an issue: As the pregnancy progresses, women worry about their pregnancy remaining confidential outside of trusted circles.	Care transitions from the public clinics to an OBGYN at 28 and 36 weeks during their pregnancy. This is perceived as impacting continuity of care.  Patients that transfer care from the public clinics to an OBGYN worry about cost of care and not being able to pay for OBGYN appointments, which sometimes results in failure to attend the referral.  Women that give birth prematurely and whose babies are flown overseas experience emotional stress and do not feel supported by clinical teams.  Women who prefer an out-of-hospital birth (i.e. home birth) face significant challenges to opt for an 'alternative birth experience'.  Women that give birth at the hospital feel that more could be done around raising standards of care, specially post-partum.  Families and partners that accompany women during their birthing experience do not always feel sufficiently informed about clinical interventions (i.e. C sections).  Emotional wellbeing support for women who experience stillbirth is very limited with patient reporting 'out of touch' behaviors from clinical teams (i.e. sharing a room with other mothers and their babies after an stillbirth pregnancy)  Women that give birth by C-section do not always feel sufficiently informed of the risks and postpartum considerations by their clinical team	Women believe their postpartum follow-up care with their OBGYN is limited with not sufficient time dedicated to emotional wellbeing checks.  Mental health and wellbeing checks performed by health visitors are considered a 'checklist exercise' and not focus on understanding the needs of the patient.
	OPPORTUNITY AREAS  High-level identification of the core opportunity areas that would have the greatest impact on patient experience					

# **Patient personas**

32-year-old first time mother who is three months pregnant and works full-time as a legal secretary

## Wants, needs, behaviours:

- Wants to be able to understand the care she and her baby will receive
- Empathetic and personalized communication showing that her medical team truly cares
- Initially nervous about what to expect from her pregnancy and birthing journey

Private Basic Health Coverage

Vanessa

20-year-old first time mother who just found out she is 4 months pregnant. She is unemployed and wants to start college next year

### Wants, needs and behaviours:

- Lacks a social support network she lives with her parents who work full-
- Worried about not able to afford care for herself and her baby
- Compassionate care and support to address her other needs (i.e. financia)
- Rarely visits the doctor and her medical records are limited.

No insurance

## Laura

Wants, needs and behaviours:

- Has only experienced a midwife led care pathway for her first pregnancy
- and staff that she is in the right care and that her choices are respected

Major Health Coverage

James is 34 and Natasha is 29 years old. Natasha just gave birth to baby
Lucas, who was born premature at 30 weeks and flown overseas for his care

## Wants, needs and behaviours:

- Compassionate care as they struggle with knowing how to care for their premmie baby
- They'd like to connect with other families like them

Private Health Coverage

# Journey Map (Child Health)

Touchpoint key Optional touchpoint Off-island touchpoint

	An illustrative current-state experience of the end-to-end first 1,000 days pathway, from the perspective of the four personas to bring it to life*							
PHASE	0-6 months	9 months	12 months 15 months	18 months	24 months			
		nnisation Referrals Specialist care Immunisation & Screening	Specialist Immunisation Ref. Specialist care & Screening Ref.	Specialist Immunisation & Ref.	Specialist Immunisation & Screening			
TOUCHPOINT	My baby is seen My baby is seen by a seen by a seen by a paddiatrician/wel I baby clinic at 1 week 2 weeks 4 weeks 2 months 4 weeks 2 months 4 week 2 months 4 week 6.3 why baby is dead to the control of the control o	oaby My baby is My baby is My baby is A health My baby is My baby My ba iives referred to referred to seen by a visitor visits referred to receives screen	ed for seen by a receives visitor visits referred to seen by a receives visits me and referred to	s My baby is My baby My baby A health My baby is seen by a receives receives an visitor visits referred to pediatrician immunisations MCHAT me and my early	My baby is seen by a receives an pediatriciar/ well baby clinic at 24 months  11.0  My baby is My baby receives an munisations model.  My baby receives an model.  My baby receives an receives a referral for CDP of a 2 year old assessment.			
In person (setting)  In person (self)								
(self)  In person (home)					, o o o o o			
CHAN Phone					0 0 0			
Email				0 0 0 `•	0 0 0			
GAIN POINTS The positive experiences which enhance the journey and exceed patient and staff expectations	<ul> <li>Paediatric visits follow the Bright Futures/American Academy of Pediatrics of well child care visits and follow the periodicity schedule guidelines and best practice</li> <li>Immunizations schedules for children are well promoted, accessible and education around immunizations is provided to families. Schedule follows</li> <li>The Child Health clinics provides pediatr services, and immunizations at no cost to families (specially the uninsured)</li> <li>Health Visitors provide support and advice to families, specially round breastfeeding and postpartum care during the first 6 months</li> </ul>	monitored through pediatric visits, screening and immunisations.  Referrals to early intervention services continue to take place where			<ul> <li>Baby's health is continuously monitored through pediatric visits, screening and immunizations.</li> <li>All children attend a CPD assessment at 2 years old.</li> <li>Health visitors continue to support mothers with at-home visits where needed.</li> </ul>			
	WHO guidelines.	needed.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
OTIONAL JOURNEY  An illustrative scale from -3 to +3 to track the movements in the citizens' emotional journey across the touchpoints					<b>○</b>			
PAIN POINTS The negative experiences where the system is not meeting expectations from the perspective of both citizens and staff	Information about developmental milestones is provided to families in their child health record book however, families find it difficult to understand or 'translate' clinical guidelines  Families sometimes face long waiting lists to access essential services to meet their child/children needs (i.e. early intervention).  Women that have return to work after of maternity leave often struggle with their child and anxiety about bonding with their child an	services available through the public clinics sometimes face issues with long waiting lists and transportations.  Families facing access issues to early intervention services (due to long waiting lists) often feel unsupported with concerns about their child/children development		Access to autism assessments is often delayed due to lack of resources				
ORTUNITY AREAS  High-level identification of the core opportunity areas that would have the greatest impact on patient experience								