Equalities In Health

NHS Greater Glasgow and Clyde

Inequalities Sensitive Practice Initiative

Maternity Unit Report - 2007

Inverclyde Royal Hospital

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1. Introduction

This report forms part of an information gathering exercise undertaken through the Inequalities Sensitive Practice Initiative to provide baseline data on the care currently provided to vulnerable, pregnant women in NHS Greater Glasgow and Clyde. It forms one of a series of reports that together provides an overview of care provision in NHS Greater Glasgow and Clyde.

The purpose of this report is to provide an overview of the provision of care to pregnant women who have multiple or complex needs in Inverclyde. Information has been drawn from NHS GG&C Information Services, drawing on the 2007 GRO Birth Registrations data and from discussions with individuals and groups of workers from the maternity service and partner agencies, the analysis of a needs assessment questionnaire completed by midwives, and from the Special Needs in Pregnancy Service Report (2006/7). The report offers an insight into current practice and approach, multidisciplinary and interagency working and stakeholder reflections on the provision of inequalities sensitive services.

1.1. Demography

The Inverclyde Council area includes a relatively densely populated coastal fringe with a more rural hilly area to the south. The total population is around 81,500 with the main population centres being Greenock, Port Glasgow and Gourock. The Inverclyde population has a similar age structure to the rest of Scotland. However there has been a drop of 5,500 in the size of the overall population in the last 10 years. The main reasons for this have been falls in the number of children, down by 3,200 over this period and young adults (16-44) down by 3,600. In contrast, there were small rises in middle-aged adults and older people. The proportion of the population from a minority ethnic community (0.9%) is half the Scottish average.

4. Inequalities & Wellbeing

Inverclyde has been described as one of the most economically deprived areas in Scotland (Inverclyde CHP, 08). The number of people unemployed in Inverclyde in November 2007 was 2,600 (a rate of 6.7%), higher than the Scottish average unemployment rate of 5.2. Over 15,800 people, 19.3% of the population are defined as income deprived 18.8% of the working population, as employment deprived (GCPH, 08)

Life expectancy for men is estimated to be 70.9 years, three years lower than the Scottish average and life expectancy for women 77.8 years, also three years lower than the Scottish average. Comparing different areas of the Inverclyde community, there is a gap in life expectancy across the neighbourhoods of over 11 years for men and 13 years for women.

All cause mortality and morbidity rates from cancer, coronary heart disease and cerebrovascular disease are above the Scottish average but have fallen considerably in recent years. However morbidity and mortality related to alcohol consumption is a cause for concern with over 1,100 hospital admissions annually for alcohol related or attributable causes. 30 % of adults smoke compared to 27% nationally. There are no equivalent figures for drug use however there have been 89 drug related deaths in the last 10 years.

5. Child and maternal health

Compared to 24% nationally, 28% of women smoke during pregnancy in Inverclyde. Only 25% of mothers breastfeed at six-eight weeks following birth, which is well below the Greater Glasgow and Clyde rate of 34% and national average of 36%. (The Scottish Government HEAT target for breast feeding is for 33.3% of newborn children to be exclusively breastfed at 6-8 weeks). The infant mortality rate in Inverclyde is 76% above the Scottish average while the teenage pregnancy rate is 15% above the national average (GCPH,08). There are currently no accurate measures of the number of women misusing drugs and/or alcohol during pregnancy.

6. Background

The maternity unit of the Inverclyde Royal Hospital in Greenock has traditionally provided a maternity service to the population of Inverclyde and to the Argyll and Bute communities situated on the Clyde estuary. In recent years and up to the current time, services provided through the unit have undergone a process of review and re-design. For the past three years the maternity unit has been designated a community midwifery unit, providing antenatal and postnatal care services to the majority of pregnant women resident in the area and a birthing service to women assessed as low risk. This function of the maternity unit is currently under review.

In 2006 there were 828 postnatal discharges in Inverclyde. In 2007 there were 660 deliveries of Inverclyde residents through the Royal Alexandra Hospital and a total of 98 deliveries through the Community Midwifery Unit in Inverclyde Royal Hospital, 96 of whom were Inverclyde residents. Of all deliveries of residents of Inverclyde in 2007, 48.5% were of women living in Scottish Index of Multiple Deprivation (SIMD) Quintile 1 areas i.e. the most deprived communities.

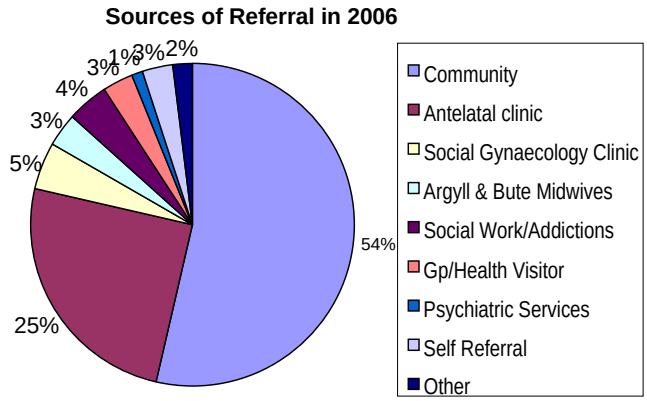
Map: Geographical area served by the Inverclyde Royal Hospital, Community Maternity Unit

2. The Special Needs in Pregnancy Service

2.1. Background

The Special Needs in Pregnancy Service (SNIPS) in Inverclyde is based within the Community Midwifery Unit of the Inverclyde Royal Hospital. There are two full-time midwives working in this service, one G Grade and one F Grade. The service aims to meet the needs of women who have multiple and complex needs and women who experience inequalities, by working alongside and supplementing the care provided through the community midwifery team. The SNIPS midwives offer assessment, one-to-one and family support, inter-agency liaison and individually tailored packages of care. The SNIPS services work closely with the client, the multi-disciplinary team and partner agencies to identify need and mobilise appropriate and acceptable care. Robust communication within and between the multi-disciplinary and multi-agency care team members is regarded as integral to this work.

There are no set criteria for referral to the SNIPS service. Referrals into the service are accepted from many sources on the basis of pregnancy and assessed need. Most referrals come from community and outpatient clinic midwives. However referrals come through a number of agencies including social work, primary care, addictions services, the Social Gynaecology clinic and psychiatric services. Referrals are also received from the areas of Argyll and Bute that are in close proximity to Inverclyde, e.g. Dunoon and Rothesay. There is a continuing high demand for the SNIPS service. In 2006, there were 294 referrals to SNIPS, 35 % of the total deliveries for the area and in 2007 325 referrals, almost 40% of the total deliveries.



2.2. Reasons for Referrals

The SNIPS service accepts referrals around any concern that practitioners or women themselves assess as meriting extra care and support during pregnancy and childbirth. The scope of health and social care issues managed through SNIPS ranges from single issues e.g. benefit entitlement, to multiple and complex needs. In most cases community midwives continue to provide routine maternity care to clients, working co-operatively with the SNIPS midwife and partner agencies that become involved. The key liaison and support role of the SNIPS midwives is evidenced in the following summary of service outputs from 2006.

Vulnerable Young People

Referral to the SNIPS midwife is offered to all young women under 18 years of age. A total of 77 teenagers from Inverclyde delivered in 2006. 2 young women were 13-15 years and 75 were 16-19 years. 30 (10% of all referrals) were referred to SNIPS. Careful assessment by SNIPS workers establishes the context of the pregnancy and the nature of family or other support available. In many cases little or no other intervention is required. Where the assessment indicates more complex needs e.g. poor social support, substance abuse, educational needs, child protection concerns, a referral is made to the appropriate agency. Key links and services established:

- Antenatal clinic targeted at young people, provided by link obstetrician, each Thursday
- Two weekly meetings with the liaison health visitor. Where required, a referral will be made to the designated health visitor to request a home visit.
- A health visitor support worker attends Thursday antenatal clinic to establish contact with young women where appropriate. This worker is able to offer support with parenting, social and lifestyle issues and baby massage.
- The Financial Fitness Resource Team attend the Thursday clinic to offer support and advice'
- Child birth classes. If a young person is unable or refuses to attend childbirth classes, the SNIPS midwives will provide 1:1 support and tuition. 55 young people were supported in this way.

Dug Misuse

35 women (12% of all referrals) were referred to the SNIPS service because of drug misuse in 2006. Four due to a previous history of drug misuse and 31 with current misuse issues. SNIPS midwives provide ongoing support to these women throughout pregnancy and childbirth linking in to social care and addictions services as required. Key links and services provided:

- Link obstetrician. Most women are booked for care with the same obstetrician who has developed an interest in this area of work.
- Home visits by SNIPS midwives to provide support and/or joint visits with partner agencies. (81 visits in 2006).
- Visits out with area if required e.g. Argyll and Bute (5 clients in 2006).
- Visits to the Royal Alexandra Hospital to link in with and support clients who had been admitted and to liaise with staff. Daily visits or as required. (82 visits made to RAH in 2006).
- Inverclyde Drug Services provides support with substitute prescribing. 1 referral made.
- Community Drug Team. A member of the CDT attends the antenatal clinic once a month to offer long-term support in dealing with drug and lifestyle issues. 5 new referrals were made to the Community Drug Team.
- Social work. Consent is sought from women for a SNIPS referral to social work services. In no cases was permission for this refused. 88 referrals were made in 2006: 46 due to child protection concerns, 41 for family support services and 1 to the special needs team. SNIPS is responsible for liaison with, and attendance at, liaison meetings and pre and post birth case conferences.
- Other support agencies e.g., Moving On, Barnardos, Psychiatric services.
- Drug audit. The provision of data to the audit report on drug use across Clyde services.

Alcohol Misuse

5 women (2% of all referrals to SNIPS) were referred due to alcohol problems: 3 with a previous history and 2 due to current use. SNIPS midwives report that while alcohol is known to be a serious problem in Inverclyde the number of referrals to SNIPS do not appear to reflect this. Key links and services established:

- Antenatal screening and advice on alcohol in pregnancy at booking.
- Wellpark Alcohol Services for provision of expert advice and counseling support.
- Gryffe Unit, Ravenscraig Hospital for psychiatric services support (medical referral only).
- Health promotion. A leaflet on alcohol in pregnancy has been developed by SNIPS.
- Links to ADAT (Alcohol and Drugs Action Team) Treatment and Rehabilitation subgroup.

Domestic Abuse

All women booking for maternity care should be asked in private, about domestic abuse. Women who disclose domestic abuse are offered referral to the SNIPS midwives. 26 women disclosed domestic abuse in 2006. 19 had experienced domestic abuse with their current partner. 7 disclosed domestic abuse with a previous partner. Five of these women were referred to SNIPS. One woman was referred to Woman's Aid. Women are encouraged to talk about their experience but are also informed of the limits of confidentiality, where child protection concerns are raised. Key links and services established:

- Women's Aid for provision of advice, support and place of safety.
- Domestic abuse awareness training delivered by SNIPS midwife.

Child Protection

In 2006 ten women were referred to SNIPS due to concerns around child protection. Support and liaison with partner agencies was established and input provided throughout the pregnancy. Where there are child protection concerns, consent for information sharing between agencies is requested from families. Families are assured that only information pertinent to their ability to care for the child is shared. Meetings related to interagency liaison on child protection, attended by a SNIPS midwife, included:

- 8 Pre-birth case discussions
- 16 Pre-birth case conferences
- 10 Post-natal case conferences
- 6 discharge planning meetings

Three Child Protection Orders were obtained immediately following the birth in 2006.
Key links and services established:

- Bi-monthly meetings with the liaison health visitor to update and cascade information.
- Monthly inter-agency liaison meetings between SNIPS, Social Work, Community Drug Team, Inverclyde Drugs Service, and the Liaison Health Visitor.
- Two support workers employed by the social work department, attend 2 antenatal clinics per week in order to meet with women, provide information and arrange ongoing support. The SNIPS report describes the uptake and acceptability of this service and suggests that it has served to reduce client anxiety related to a social work referral.
- Clyde based SNIPS/ interagency network to support information sharing and service development.

Mental Health

All women booking for care in Inverclyde are screened for current, past and family history of mental health problems using the Antenatal Mental Health Checklist. In 2006, 157 women were referred to SNIPS due to past or current mental health issues. There were a wide range of mental health issues with 75 women reporting depression, 26 with a history of depression, 24 anxiety, 2 psychosis, 21 with a past history of postnatal depression and 9 with emotional support needs.

13 of the women were already involved with psychiatric services at booking. Altogether 43 were referred to the psychiatric obstetric liaison service: 36 through SNIPS, 3 through an obstetrician and 4 through the GP. Key links and services established:

- The Psychiatric Obstetric Liaison Service led by a Consultant Psychiatrist provides a clinic in the maternity unit once a week and holds bi-monthly case meetings.
- Ongoing support provided by the senior psychiatric nurse or community psychiatric nurse in addition to the support provided by SNIPS midwives.
- Information cascaded to health visitors through the Liaison Health Visitor.

Learning Disability

In 2006 1 woman with learning disabilities was referred to SNIPS. Social work support was already in place. Key links and services established:

- Referrals on to Independent Living and social services as required.
- One to one preparation for childbirth provided in all cases.
- Child protection protocol.

Blood Borne Viruses

22 women were screened for hepatitis C in addition to the routine screening for hepatitis B and HIV. 7 women screened positive for hepatitis C. 2 were referred postnatally for ongoing care. 21 babies, assessed as at risk, commenced a course of Hepatitis B vaccination. Key links and services established:

- Pre and post test counseling offered to those identified as high risk.
- Women, positive for HIV, referred on to PRM or RAH. (None in 2006).
- RAH informed of women positive for BBVs.

2.3. Stakeholder Perspectives on the Special Needs in Pregnancy Service

The SNIPS team provides an outpatient based support and liaison service around the particular needs of women with additional social care needs booked for maternity care in Inverclyde. The service has robust and efficient communication networks for the timely sharing of information within and between the maternity services and health and social care agencies in both the statutory and voluntary sectors. The service is held in high esteem by health professionals in the maternity service (see below) and by partner agencies that work closely with the team. A COSLA award was given to Inverclyde for the successful model of interagency working achieved in the care of pregnant women. Representatives from Inverclyde Social Work Department, the Community Drug Team, Women's Aid and the Liaison Health Visitor service all reported on the good working relationships established with SNIPS and the integrity and warmth of the individual team members.

3. Inequalities Sensitive Practice: A Consultation with Midwives in Inverclyde

Hospital and community based midwives working out of the Community Maternity Unit (CMU) were invited to attend a meeting to consider inequalities sensitive ways of working and the current provision of care to pregnant women with multiple and complex needs. Thirteen midwives participated over two discussion sessions. Many of the participants reported working in the maternity service in Inverclyde for a number of years.

3.1. Meeting Special Needs in Pregnancy

Participants estimated that 1 in 4 women who booked for care in Inverclyde were referred to the SNIPS service. Overwhelming support for and satisfaction with the SNIPS service was reported. The structure and arrangements in place to support women and families who had particular needs was reported as excellent. It was reported that the SNIPS midwives provided information, consultancy and direct case management as required. Midwives described their relationship with SNIPS as a partnership and a resource.

"Midwives refer all vulnerable clients to SNIPS and we work together on patient care".

While women with multiple and complex needs may be case managed by SNIPS alone, the more usual practice would be joint care, with community midwives playing a key role in supporting women with their wider health and social care needs, but supported in this endeavor by SNIPS, particularly in relation to partner agency involvement. Midwives reported good communication pathways between SNIPS and community and unit midwives so that all were aware of the care management plan and their individual role and responsibilities.

"Comprehensive SNIPS service with excellent multi-disciplinary communication"

3.2. Interagency Working

Midwives reported that SNIPS were well linked in to local health and social care agencies to ensure that joint working was established and care integrated. Midwives expressed familiarity with the care pathway for vulnerable women and the key agencies involved in their care.

"Excellent referral pathway and access to other agencies"

3.3. Mainstream Provision

Midwives reported on the range of health and social care issues that they dealt with, domestic violence, mental health issues, drug use etc and reported that picking up on these issues was part and parcel of the work of the maternity services. Participants reflected that resources

were probably not prioritised towards women experiencing disadvantage. It was acknowledged that women from disadvantaged communities asked for and expected less while women more socially and materially advantaged were better at articulating their needs and getting them met.

Midwives reported that many women in their care did not attend SNIPS but experienced material and/or social disadvantage that impacted negatively on their health and wellbeing. Midwives viewed themselves as being a resource to them and were required to be knowledgeable and responsive to client issues. Some participants felt there was an inequitable distribution of resources in this respect with women assessed as vulnerable receiving a lot of extra care and support compared to women from low income families who struggled to get by.

Group members were invited to consider their role in relation to gender based violence. All reported awareness of domestic violence as a key issue particularly in pregnancy. While most felt competent to raise this issue and were aware that routine enquiry was now established practice in the maternity service, implementing this in practice was not always easy.

An example was given of a well dressed, well presented woman who always came to the clinic accompanied by her partner. Staff became aware of her passivity and the partner's tendency to speak on her behalf and had discussed the possibility of domestic abuse. The woman did not disclose and no action was taken.

Midwives discussed the practice of private time and routine enquiry. While many felt that the booking visit was often too early in the relationship with the woman to ask about domestic violence it was acknowledged that if it was not asked at this point the question may never be posed.

Staff felt that managers had an important role in supporting them with this kind of work, through supportive policies and supervision.

3.4. Inpatient Care

Midwives reported that on admission to hospital, women with special needs were looked after in mainstream wards. Women who used drugs were not segregated but cared for in the same location as other patients.

Midwives participating in the discussion reflected on their experience of looking after women with special needs in mainstream wards and felt that this had been a good thing and that there was no requirement for them to be treated differently.

"Mainstream care gives them an opportunity to mix with and learn from other women".

3.5. Antenatal Education

Midwives recognized a need to prepare and support vulnerable families for childbirth and parenthood. An afternoon parentcraft class had been piloted targeting women who had special needs, women who were on their own or who did not have a birthing partner. These sessions had been poorly attended with women preferring to attend the regular sessions along with a friend or relative. The SNIPS service however, offered one to one parenting support sessions for any of their clients who did not attend antenatal classes.

3.6. Training and Practice Needs Assessment

Most midwives reported having a key role in supporting women and their families with wider social care needs. The support of the SNIPS service, the ability to refer on and ongoing training on social care issues was reported as important in supporting midwives to meet these needs. It was reported that further developments in meeting client's wider health and social care needs could be met by:

- Increase in time available to support women.
- Increased specialist resource (SNIPS).
- Opportunities for training.

The training topics that midwives reported would best support their learning around inequalities sensitive practice included:

- Responding to inequalities around gender and poverty.
- Interpersonal skills training: raising sensitive issues/building client motivation.
- Working with diversity: culture, race, religion, sexual orientation.
- Managing child protection issues while building resilience in clients.
- Managing stress in self and others.

4. Conclusion

There is a high level of satisfaction with the infrastructure in place to support the care of vulnerable pregnant women in Inverclyde. The Special Needs in Pregnancy service provides a comprehensive support and liaison service that enhances the maternity care provided to individual women, supports communication on care management between health professionals and enables referral to, and support from, social care agencies as required. The reach of the service is comprehensive covering a wide geographical area and includes regular visits to the Royal Alexandra Hospital in Paisley and to satellite services in Argyll and Bute, and covers the full range of special needs.

Established links and pathways of care have provided clarity as to roles and responsibilities of midwives and agencies. Midwives feel informed and included in case management and use the service as the first point of contact to access a higher level of support for their clients. Key links to health visitors, psychiatric services, alcohol and drug services, social services and Women's Aid have been established and provide formal and informal pathways to advice and support. Partnership working has flourished in this conducive climate allowing cross boundary working to take root e.g. the Psychiatric Obstetric Liaison Service, joint liaison meetings with social work and clinic inputs from the Financial Fitness Resource Team.

Mainstream midwives report good understanding of their role in relation to inequalities sensitive practice and are open to trying new things e.g. targeted parent craft classes, and to new learning in order to meet the wider health and social care needs of the women.

While this report does not include the views of service users who have multiple and complex needs, preliminary findings from the Maternity Services User survey (ISPI, 2007) to be published shortly, indicate a high level of satisfaction with both maternity care and the SNIPS service.

5. References

Glasgow Centre for Population Health (2008), A Community Health and Wellbeing Profile for Inverclyde.
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