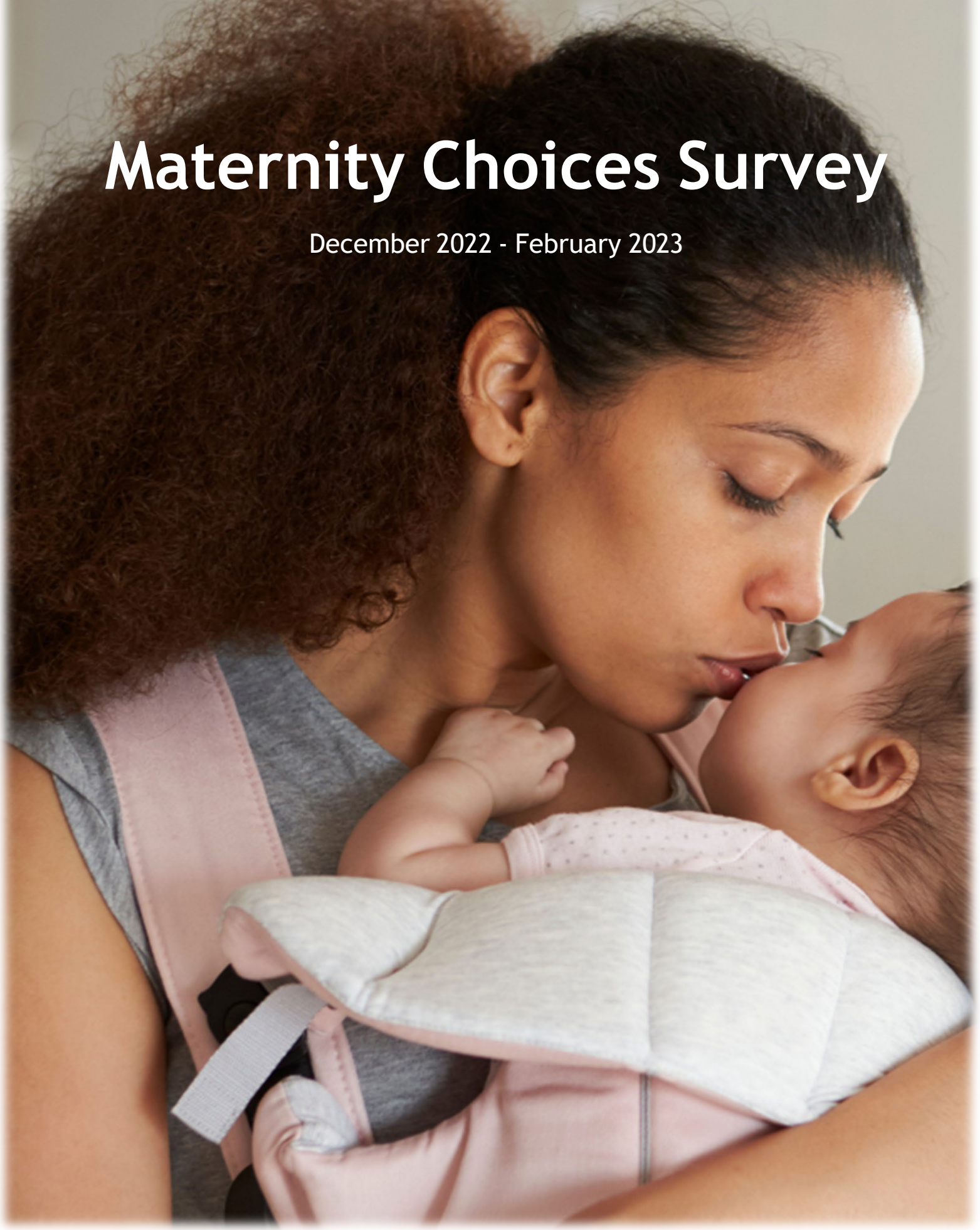

Maternity Choices Survey

December 2022 - February 2023

local healthwatch working together

North East London Healthwatch

(Redbridge (Lead), Barking & Dagenham, Newham, Havering, Hackney & City, Tower Hamlets & Waltham Forest)

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Executive Summary

This project was additionally commissioned by North East London Local Maternity and Neonatal Service following the development of the Maternity Equity and Equality Action plan 2022. Themes developed from this extensive engagement had a focus on global majority community views and led to a request for insight from NEL Healthwatch into:

- the demand for and nature of culturally sensitive Maternity care provision within NEL
- the reasons for choice of Maternity Unit to evidence any contributing factors

Methodology

We heard from 403 Maternity service users across North East London through a live survey link between December 2022 and February 2023. Additionally, a one-week snapshot engagement across Maternity Units and community antenatal clinics took place in February 2023 where teams of researchers and volunteers were able to engage with Maternity service users directly.

Findings

We are still seeing an ongoing division in maternity experience relating to health inequality. Due to sensitive questioning, we can deliver a closer identification of particular communities facing intersectional disadvantage:

- referral by GP seems to lead to a lower level of choice and co-production experienced by Maternity service users than self-referral mechanisms
- Service users from Black African, Turkish, Pakistani and Eastern European communities are less likely to experience choice of maternity unit
- Fluency in English is a well-known marker of inequality, and we see this here.
- Being a single parent, although now less stigmatised, remains a marker of inequality
- Respondents of Black ethnicities experience a double barrier to maternity care because they are more likely to value cultural symmetry but less likely to experience this.
- Polish and Pakistani respondents were less likely to report having access to professionals who speak their language.
- Antenatal classes have suffered a pandemic impact. They are no longer widely available free at the point of access, and this might negatively impact service users facing inequality.
- Antenatal provision is at times perceived to be rushed and lacking engagement from Maternity Health professionals.

Recommendations

- Creating greater awareness of the nature of health inequality across North East London.
- Further research into GP referral structures
- Further research into self-referral choice mechanisms.
- Management of capacity issues within antenatal provision.
- Clear information about antenatal waiting times and the impact of delayed arrival.

- Training for staff in engagement and empathy (and trauma informed care, particularly for previous baby loss as with the previous equity and equality recommendations)
- Cultural sensitivity training for Maternity staff caring for service users from Black, Polish and Pakistani communities
- Interpreting services for any service user with less than conversational English
- Improved parking facilities where a car is the main mode of transport.

The Maternity Report 2022-23, with analysis by Borough and Maternity Unit, give further information on these findings.

Introduction

The North East London Local Maternity and Neonatal System (NEL LMNS) is a partnership of organisations, women and their families working together to deliver improvements in maternity services in north east London. NEL LMNS is part of the North East London Health and Care Partnership, the Integrated Care System (ICS) for north east London[1].

Healthwatch organisations are the health and social care champions for people living and working in local communities. We listen to the experiences of people who use GPs and hospitals, dentists, pharmacies, care homes or other support services. As an independent statutory body, we have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care.

Background

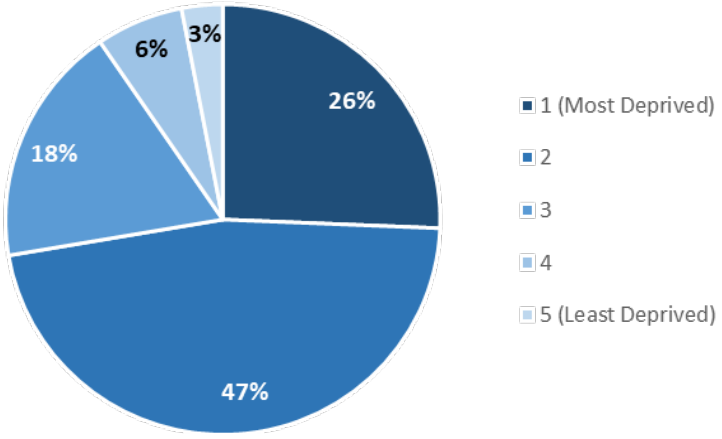
Last year, Healthwatch from north east London supported NEL LMNS to engage with pregnant people mainly from global majority[2] communities to support the development of an equity and equality strategy[3], aimed at ensuring all babies born and cared for in any north east London maternity unit has the best possible start in life.

The project aims were driven by the context of maternity experience in north east London. The boroughs involved were Hackney, Tower Hamlets, Newham, Waltham Forest, Redbridge, Barking and Dagenham and Havering.

North East London has the highest birth rate in the UK and a prediction of growth in population to 270,000 in the next 20 years. As the most diverse ICS in the country, with 53% of the population identifying as Black, Asian or from a global majority, compared to 11% across England overall.

73% of babies born in NEL in 2020/21 are from two of the most deprived quintiles:

[1] https://www.northeastlondonhcp.nhs.uk/aboutus/north-east-london-integrated-care-system.htm
[2] https://dictionary.cambridge.org/dictionary/english/global-majority
[3] North East London Local Maternity and Neonatal System Equity and Equality Strategy and Action Plan Summary Report 9th December 2022



In response to the initial report's findings, a new project was commissioned to understand what influences an individual's choice to use specific maternity services.

To reflect the NEL landscape, the Healthwatch Equity and Equality 2022 project delivered insight from Maternity service users' experience over the previous four years, with a particular focus on ethnic minority community views. The key themes led to action plans which can be viewed in the Equity and Equality strategy.

Following the publication of the strategy, the LMNS further requested insight from NEL Healthwatch into:

- the demand for and nature of culturally sensitive Maternity care provision within NEL
- the reasons for choice of Maternity Unit to evidence any dominant drivers

Research objectives

To gather the experiences of people who are currently receiving pre-natal support across north east London, and those immediately after birth (within the last month).

Methodology

The survey was live from December 2022 until February 2023 and received 403 completed submissions. The focus was on antenatal experience and one-month post-birth, to enable access to service users' recent reflections on choice of maternity unit and issues of cultural sensitivity.

The survey was disseminated widely using national platforms such as Mumsnet and the Baby Buddy app, local community networks from each Healthwatch and Hospital communications teams. An appendix of sharing sites is contained in this report.

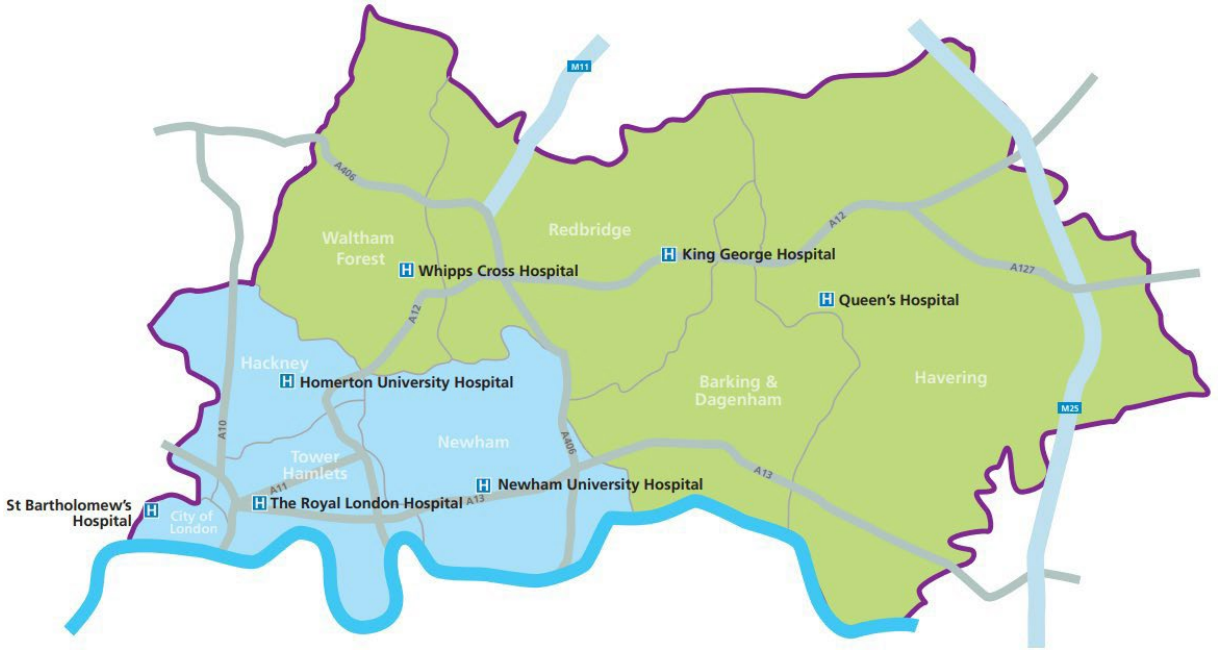
In-person engagement and surveys were completed in the week of 6-10 February with

visits conducted at each NEL maternity unit, along with antenatal clinics either within hospitals or in a variety of community locations such as children's centres. The in-person sites are also listed in the appendix.

Titled 'Maternity Choices Week', this engagement was created and supported by all NEL Healthwatch, and benefitted from strong and wide co-operation with our NHS Midwifery colleagues, from Patient Experience teams, clinicians, and directors of Maternity Units. We were also assisted by Maternity Voices Partnerships with interpreting help.

Additional context was gained from a focus group of researchers who undertook the engagement in a debrief setting immediately post Maternity Choices week. These themes are summarised in the following high-level findings and are also used throughout to add a broader frame of reference.

Following the high-level summary, data is presented (within a separate appendices) by borough and by maternity unit to reflect the current LMNS area:

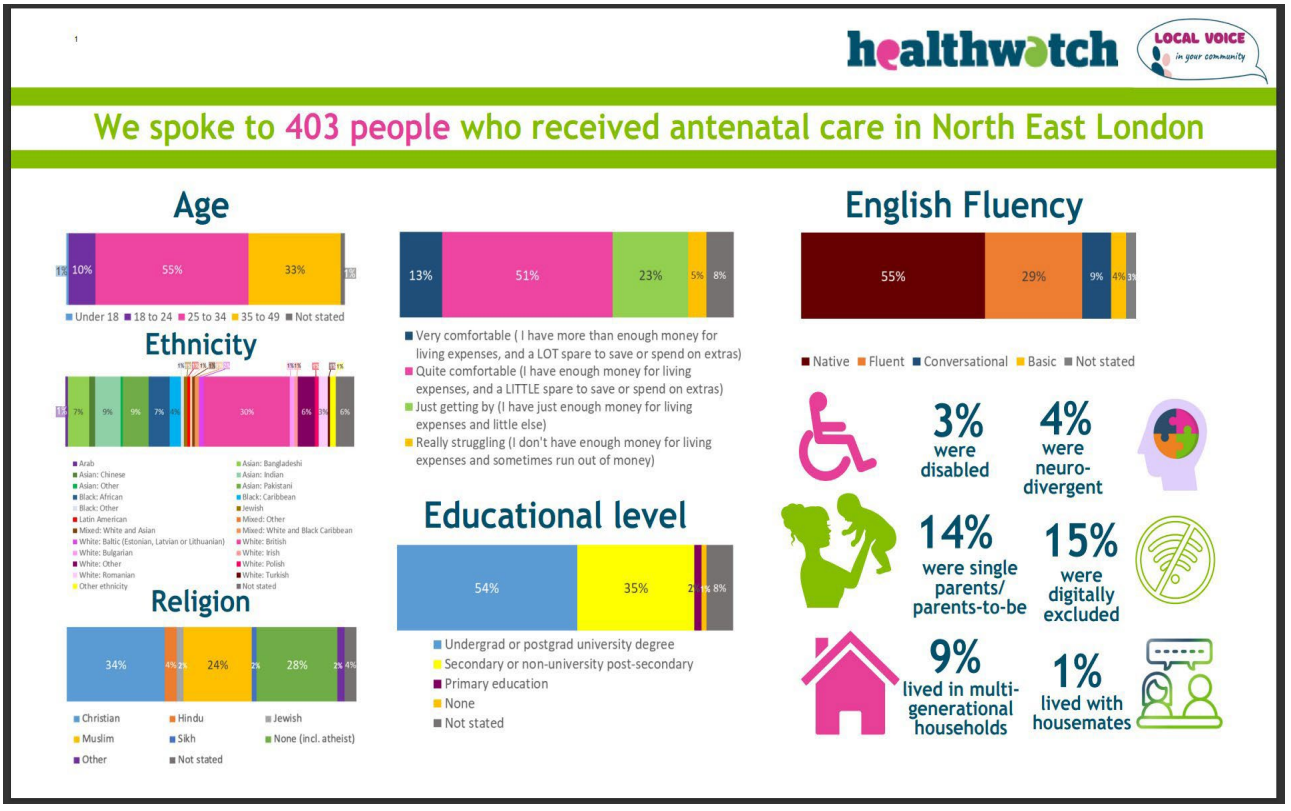


The survey was analysed by our Healthwatch data insights team, with the benefit of the Community Insights System[4]. This resource was developed to gather searchable, interactive, and current service user feedback from health and social care across NEL with the benefit of historical context.

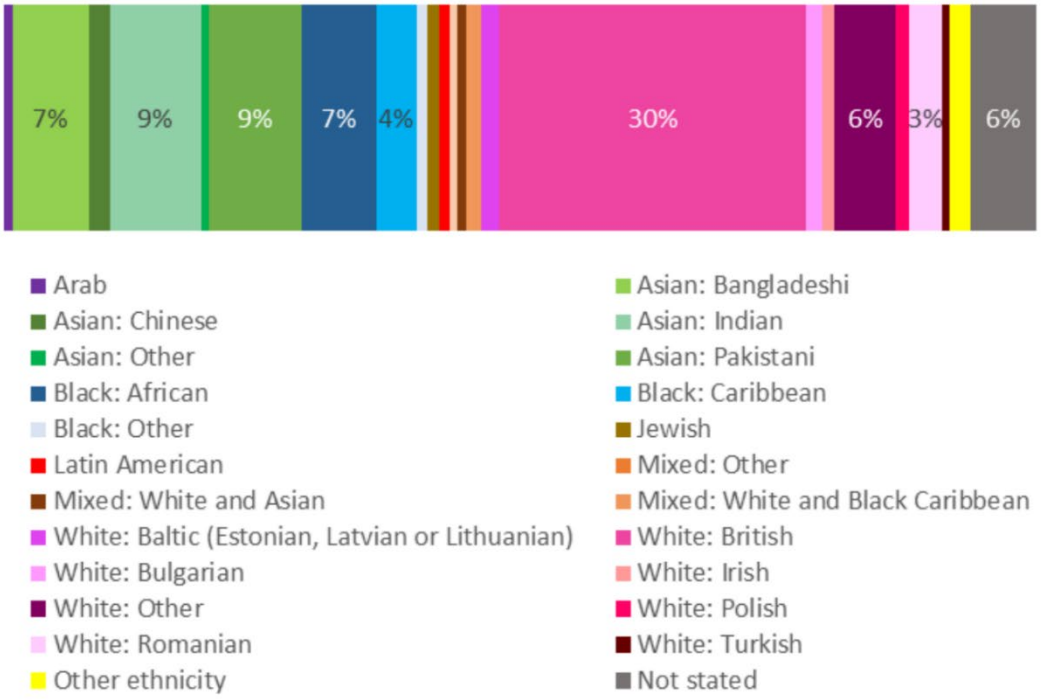
[4] https://intranet.northeastlondon.icb.nhs.uk/news/community-insights-system-helping-us-understand-local-peoples-experience-of-health-and-care-services/

Focused findings

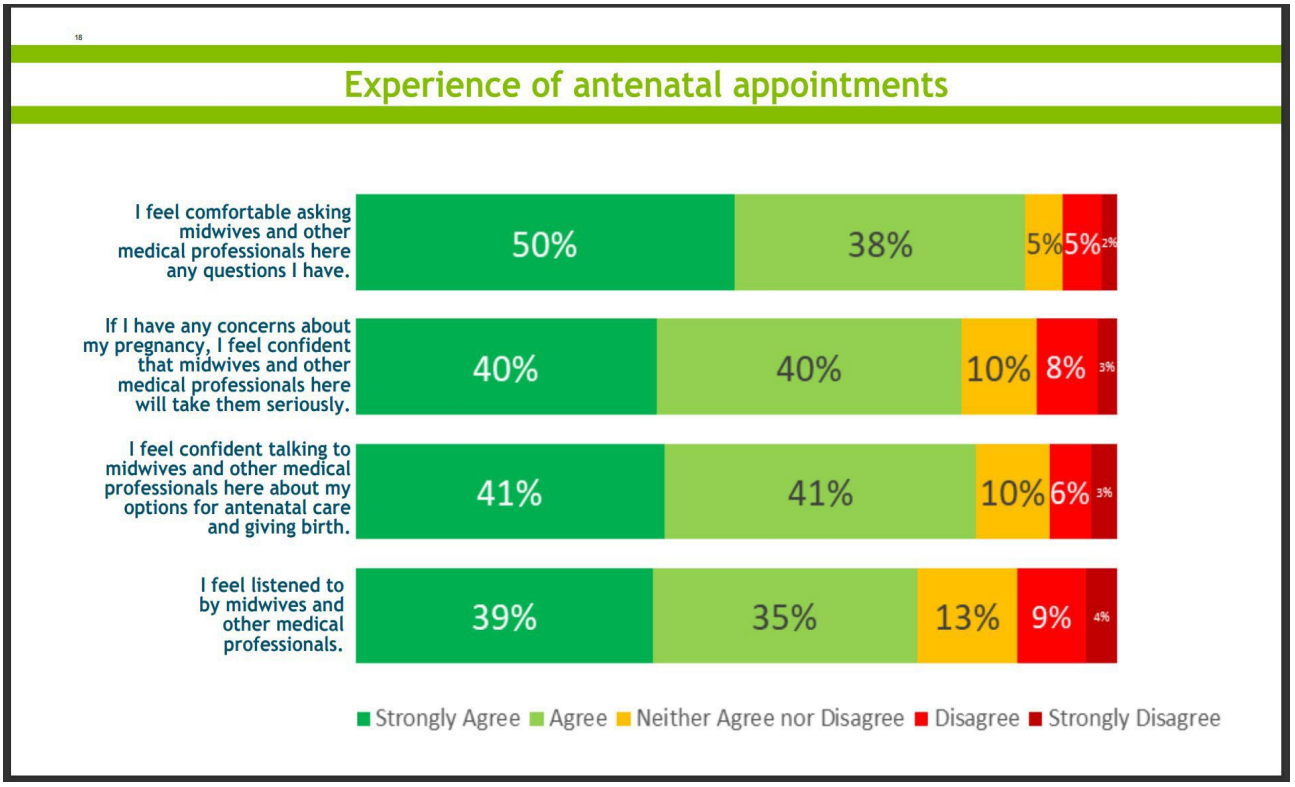
Our survey reflects the multiple diversities of North East London, which is useful for being able to interpret and make recommendations from the data. For example, our survey respondents were diverse in ethnicity, with 30% being White British and evenly distributed across religious affiliation. Financially we had a slightly higher than expected range of respondents who were 'quite comfortable.' A similarly high proportion of respondents at 54% were educated to undergraduate level or above:

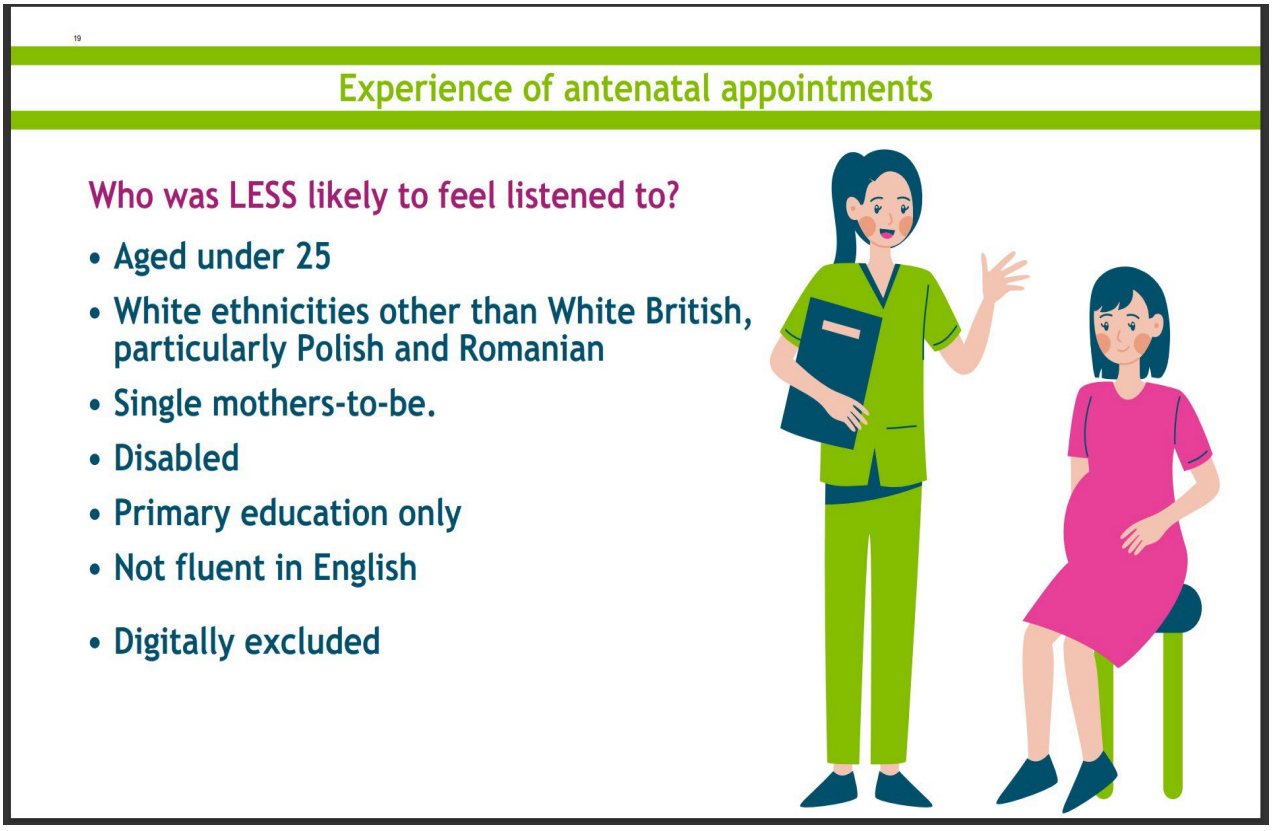


A deeper dive into the ethnicity of survey respondents shows more of the diversity and richness of the data set:



Most respondents had positive feedback on their antenatal experience and felt listened to by midwives; however, inequalities correlating with ethnicity, social class and disability may be affecting a small but distinct population of NEL Maternity service users:

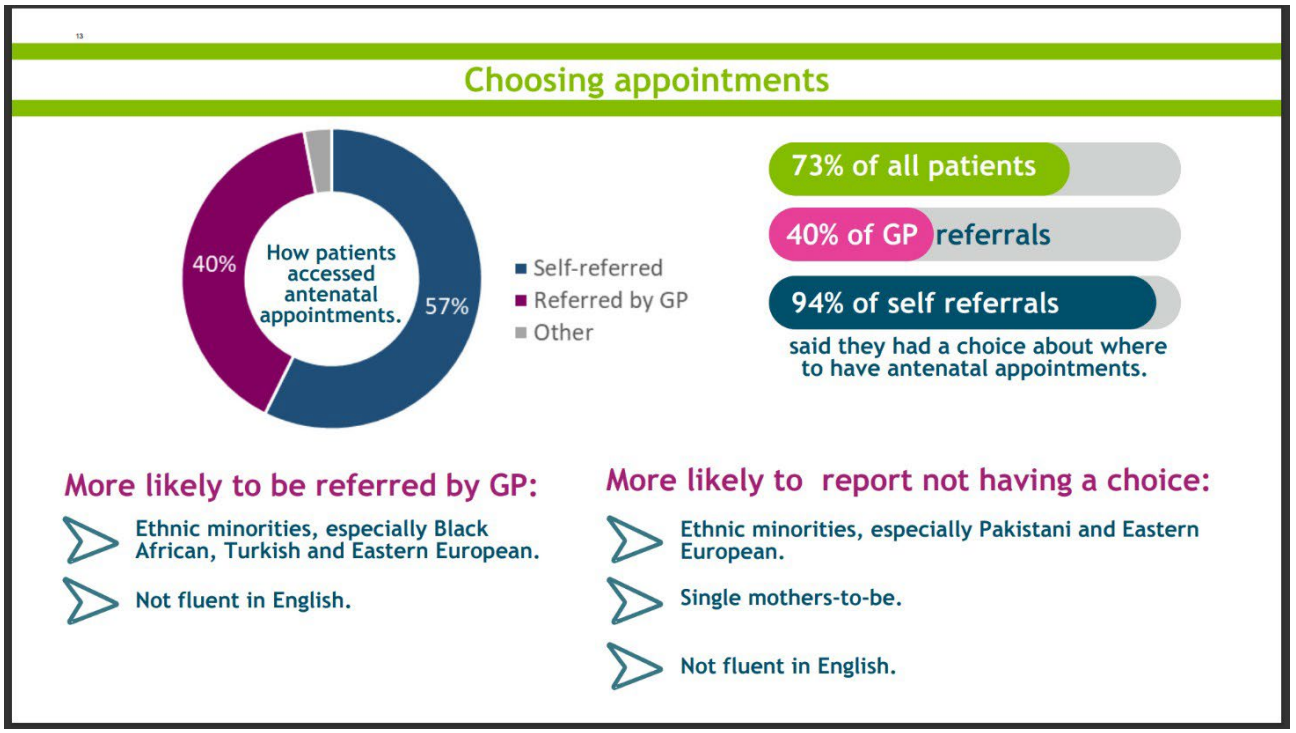




Although a large majority of service users were fluent in English, 9% identified with conversational English and 4% as basic. A notable 15% were digitally excluded, which given the following findings on referral pathways, might be extremely relevant when identifying access barriers to choice in maternity care.

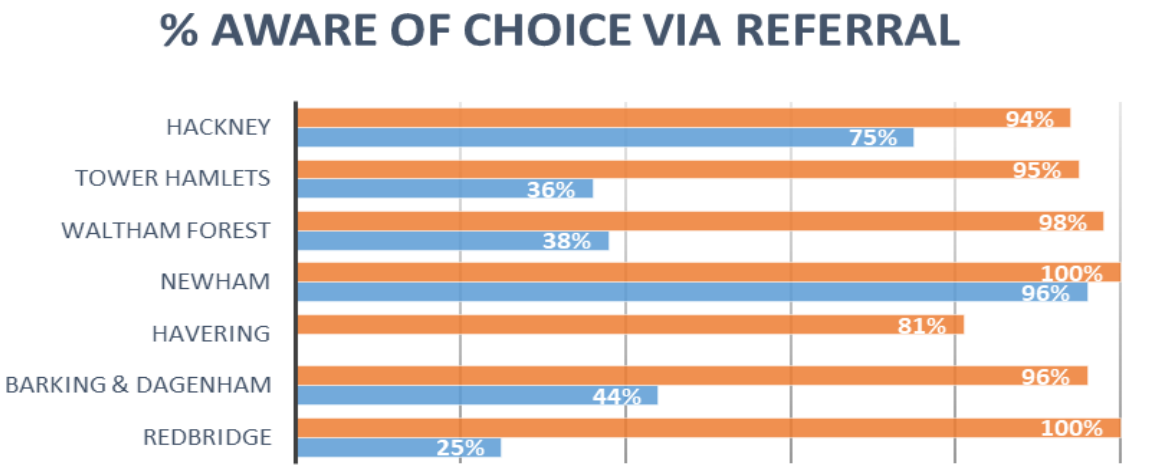
Choice of Maternity Unit

There was a polemic in the data between those referred to a Maternity Unit for antenatal appointments by their GP and those by self-referral pathways. A further insight into health inequality is gained from studying these pathways:



Whilst many service users self-referred to antenatal appointments (57%), those referred by their GP (43%), experienced less choice. The level of choice differed by a wide margin, with 40% of those referred by a GP identifying the availability of choice, compared to 94% of service users who self-referred.

This polarization appears to reflect issues of inequality, due to linked data showing the ethnicity and social background of service users more likely to be referred by a GP. A lack of fluency in English, belonging to a global majority community and being a single parent were also strong determinants of the availability of choice. It is worth noting that there was some difference in findings across the Boroughs for this finding:



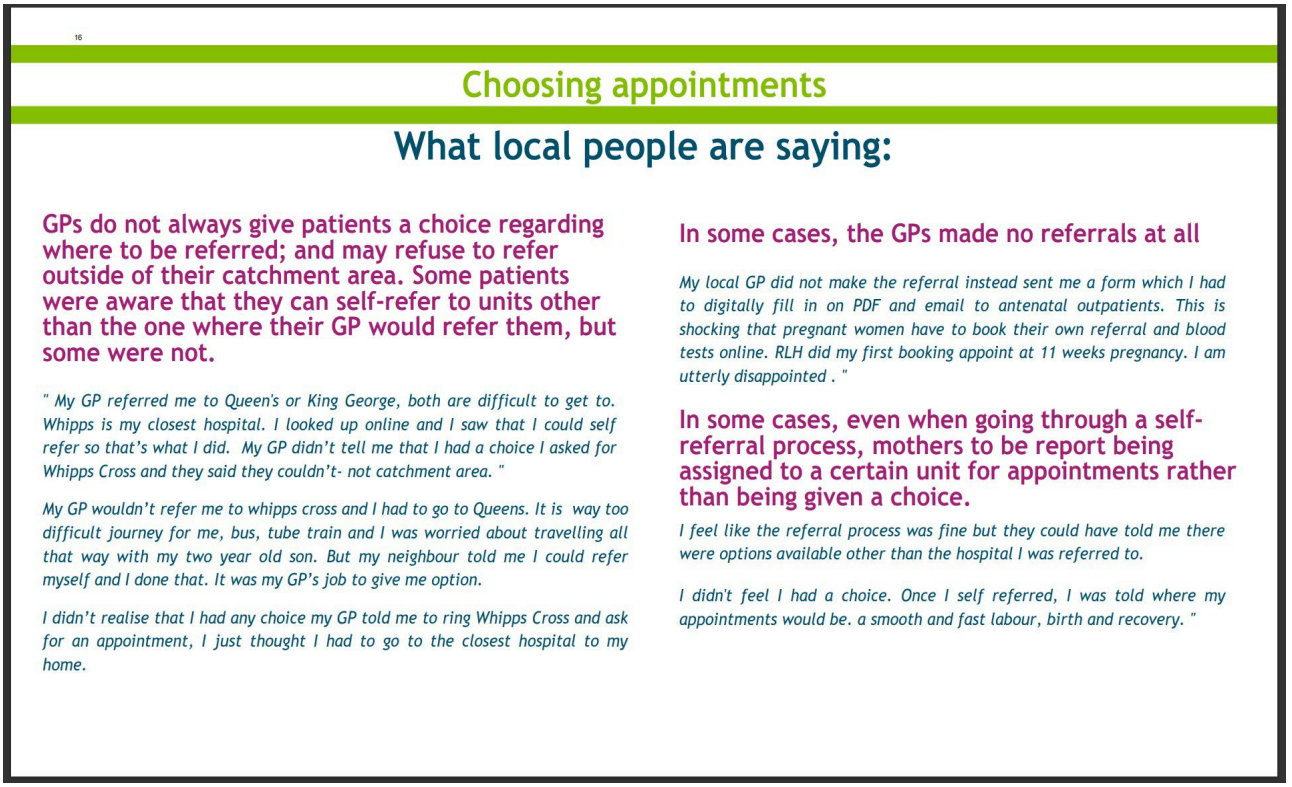
	REDBRIDGE	BARKING & DAGENHAM	HAVERING	NEWHAM	WALTHAM FOREST	TOWER HAMLETS	HACKNEY
SELF	100%	96%	81%	100%	98%	95%	94%
GP	25%	44%	0%	96%	38%	36%	75%

It may be possible to interpret that service users who require greater assistance in navigating access to maternity services then face an additional barrier to co-production in the early weeks of their Maternity journey.

Newham had a very high level of choice identified by service users referred by their GP, whereas in Redbridge and Havering these figures were much lower. The reasons for these variations across NEL in primary care practice could be worthy of further exploration.

The following data extracts show service users encountered barriers to choice when accessing maternity care through their GP. Additionally, and not visible from the survey data, was a theme of service user experience of the self-referral process itself being variable.

A feature of this is not hearing back from the referral process and needing to chase the referral. In some instances, the self-referral process also limits choice and gives a direct referral.
Service users who felt they did not have much choice were more likely to have additional health needs, such as high-risk pregnancies or long-term conditions. Those who lived a long way from antenatal facilities and those who may struggle to access information were also more likely to feel they did not have a choice:



17

Choosing appointments

What local people are saying:

Experience of the self-referral process is variable.

"Simple process, fill in the form and get an appointment."

Referral process wasn't clear. I initially contacted my GP but my GP told me to self-refer. I self-referred to Royal London but haven't heard back so had to chase the referral. "

I initially referred myself to Royal London Hospital (my local service) but I didn't even receive an acknowledgement of the referral. When I phoned to check my referral had been received, the person on the phone was quite abrupt with me. That and comparing CQC ratings made me decide to go for Homerton instead. I received an acknowledgment of my referral and a reference number from Homerton immediately, which was reassuring.

Some patients felt that, in practice, they didn't have much choice. This is particularly the case for those with additional health needs, such as high-risk pregnancies or long-term conditions, those living too far away from most antenatal facilities and those who may struggle to access information.

I didn't have any choice as soon as I had gestational diabetes I was part of the team at Queen's. They were fantastic, to be fair, however I was quite sad to not be seen my local midwife anymore since she knew me better. I was concerned about something a few weeks before I gave birth and in the end contacted the local midwife. I wish I'd have contacted her sooner as it would have saved a few months of worry. The diabetic team were amazing but it would have been nice to have the choice to see both if possible.

Would have been good to see where all of the centres were - there were some much easier to get to "

I would have gone to another hospital if I was given the choice. I hear so many negative comments about Whipps Cross maternity, but I have no real choice but to come here as I live close by and have 3 other children at home. "

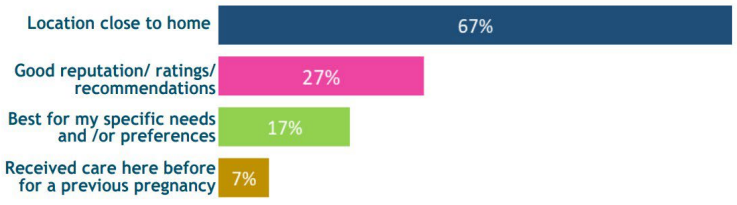
"It was my local centre and I wasn't aware that I could choose to have the appointments elsewhere "

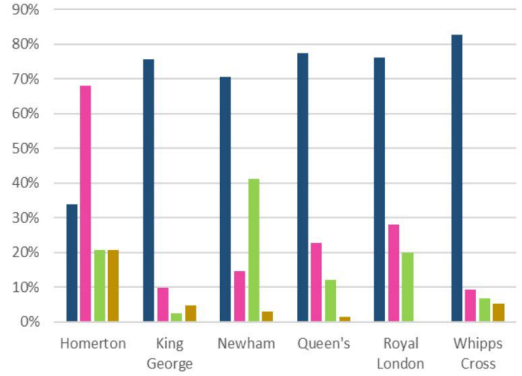
For most service users who self-referred to antenatal care, the predominant reason for choice of respondents was a location close to home (67%).
A good reputation for the maternity unit was the next most common driver of choice for just over a quarter of respondents, followed by a specific needs reason (17%) and previous experience (7%). Respondents could make multiple choices for this question:

15

Choosing appointments

Reasons for choosing this location for antenatal appointments
(patients who DID have a choice)

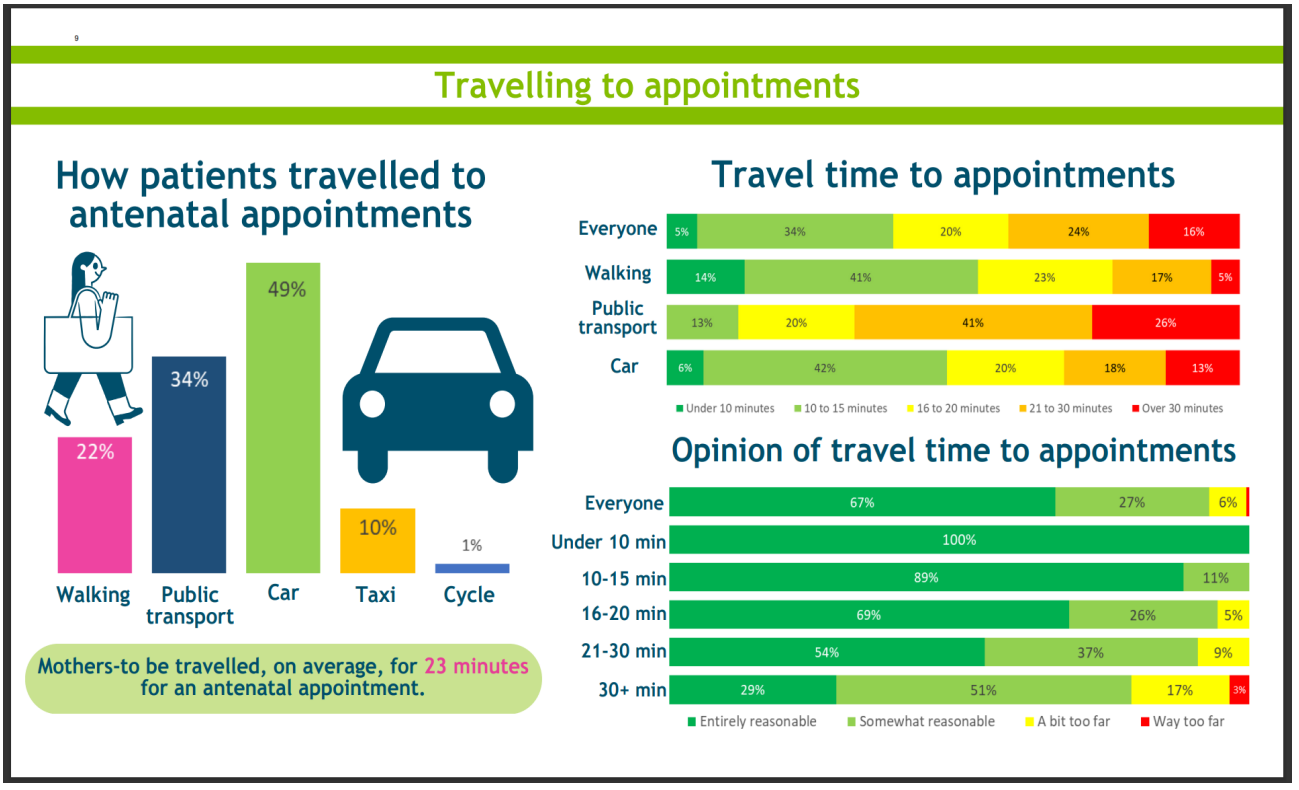


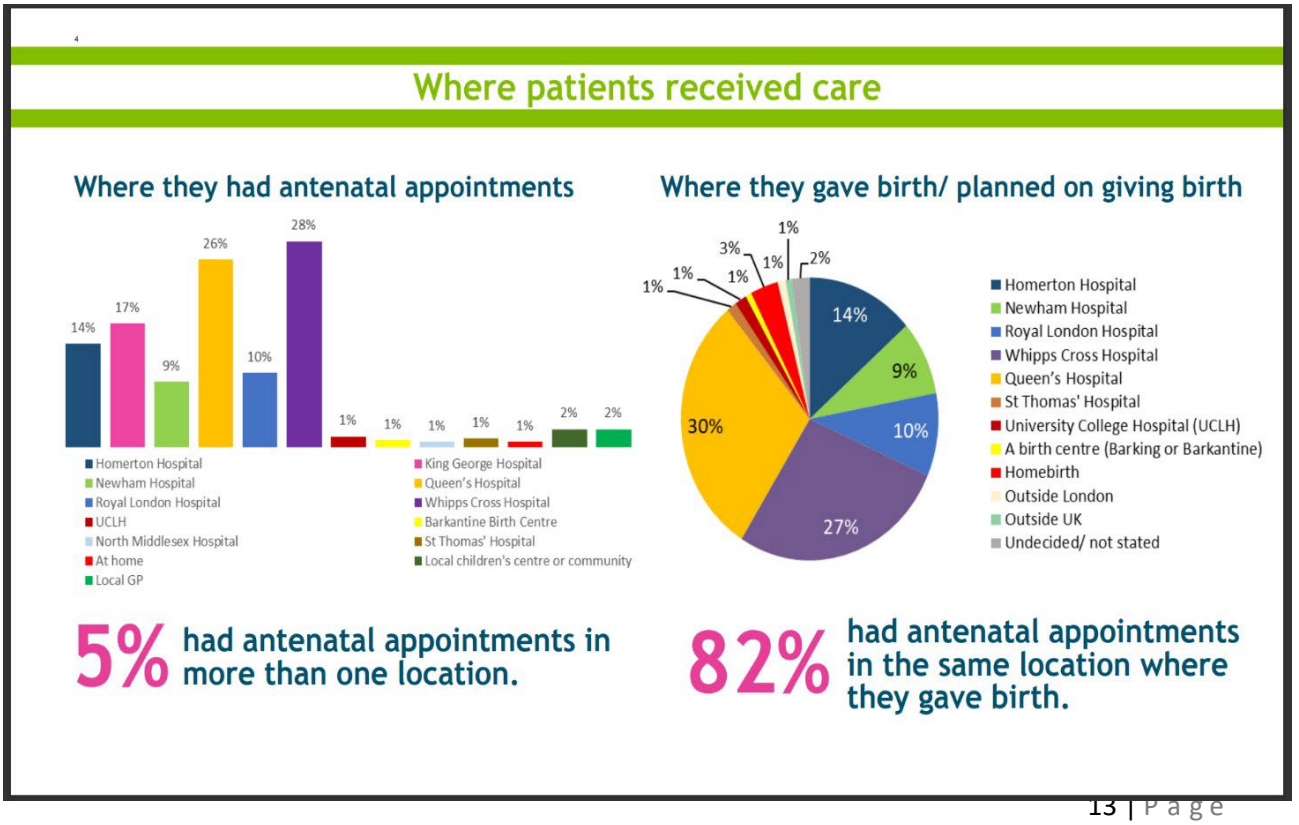


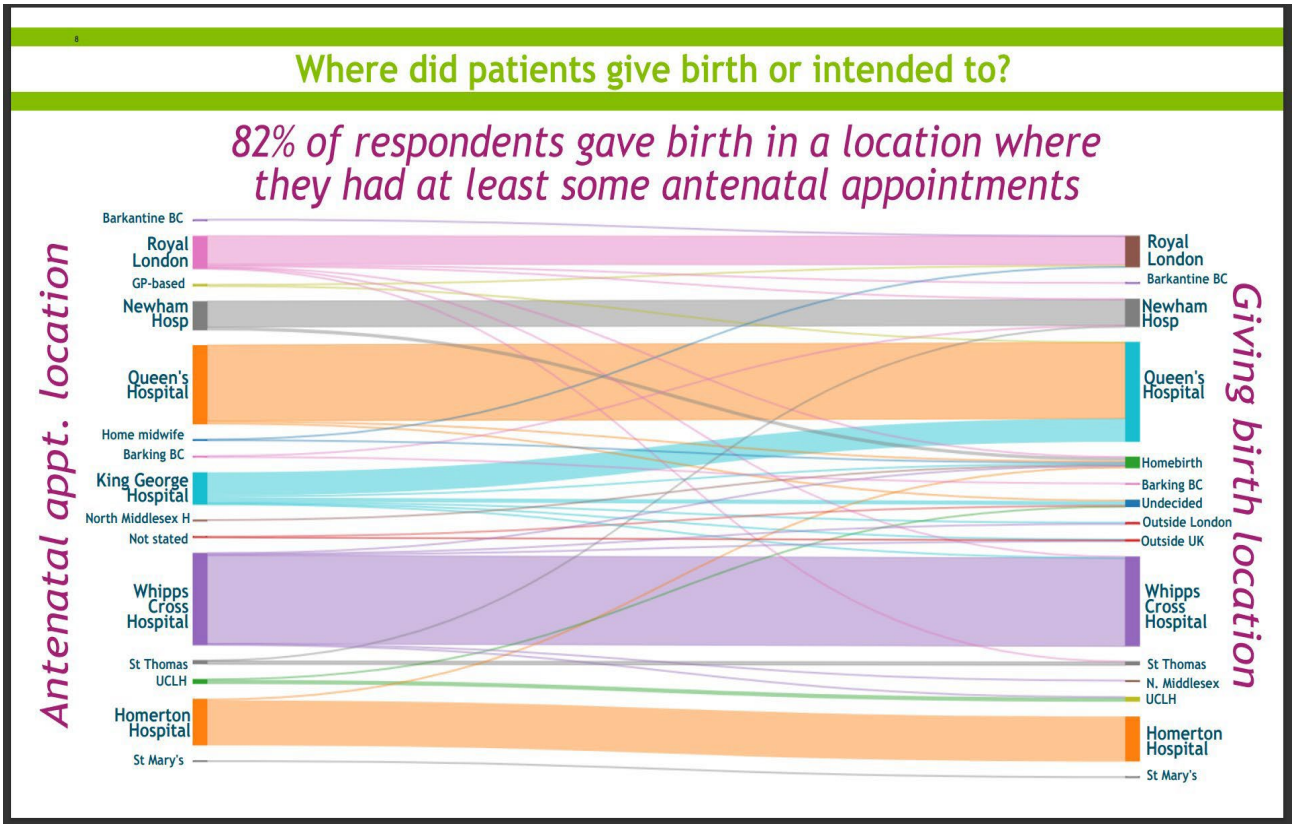
Travelling to appointments

The related findings about travel to appointments reveal a picture of uniformly accessible Maternity care with most travel times under 30 minutes and the average being 23 minutes.

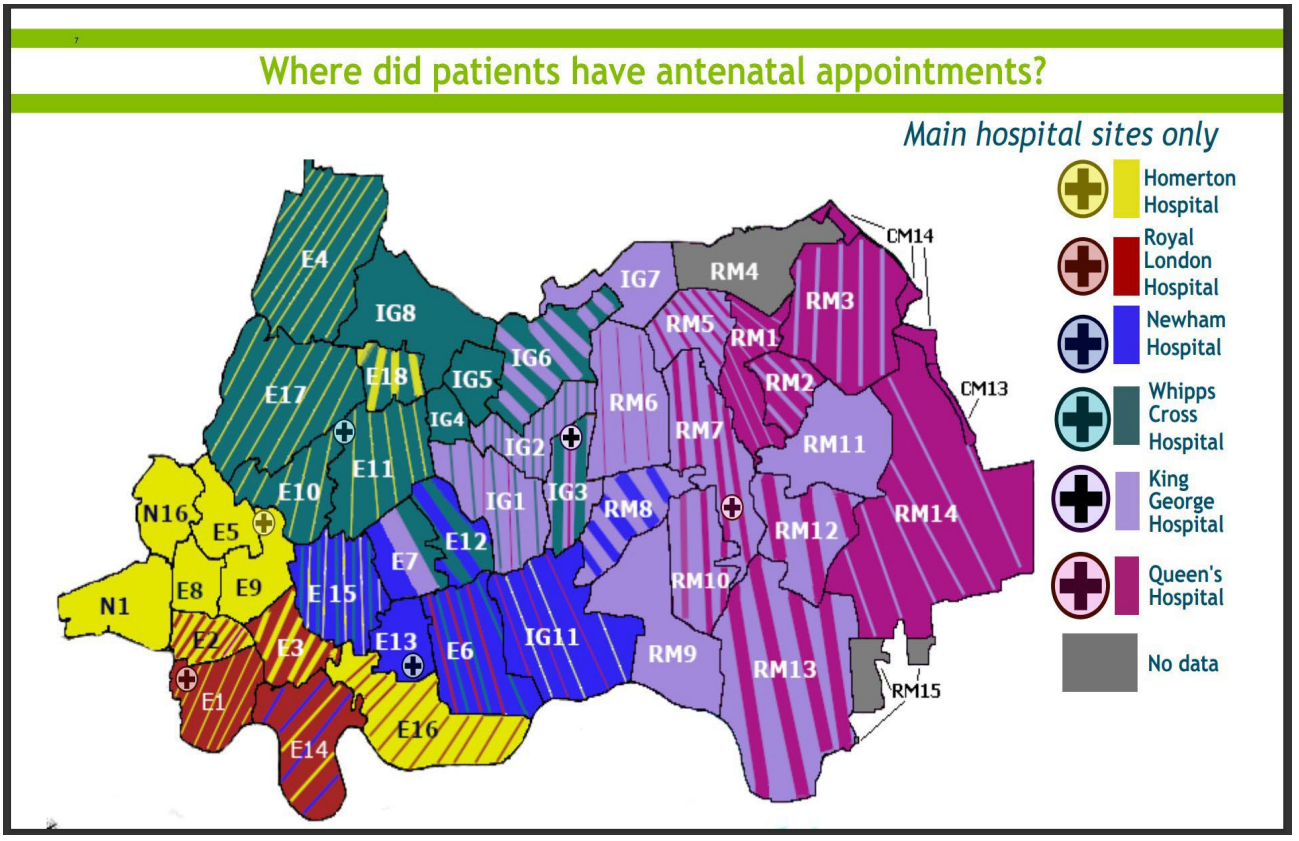
Most respondents had antenatal appointments in a hospital-based location with over 80% being in the hospital where they gave or intended to give birth:

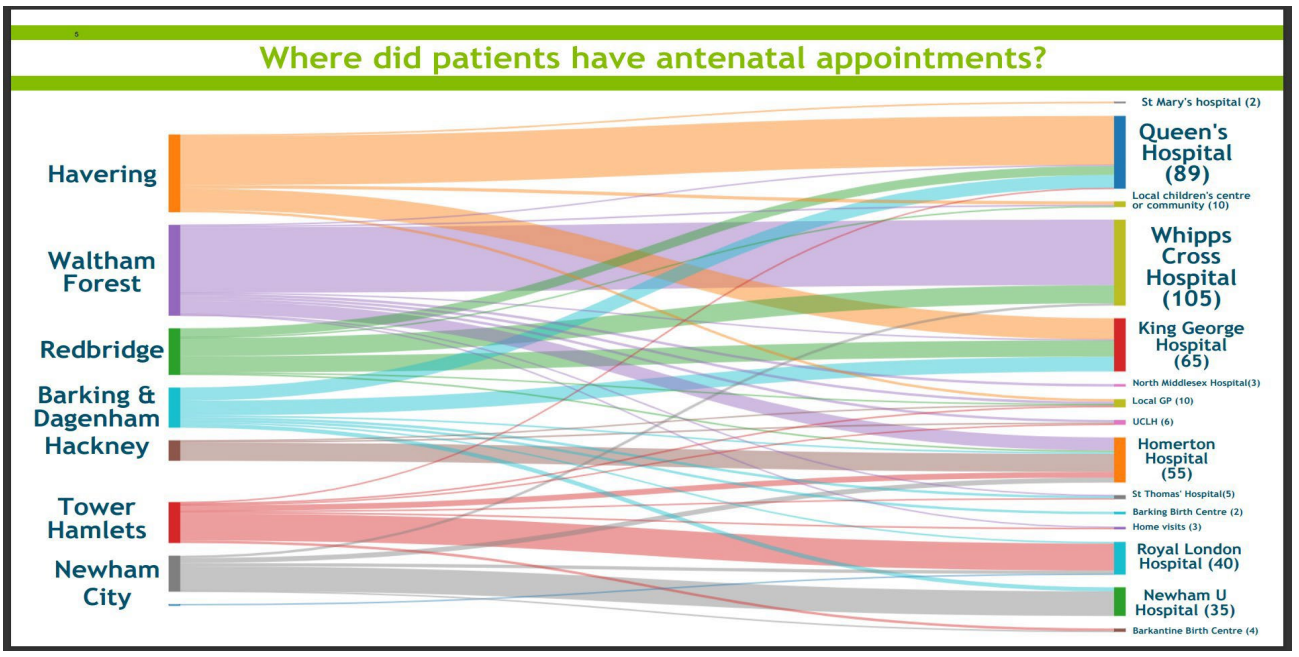






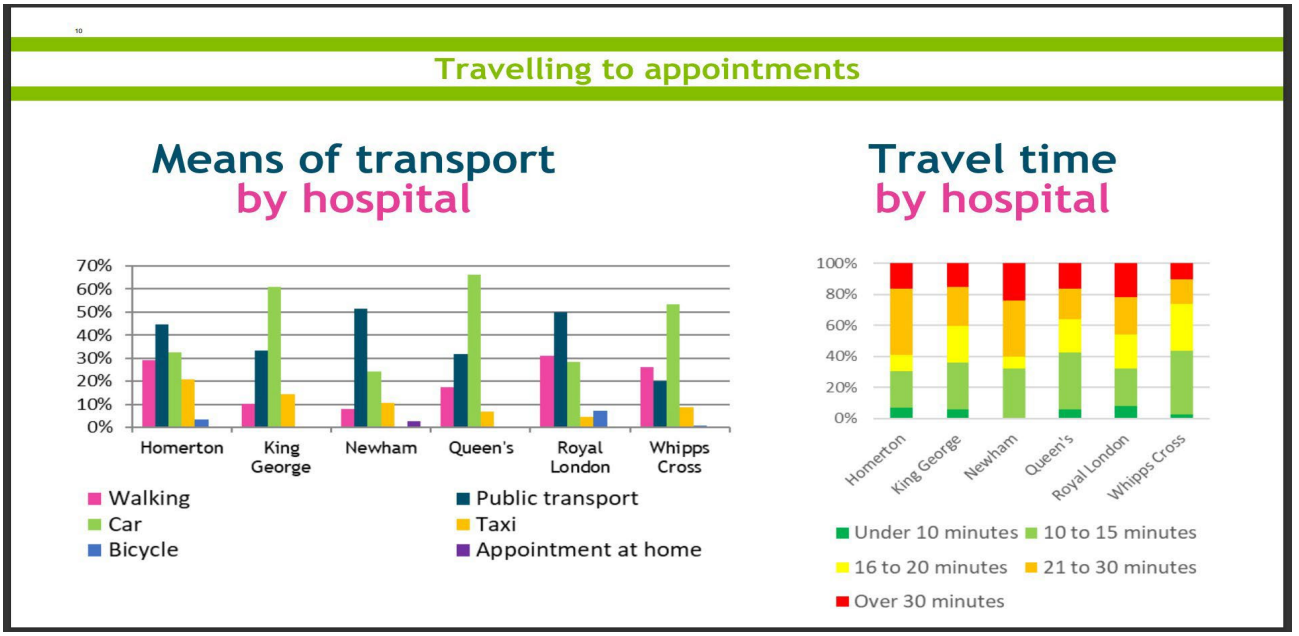
The issue of travel did not therefore appear to be a barrier to accessing Maternity care. The following data display shows where patients had antenatal appointments according to Borough. It is noticeable that Queen's Hospital has a much larger referral area than other Maternity Units:





Many service users (49%) travelled to appointments by car, although data from our researchers' focus group indicated a strong complexity arising from parking difficulties. This also fed into concerns about missing appointments when a late margin was exceeded, and service users were turned away. Clinics have different policies about acceptable delay and our recommendation would be that this should be made clearly visible in appointment information.

Other methods of travel stated were public transport (34%), walking (22%), and using a taxi (10%). People accessing King George Hospital, Queens Hospital and Whipps Cross had the highest car use. Focus group feedback expressed a clear difficulty identified with parking particularly at Queen's Hospital. Our recommendation would be that this is an access barrier for Maternity service users, particularly those who might be in the last trimester of pregnancy and possibly accompanied by other children:



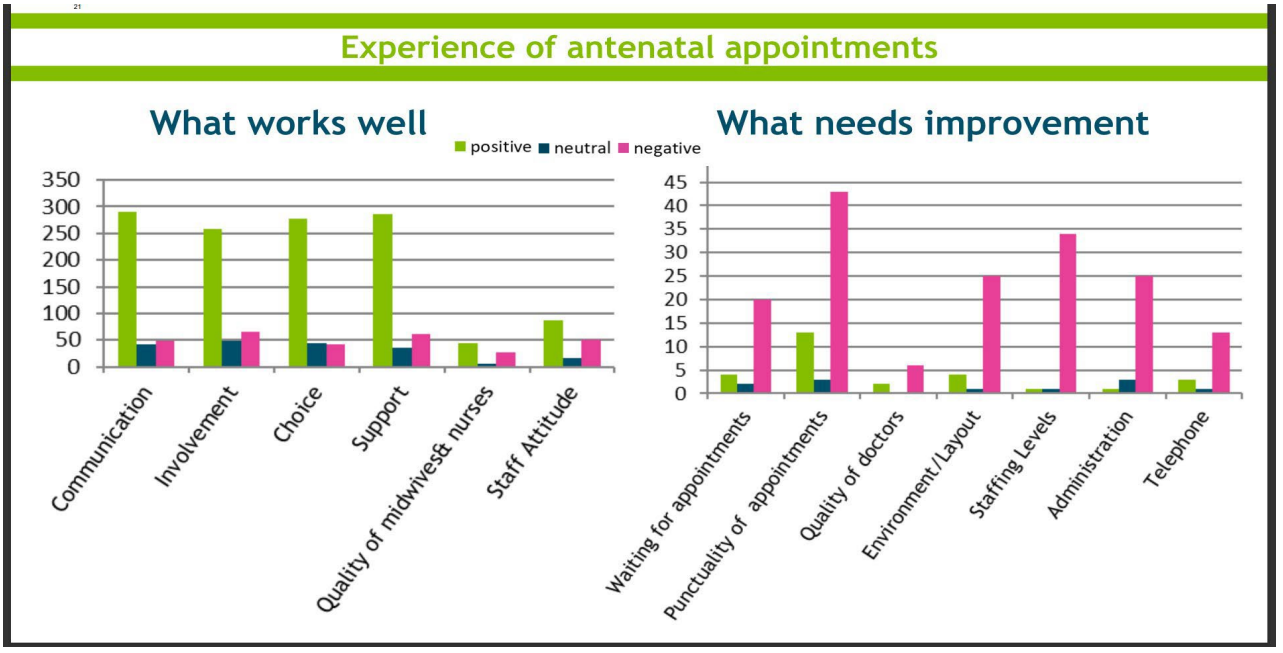
Public transport appeared to be more effective in the inner London boroughs and might raise the possibility of exploring dedicated bus routes in the outer London Boroughs in future planning.

Nature of antenatal clinic provision

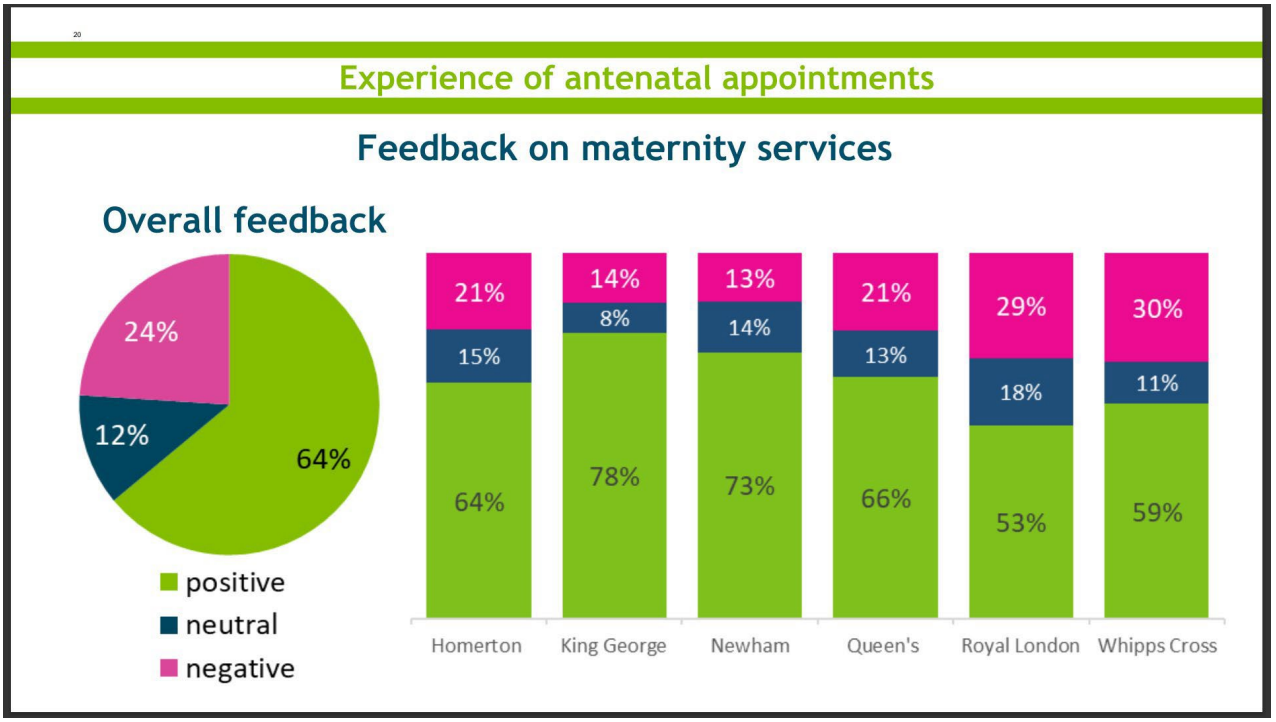
There was a noticeable theme about antenatal clinics that differed to maternity unit feedback, with service users expressing concern that maternity staff did not have the time to engage with their questions and requests.

Antenatal appointments were consistently identified as running late with service users spending a long time in waiting rooms. A small number of service users reported that the waiting rooms were uncomfortable and unfriendly.

Additionally, administrative staff were reported to occasionally be unresponsive to the concerns of service users.



There were some differences between Hospitals on this finding, with King George Hospital having the highest level of positive feedback and the Royal London at the lowest:

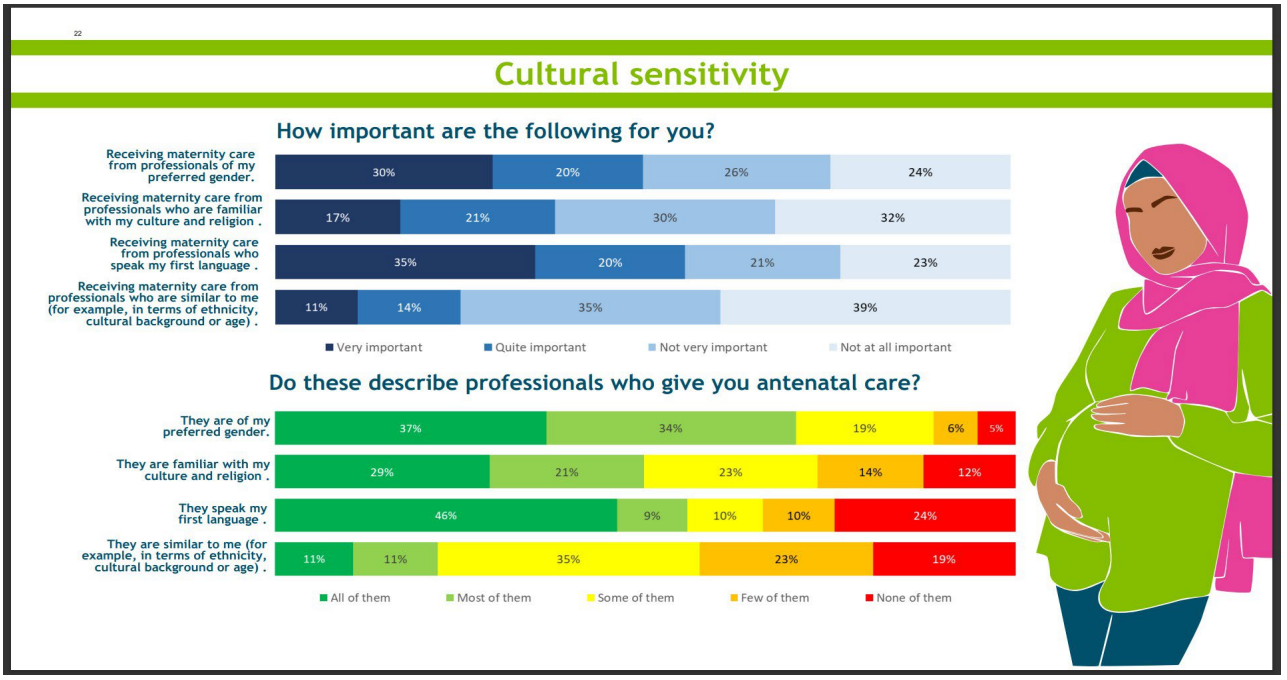

20
Experience of antenatal appointments
Feedback on maternity services
Overall feedback
24%
12%
64%
positive
neutral
negative
21%
15%
64%
14%
8%
78%
13%
14%
73%
21%
13%
66%
29%
18%
53%
30%
11%
59%
Homerton
King George
Newham
Queen's
Royal London
Whipps Cross

Our focus group of researchers identified the way in which antenatal clinic provision operates as a first port of call particularly for complex pregnancies and for those with unresolved grief from previous baby loss.

A lack of engagement at this point would therefore be an access barrier to Maternity service users, particularly those from our identified communities who already encounter a lack of choice and difficulty in negotiating the structures of care provision.

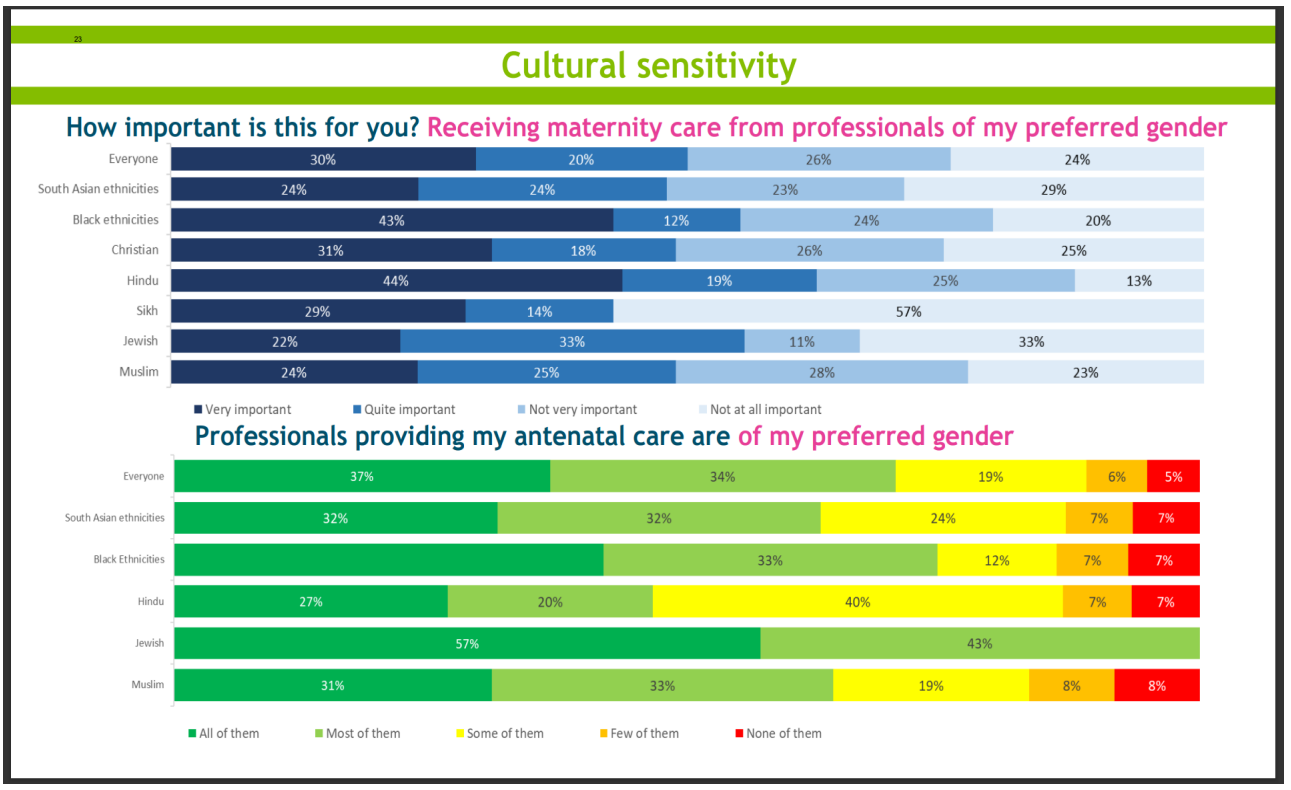
Cultural Sensitivity

There was another polemic in the data we gathered relating to cultural sensitivity. For some communities, the gender of their Maternity Health Professional and provision of culturally sensitive maternity care was very important. For other communities, this was less important.

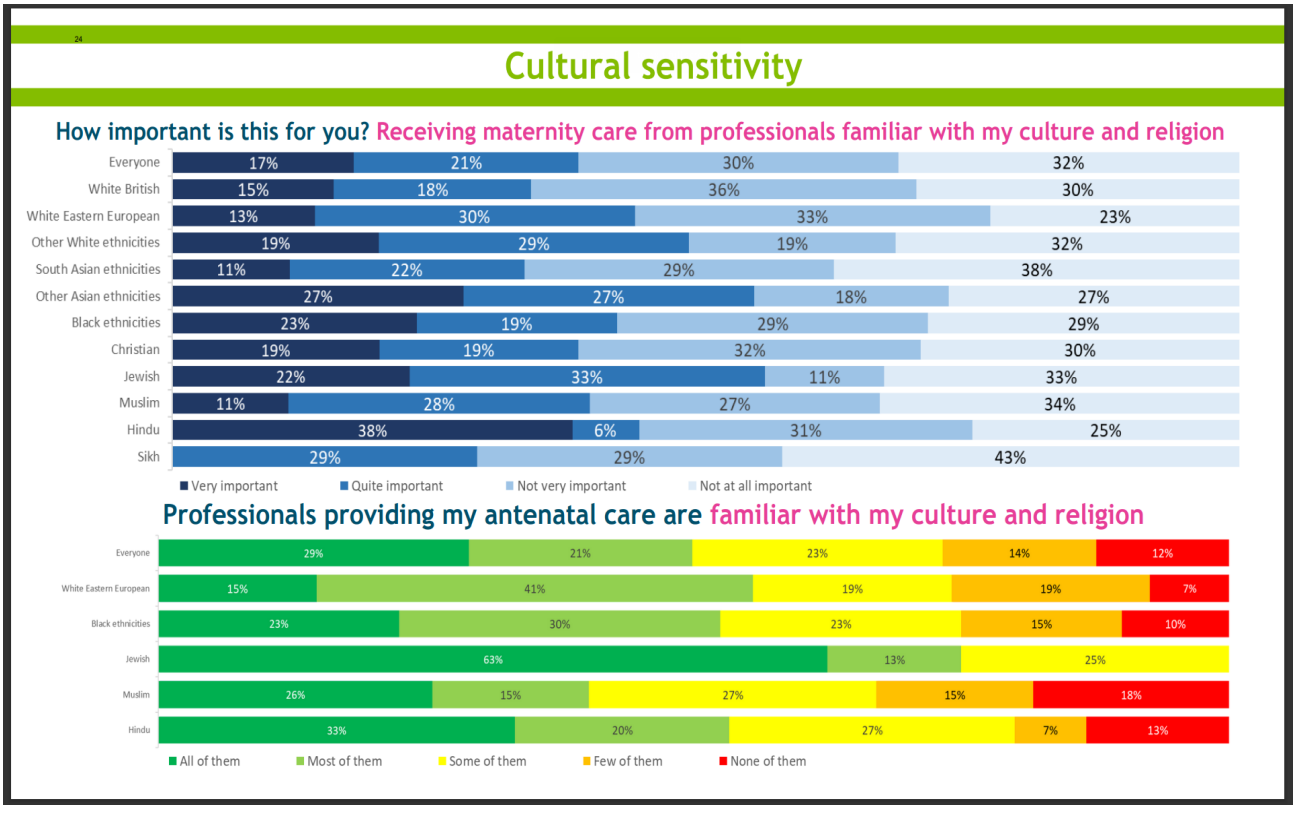


English fluency was a strong source of difference in the importance of access to healthcare professionals who speak the service users' own language.

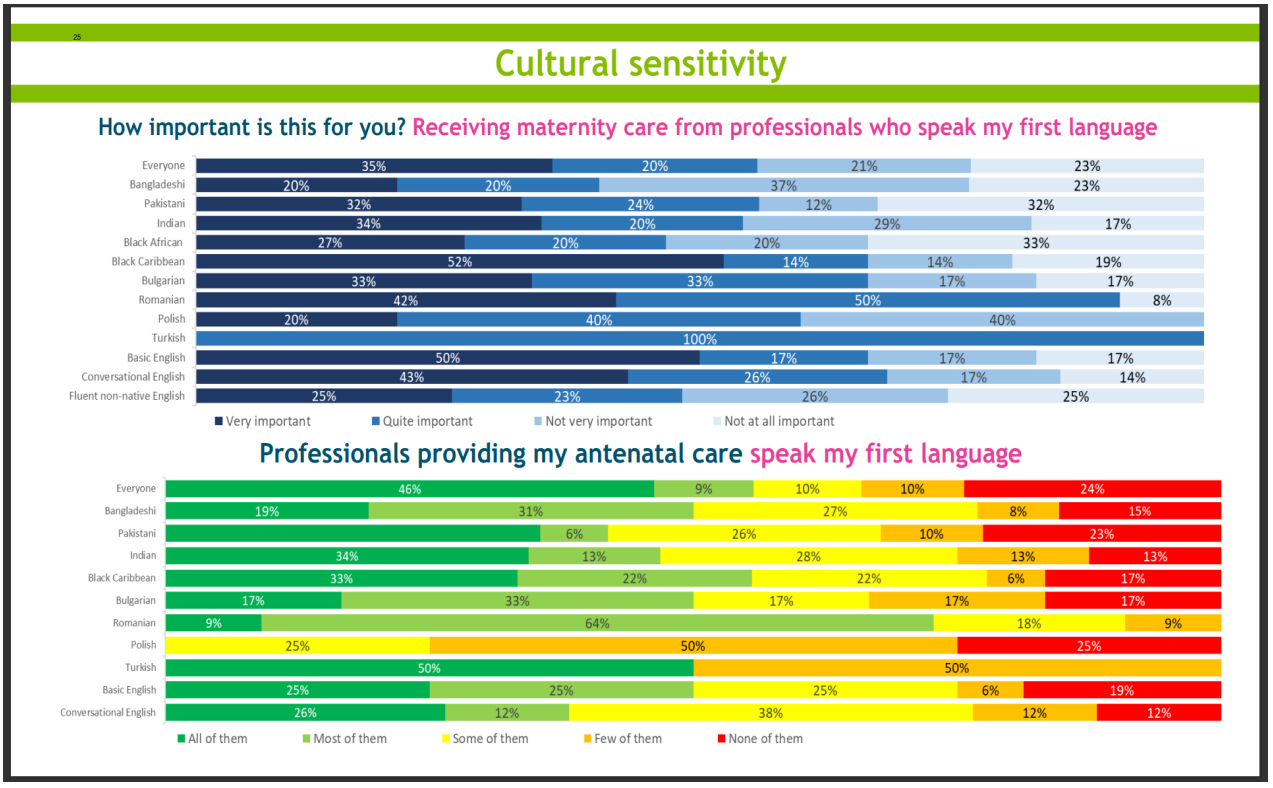
This data allows us to draw careful inferences about the maternity care needs of particular communities who would otherwise face a significant barrier to engagement and co-production.



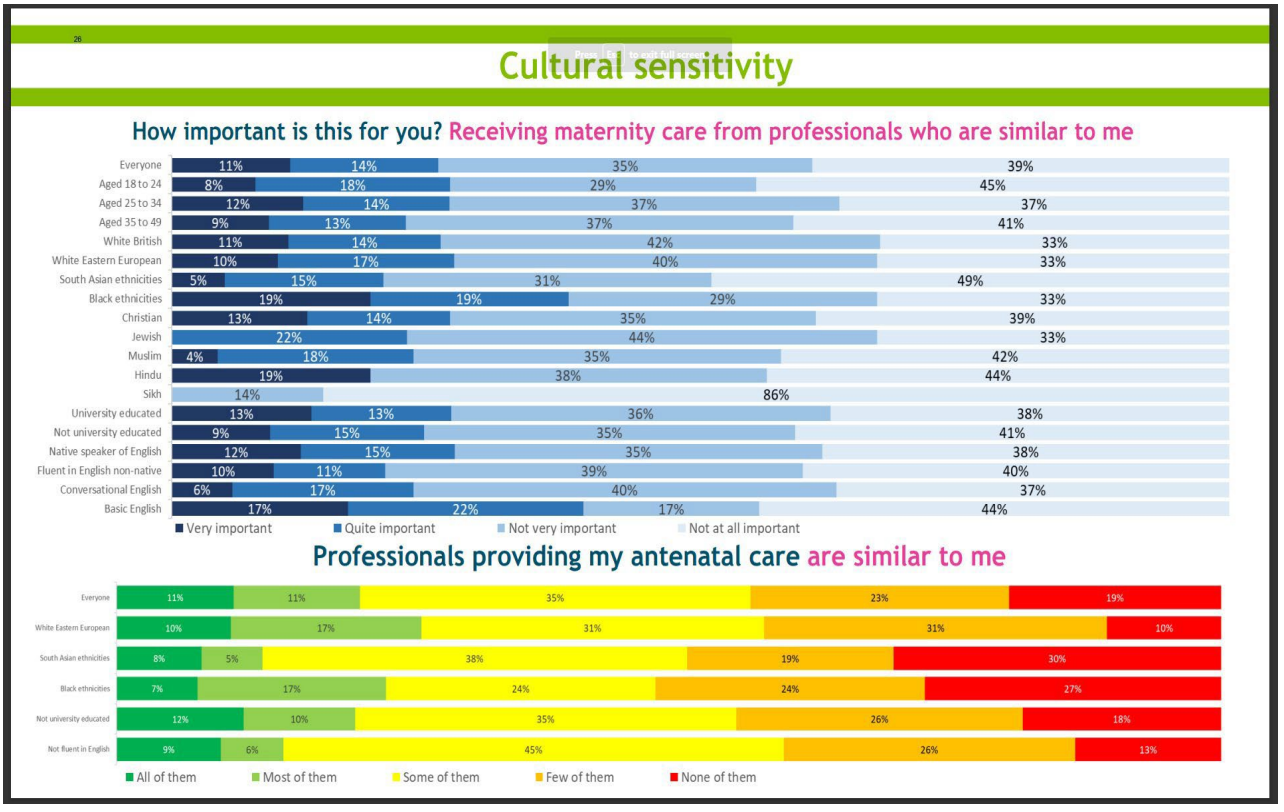
Service users from White Eastern European communities were more likely to say that it is important for them to receive antenatal care from professionals familiar with their culture. Service users from South Asian communities perceived this as less important.



Access to Maternity healthcare professionals who speak their first language was important for those with basic and conversational English, but less so for fluent non-native speakers. Polish and Pakistani respondents were less likely to report having access to professionals who speak their language.

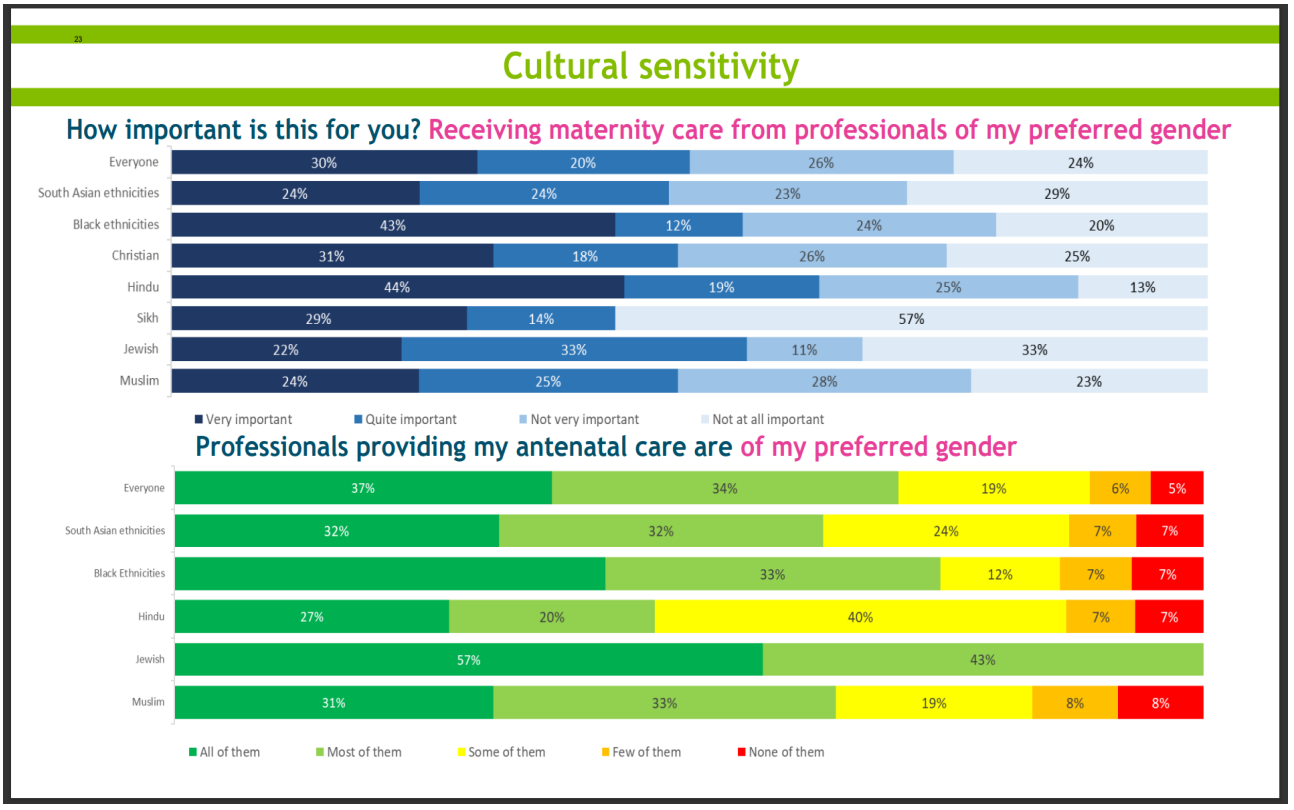


Respondents of Black ethnicities were more likely to say it is important for them to be looked after by professionals who are similar to them in terms of age and cultural background. They were also less likely to say that those currently providing them with antenatal care are similar to them.



Respondents who are Hindu were found to regard the gender of health professionals more important than other communities but were also found to be less represented.

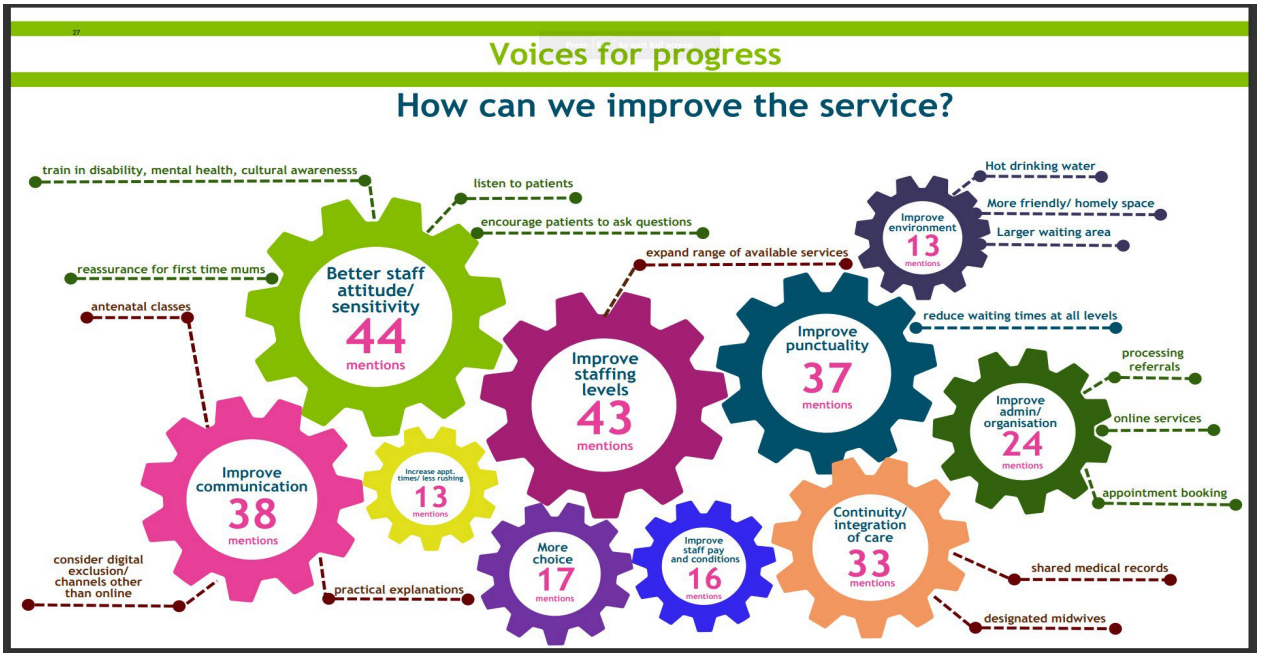
Those that identify as Sikh were the least concerned with gender, double that of other communities stating that they did not find this important at all.



Communication, staff attitude and informed care

Quotes from the free text data illustrate revealed high levels of concern about staff attitude and sensitivity, communication, and improving staffing levels and punctuality.

Care of service users who have experienced previous baby loss was a frequent point of concern, and the already established [NEL LMNS Equity and Equality strategy] for trauma informed care to be established across the Maternity Units is further underlined by this finding.



Focus group researchers' feedback

- Service users frequently unaware they had a choice of Maternity Unit
- Choices were more likely related to geographical proximity.
- Antenatal clinics are at times subject to waiting time pressure, but Maternity Units have more positive feedback.
- Free antenatal classes are not readily available across NEL.
- Available antenatal classes are too expensive for most people, costing upwards of £250.
- Absence of Antenatal classes has had a negative effect on confidence.
- Appointments need to be flexible due to traffic and parking issues.
- Cultural sensitivity responses were polarised.
- Home birthing experiences were extremely positive due to more person-centred care **(10 recorded)**
- Parking is an issue at some hospitals most notably at Queens and King George respectively.
- Several service users mentioned a care differential between the first and second/third trimesters. Complex health conditions were at times perceived to be less important when diagnosed in the first trimester. Some service users felt that they were only taken seriously when their pregnancy was considered viable. Issues of gestational diabetes and high blood pressure were mentioned in relation to this differential.

Conclusions and recommendations

We are still seeing an ongoing division in maternity experience relating to health inequality. Due to more sensitive questioning, we can deliver a closer identification of particular communities facing intersectional disadvantage.

Our findings indicate that referral by GP or self-referral correlates to the level of choice and co-production experienced by Maternity service users. Fluency in English is a well-known marker of inequality, and we see this here.

Being a single parent, although now less stigmatised, remains a marker of inequality. Service users from Black African, Turkish, Pakistani and Eastern European communities are less likely to experience choice of maternity unit.

Respondents of Black ethnicities experience a double barrier to maternity care because they are more likely to value cultural symmetry but less likely to experience this. A report published on 18th April 2023 by the House of Commons Women and Equalities Committee on Black Maternal Health highlights the continued effects of health inequalities for Black service users, with a death rate in 2022 at 3.7 times higher than that for White service users. [5]The reports also highlights the impact of severe or multiple disadvantage. Recommendations include a maternity workforce that is properly equipped to understand and recognise the significant disparities that exist, and to use that knowledge to deliver personalised, effective and respectful care.

Polish and Pakistani respondents were less likely to report having access to professionals who speak their language.

Antenatal classes have suffered a pandemic impact. They are no longer widely available free at the point of access, and this might negatively impact service users facing inequality.

Antenatal provision is at times perceived to be rushed and lacking engagement from Maternity Health professionals.

The issues of kindness and empathy were clearly resonant with our previous work on equity and equality, and current action plans are in place to address these areas. Care of service users who have experienced previous baby loss was a regular feature and the already established NEL LMNS Equity and Equality action plan for trauma informed care to be established across the Maternity Units is further underlined by this finding.

[5] https://committees.parliament.uk/publications/38989/documents/191706/default/

Recommendations

- Creating greater awareness of the nature of health inequality across North East London.
- Further research into GP referral structures.
- Further research into self-referral choice mechanisms.
- Management of capacity issues within antenatal provision.
- Clear information about antenatal waiting times and the impact of delayed arrival.
- Training for staff in engagement and empathy (and trauma informed care, particularly for previous baby loss as with the previous equity and equality recommendations).
- Cultural sensitivity training for Maternity staff caring for service users from Black, Polish and Pakistani communities.
- Interpreting services for any service user with less than conversational English.
- Improved parking facilities where a car is the main mode of transport.

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Healthwatch Redbridge was the lead research team for this project, and you would be welcome to contact us on info@healthwatchredbridge.co.uk or on 0208 553 1236

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