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

Jenny Gavin-Allen & Sally Czabaniuk

November 2014
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A Qualitative Research Study into women’s experience of early maternity services in North Lincolnshire

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Executive Summary

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.

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

Study Team

North Lincolnshire Council:
Tim Fielding, Consultant in Public Health
Louise Garnett, Head of Public Health Intelligence
Julie Forrest, Public Health, Health Improvement, Maternity and Early Years

Research and Engagement:
Jenny Gavin-Allen, Consultant
Sally Czabaniuk, Consultant
1. Acknowledgements

The researchers would like to record their deep gratitude to all the women who took part in this study and all those organisations and individuals who gave their valuable time and insight to developing and conducting it. Their willingness to share their experience, expertise and views has been invaluable.

Special thanks are in order for all the staff of the Community Midwifery Teams, especially those at West Street Children’s Centre, who made us welcome over an extended period, provided sound advice and guidance and went to great lengths to help us recruit participants for the study.

Our appreciation is also extended to Louise Garnett Head of Public Health Intelligence at North Lincolnshire Council, who developed the methodology for the study, developed and organised the questionnaire survey and provided the Background section of this report.

2. Introduction

Under the Health and Social Care Act 2012, from April 2013 maternity services are now commissioned by Clinical Commissioning Groups (CCGs) rather than PCTs. CCGs have a responsibility to commission and performance-manage the maternity specification in a way that drives improvements in quality, patient experience and clinical outcomes. They must link with Health and Wellbeing Boards and local authorities to bring public health into the local maternity pathway, with a focus on reducing still birth rates, perinatal and infant mortality, improving breastfeeding and smoking cessation rates. They must also reduce unwarranted variation in outcomes for women.¹ (DH, 2012)

In addition, there is a new maternity tariff, introduced in 2013/14, based on a payment by results model, which differentiates payment based on physical and social risk factors into standard, intermediate and intensive factors. In the intermediate category providers get paid more to provide services for women who are obese, are recent migrants, or who speak no English, have complicated social factors, such as homelessness, a history of social care involvement, or domestic abuse, or who have alcohol or substance misuse issues.² (DH, 2012)

¹ Health and Social Care Act, 2012
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 different needs, and varying social risk factors, making best use of the resources available.

It was intended that the findings from this research would also provide valuable insight into opportunities to improve the coordination of services from the wide range of partners potentially involved in a woman’s pathway through early pregnancy. This will include for example, Children’s Centre staff, Breastfeeding Peer Support workers, the NHS Specialist Stop Smoking Service, Health Trainers and weight management services for pregnant women.

This study is expected to complement additional desktop audit and service evaluation being conducted by the CCG and maternity services, including an audit of local provision, and local compliance with the latest NICE guidance on smoking in pregnancy and managing obesity in pregnant women.

3. Background – What we know about maternal health in North Lincolnshire

First booking with midwifery
The Department of Health aims to improve women’s access to care in the first trimester of pregnancy and improve women’s experience of, and involvement in, maternity care (DH, 2007). Government performance indicators and targets have placed emphasis on ‘booking’ for maternity care by 12 weeks gestation (HM Treasury, 2007, NHS Commissioning Board, 2013). More recent guidelines have suggested that ‘ideally women should book by ten weeks’ and that pregnant women should receive regular antenatal care until birth, (NICE Pathways, 2011, NICE Guidance, 2008).

Late booking is considered less desirable on several counts, (Buller AM, Murray SF 2007). Some pregnant women may not access early screening or health promotion initiatives as a result of missing early antenatal care consultations. Further delay in booking may mean that there is insufficient time to develop meaningful relationships with carers, resulting in a loss of opportunity for individualised care.

The two latest Confidential Enquiries into Maternal Death (CEMACH, 2004; Lewis, 2007) also identified late booking and reduced access to maternity care as risk factors for maternal death.
Across North Lincolnshire as a whole, almost 9 out of 10 (87%), pregnant women are booked in with a midwife within 12 weeks of pregnancy, (NHS, HSCIC, 2012). Of the remaining 13% who are booked in later than this, (a total of 240 women a year in North Lincolnshire), 75 (4%) do not see a midwife until at least their 20th week of pregnancy. This is a significantly better result than that reported nationally or regionally, and represents an improvement on previous years. However, it is lower than in neighbouring North East Lincolnshire, a CCG which shares the same maternity care provider. The reasons why women in North Lincolnshire book later than their neighbours is not clear.

Table 1 Gestational age at first booking 2013/14

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;13 Weeks</td>
<td>1654</td>
<td>2019</td>
<td>91%</td>
<td>Due March 2015</td>
</tr>
<tr>
<td></td>
<td>87%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 weeks- 19 weeks</td>
<td>165</td>
<td>110</td>
<td>5%</td>
<td>Due March 2015</td>
</tr>
<tr>
<td></td>
<td>9%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20+ weeks+</td>
<td>75</td>
<td>94</td>
<td>4%</td>
<td>Due March 2015</td>
</tr>
<tr>
<td></td>
<td>4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1894</td>
<td>2223</td>
<td>100%</td>
<td>Due March 2015</td>
</tr>
</tbody>
</table>

Source: Health and Social Care Information Centre, 2014

The reasons for ‘late booking’ have been investigated by researchers in London, the Midlands (Lynch et al, 2011), and more recently in Sheffield (Callaghan et al, 2011). These suggest a number of key contributory factors including:

- Late acknowledgement or non-acceptance of pregnancy
- Difficult social circumstances
- Previous difficult experiences with maternity care
- Population mobility – including new arrivals to the country
- Supply side factors, such as difficulties in accessing maternity services

A recent local report based on NLaG’s maternity bookings for the year 2011/12 suggests that about 13% of ‘late bookers’ are either new arrivals in the country or have transferred from other hospitals, whilst 10% women were not aware of their pregnancy until after their 10th week of pregnancy. However, in 2013/14, no reason

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was recorded on the maternity system for almost all of these later bookings. It may be that some women are just not aware of the importance of booking in as early as possible in their pregnancy and the health risks of not having an early assessment. It could also be that some women experience difficulties in accessing services within 8-12 weeks.

Table 2: Reason for late booking (where booking was 13 weeks+ gestation)  
Northern Lincolnshire, 2013/14

<table>
<thead>
<tr>
<th>Reason for late booking</th>
<th>13 weeks+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown or N/A</td>
<td>221</td>
</tr>
<tr>
<td>Booked at another UK Hospital</td>
<td>3</td>
</tr>
<tr>
<td>Undecided about Pregnancy</td>
<td>4</td>
</tr>
<tr>
<td>Late putting data on CMIS</td>
<td>3</td>
</tr>
<tr>
<td>DNA Previous Appointment</td>
<td>3</td>
</tr>
<tr>
<td>Was already under consultant</td>
<td>3</td>
</tr>
<tr>
<td>No appointment available in time</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>240</td>
</tr>
</tbody>
</table>

Source: NLaG, 2014  
NB: No.s may not sum to 100% due to rounding error

One of the objectives of this study is to explore this issue further, firstly through a self-completion survey with a representative sample of pregnant women, and secondly in more depth in a smaller number of semi-structured interviews with pregnant women most at risk of attending later in their pregnancy.

National research suggests a greater tendency to book later amongst young pregnant women from socio-economically disadvantaged groups, amongst older women, and amongst women from black and minority ethnic (BME) populations, and particularly to women born overseas, compared to white UK born women (Buller and Murray, 2007; Redshaw et al, 2007; Healthcare Commission, 2008). This is confirmed with local data, with higher rates of late booking in the most deprived parts of North Lincolnshire.
There were also variations across North Lincolnshire. The highest rates of late bookings were observed amongst women living in Kingsway with Lincoln Gardens, Barton, Crosby and Park and Axholme South wards.

**Figure 2: ‘Late bookers’ (13+ wks of pregnancy) in North Lincolnshire by ward, 2013/14**

*Source: NLAG, 2014*
Younger women were also much more likely to book in later, with rates amongst women under 20 years, almost twice the local authority average.

**Figure 3: Late bookers with maternity services by age-band, Northern Lincolnshire, 2013/14**

![Figure 3: Late bookers with maternity services by age-band, Northern Lincolnshire, 2013/14](image)

*Source: NLaG, 2014*

Given the above average number of deliveries to women under 20 years of age, rising birth rates in our poorest areas, as well as the rising number of births to women born outside the UK in North Lincolnshire, it would seem sensible to explore this issue further with these groups of women.

**Figure 4: First booking with maternity services by ethnic group 2013/14**

![Figure 4: First booking with maternity services by ethnic group 2013/14](image)

*Source: NLaG, 2014*

**Public health challenges for maternity services**

Local maternity services are also 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

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• 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
• Lower than average spend on maternity services

Recent rise in birth rates – but projected fall
Since 1996 the number of live births to North Lincolnshire women has risen by almost 8%. The annual number of live births currently stands at 1840, but is projected to fall below 1800 by 2025, (ONS 2012 based population projections, 2014).

Figure 5: Trends in live births to North Lincolnshire women

Currently North Lincolnshire has a local fertility rate of 61.3 per 1000, (the number of births per 1000 women of childbearing age), a decline since 2009-10.

Table 3: Fertility rates in North Lincolnshire 2013

<table>
<thead>
<tr>
<th></th>
<th>Live births</th>
<th>General Fertility rates</th>
<th>TFR*</th>
</tr>
</thead>
<tbody>
<tr>
<td>N Lincs</td>
<td>1840</td>
<td>61.3</td>
<td>1.87</td>
</tr>
<tr>
<td>Hull</td>
<td>3,697</td>
<td>67.5</td>
<td>1.90</td>
</tr>
<tr>
<td>East Riding of Yorkshire</td>
<td>2,978</td>
<td>55.2</td>
<td>1.83</td>
</tr>
<tr>
<td>NE Lincs</td>
<td>1,941</td>
<td>65.6</td>
<td>1.96</td>
</tr>
<tr>
<td>N Yorks</td>
<td>5,521</td>
<td>57.1</td>
<td>1.84</td>
</tr>
<tr>
<td>York</td>
<td>2,045</td>
<td>46.3</td>
<td>1.47</td>
</tr>
<tr>
<td>Y &amp; H region</td>
<td>64,560</td>
<td>61.9</td>
<td>1.86</td>
</tr>
<tr>
<td>England</td>
<td>664,517</td>
<td>62.4</td>
<td>1.85</td>
</tr>
</tbody>
</table>

Source: ONS, 2014
*TFR or total fertility rate = average number of children one would expect per child bearing women based on current age specific fertility rates

Rising births amongst women born outside the UK
At the same time, the number of live births to North Lincolnshire women who were born outside the UK has more than doubled over the last decade, rising from 6% in

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2001 to almost 15% in 2013. The largest growth has been amongst women from new EU accession countries.

### Table 4: Live births in North Lincolnshire by birthplace of mother, 2001-13 (%)

<table>
<thead>
<tr>
<th>Year</th>
<th>Mothers born within UK</th>
<th>EU</th>
<th>Of which New EU</th>
<th>Rest of Europe</th>
<th>Asia/Middle East</th>
<th>Africa</th>
<th>Rest of World</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>94.1%</td>
<td>1.4%</td>
<td>0.12%</td>
<td>0.1%</td>
<td>3.6%</td>
<td>0.4%</td>
<td>0.3%</td>
</tr>
<tr>
<td>2008</td>
<td>88.6%</td>
<td>5.7%</td>
<td>3.9%</td>
<td>0.3%</td>
<td>3.9%</td>
<td>1%</td>
<td>0.5%</td>
</tr>
<tr>
<td>2010</td>
<td>85.1%</td>
<td>9.7%</td>
<td>5.7%</td>
<td>1.7%</td>
<td>2.7%</td>
<td>2%</td>
<td>0.5%</td>
</tr>
<tr>
<td>2011</td>
<td>86.1%</td>
<td>8.7%</td>
<td>7.2%</td>
<td>1.5%</td>
<td>3.8%</td>
<td>0.7%</td>
<td>0.5%</td>
</tr>
<tr>
<td>2012</td>
<td>85.5%</td>
<td>10%</td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>85.7%</td>
<td>9.5%</td>
<td>7.9%</td>
<td>&lt;1%</td>
<td>3.7%</td>
<td>&lt;1%</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

Source: ONS, 2014

The maternal and infant health needs of these BME communities are under researched in North Lincolnshire, although we know from national and local research that new migrants are more likely to take up maternity services later in their pregnancy than UK residents due to a lack of familiarity with health services in this country.

**Rising levels of obesity**

North Lincolnshire has higher than average rates of adult obesity, including rising obesity amongst women of childbearing age and pregnant women. Nationally it is estimated that half of all women of childbearing age are either overweight, with a body mass index of 25-29.9, or obese, with a BMI of 30 or above, with 16% of all women who fall pregnant being obese (NICE, 2010).

Local contract data suggest that levels of overweight and obesity in the pregnant female population are even higher than this in North Lincolnshire. In the 12 month period April 2013–March 2014, more than half, 58.1%, of pregnant women in North Lincolnshire were recorded as either overweight or obese at the time of first booking in North Lincolnshire, with more than 1 in 4, 28%, assessed as obese, ie a BMI <30, and 3.8%, were morbidly obese ie BMI >40, at the time of first booking.

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1 North Lincolnshire JSNA, 2012/13
A Qualitative Research Study into women’s experience of early maternity services in North Lincolnshire

Jenny Gavin-Allen and Sally Czabaniuk

November 2014
This suggests a higher need for intensive and intermediate care amongst pregnant women in North Lincolnshire and has significant implications for maternal, infant and population health.

*Table 5; Weight at first trimester in North Lincolnshire 2013/14*

<table>
<thead>
<tr>
<th>Obesity</th>
<th>% of pregnant women in North Lincolnshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overweight BMI 25-29.9</td>
<td>30.5%</td>
</tr>
<tr>
<td>All obese women BMI &gt;30</td>
<td>27.6%</td>
</tr>
<tr>
<td>Class 1 BMI 30-34.9</td>
<td>16.2%</td>
</tr>
<tr>
<td>Class 2 BMI 35-39.9</td>
<td>7.6%</td>
</tr>
<tr>
<td>Class 3 BMI 40-49.9</td>
<td>2.9%</td>
</tr>
<tr>
<td>Super morbid BMI &gt;50</td>
<td>0.9%</td>
</tr>
</tbody>
</table>

Source: NLAG, 2014

Nationally it is estimated that women with obesity are approximately twice as likely to have a stillborn baby as women with a healthy BMI (CMACE, 2010). The CMACE Perinatal Mortality 2008 Report found that approximately 24% of the mothers who had a stillbirth or a neonatal death were obese (CMACE, 2010). The table below summarises the health risks to mother and baby.

*Table 6: Increased risk for pregnant women with BMI 35+*

<table>
<thead>
<tr>
<th>Outcome</th>
<th>BMI &gt;35</th>
<th>General population data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caesarian section</td>
<td>37%</td>
<td>25%</td>
</tr>
<tr>
<td>Induced labour</td>
<td>33%</td>
<td>20%</td>
</tr>
<tr>
<td>Spontaneous birth with one day or less in hospital</td>
<td>58%</td>
<td>74%</td>
</tr>
<tr>
<td>Postpartum haemorrhage</td>
<td>38%</td>
<td>9%</td>
</tr>
<tr>
<td>General anaesthesia</td>
<td>7.7%</td>
<td>5.5%</td>
</tr>
<tr>
<td>At least one condition diagnosed in pregnancy</td>
<td>23%</td>
<td>No info</td>
</tr>
<tr>
<td>Stillbirths (per1000 births)</td>
<td>8.6</td>
<td>3.9</td>
</tr>
<tr>
<td>Intra-partum stillbirths (per 1000 births)</td>
<td>1.0</td>
<td>0.33</td>
</tr>
<tr>
<td>Breastfeeding initiation rate</td>
<td>56.3%</td>
<td>72.7%*</td>
</tr>
</tbody>
</table>

Source: CMACE, 2010

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NICE guidance and CMACE recommend that women with a BMI>30 should have consultant care rather than midwifery-led care. NICE estimates also suggest that the increased levels of complications in pregnancy and interventions in labour associated with maternal obesity represent a 5-fold increase in cost of antenatal care (NICE, 2011). The costs associated with newborns are also increased, as in babies born to obese mothers, there is a 3.5-fold increase in admission to Neonatal Intensive Care Unit (NICU) (NICE, 2011).

**Higher than average smoking rates including in pregnancy**
Smoking in pregnancy is a major cause of avoidable ill health in pregnancy and infancy and a major cause of differences in maternal and infant health between social groups. Smoking in pregnancy increases the risks of both prematurity, low birth weight and, thus, infant deaths. It also contributes to other pregnancy complications such as placental insufficiency, high blood pressure, deep vein thrombosis and is a key risk factor for stillbirths.

Whilst smoking in pregnancy rates continue to fall in North Lincolnshire, rates are still significantly above the national average at 16.4%.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>North Lincolnshire</td>
<td>25.6</td>
<td>25.8</td>
<td>26.5</td>
<td>23.6</td>
<td>26.0</td>
<td>21.4</td>
<td>19.4</td>
<td>19.4</td>
<td>17.0</td>
<td>16.4</td>
</tr>
<tr>
<td>Y&amp;H</td>
<td>21.1</td>
<td>N/A</td>
<td>N/A</td>
<td>17.8</td>
<td>18.2</td>
<td>17.0</td>
<td>16.9</td>
<td>16.4</td>
<td>16.5</td>
<td>16.2</td>
</tr>
<tr>
<td>England</td>
<td>N/A</td>
<td>N/A</td>
<td>15.1</td>
<td>14.4</td>
<td>14.4</td>
<td>14.1</td>
<td>13.5</td>
<td>13.2</td>
<td>12.7</td>
<td>12.0</td>
</tr>
</tbody>
</table>

Source: Health and Social Care Information Centre, 2014

This percentage represents just over 300 pregnant smokers a year in North Lincolnshire, placing North Lincolnshire CCG in the worst 20% CCGs nationally on this measure. It also means we still have a considerable way to go to meet our ambition of reducing smoking rates amongst pregnant women, to 11% by 2015.

In some of our poorest North Lincolnshire wards, smoking in pregnancy rates are almost 1 in 4, although this is a significant improvement, compared with previous years.

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1 National Institute for Health and Clinical Excellence (2010). *Dietary interventions and physical activity interventions for weight management before, during and after pregnancy.* London; NICE.

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Although rates are lowest amongst BME communities, especially amongst Southern Asian women, there is evidence that smoking in pregnancy rates are increasing amongst white BME groups including Polish and Lithuanian migrants.

While many women may wish to stop smoking in pregnancy, take up of the specialist smoking cessation service has historically been low. In 2013/14, just 28% of all pregnant smokers signed up to quit with this service, in spite of relatively high referral rates by midwives, (83%) and relatively high quit rates for those who register with the service, (at least 50%).

The reasons why North Lincolnshire women choose not to take up this stop smoking service, and what could be done differently to help women quit smoking, requires urgent investigation if maternal and infant health outcomes are to improve, and inequalities narrowed.

The number of pregnant women exposed to passive smoking, whether they are smokers themselves or not, is also likely to be above the national average in North Lincolnshire, due to higher than average smoking rates amongst adults in our area, putting them at greater risk after delivery.

Offering relapse prevention and advising women on how to create a smoke free home, during and after pregnancy, is recommended by NICE and is a key element of the public health and advice offered to women at their first booking with midwifery. So it would be useful to know how this information is perceived by local women, especially those at high risk of smoking and exposure to passive smoking.
Higher than average teen (<20) maternity rates

Being very young or relatively old at the time of birth are both risk factors for infant mortality and still birth. The percentage of births to women under-20 years of age is just above the national average in North Lincolnshire at just under 7%, compared with 4% nationally, whilst the proportion of births to older mothers (40+), is lower at just under 3%, compared with 4% nationally.

The figure below shows the distribution of births to younger and older women across North Lincolnshire. The poorest wards have the highest proportion of births to younger women, and the more affluent wards the highest proportions of older mothers.

**Figure 7: Births to women under 20 years and 40+ years by ward, 2013/14**

Source: NLAG, 2013/14

Relative spend on maternity services

According to NHS Programme Budgeting data (2012/13), North Lincolnshire spends less per head of population on maternity services than CCGs with similar profiles, and is in the lowest quartile nationally for spend on secondary care for maternal and reproductive health.
4. Study Objectives

The principal objectives of this study are to increase our understanding of what would help more pregnant women in Northern Lincolnshire, including younger women in disadvantaged groups, and those from Black and Minority Ethnic (BME) communities to:

- access maternity services as early as possible in their pregnancy,
- adopt healthy behaviours in pregnancy, and,
- specifically for women who smoke and/or are exposed to smoke during pregnancy, to find out what they think would help them to quit, avoid passive smoking pre and post delivery.

Secondary objectives are to identify opportunities:

- for joint work across professional agencies, employers and community groups to support disadvantaged women in accessing maternity care and public health services as early as possible in their pregnancy,
- for making best use of mainstream and specialist midwifery resources in supporting women to make healthier choices, especially those with social risk factors.
These objectives will be accomplished by:

- collecting the views and experiences of a 10% - 13% representative sample of pregnant women who have accessed maternity services in North Lincolnshire over a 3-6 month period, via a self completion questionnaire,
- 1:1 interviews with women who present later than 13 weeks, including women from BME communities and in targeted deprived urban and rural areas,
- 1:1 interviews with first time pregnant women under-20 years of age, who are not in receipt of targeted support via the Family Nurse Partnership (FNP) Services

5. Study design

The study used mixed methods, ie a self completion survey questionnaire, complemented by more in depth and targeted 1:1 interviews.

The self-completion questionnaire survey was provided to all pregnant women who were registered with NHS North Lincolnshire Clinical Commissioning Group (CCG) at 16+ weeks in pregnancy (at their 16 week or second Midwifery appointment).

A target of 20 in-person interviews with pregnant women aged 20+ years living in target areas of disadvantage and BME communities including women who may present later than 13 weeks, with a maximum number of 25.

A target of 20 in-person interviews with first time pregnant women between 16-20 years of age living in target areas of disadvantage, with a maximum number of 25.

Preparation of the Survey Questionnaire

The questionnaire was designed for self-administration. The questions were predominantly closed questions with a list of pre-determined response options for each question. There were some open-ended questions to elicit more detailed responses, and the responses to these required more effort to encode for data analysis.

Involvement of Service users in postal questionnaire and face-to-face interview schedules

The contents of the postal questionnaire and the interview schedules were pre-tested on a small pilot group of local women with recent experience of pregnancy and maternity services in North Lincolnshire. The contents of the questionnaire and interview schedule were based largely on tools already developed, pre-tested and validated for this purpose by academic researchers working in other parts of the country.

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1 Family Nurse Partnership, DoH, 2011
2 Callaghan et al, ibid 2011,

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All preparatory paperwork for the study was scrutinised by the pilot group of recent service users, who advised the research team on their readability, suitability and potential for causing alarm, distress or embarrassment. Representatives of the Northern Lincolnshire Maternity Partnership Group, and the Maternity Services Liaison Committee (which has service-user members), also had sight of all paperwork and advised on its content and use.

**Involvement of Service Providers in the design of postal questionnaire and face-to-face interview schedules**

The questionnaires and interview schedules were designed to incorporate particular questions that local commissioners and key stakeholders had identified as important and relevant to the purposes of this study. A virtual steering group was established, which included local clinicians and managers of maternity services, as well as commissioners of local health services and research governance leads.

All paperwork was submitted for approval through the CCG and hospital provider research governance channels, once approved by the Regional Ethics Committee.

**Recruitment of research study participants**

**Questionnaire survey**

Pregnant women were invited by midwives at their 2nd appointment ie at 16-18 weeks of pregnancy, to complete an anonymised questionnaire and to either deposit this in a sealed envelope at key midwifery access points, or to return in a prepaid envelope to the Director of Public Health. This recruitment process took place over a 9 month period from February to November 2014, the aim being to gather responses from a prospective quota sample of a maximum of 300 pregnant women.

**Inclusion criteria**

Pregnant women who are registered with North Lincolnshire CCG and who have presented to midwifery services for a first booking and who have taken up a follow up appointment at 16 weeks+ pregnant.

**Exclusion criteria**

Any other women for whom midwives/consultants might consider it to be detrimental to their health and wellbeing to participate in the study.
Table 8: No of 1st bookings of N Lincs women with NLaG midwifery services, in the 9 months January – Sept 2014

<table>
<thead>
<tr>
<th>Age</th>
<th>Axholme</th>
<th>Barton</th>
<th>Brigg</th>
<th>Scun Nth</th>
<th>Scun Sth</th>
<th>% total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20 yrs</td>
<td>8</td>
<td>11</td>
<td>8</td>
<td>20</td>
<td>46</td>
<td>6%</td>
</tr>
<tr>
<td>20-4</td>
<td>17</td>
<td>54</td>
<td>44</td>
<td>89</td>
<td>144</td>
<td>24%</td>
</tr>
<tr>
<td>25-9</td>
<td>28</td>
<td>74</td>
<td>65</td>
<td>114</td>
<td>176</td>
<td>32%</td>
</tr>
<tr>
<td>30+</td>
<td>54</td>
<td>107</td>
<td>102</td>
<td>102</td>
<td>174</td>
<td>37%</td>
</tr>
<tr>
<td>Total</td>
<td>107</td>
<td>246</td>
<td>219</td>
<td>325</td>
<td>540</td>
<td>100%</td>
</tr>
<tr>
<td>% total</td>
<td>7%</td>
<td>18%</td>
<td>15%</td>
<td>22%</td>
<td>37%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Hospital booked

<table>
<thead>
<tr>
<th></th>
<th>Goole</th>
<th>SGH</th>
<th>Grimsby</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital booked</td>
<td>5</td>
<td>103</td>
<td>0</td>
</tr>
<tr>
<td>SGH</td>
<td>0</td>
<td>180</td>
<td>76</td>
</tr>
<tr>
<td>Grimsby</td>
<td>0</td>
<td>39</td>
<td>39</td>
</tr>
</tbody>
</table>

Source: NLaG, 2014. NB: No.s and %s may not sum to 100% due to rounding errs

6. Ethics Approval

The Research Ethics Committee Yorkshire and the Humber – Humber Bridge reviewed the study application at its meeting of 27th March 2013, and requested further information and clarification of some aspects. Following submission of the amended documents requested, a favourable opinion was provided on 24th May 2013.

The original deadline for completion of the study was November 2013, however in agreement with the study Sponsors, an extension to 31st August 2014 was notified to the Research Ethics Committee as a minor amendment and approved by them.

Difficulties in recruiting women who met the criteria for the study resulted in a further extension to 30th November 2014. Again, this was approved through the appropriate channels.

Enhanced Disclosure and Barring Service (DBS) checks and NHS pre-engagement checks, honorary contracts and letters of access were acquired for both researchers to cover the full period of the study. The Research team were also required to attend NIHR Introduction to Good Clinical Practice workshop and Safeguarding level 2 training. The Northern Lincolnshire and Goole NHS Foundation Trust Research and Development department were notified at each stage of the ethical approval process and subsequent requests for amendment of study completion date. In addition regular progress reports were submitted to NHS North Yorkshire and Humber Commissioning Support Unit Research and Development department as and when required.

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7. Methodology

Researchers utilised a mix of methods to conduct the study which included randomised and targeted approaches. All women attending their midwifery appointment were provided with an information sheet (Appendix A) about the purpose of the research and how they could participate.

Posters (Appendix G) promoting the study were also made available at key primary and community health service points, including GP surgeries, pharmacies, Scunthorpe General Hospital Pregnancy Assessment Unit, walk in centres, antenatal clinics, community midwifery clinics, children’s centres and other child and family support settings.

The information sheet outlined:

- the reason for, and timescales of the study
- how it was to be conducted
- the format of the questionnaire
- how the information provided will be used
- contact details of the research team for any queries participants may have
- clarification that any decisions by participants or information provided will not impact on the services they receive
- complaints procedure

The information sheet and posters included information about translation and interpretation services available to those wishing to participate in the study.

7.1. Maternity and Communication Pathway in North Lincolnshire

In May 2012 a Maternity and Communication Pathway for the Expectant Mother was rolled out across North and North East Lincolnshire and designed to expedite contact with Community Midwifery Teams in the early stages of pregnancy. A self-completion questionnaire (Appendix F) and interview script (Appendix E) was developed using this model in order to benchmark findings.

7.2. Self-completion questionnaire

A self-completion questionnaire survey with an information sheet and FREEPOST return envelope was provided to all pregnant women registered with NHS North Lincolnshire CCG within their ‘Bounty Pack’ which they received during or following their first midwifery appointment.

The aim was to gather responses from a prospective quota sample of 300 pregnant women. A total of 107 self-completion surveys were received.

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7.3. One to One interviews
A number of in-depth, targeted 1:1 interviews were sought with women who had completed their second midwifery appointment:

Group 1 - pregnant women aged 20+ years living in areas of urban or rural disadvantage and BME communities including women who may present later than 13 weeks.

Group 2 - first time pregnant women between 16-20 years of age who are not in receipt of targeted support via the Family Nurse Partnership (FNP) programme.

7.4 Participants
Participants for interview were recruited predominantly by midwifery services. Women identified as meeting the research criteria were encouraged to contact the research team by text, to arrange an interview. Researchers were also present at Midwifery Centres to promote the study and recruit participants. As take-up was slow a number of additional activities were undertaken to encourage participation:

- Midwives were asked to obtain the signed consent of women in the target groups who were interested in taking part, to pass their contact details on to the researcher for follow up contact,

- The Teenage Pregnancy Unit and Family Nurse Partnership were contacted during September and October 2014 to recruit those women under 20 years of age who met the criteria, and

- Posters promoting the study with details of how to contact the researchers were taken to GP surgeries, the Pregnancy Assessment Unit at Scunthorpe General Hospital, Pharmacies, Midwifery Centres, Children’s Centres, Community Centres etc.

The research protocol required a maximum of 25 interviews per cohort/group. Between May and November 2014, 25 interviews were obtained from Group 1 (pregnant women aged 20+ years living in areas of urban or rural disadvantage and BME communities including women who may present later than 13 weeks) and three interviews from Group 2 (first time pregnant women between 16-20 years of age who are not in receipt of targeted support via the Family Nurse Partnership (FNP) programme). All interviews were tape-recorded.
On completion of an interview with a woman from Group 2 (first time pregnant women between 16-20 years of age who are not in receipt of targeted support via the Family Nurse Partnership (FNP) programme), who was referred by the Teenage Pregnancy Unit, she disclosed that this was not her first pregnancy. As she did not fulfil the criteria for Group 2 interviewees, advice was sought from the study sponsors. It was agreed that the information and insight she had provided should be included.

All of the interview participants were with the Town Community Midwifery Team and lived in the most deprived areas of North Lincolnshire - Crosby and Park, Town, Frodingham and Brumby wards.

8. Study Findings

Ethnicity

Interviews were conducted with women from target geographic areas and BME groups, viz; Brumby, Crosby & Park, Frodingham and Town wards of North Lincolnshire. Survey respondents were sought from across North Lincolnshire, without any targeting.

All participants, bar three survey respondents, provided their ethnic identity:

![Figure 9: Ethnic identity of participants (107 survey/28 interview)](image-url)
Table 9: Ethnic identity of participants

<table>
<thead>
<tr>
<th>Ethnic identity</th>
<th>Survey</th>
<th></th>
<th>Interview</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>White British</td>
<td>91</td>
<td>85.0</td>
<td>19</td>
<td>67.9</td>
</tr>
<tr>
<td>White Irish</td>
<td>1</td>
<td>0.9</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>White European</td>
<td>6</td>
<td>5.6</td>
<td>5</td>
<td>17.9</td>
</tr>
<tr>
<td>Asian Bangladesi</td>
<td>0</td>
<td>0.0</td>
<td>2</td>
<td>7.1</td>
</tr>
<tr>
<td>Asian Pakistani</td>
<td>2</td>
<td>1.9</td>
<td>1</td>
<td>3.6</td>
</tr>
<tr>
<td>Other Black</td>
<td>0</td>
<td>0.0</td>
<td>1</td>
<td>3.6</td>
</tr>
<tr>
<td>Mixed Black</td>
<td>1</td>
<td>0.9</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Mixed Asian</td>
<td>1</td>
<td>0.9</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Chinese</td>
<td>1</td>
<td>0.9</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0.9</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Not given</td>
<td>3</td>
<td>2.8</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Total</td>
<td>107</td>
<td>100.0</td>
<td>28</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Ethnicity of the study participants was reasonably reflective of the ethnic identity of all women at first booking during 2014/15.

Table 10: Ethnicity of study participants (survey = 107 and interviewees = 28) compared with all bookings 2014/15

<table>
<thead>
<tr>
<th></th>
<th>Study (%)</th>
<th>All bookings 2014/15 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>84.1</td>
<td>85.5</td>
</tr>
<tr>
<td>White European</td>
<td>8.3</td>
<td>8.9</td>
</tr>
<tr>
<td>Asian Indian</td>
<td>0</td>
<td>0.6</td>
</tr>
<tr>
<td>Asian Bangladesi</td>
<td>1.5</td>
<td>1.9</td>
</tr>
<tr>
<td>Asian Pakistani</td>
<td>2.3</td>
<td>0.9</td>
</tr>
<tr>
<td>Mixed Asian</td>
<td>0.8</td>
<td>0</td>
</tr>
<tr>
<td>Black African</td>
<td>0</td>
<td>0.5</td>
</tr>
<tr>
<td>Other Black</td>
<td>0.8</td>
<td>0</td>
</tr>
<tr>
<td>Mixed Black</td>
<td>0.8</td>
<td>0</td>
</tr>
<tr>
<td>Chinese</td>
<td>0.8</td>
<td>0.2</td>
</tr>
<tr>
<td>Other</td>
<td>0.8</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
Age
78% of participants (from interviews and surveys) were aged 20 to 34 years. The youngest was 14 and the oldest 44 (both survey respondents).

<table>
<thead>
<tr>
<th>Age</th>
<th>Survey</th>
<th>Interview</th>
<th>Total</th>
<th>% of total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;20 yrs</td>
<td>6</td>
<td>3</td>
<td>9</td>
<td>7%</td>
</tr>
<tr>
<td>20-24</td>
<td>22</td>
<td>9</td>
<td>31</td>
<td>23%</td>
</tr>
<tr>
<td>25-29</td>
<td>29</td>
<td>8</td>
<td>37</td>
<td>27%</td>
</tr>
<tr>
<td>30-34</td>
<td>32</td>
<td>6</td>
<td>38</td>
<td>28%</td>
</tr>
<tr>
<td>35-39</td>
<td>13</td>
<td>2</td>
<td>15</td>
<td>11%</td>
</tr>
<tr>
<td>40+</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Not given</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>Total</td>
<td>107</td>
<td>28</td>
<td>135</td>
<td>100%</td>
</tr>
</tbody>
</table>

BME women (from interviews and surveys) were predominantly aged between 20 and 34 years of age.

Figure 10: Age of participants by ethnicity (surveys = 104, interviews = 28)

Time Resident in North Lincolnshire (survey question only)
Of the 105 women completing the survey who identified their place of residency, 43% had lived their full lives in North Lincolnshire, including two BME women. Three BME women lived in a village or market town in North Lincolnshire whilst the remainder of BME women responding to the survey lived in Scunthorpe.
Table 12: Place and average years resident (surveys only = 105 respondents)

<table>
<thead>
<tr>
<th>Place</th>
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<th>BME</th>
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Are you under a consultant for the duration of your pregnancy (survey question only)?

In the survey, participants completing the questionnaire were asked if they were under a consultant for the duration of their pregnancy. 39.13% of White British/Irish women and 81.82% BME women stated that they were. However, it may be that the term ‘consultant’ was confusing and women may have presumed this referred to their ‘consultancy team’ of midwifery services (interviewees were not asked if they were under a consultant for the duration of their pregnancy).

If the participant’s responses are accurate, there is a higher incidence among BME women who reported being under a consultant, which may indicate additional health issues.

Figure 11 Survey respondents reporting that they are under a consultant for the duration of their pregnancy = 107
9. First Steps – Confirming Pregnancy

How did you first find out you were pregnant?
127 (94%) of all participants in the survey and interviews had used a pregnancy testing kit to find out if they were pregnant. Of those women completing the survey, who had used a pregnancy testing kit, 87.1% had bought the kit from a supermarket or shop and 12.9% had bought it from a pharmacy (interviewees were not asked to specify where they had purchased their pregnancy testing kit).

Several interviewees reported that they had purchased and carried out more than one test to ensure they had a reliable result.

Before you saw your midwife, did you seek ‘official confirmation’ of your pregnancy from any other health professional?

Figure 12: How survey respondents found out they were pregnant (107)
### Maternity & Community Communication Pathway for the Expectant Mother

#### Initial contact made with GP

As soon as a woman is pregnant, where the GP is contacted initially, they will provide advice around the benefits of taking folic acid and Healthy Start vitamins available to buy at Children’s Centres.

The GP will advise woman to contact the Community Midwifery Team to arrange a booking appointment at West Street 01724 747268, Barton 01652 660052, Crowle 01724 752925 and Brigg 01652 659569. These are connected to voicemail and are checked regularly by the Midwifery Teams, throughout the day.

#### Initial Contact made with Community Midwifery Team

If a woman wishes to self-refer to the Community Midwifery Team, she can do so as soon as possible. Due to the earlier screening tests, Community Midwifery may be contacted early as 4-5 weeks pregnant.

31 May 2012

Extract from the Maternity and Community Communication Pathway for the Expectant Mother, NLAG and NEL CCG, 2012.

A substantial number of women sought 'official confirmation' of their pregnancy from another health professional, rather than using the Direct Access channel. The majority of these made appointments to see their GP, where some were given appointments to attend and then referred on to Midwifery Services, others where told by the receptionist to contact the Midwives directly.

Of those completing the survey questionnaire, over 48% had delayed contacting the Midwife until after seeking ‘official confirmation’ from another health professional. Whilst the majority of these went to their GP, others had sought or been provided with confirmation from a range of venues: Sexual Health Clinic, a ‘Walk-In’ Centre, the Early Pregnancy Unit, Hospital, A&E.
The highest figures for not using the Direct Access process are from those participants who can be identified as ‘late bookers’ (not attending their first booking with the Midwife until 13 or more weeks pregnant), BME women and those living in Scunthorpe.

In interviews, four women reported that their next step after self-testing, had been to phone the Midwives directly, two had known to do this from a previous pregnancy, one was advised by a family member and one ‘googled it’ to obtain the telephone number.

Five of the women interviewed had contacted their GP practice either in person or by telephone and were given the Community Midwives Team (CMT) number and advised to make direct contact with the midwifery team themselves.

*I actually rang for my GP but they have a booking system at Hendy Ave and Ashby Midwifery Centre where you do your initial booking appointments; so they sent me to Henderson Ave*

Two interviewees had their pregnancy confirmed by a doctor whilst out of the UK, one in Poland, one in Pakistan; upon their return home to North Lincolnshire both had contacted the midwives directly as a result of an internet search and after being advised by family/friends respectively.

Over half (53.6%) of the 28 women interviewed attended a GP appointment to confirm their pregnancy (most of these appear to be with a blood test), and were then either given the telephone number of the Midwives or in some cases the GP surgery made the referral and the midwives subsequently telephoned the patient to book them in.

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

Jenny Gavin-Allen and Sally Czabaniuk

November 2014
One woman reported she had carried out an over the counter test and then had an appointment with a GP and a blood test to confirm the pregnancy at around three weeks. The GP practice had then referred her to the midwives who had tried to contact her by telephone but she had been out at work. She was then sent an appointment letter (but not an information booklet) and had her first midwife appointment at ten weeks.

One participant had not contacted the Community Midwifery Team (CMT) until she was 14 weeks pregnant after having gone via her GP as she did for her first pregnancy 8 years ago:

*I made an appointment at my Drs and went there, then they did a test and told me to phone the midwife... that's what I did last time, but the midwife said that I had delayed my first appointment by 3 or 4 weeks by going to the Dr first.*

One participant from Group 2 (first time pregnant women between 16-20 years of age who are not in receipt of targeted support via the Family Nurse Partnership (FNP) programme) reported that after having carried out an over the counter test their next step had been to visit the Sexual Health centre where staff confirmed the pregnancy and gave her the number to contact the midwives directly.

Women who waited to confirm their pregnancy gave a number of reasons including denial, shock and considering termination.

One mother of three children, the youngest being under a year old, had gone directly to the hospital after having a positive shop-bought pregnancy test...

*I went to the hospital because I did not want another child – so we went to weigh up our options and I was told I was 28 weeks and there was nothing they could do.*

The woman went on to report that the midwives on the Early Pregnancy Unit at Scunthorpe General Hospital had made contact with the Scunthorpe CMT on her behalf whilst she was with them to get her booked in as soon as possible.

Accuracy in recalling and recording weeks pregnant at first visit to Midwife was a problem for many of those interviewed. Women completing the questionnaire may have been more accurate, but it is impossible to say with any confidence. Based on what women reported at interview or stated on their questionnaire, there appears to be a slight improvement in the number of BME women booking late, but a very slight increase in the number of White British Women booking late, when compared with records provided by NLAG for a similar period.
Figure 14: First booking with maternity services by ethnic group – from questionnaires and interviews (first bookings between approx 3 and 28 weeks)

![Bar chart showing first booking by ethnic group and gestational age.](chart14)

Figure 15: First booking with maternity services by ethnic group 2013/14 – from NLaG data

![Bar chart showing first booking by ethnic group and gestational age.](chart15)

Source: NLaG, 2014
10. First Contact with the Community Midwifery Team

Maternity & Community Communication Pathway for the Expectant Mother

Telephone Contact with Community Midwifery Team

Either a Midwife or Midwifery support worker will register the woman over the telephone. They will give advice on healthy eating, seasonal flu vaccine, the need to take folic acid and vitamin D and if relevant, stopping/cutting down on smoking. The woman will also be informed of the screening tests offered prior to the booking appointment i.e. booking bloods and the first trimester screening test, to give her time to discuss these with her partner.

The woman will be given her booking appointment for 8-9 weeks during this telephone conversation, the booking letter and introduction booklet are sent prior to the appointment.

31 May 2012

Extract from the Maternity and Community Communication Pathway for the Expectant Mother, NLAG and NEL CCG, 2012.

Seven of the nine BME interviewees stated that English was not their first language, of these, three said they had not been asked if they needed translation or interpretation services for their booking appointment, two were unsure, one said they had and one remembered this had been offered in their appointment letter. None of the women interviewed had used Translation and Interpretation services for their appointments.

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

Jenny Gavin-Allen and Sally Czabaniuk

November 2014
Most of the women interviewed had made their booking-in appointment soon after having their pregnancy confirmed, generally between 4 and 7 weeks.

She asked how late my period was then she just worked out when I needed to be booked in and booked me in.

I think I was only about four weeks (when first contacted CMT) but we blagged it and said I was (a bit further on) so I could get in earlier.

I’m not really sure how many weeks – when I came for appointment with midwife she said I can be pregnant about 12 or 14 weeks and then I went for scan and it was about another week and on the scan it say to me I already 18 weeks so.

The majority of the woman interviewed said they could not recall having received any advice over the telephone when first registering and that the focus of the telephone conversation had been on calculating how many weeks pregnant the woman was and confirming a suitable date for the first appointment. One woman said she was given advice over the telephone about folic acid and one could recall discussing blood and urine tests.

Three women stated that they had been advised to contact their GP, and two had been given emergency numbers to contact if they had any issues prior to their appointment. One woman had comments about seeking help during the period between telephoning the midwives and having the first booking appointment:

The only disappointing thing I did have was that chicken pox thing because I was a bit scared of what could happen and when I did ring up... I just got told that you’re not booked in yet so we can’t really help you... I wanted to speak to someone who knew about babies – not doctor. I know doctors are really good but when it comes to unborn babies and pregnancy, I find that the best people to talk about it are the midwives. I didn’t want an appointment or anything like that I just wanted reassurance. Basically for somebody to say ‘have you had chicken pox’ because all I got told at the Doctors was ‘have you had chicken pox before’ ‘yes’ ‘well then you should be alright’. But if midwife told me that I would probably been more reassured than a Doctor...

Most women interviewed said they felt they were able to ask questions during the telephone conversation and were comfortable with the discussion that took place.

Of the 105 women who completed this question on the questionnaire, nearly 82% said that they had found making the first appointment ‘easy’ and 9.5% found it ‘quite easy’. Three women stated that it had been ‘difficult’ citing the following reasons:
Due to work commitments and limited appointment available.

The phone number I had was wrong so I had to chase up the right one which took a bit of sorting as no one seemed to have the right number.

Midwives had moved so I rung Scunthorpe hospital, Brigg GP and Scunthorpe midwives and couldn’t get the number from anybody.

11. Written information prior to first appointment

The Communication Pathway states that ‘The woman will be given her booking appointment 8-9 weeks during this telephone conversation, the booking letter and introduction booklet is sent prior to the appointment’.

This introductory information set, known by midwives as the ‘pregnancy pack’, contains:
- an appointment letter
- welcome letter introducing the community maternity locality team
- an NLaG 4-page leaflet entitled Healthy Lifestyle Information for Pregnant Women, and
- a 72-page A5 booklet containing information about screening tests which the letter advises women to read before they attend the first appointment.

Of the four pages in the ‘Healthy Lifestyle Information for Pregnant Women produced by the Obstetrics and Gynaecology Women and Children’s Group just under one and a half pages cover advice for a healthy pregnancy - BMI, diet, vitamins supplements and exercise. The rest of the leaflet contains information about Confidentially, PALS, Moving and Handling, Zero Tolerance and Risk Management Strategy. There is no information in the ‘pregnancy pack’ about smoking or alcohol.

Interviewees were asked if they were sent any information after their first telephone conversation with the midwives team prior to the first appointment. All interviewees were shown the ‘pregnancy pack’ and contents and asked to confirm if they had received this. Of the 28 interviewees 14 stated that they had received the information. Of these, eight said they were asked to collect their letter and booklet in person. Two women said they had received this suite of information at their first appointment so will not have had an opportunity to read it beforehand. Two women said they had received an appointment letter in the post but not the pregnancy pack, one of the participants from Group 2 received her letter and pregnancy pack in the post but unfortunately, it did not arrive not until after she had left the house on the day of her appointment. As a result, she attended at the wrong location.
On the phone she said we will send you out an appointment letter – buts it’s to West Street so I went there – but the letter arrived that morning and I missed that letter because the appointment was at 9 o clock in the morning and my post does not come until one o clock...so I went to there and I was sat there for ages and she said “you’re not with us are you...is it your first ever appointment and I said yes an she said well I’m sorry love first ever appointments are at Henderson Avenue”. When I got there (on foot) she said “don’t worry about it we have a few mums that make that same mistake”.

That was the only issue – she said she would post it and she didn’t – we don’t live here in the week we work and live away so I had to get my mum to go in because it was getting near the appointment time and I wanted to read whatever I had got - that’s my only issue – the only niggle.

Half of all interviewees (14) stated they either did not receive or could not remember receiving a pregnancy pack and so were unable to comment on it. This figure corresponds to answers provided by those completing the questionnaire.

**Figure 16: Receipt of ‘pregnancy pack’ prior to appointment - All women**

(interviewed 28 and surveyed 107)

Some of the interviewees who had received a pregnancy pack had found it useful and a good way to prepare for their first appointment:

> I rang them up and they were really nice and they sent me a letter. It was a letter to say when my appointment was and loads of information about what they was going to discuss and if there was anything I needed to bring with me.
I think if that’s the one it’s the pack that explains all the blood tests and screening tests and I found that was quite informative actually

Yes (the screening booklet was useful)...because at my first appointment I said yes to everything – all tests, all screen and I knew what it was about because I had read about it before....it opens your eyes – because it’s all like a dream – I am pregnant going to have a little pink baby – all smiles – but no you have to know what might happen

Everything was useful – it was a bit daunting about all the tests

Others said they had ‘scanned through it’ and said it was helpful but several women had accessed other sources of information in the early stages of pregnancy:

I did read everything and it was useful but instead of keep going back to that pack I find it easier to just go on my phone and find it. What to eat and what not to eat is probably the most useful thing I took out of it.

Being too busy at work and having had the information from a previous pregnancy were some of the reasons given for not reading through the information sent out in the pregnancy pack.

I didn’t need it anyway – got it all from me last one

I am working full time – working all the time – just read the letter

Only a small number of women reported that they had done anything differently or made any lifestyle changes as a result of the advice provided over the telephone when booking-in or after receipt of the information in the pregnancy pack.

Not really I don’t drink – well they say if you do want to drink only have 3 to 4 units which I do stick to...I wouldn’t say I was a binge drinker before but if I wanted a drink I would have one I wouldn’t think ‘how many units was there?’

I think sleeping I did a little bit I just slept as early as I could (because of what I read in there), and diet as well...we didn’t change diet did we but we were very much more aware – we have a very good diet anyway but we were very much more aware of what foods to eat – and more seriously what not to eat because there are things you have to avoid

Yes I cut down on me smoking a lot and eating better as well and I cut out coffee, pop things like that
Well I never used to eat properly and I still don’t eat three meals a day, but I do make sure I eat my fruit and veg – it has made me think about it – not just myself.

Women were asked if there was any other information they would have liked to have seen in the pregnancy pack, most of them said there was not.

Not really – I don’t think there is a lot they can do when you are first pregnant can they?

Some women wanted to see more information in the pregnancy pack about foods to avoid eating in the pregnancy:

It was not that useful to me - I think I was surprised it didn’t cover what you should and shouldn’t be eating and things I’m sure it didn’t have that in which is something you need to know sooner rather than later – that was all in the pregnancy pack I got at the first midwife appointment which is a little bit later...obviously if you have eaten a lot of that stuff in that time it’s a little late to find out – I had to find all that out through the NHS website because I knew there were things that I should and shouldn’t touch so I has to refresh myself

I wanted to know everything really fast – what I could eat – what I couldn’t eat – but they are not going to put all that information in a pack – I wanted to know everything!

Most of the participants stated that they were offered a convenient time and date for their first appointment and that the location was easy for them to get to.

They worked it round dropping eldest daughter off at school – Henderson Avenue – so they did it for 9 o clock after I had dropped her off so it was easier

She asked on the phone what would suit us because my partner is a shift worker so it was quite awkward really. All of the appointments so far we have been able to book them quite conveniently ... there’s been that flexibility there

Some women in full-time work did experience difficulties securing a suitable appointment time.

...they didn’t have a lot of appointments that were available, because I work she couldn’t fit it in around my shifts so I had to book time off work to go to it...I had just started a new job – quite difficult having to arrange it – but I had to tell work anyway so it kind of forced the ball along
...she was a bit snotty about not being able to change the dates...basically told me there was nothing she could do about that because these are the dates they’ve got.

The length of time between making the telephone call and attending the first appointment varied from one to four weeks with women who were calling at 8+ weeks being seen quicker than those calling at 4 to 5 weeks.

Of those women completing the questionnaire and who had received the ‘pregnancy pack’, 59% stated that they had found most or all of it helpful, whilst 41% had found some of it helpful.

Ten of the women who completed the questionnaire said that they would have liked more information prior to their first appointment with the Midwife. The type of information requested included information on:

- the next steps and routine visits
- what would happen at initial midwife appointment
- need to provide a urine sample so women can be prepared
- what might happen at the appointment
- what to expect, what can happen within the first trimester, what to do in an emergency

**KEY POINTS**

- Most women could not recall having received any advice over the telephone when booking in
- More than half of women said they had not received a pregnancy pack before their first appointment
- The Pregnancy Pack does not contain any information about smoking or drinking alcohol in pregnancy, or Health Trainers and Start4Life etc
- Most women were comfortable with the telephone booking process and satisfied with the convenience of the date, time and location of their first appointment
12. First Appointment

Maternity & Community Communication Pathway for the Expectant Mother

Booking Appointment

Community Midwifery aim to book women at 8 weeks pregnant. At this appointment a full medical history is taken along with screening bloods. A urine sample for Chlamydia screening and bacturea will be offered.

The midwife will provide health education information and give the woman her scan appointment. Ideally this will be done at 11-14+2 weeks; the optimum time for a first trimester screening. BP, urinalysis, weight, height and BMI calculation will be checked at this appointment. The FW8 is also given at this time if required.

The woman will be given the choice of where she wishes her 16 week follow up appointment, which will be arranged at that point.

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<thead>
<tr>
<th>Midwife will remind woman to take her maternity notes to every GP/scan and hospital appointment during and after pregnancy</th>
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<tbody>
<tr>
<td>31 May 2012</td>
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Extract from the Maternity and Community Communication Pathway for the Expectant Mother, NLAG and NEL CCG, 2012.

Booking-in appointments with Scunthorpe CMT are at Henderson Avenue Children’s Centre. If there is a shortage of convenient appointment slots, some women are given appointments for West Street Children’s Centre or Ashby Midwifery Centre on Burringham Road. Subsequent appointments are at West Street Children’s Centre or Ashby Midwifery Centre.

Only four women completing the questionnaire were unhappy with their appointment time, two of these were because they had to take time off work and the third reported that there had been a mix-up.

Seven women were unhappy with the location of their first appointment. One was unable to drive which made getting to the appointment difficult, one was unhappy with the lack of parking available, two others were unhappy with the distance they had to travel and three were uncomfortable with the unsuitability or lack of confidentiality in attending at a school building (Crowle and Henderson Avenue).

Only one woman who had completed the questionnaire felt that there had not been enough time at the first appointment. All of the women interviewed recalled the Midwife going through their personal and family medical history. They said they felt they had enough time at their first appointment, that they had been able to ask questions and most had understood what was discussed:

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Yes – think you get an hour – but it might have been a bit shorter but I got to ask all the questions I wanted to ask – because of the problems I’d had previously I asked a lot of questions and they give me the answers.

I think it’s all a bit bewildering when you first go there and you get all this information – you don’t process it so…I think she pretty much covered everything.

One Portuguese woman commented that she had experienced some difficulties with understanding the accent of her midwife but that the midwife had taken the time to make sure she understood everything.

Women who had experienced problems with previous pregnancies said they had felt reassured by the midwife and this had made a big difference to their peace of mind:

I think she made me feel better about – I had a previous pregnancy and it was stillborn and I was panicking about this pregnancy and she made me feel better telling me it was a different pregnancy – just made me feel better.

One interviewee shared that she had been apprehensive about disclosing a previous termination:

...you have to tell them about if it’s your first pregnancy – this is my second pregnancy – the first one I didn’t have – at first you don’t like saying that obviously it’s a touchy subject but you have to tell them and the woman was really nice about it. She made it a lot better because obviously it’s not something that you want to tell people but she was really, really good.

The majority of women stated that they had felt comfortable with the content and level of discussion with the midwife at the first appointment. Several women reported that the conversations with the midwife at this first appointment had made a significant impact on their wellbeing:

Yes it was nice and relaxed I didn’t feel pressured or anything about being 29 weeks – it was really nice and relaxed...she just said I can’t believe how far you were and you didn’t know!

Yes she was really friendly and clear...Made me feel really comfortable – it was an unintended pregnancy and she gave me examples of other people.

It was really nice. I explained that I was squeamish about blood and so she took care not to let me see it....she was just so nice and friendly, it made me feel good.
Yes I asked lots of questions like coffee drinking – I had been told I could not drink coffee at all – and that’s not true – I realise I can have one coffee a day and its very helpful for me because I like coffee

Only one of the women completing the survey reported that they had felt they did not have an opportunity to ask their Midwife questions at their first appointment, and one woman said that she did not feel comfortable asking questions. Several described their positive experience.

...it was a very comprehensive appointment that covered all our initial questions at that early stage. All the midwives we have met so far have been very approachable.

Eight women who had completed the survey felt that there were issues they would like to have discussed further with the midwife.

More information on breastfeeding

Dry skin, hormone balance, diet and exercise

More about physical things happening to me, would have liked more advice about stress. Although second pregnancy, left not really knowing what to expect.

I thought of things to ask after my appointment but thought it was easier to find out from the NHS website

Any training courses while pregnant

A little more about each process

Probability of having another miscarriage. I brought it up but she said she had no statistics. No reassurance or more advice.

One participant had comments about the storage of urine samples in the room where she had her first appointment, which she had felt uncomfortable about:

I noticed today there were two extra on her windowsill (urine samples). How hygienic is that really...why do they keep that stuff on the window?...you know... that was the first thing I noticed really – something not nice on the windows
Women were asked if they could recall anything that they found particularly helpful from their first appointment, most women did not have any comment other than they were satisfied with the information provided:

*Overall I thought it was a good appointment; felt I got everything that I needed to - got quite a lot of information*

There were some comments about the benefits of health information provided at this stage of the pregnancy:

*Yes she told us quite a lot of stuff didn’t she things like my iron – things that I should have known that I didn’t know and stuff*

*Nothing sticks out in my mind – just the food to stay away from like pate – that was more helpful. (Partner – and there were those laminated sheets as well about breastfeeding and the baby sleeping). Yes we had to read the breastfeeding leaflets and that was quite informative as well. Think they were the main points – nothing too in depth*

... the breastfeeding was something I wanted to talk about. because I felt that last time I did want to try and breastfeed but I wasn’t given enough support at the hospital when I’d had my son to breastfeed so one thing I did want to discuss with her was if they had a more strong breast feeding support network...and she did explain yes you now have people that come round a day or so after you’ve got home they will come round and check on you and help you out - women who specialise in supporting you and helping you with breastfeeding*

One woman had responded less positively to health support being offered at the first appointment

*They are always trying to get you to go to groups – they tell you about these groups don’t they and you’re sat there thinking ‘I’m not going to that’*

All bar one of the participants said they had received a bounty pack and all had a Patient Record Book (Green book). During the course of the study there was a period of time where the stock of Bounty Packs at Henderson Avenue had been exhausted and so some women did not receive theirs until later in their pregnancy.

All women participating in the study were asked; ‘Overall, what sort of information has helped you most in the early stages of this pregnancy?'
Most women chose ‘Other’. When asked to expand on this, they listed various combinations of, or single sources of information as shown in Figure 19 overleaf. Those who were clear about a preference predominantly opted for ‘Talking to Midwife’, above other options. ‘Talking to family /friends’, ‘Books’ and ‘Written leaflets’ were less popular.

A break down of ‘Other’ by number of mentions, shows a strong preference for ‘Talking to Midwife’ in combination with other sources of information and support. Talking to family and friends was most usually mentioned in conjunction with talking to a Midwife and several women stated that they preferred a mixture of several sources. Whilst women identified the internet and phone apps as a single preference for information and support, it was also mentioned in combination with other sources. During interviews many women mentioned using phone apps in general conversation rather than in answer to a specific question. They described using phone Apps and social media such as Facebook to compare notes, keep abreast of their baby’s development and to access information around the stages of pregnancy.
Of the BME women who completed the questionnaire, those for whom English is not their first language, tended to prefer written information, whilst those whose first language was English opted for talking to a Midwife or the internet:

**Table 13: Preferred sources of advice and support by BME women (number)**

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<th>Other as first language</th>
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<tr>
<td>Books</td>
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</tr>
<tr>
<td>Talking to Midwife</td>
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</tr>
<tr>
<td>Talking to family/friends</td>
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<tr>
<td>Internet</td>
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Interviewees who said they preferred the written information referred to liking the opportunity to digest information at their own pace.
To be honest and not to be like horrible I think the book because the midwife you just see her when you come to an appointment and you have like a half an hour to speak and obviously she is doing her job so she doesn’t have the time or you might ask a question and she answer very quick because she might have another person to see. But the book – when you have your time you can just sit on the sofa and read and come back to the bits that are information to you.

Written – the midwives just don’t have enough time – your body changes over the months and you have lots of questions especially if you are a first time mother. This time I am in a different country and I want a healthy pregnancy and I don’t want stress when my baby comes, especially as he is a boy – don’t want stress – this book for me has been so good you go each week you can check every two weeks and you see what the baby is doing.

There were mixed views about the bounty folders. Several women commented that they were full of advertising and of little value, whereas some women had found the information, merchant coupons and samples useful.

The milk tokens thing that was in there. The Maternity Grant information. Dentists stuff, cos the dentist I was at stopped doing it on the NHS – they gave me that number in there. There was Vouchers and stuff for Boots, different flavoured vitamins – sample packets of them in case I didn’t like the ones I’d been given. There was loads and loads and loads of stuff in there.

It scared me... it was interesting especially about the smoking it told you things

Had a scan through – most of it seemed to be about smoking and as I don’t smoke it was irrelevant but to be honest because I’d had one it was all largely the same information anyway, (as with previous pregnancy).

I just think the bounty pack was too commercial. With the written information you can refer back to it, but with the midwife there is so much going on at once that you forget things. The NHS website is brilliant you can look at that, so that’s fine”

I look through, some of it I thought could be useful the rest I put straight into the bin

I think there is more adverts than anything else really – I am not sure that could be useful for me – I know we will probably use the free pack and things like that
Not really – lots of advertising – the only thing I have really dry skin and there was some stretch mark cream and I put that on. I found out I wasn’t drinking enough – that worked for a bit

One participant commented that in order to qualify for deals or samples in the bounty pack they had to provide contact details and some of the deals required a minimum spend which added to the ‘commercial’ as opposed to ‘public information’ feel for the packs.

Some women found the Patient Record Book very useful, particularly to prepare for appointments

I have looked at the front pages so I know what they are going to be doing in appointments – that’s largely it the rest just seems gobble-de-gook really

Yes – use it all the time – when I am going to appointments to see what they are going to talk to be about. (Don’t get anxious if know what is going to happen at appointments) It is quite good

I check how the baby is developing and it helps me keep track of where I am with the pregnancy and when things will happen like next appointments and tests and things

Some women acknowledged that the Green book was ‘more for the midwives really’ and one Polish participant recognised the benefits of having such a Record book

In my country we don’t have big book like this we have a small little book about the weeks and what you write in there – but rest of information they put on computer… This book you can give to people living with you to read – think it is better for the midwife because she has all the information written in the book

Women for whom this was not their first pregnancy were less likely to read the written information provided in the pregnancy or the bounty pack but would look at the notes written in their green book by health care professionals.

12.1. Health Information and Advice
All participants were asked about the range of health advice and information that their Midwife might have discussed with them at their first appointment. The vast majority were able to recall the information discussed with them.
Table 14: Participants who recalled their Midwife discussing health issues at first appointment (number)

<table>
<thead>
<tr>
<th>Issue</th>
<th>YES Survey</th>
<th>YES Interview</th>
<th>NO Survey</th>
<th>NO Interview</th>
<th>Can’t recall Survey</th>
<th>Can’t recall Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy eating</td>
<td>86</td>
<td>26</td>
<td>9</td>
<td>1</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Healthy weight management</td>
<td>53</td>
<td>21</td>
<td>30</td>
<td>7</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Alcohol/drinking in pregnancy</td>
<td>86</td>
<td>26</td>
<td>11</td>
<td>2</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Vitamins and health supplements</td>
<td>96</td>
<td>27</td>
<td>7</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Flu/Whooping cough vaccines</td>
<td>70</td>
<td>21</td>
<td>28</td>
<td>6</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Breastfeeding choices</td>
<td>56</td>
<td>19</td>
<td>36</td>
<td>7</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>Smoking in pregnancy</td>
<td>84</td>
<td>28</td>
<td>14</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passive smoking/smoking in home</td>
<td>65</td>
<td>24</td>
<td>23</td>
<td>3</td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>Prescription/recreational drug use</td>
<td>71</td>
<td>20</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coping with stress/relation etc</td>
<td>53</td>
<td>14</td>
<td>32</td>
<td>13</td>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td>Benefits and grants</td>
<td></td>
<td>12</td>
<td>14</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Interviewees were not asked about prescription or recreational drug use and the survey questionnaire did not ask about benefits and grants that respondents might be eligible for.
12.1.1 Healthy Eating

Most of the women in Group 1 (pregnant women aged 20+ years living in areas of urban or rural disadvantage and BME communities including women who may present later than 13 weeks) and all of the women in Group 2 (those first time pregnant women who were between 16 and 19 years of age) said they have received advice about healthy eating, several talked of the foods they had been advised to avoid as well as the need to have a balanced diet.

*Yes she said you should try and eat healthily and there is some information in that pack about it*
12.1.2 Healthy weight management
Women interviewed could recall being weighed and having their BMI calculated, none of the women interviewed spoke of being referred into a service as a result of their BMI; however six women said they had been referred into Start4Life¹

…it was covered but she was more signposting me where to get more in depth information (same for healthy eating)

Yes she said to drink lots of water and eat lots of vegetables and fruit, meat and fish but managing my weight? no don’t think so

I think she mentioned it – I was more like underweight to be honest – so she said it was important for me to eat regularly

12.1.3 Alcohol
Several of the women did not drink alcohol anyway and others had already quit drinking alcohol when they first found out they were pregnant so the advice given at the first appointment was to reinforce this message. One participant had altered their drinking habits as a result of the information they received and stated they were now more aware of units and ‘safe’ drinking. Another participant however felt that the information about alcohol was misleading...

It says on the NHS leaflet that we are allowed to drink alcohol and I think that shouldn’t be on the leaflet. I know some people probably will drink anyway that that (leaflet) is just to let them know they can have – if they drinking – what they can have – but I think that shouldn’t be because if someone is not very smart they will think if that means I can have a drink I will have a drink. I think that kind of thing should not be on a leaflet – not from NHS

12.1.4 Vitamins and health supplements
Most of the women stated that they had been given advice on vitamins and health supplements specifically folic acid at this first appointment, and many spoke of having been given some supplements by the midwife and/or locating them in their Bounty pack. Some of the women stated that they had already been taking folic acid prior to the appointment after being advised to do so by their GP or if they had known about it already.

¹ (a local service to support pregnant women with weight management but which is no longer running. Weight management support for pregnant women is currently available through the advice from Midwives and GPs, and is included within the specification for Adult Weight Management services which are currently being commissioned.

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November 2014
12.1.5 Vaccinations and immunisations
A total of 21 of the 28 women who agreed to be interviewed were able to recall having specific advice about vaccinations and immunisations. One participant had been advised that she would have difficulties accessing a seasonal flu vaccination, because of the time of year.

12.1.6 Breastfeeding Choices
A total of 19 of the 28 interview participants said that they had been given advice about breastfeeding choices and several indicated that they were considering breastfeeding and wanted to know about the support they could access.

I have had two children I tried with my first and had a bad experience – didn’t want to entertain it with my second and now 10 years on I want to give it another go but I do think looking back if they had been that support there it may have helped and I think it’s alright if you’ve maybe got that a few weeks before your due date – but it matters more when you have got the baby and you are actually doing it,

Some women said they were told this would not be discussed with them until later in the pregnancy.

12.1.7 Smoking in pregnancy and Passive Smoking
A total of eight women from Group 1 (pregnant women aged 20+ years living in areas of urban or rural disadvantage and BME communities including women who may present later than 13 weeks), and one from Group 2 stated that they were smokers and all reported that they had been offered a referral to Smoking Cessation Services. It was not clear if patients had the choice of being referred into the service or that this was done automatically...

...I wasn’t ready to quit...it was funny when they rung me up because they said ‘we get a referral from your midwife saying you want to come’ – but the midwife told me she has got to refer me – it wasn’t that I actually wanted to

A 26 year old mother of two reported she had successfully quit on her own and had not needed any external support as she had done so before and because she did not feel she would be able to attend sessions because of family commitments:

No – I tried to do it by myself but I have stopped now. I was determined to do it by myself. I did it with both the girls so there was no reason why I needed help. And it wasn’t just that but my daughter only does go half days...you could go in mornings I think and it was more awkward because I would have had to take both the girls and I need to get her ready for school and everything else...I was determined to do it by myself
One interviewee smoker stated she had read the information about smoking and had cut down as a result. She had had a previous stillbirth and was very anxious in the early stages of pregnancy as a result of this experience. She stated she had not taken up smoking cessation as she was giving up on her own but that she had had carbon monoxide monitoring.

Another interviewee also reported that she had successfully quit independently and had not taken up smoking cessation services. A mother of two had also tried to quit on her own and had contacted smoking cessation to say she did not require the service as she had managed to reduce on her own. However, her husband was still smoking and she occasionally took one of his as a coping mechanism.

\[
\text{Yes it is not that I smoke everyday but some days for example this month I am getting very stressed, this is very new and even though I have had children before this is a different country – I am worried if I am going to have normal birth or a caesarean and all this is making me a bit cuckoo in the head right now}
\]

A 24 year old mother of 3 said she had attended smoking cessation and did want to quit but was still smoking at the time of interview.

\[
\text{It’s still ongoing I am still smoking at the minute ...She gave me a piece of paper – I have handed it into my doctor and I have got to wait for a prescription for patches and an inhalator.}‘
\]

A mother of one stated that she had been unable to attend her initial appointment with smoking cessation services as her young son had been ill but that she intended to follow up and make another appointment. She had received carbon monoxide monitoring at the hospital when she went for her scan but none since.

A 19 year old smoker with an unintended pregnancy expecting twins described herself as still being in shock at the time of the first appointment and that she had not taken up the referral into smoking cessation...

\[
\text{A - I don’t know – honestly you can’t just quit just like that you have to do it in your own time}
\]

\[
\text{Q – Do you think the smoking referral would help?}
\]

\[
\text{A - No they would just stress me out}
\]

\[
\text{Q – Do you know that for a fact or is that just how you feel}
\]

\[
\text{A - Just how I feel}
\]
A mother of four children – the youngest being just seven months old – with an unintended pregnancy had been referred to smoking cessation but was trying to quit independently using E-cigarettes. She had received carbon monoxide monitoring at her second appointment, and stated it was still her intention to take up the service...

...they have monitored it today – it’s the first time I have used that machine today.
Q – What number did you come up with?
A - Very high, I was in the red on them all

It is apparent that though women are being referred into smoking cessation many of them do not go on to engage with the service or attend sessions. It is not clear if the midwife follows up on this referral with the patient at the second appointment; nor is it clear how carbon monoxide monitoring is implemented. Five of the smokers stated that they had received carbon monoxide monitoring, two at the hospital and one at her second appointment.

A total of 23 interviewees recalled receiving information about Passive Smoking at the first appointment, one participant’s husband had already referred himself to Smoking Cessation and the midwife discussed this with him and encouraged him to press on with it, another had switched to E-cigarettes.

12.1.8 Coping with Stress/relaxation
Fourteen of those women interviewed could recall the midwife talking to them about coping with stress and one had attended relaxation classes.

I think she touched on it – she didn’t go into detail she just said you should try to be stress-free, relax don’t overwork yourself and she was talking to my husband as well – she did touch upon it

12.1.9 Benefits and grants
Less than half of the interview participants said they had been offered any advice about benefits or grants they may be entitled to. Several said that as they were in work they did not think they would be entitled to anything anyway and some others thought that the system had changed since their last pregnancy. One of the Group 2 participants said she had received specific support from the midwife.

She gave me a medical exemption certificate. Told me about income support and what my mum can claim – she did give me a lot of information even though we didn’t have much time ...

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12.2 Making lifestyle changes
Just under 50% of all participants said that they had made lifestyle changes as a result of talking to their Midwives during that first appointment.

Figure 20: Women reporting they had made lifestyle changes following their first appointment with the Midwife - interviewees = 28 and survey respondents = 107 (%)

Survey women who reported changes in their lifestyle cited a range of improvements they had made:
Healthier diet
- Taking vitamins supplied/recommended
- Taking smoking advice/cutting down smoking
- Booked vaccinations
- Taking greater care in cooking some foods and avoiding others
- Increased water/liquid intake
- Taking breaks at work

Survey women who declared that they had not made any lifestyle changes gave a variety of reasons why they had not:
- Already aware of and following information given (especially those who already had children)
- Already having a healthy lifestyle before pregnancy
Nine interviewees said they had not made any lifestyle changes as a result of either written information or advice from their midwife. Some said they felt they did not need to as they already had a healthy lifestyle whereas others said that they felt already knew what to do as a result of earlier pregnancies. However, seventeen interviewees said they had made some lifestyle adjustments as a result of either their conversation with the midwife or the written information they had received. Most of these related to eating more fruit and vegetables, cutting down on drinking and smoking, taking vitamins, exercising and resting.

Drinking – I have cut down on drinking – haven’t done anything much more differently. Not eating pate, cured meats – little changes yes

Yes – I got this cook and eat bit in it and looked at it and started doing some home made things I think it’s been better than buying things from shop and takeaways

I have tried to change my eating habits – eat more fruit and veg – think that was the thing I changed the most. If I feel tired or dizzy I go upstairs for a lie down.

There was a Sure Start leaflet in there and I went on to that programme Healthy (Eating) – lady goes to West Street and she gives you loads of recipes and stuff and if you ring up she sends you some in the post. I started an exercise class as well that the Midwives put me through on.

Women were asked about what other help or advice they would want to help them to have a healthy pregnancy. One participant suggested more information targeted at fathers

I think for a woman there is plenty information there but for a man – now days the man is more involved – want to be closer and be a father and a mother at the same time – more information for men about what he can do

12.3 Referrals into other services
Interview participants were also asked if they had been offered a referral into other services such as smoking cessation or Start4Life. All the smokers interviewed said they had been referred to Smoking Cessation and six interviewees said they had been referred to Start4Life, of those two had attended.

Yes – it was fine – seeing them again in a couple of weeks – it’s about eating healthy and keeping healthy
Attended start for life – food diary – involved me in exercise class... I got recipes in and stuff and I felt like it was a good idea to not be so weighty while I was pregnant

Women that had not taken up the referral to Start4Life said the reason for this was that either they were too busy or could do exercise/healthy eating on their own and did not need to attend a class.

I was given a number to call for help with quitting smoking but was never called back by the staff concerned

I gave up smoking on my own

Of those completing the survey, 14 were smokers, of which 13 were referred to Smoking Cessation. 12 women were referred to Start4Life, one to relaxation sessions and one to an Obstetrician at Scunthorpe General Hospital.

Figure 21: Take up of referral to other services by women who completed the questionnaire n = 107

Reasons given for not taking up referrals to Smoking Cessation were:

Going to do it on my own

I called the number provided but got no answer, wasn’t called back after leaving a message
No contact made from Smoking Cessation service. I am now 20 weeks and still waiting

I have stopped smoking on my own. No longer need help with it

KEY POINTS

- Most women were satisfied with the convenience of the date, timing and location and of their first appointment
- The majority of women were comfortable with the content and level of discussion with the midwife at the first appointment
- There were mixed views about the benefits of the bounty folders which contain commercial product marketing and public health information
- Most women reported that speaking with the midwife was most useful to them
- Women who preferred written information valued being able to digest the contents at their own pace
- The internet and social media is increasingly being used as a source of information and support for pregnant women
- BME women whose first language is not English prefer written information.
- All women who were interviewed reported that they had been asked if they smoke
- All smokers reported they had been referred into smoking cessation services
- Uptake of smoking cessation services by survey respondents was 62%, however of five of the six women who did take up the service said it was helpful to them
- High incidence of Smoking Cessation Services being difficult to access in a timely manner for pregnant women
- Smoking Cessation referrals are not generally followed up at subsequent appointments with the Midwife – some women said they had been offered carbon monoxide monitoring at their second appointment
## 13. Second appointment

<table>
<thead>
<tr>
<th>Basic Principles of Antenatal Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>16 Weeks: Checks and tests</strong></td>
</tr>
<tr>
<td>• Review, discuss and record the results of screening tests</td>
</tr>
<tr>
<td>• Measure blood pressure and test urine for proteinurias</td>
</tr>
<tr>
<td>• Investigate a haemoglobin level below 11g/100ml and consider iron supplements</td>
</tr>
<tr>
<td>• Discuss ‘From Bump to Breastfeeding’ DVD which can be accessed at <a href="http://www.bestbeginnings.org.uk">www.bestbeginnings.org.uk</a></td>
</tr>
<tr>
<td>• Check Anti-D is ordered if required</td>
</tr>
<tr>
<td>• VBAC clinic for anyone who has had a previous caesarean section (SGH only)</td>
</tr>
<tr>
<td>• Undertake Second Trimester Screening if required</td>
</tr>
</tbody>
</table>

Extract from the Antenatal Maternity Record Book 1 (‘Green Book’ given to all pregnant women at their first appointment).

Women who were interviewed were asked about their second appointment. Those completing the survey questionnaire were not. As can be seen from the extract above, the focus of the second appointment is clinical rather than informative.

All of the women interviewed stated that the midwife had arranged their second appointment with them at the end of their first, and that they had been given a convenient time, date and location for it.

The length of time of the second appointment ranged from 10 to 45 minutes with the average being 20 minutes. The majority of women were satisfied with the length of time of this appointment and content of the second appointment and the opportunity to ask questions:

*Yes it was fine it was long enough for me to express any initial issues that I had had and she was lovely*

*Yes I did feel I could ask questions but it wasn’t as long as the first one and they didn’t really do much just took my urine and my blood and that was about it really*

Some participants were less satisfied with their second appointment:

*About 10 – 15 minutes – it was a bit rushed a bit kind of in out and when I left I thought ‘Oh is that it’?*
Yes they didn’t seem to cover a lot really to be honest …. I could have done with more interaction from the midwife – that particular midwife barely looked up from her notes.

I was expecting something more to be honest

Some women were confused at having to attend at a different centre:

The first one I think was Henderson Avenue a few weeks ago and then they said to me I need to come to this one (West Street) – I got confused I went there and the lady said ‘oh you are in West Street’ the one near town – the other one is called West Street as well – I got confused... I did not know SureStart was related to midwives - think they need a big sign.

The majority of the women said they were satisfied with the information they were given at this appointment, given that it was a follow-up appointment

Not so much information just the tests and asking if I had any problems

No didn’t really get no advice today – just had my weight and things checked

It is clear that time for health information at this second appointment is limited as the focus is clinical. For some women the second appointment had been of benefit to their wellbeing as it had provided an opportunity for reassurance and encouragement by the midwife.

She noticed quite a lot she said ‘I notice you are looking a bit better in yourself today’ I said ‘how do you think that?’ and she said you look brighter in your face so you must be doing some good because you are looking more happy in yourself

It was good, we are on track

Yes I asked more questions this time than I did before because I had it all there... I will probably walk around with a smile on my face all day

The majority of women said that they did not do anything differently as a result of any advice given at the second appointment. Those that said they would be making adjustments to their lifestyle to improve their health were mainly in relation to wellbeing and diet:

Trying to be stress-free...trying to

Yes I won’t be worrying so much about things

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It was more about food and what things I eat because some things I shouldn’t other things I should moderate some foods I should not eat at all.

Some participants who had been pregnant before commented that they were disappointed not to have the opportunity to listen to the baby’s heartbeat until later in their pregnancy as this had been offered at each appointment in the past.

One participant felt that there should have been more proactive promotion of the healthy living opportunities for pregnant women on offer at the second appointment:

Even like now that was my second appointment and I notice on the boards there is some kind of courses or lessons for... but no one has mentioned that. I know it says if you want to book one of them to call or something but I think they should mention it before – ok first appointment is before 12 weeks so they don’t take that very serious, but now when I had the second one I think that should be mentioned – I think I shouldn’t ask for it they should say there is some available meetings or appointments just to go and see if I am interested because I know not all of us want to go but they could ask for it.

Another participant recognised the need to provide appropriate information at appropriate stages in the pregnancy:

I have been reading some of the posters and stuff and I am hoping as things go on that later on in pregnancy there is more support groups available – not necessarily by the midwives you know if might be other health professionals – I’ve never done any of the anti-natal classes or breastfeeding support or anything like that so I’m hoping that as I get closer to full-term I am made aware of these. And for them to carry on as well – especially the breastfeeding ones.

14. Other sources of information in pregnancy

Participants were asked where else they got information about having a healthy pregnancy, most participants cited the internet – NHS website in particular – books, friends and family. Several were using mobile phone apps ‘I’m Expecting’ or ‘My Baby Bump’, three women said they did not look anywhere else for information other than that they received from Community Midwifery.

Usually I just go on the internet – can go on week by week and see what the baby is meant to be doing... unless there is something wrong and then I would ring the midwives.
I’ve got a little App on my phone that says how big the baby should be and what it’s meant to be doing.

All bar two of the women interviewed said they were confident about where to go for help and advice if they needed it and said they had had the support they needed during the early stages of their pregnancy. Most women said they would call the midwives and those that had – for the most part – were very happy with the support given over the phone. There were some concerns about who to call outside of office hours and confusion about which of the numbers on the front of the Patient Record Book to use and when.

I know I can call them but I am not sure if the ‘confident’ word is correct, I know I can call them and probably I will have some kind of advice but...

on a Monday to Friday I know I can ring the midwives when it comes to after that I don’t know as there are a list of numbers on the front of the green book but am a bit stuck as to who to contact – I just kind of go through them until I get to somebody. It’s never really been explained who to contact – does say for bleeding and headaches but for anything else it’s not clear who to contact...

**KEY POINTS**

- Although second appointments are shorter the reassurance provided by midwives at these makes a significant impact on a patient’s wellbeing
- Most women are confident about where to go for help and advice during pregnancy and were 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
- Mobile phone applications and internet access provide instant access to a raft of information and advice for women in the early stages of pregnancy
15. Patient’s Ideas for Improving Maternity Services

The final question participants were asked in the 1-1 interviews was how they thought information and advice services for women during the first stages of pregnancy could be improved. Several women said they would make no changes as they were very happy with the service as it was now. One Group Two participant felt the information and support she had been given during this pregnancy had equipped her far better this time around...

_I was only 15 with my first pregnancy and didn’t know anything and this time I am 18 and have learnt hell of a lot more and I have seen how to do things I know I can change what I did with the first one_

The key themes from the suggestions given by participants to improve information and advice services for women during the first stages of their pregnancy included:

Resources – improving the environment and equipment used by the midwives:

_First of all I would make the... even the basics like computers, they don’t have enough... everything looks just crap - they don’t look professional and I don’t know how people can feel comfortable in places like that_

Appropriate Location

_The midwife was lovely and informative, I would have rather it been at the Ashby one, not the school_

_Not having a stay and play session at the sure start centres as many people found out whilst I’m still early weeks_

_Just for it to be at the place where I would be visiting for my appointment_

_That it be done within a home environment as some women already have children so it more convenient as well as it being more relaxed environment to take in a large amount of information._

_A home visit to make it more personal, and more time to discuss the progress through each stage_
Communication – particularly between the hospital and community midwives

Also the communication between the hospital and midwives as well – more last time with the last pregnancy with all the problems and everything. I didn’t attend a midwife appointment because ... I knew I had to have a termination and the midwife didn’t know nothing about it – so they rang me asking me why I not attended – I thought the hospital would have told them

Easy access for each midwife to see past records of previous pregnancies, especially if it was complicated.

Customer care – impacting on patient experience with several comments about scans at the hospital

Staff training around communicating – just old-fashioned customer service that was it really.

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

I am shocked how little you see your midwife now again that’s changed – April I saw her, again in June and won’t see her now until September so it’s a bit like wow you know – but I am happy enough to ring the number – I do know who to ring if there is something.

There just seems to be a long gap in between appointments – how do you know anything is wrong – I don’t know what they can do differently because every things been fine it’s just that you don’t know until the next appointment.. I feel fine but...how would I know if there was something wrong?

Hearing the babies heartbeat earlier

My first appointment with the midwife was great - my second was with another midwife and wasn't very thorough. I asked the midwife if we could use a Doppler to listen to the baby's heartbeat (the midwife at the first app had said that this would happen) and she said no because it was "too early". Bearing in mind I was 17 weeks pregnant at the time - I knew it wasn't too early however I didn't feel comfortable pursuing it with her. A very rushed appointment

The appointment could have been sooner but when I went the midwife(s) was great, very personable and informative

Earlier on in pregnancy, saw them at 12 weeks

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November 2014
More information about parenting and support groups/classes promoting healthy pregnancy and lifestyle

...setting up support groups so you can meet women at similar stages too what you are at – have been on the internet but they are few and far between in this area. Free fruit and veg for everyone who is pregnant.

I think no offence to other woman but I think woman should be more active – some of them here it’s like they are not bothered with their health and when something goes wrong they blame doctors, midwives – they don’t care about drinking when they are pregnant they don’t care about partying – you made a choice you going to be pregnant you have to have control – if I was in the government and have lots of money – I would say open a house and teach people to learn how to be a mother

More discussion on healthy weight management and alcohol consumption, plus healthy foods.

Being asked about current diet, food habits, exercise, mood and what can be done during pregnancy to get/stay healthy for mother and baby

More information of what choices to make e.g. breastfeeding

Clearer information about the care pathway, particularly for first-time mothers

... maybe from the outset a structure about what happens, especially for first time mums – because it was a bit like what do we do now? – so I think a structure that sets out first appointment then you your scan
Q - like a flow chart?
A - Yes I think it would help first time mums a little bit to set things out a little bit for them

If I was a first time patient, I would like to be informed about what to expect at each appointment

Some women were very happy with the service they had received and thought that it should be left as it is:

The midwife was very helpful and informative as they were in my first pregnancy. No improvements needed – it’s a really good service

Nothing, I had a great experience for my first pregnancy!

One survey respondent suggested being able to book appointments online.

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16. 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 and comfortable about the questions they were asked and stated that 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. There was more feedback around disappointing experiences at the hospital in relation to engagement with clinical staff specifically during scans.

‘I have always found the midwives here at West Street Centre are fine but it’s when I go into hospital or I go for my scans that I have been more apprehensive about trying to talk to them about it.’

17. Lessons Learned

Conducting interviews with women after their second appointment proved difficult in some respects. Some women struggled to remember dates and details of their first appointment and the process they had undertaken to make that first appointment. Many were able to refer to their ‘Green Book’, however this did not aid their memories of what information they had received prior to and during their first appointment. Several women referred to receiving smoking cessation information in their ‘Pregnancy Pack’, which is sent to women before their first appointment, when it does not contain such information.

Some participants were very passive and did not elaborate any further than ‘yes’ or ‘no’ to much of the questioning despite extensive probing. These women were generally from disadvantaged groups, and portrayed an air of fatalism on several issues. It is the researchers experience that women such as these often are able to contribute more successfully within a small group environment where they feel less exposed. In hindsight the organisation of some focus groups for each category may well have proved more fruitful.

Recruiting through Midwifery centres alone did not provide sufficient numbers to reach our target of 20 women of 19 years and under. Additional promotion was sought by:
Providing posters at a wide range of health and pregnancy related venues and community centres
- Publicising the study on the Healthwatch website,
- Mention in the Scunthorpe Telegraph
- SureStart staff taking the information to SureStart centres
- Contact with the Teenage Pregnancy Unit
- Contact with the Family Nurse Partnership
- Providing a regular presence at West Street CMT
- Contact with local estate drop-in centre (Brumby Ward)

The Education service for those continuing in education whilst pregnant and the Colleges were not approached and may have produced some additional contacts.

18. Conclusions

The principal objectives of this study were to increase our understanding of what would help more pregnant women in Northern Lincolnshire (including younger women in disadvantaged groups, and those from Black and Minority Ethnic communities) to:

...access maternity services as early as possible in their pregnancy...

KEY POINTS
- Almost all of the participants in the study had used an over the counter pregnancy test kit and several had bought more than one
- Supermarkets are by far the most popular outlet for pregnancy testing kits
- Few women had contacted the Community Midwifery Team directly for booking in or to confirm their pregnancy
- Late bookers, BME women and those living in Scunthorpe are most likely to seek official confirmation of their pregnancy and thereby delay a first contact with a Midwife
- Over half of those interviewed had initially attended a GP appointment to confirm their pregnancy and were subsequently referred on to the Community Midwifery Team, resulting in a delay in first booking

It is apparent that information to encourage women to contact midwifery services first, once they suspect they are pregnant is not entirely embedded in North Lincolnshire. There is evidence that some GPs are accepting appointments from women who know they are pregnant rather than referring them straight to midwifery services.
During the many visits made by the researchers (to a wide range of key primary and community health service points) few incidences of informing pregnant women that they should contact their midwife first were seen. The only “Call the Midwife” poster observed in a prominent position was at Barton Adult Community Learning Centre and Library. Other less striking posters were seen at other locations, but these were generally competing with many other health messages for attention and therefore not readily noticeable.

A small ‘business card’ with key information on is produced in other areas. These can be found placed strategically near the till at pharmacies and other locations. The cards are small and plentiful, easy to pick up and take away, thus providing a ready reminder of the action to take and the number to ring. This example from Leeds Sexual Health service provides a clear, unambiguous message:

...adopt healthy behaviours in pregnancy

KEY POINTS
- Most women could not recall having received any advice over the telephone when booking in
- More than half of women said they had not received a pregnancy pack before their first appointment
- The Pregnancy Pack does not contain any information about smoking or drinking alcohol in pregnancy, or Health Trainers and Start4Life etc
- Most women were comfortable with the telephone booking process and satisfied with the convenience of the date, time and location of their first appointment
- The majority of women were comfortable with the content and level of discussion with the midwife at the first appointment
- There were mixed views about the benefits of the bounty folders which contain commercial product marketing and public health information
- Most women reported that speaking with the midwife was most useful to them
- Women who preferred written information valued being able to digest the contents at their own pace
- The internet and social media is increasingly being used as a source of information and support for pregnant women
- BME women whose first language is not English prefer written information.
Where a woman has contacted the midwives directly and not seen a GP, and has not received either health information on the telephone or received a pregnancy pack she will not have been exposed to any public or general health information until her first appointment, which may be several weeks after she has contacted the service. However, women reported they accessed information from NHS websites and other digital resources.

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 Smoking Cessation Services – all extremely useful for women in the early stages and throughout pregnancy.

The provision of sources of information about developing and maintaining a healthy lifestyle and other information around maternity grants and benefit entitlements is generally well covered at the first Midwifery appointment, but has proven to be more haphazard prior to that point.

Early booking and early adoption of healthy behaviours is key to a healthy pregnancy and birth. The period prior to the booking-in appointment is an area where advice and support is more generally available in self-serve formats such as the internet.

....specifically for women who smoke and/or are exposed to smoke during pregnancy, to find out what they think would help them to quit, avoid passive smoking pre and post delivery.

KEY POINTS
- All women who were interviewed reported that they had been asked if they smoke
- All smokers reported they had been referred into smoking cessation services
- Uptake of smoking cessation services by survey respondents was 62%, however of five of the six women who did take up the service said it was helpful to them
- High incidence of Smoking Cessation Services being difficult to access in a timely manner for pregnant women
- Smoking Cessation referrals are not generally followed up at subsequent appointments with the Midwife – some women said they had been offered carbon monoxide monitoring at their second appointment
Many women spoke about wishing to give up smoking without the added ‘pressure’ of attending Smoking Cessation 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. None of the smokers interviewed mentioned feeling pressurised or ‘judged’ by midwives. This sits amicably with the many reports of the good relationships that women developed with their Midwives and feeling comfortable in accessing the service – a vital step in promoting healthy behaviours.

Some asked for more support for their partners to eliminate passive smoking. For those who tried to contact Smoking Cessation there were a number of difficulties encountered, which was not beneficial to their initial enthusiasm to quit and quit in a timely manner.

Secondary objectives of the study were to identify opportunities for:

...joint work across professional agencies, employers and community groups to support disadvantaged women in accessing maternity care and public health services as early as possible in their pregnancy

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. Several asked for relevant information on such sessions and classes to be provided to them.

In addition 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.

...and making best use of mainstream and specialist midwifery resources in supporting women to make healthier choices, especially those with social risk factors

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KEY POINTS

- Although second appointments are shorter, the reassurance provided by midwives at these makes a significant impact on a patient’s wellbeing.
- Most women are confident about where to go for help and advice during pregnancy and were 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.
- Mobile phone applications and internet access provide instant access to a raft of information and advice for women in the early stages of pregnancy.

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. The study shows that midwifery services do support most women to make healthier choices—especially those with social risk factors. The challenge lies in developing approaches which engage those women who remain resistant to such support and to integrate those technologies that a growing number of women are familiar and comfortable with using.

19. Recommendations

12. Review maternity communication pathway

   a. Review pathway identifying, including identifying what aspects are working well and which aren’t
   b. Re-run promotion campaign of the pathway with public/GPs/health settings
   c. Review pathway with GPs with specific focus to address variation and explore delays e.g. reported use of blood tests

13. Review the location of community maternity service venues

14. Review the advice and information provided at a pregnant women’s first point of contact

   a. Review what advice GPs and others (e.g. sexual health services, A&E, walk-in centres) give if they are first point of contact
   b. Review advice provided by maternity service when they are first point of contact (e.g. via telephone)
c. Review how consistently interpretation services are offered to women for whom English is not their first language for their booking appointment

15. Review the content and method of advice and information regarding public health messages that is provided throughout pregnancy
   a. Review timeliness/process of distributing pregnancy pack
   b. Explore use of new methods of communication including internet, email, social medial and mobile phone apps.
   c. Ensure that appropriate weblinks are provided to partner websites
   d. Reviewing timeliness and process of providing behaviour change/health messages (including in the ‘pregnancy pack’)
   e. Review content of the antenatal Bounty pack in relation to balance of benefits vs harms, including contractual issues
   f. Include a review of healthy lifestyle promotion and information for women at their second appointment

16. Review elements of the stop smoking support provided to pregnant women
   a. Review the consistency of use of harm reduction approaches to smoking for pregnant smokers reluctant to quit in line with NICE guidance (PH45)
   b. Ensure that midwives follow-up on referrals (or encourage to accept referral for those that have declined) to stop smoking services at subsequent appointments
   c. Review timeliness of access to stop smoking services following referrals
   d. Review how effectively the stop smoking services feedback information to the maternity service regarding the uptake of referrals etc.

17. 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

18. Pre-conception health promotion for women of child-bearing age
19. 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)

20. 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

21. Work towards women routinely being booked-in by 10 weeks as per NICE Guidance

22. Consider different ways to engage and consult with pregnant women under-20 years old