A Qualitative Research Study into women’s experience of early maternity services in North Lincolnshire

Executive Summary

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1. **Introduction**

In order to commission maternity services that are fit for purpose, North Lincolnshire CCG needs to understand the needs of their population, what motivates their behaviours and what types of responses are most effective to meet the needs of women with varying social risk factors. Local maternity services are faced with a number of demographic and public health challenges, including:

- A recent rise in local birth rates
- A growing BME and migrant community
- Rising levels of adult obesity, including amongst women of childbearing age
- Higher than average rates of smoking in pregnancy
- Lower than average take up of smoking cessation services by pregnant women
- Higher than average maternities to under 20s

2. **Study Objectives**

This study was commissioned to complement additional desktop audit and service evaluation being conducted by the CCG and maternity services. The principal objectives were to increase understanding of what would help more pregnant women in Northern Lincolnshire to:

- access maternity services as early as possible in their pregnancy,
- adopt healthy behaviours in pregnancy, and
- find out what pregnant women who smoke think would help them to quit.

Secondary objectives were to identify opportunities for joint work across professional agencies and to make best use of mainstream and specialist midwifery resources.

3. **Methodology**

The study used a self completion survey questionnaire provided to all women in their ‘Bounty Pack’ and in depth interviews with women from specific groups:

- pregnant women aged 20+ years living in target areas of disadvantage and BME communities, and
- first time pregnant women between 16-20 years of age living in target areas of disadvantage (who were not receiving support from the Family Nurse Partnership).

4. **Study Findings**

In total 107 women completed and returned their questionnaires and 28 women were interviewed. Ethnicity of the study participants was reasonably reflective of the ethnic identity of all women at first booking during 2014/15 with 14.5% identifying as BME. 78% of all participants were aged 20 to 34 years. The youngest was 14 and the oldest 44.
Confirming Pregnancy
- Almost all of the participants had used an over the counter pregnancy test kit prior to contacting the Midwifery Service
- Over half of those interviewed attended a GP appointment to confirm their pregnancy
- Late bookers, BME women and those living in Scunthorpe are most likely to seek ‘official confirmation’ of their pregnancy prior to first contact with a Midwife.

Information prior to first appointment and first appointment
- Most women could not recall having received any advice over the telephone when booking in, or a pregnancy pack before their first appointment
- The Pregnancy Pack does not contain any information about smoking or drinking alcohol in pregnancy, Health Trainers or Start4Life etc
- The majority of women were comfortable with the discussion with the midwife
- There were mixed views about the benefits of the bounty folders. There is potential for the public health information included in the packs to get lost amongst the raft of commercial leaflets and booklets
- Most women reported that speaking with the midwife was most useful to them
- The internet and social media is increasingly being used as a source of information and support
- BME women whose first language is not English prefer written information
- All smokers reported they had been referred into stop smoking services
- Uptake of smoking cessation services by survey respondents was 62%
- High incidence of stop smoking services being difficult to access - women reported difficulties as a result of no response to telephone messages or access only being available after a lengthy wait
- Smoking Cessation referrals are not generally followed up at the second appointments with the Midwife.

Second appointment and other sources of information in pregnancy
- Second appointments are shorter but the reassurance provided makes a significant impact on a woman’s wellbeing
- Most women are confident about where to go for help and advice during pregnancy and satisfied with the support provided thus far to them
- Women report using a range of channels for accessing public health information in pregnancy including social media, written communications and face to face interaction.

Patients’ Ideas for Improving Maternity Services
- Resources – improving the environment and equipment used by the midwives
- Communication – particularly between the hospital and community midwives
- Customer care – impacting on patient experience with several comments about scans at the hospital
- Number and frequency of appointments/scans - some women felt that there were not enough and that there were long gaps between appointments with the midwives
- More information about parenting and support groups/classes promoting healthy pregnancy and lifestyle at second appointment
- Clearer information about the care pathway, particularly for first-time mothers.

**Patient Experience**
- All but two of the interview participants reported high levels of satisfaction with their midwife appointments
- Most women stated they felt able to ask questions, were comfortable and felt the midwife was helpful and approachable
- Negative experiences of midwife appointments were extremely few and related to disappointment with the personal interaction with the midwife on the day and the environment where the appointments took place.

**5. Conclusions**

Information to encourage women to contact midwifery services first is not entirely embedded across health services in North Lincolnshire. As a result women who seek confirmation via a GP appointment may experience a delay in receiving the information and advice provided over the telephone and at the first appointment.

Women who smoke do not receive any information about smoking in pregnancy until their first appointment, as this is not included in the Pregnancy Pack. Neither does the Pregnancy Pack contain any contact details of local support services such as Start4Life, Health Trainers or stop smoking services – all extremely useful for women in the early stages and throughout pregnancy.

Many women spoke about wishing to give up smoking without the added ‘pressure’ of attending services, as they saw it. Most of the women interviewed who smoked were still trying to adopt healthy lifestyles particularly in relation to what they ate. It cannot therefore, be assumed that they were indifferent to all health messages, rather they were being pragmatic in what they felt they could manage without inducing stress for themselves.

There are a number of professional agencies in North Lincolnshire, provided by both the public and third sectors, which offer advice and practical support to develop and maintain a healthy lifestyle. Whilst Start4Life was mentioned by many women as a topic that had been discussed at their first appointment, none mentioned Health Trainers, ante natal classes or other services. There are a number of organisations providing social welfare support in disadvantaged neighbourhoods in North Lincolnshire, with a proven track record of effective engagement with ‘hard to reach’ communities. There may be scope to develop the links with these community assets to overcome barriers to access for disadvantaged women in the early stages of pregnancy and beyond.

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Throughout this study, it has been apparent that women value their interactions with their Midwives, with many relating the positive impact of their personal interactions with them. The ability of Midwives to give their patients confidence and reassurance during an important and often worrying period in their lives, is heartening.

6. Recommendations
1. Review maternity communication pathway
2. Review the location of community maternity service venues
3. Review the advice and information provided at a pregnant women’s first point of contact
4. Review the content and method of advice and information regarding public health messages that is provided throughout pregnancy
5. Review elements of the stop smoking support provided to pregnant women
6. Provide relevant advice (regarding who to contact and health behaviour messages) at the point of sale of pregnancy testing kits through cards/leaflets and ensuring pharmacies are giving advice verbally
7. Pre-conception health promotion for women of child-bearing age
8. Review the timeliness and content of advice/information regarding parenting support and classes (including the potential for 1-to-1 support from Children’s Centres)
9. Monitor the impact of the maternity tariff on the service and ensure that the specification is within the scope of tariff activity, taking into account Dept. of Health Programme Budget data regarding spend on maternity
10. Work towards women routinely being booked-in by 10 weeks as per NICE Guidance
11. Consider different ways to engage and consult with pregnant women under-20 years old