Equalities In Health

NHS Greater Glasgow and Clyde

Inequalities Sensitive Practice Initiative

Maternity Unit Report - 2007

Southern General Hospital

Acknowledgment

I would like to take this opportunity to thank the staff from the maternity services in NHS Greater Glasgow and Clyde who supported me with information gathering by participating in group or one-to-one sessions. I would also like to thank colleagues in partner agencies who contributed their thoughts and reflections. Thanks also to Barbara Boyd of NHS GG&C Information Services for her support with information retrieval and Yvonne Johnstone , ISPI, for administration support.

Anne Bryce
Project Lead - Maternity
Inequalities Sensitive Practice Initiative

1. Introduction

This report provides an overview of current service provision to pregnant women who have been assessed as vulnerable, through the Southern General Hospital Maternity Unit. The report draws upon the results of a focused audit of service use, semi structured interviews with community midwives and discussions with key maternity unit staff, as well as partner workers in social care and addictions. The collective responses provide a picture of current demand for care,current performance and suggestions for improvement.

1.1. Background

The care of pregnant women who have additional social care needs is a high priority in NHS Greater Glasgow and Clyde. The Greater Glasgow and Clyde area has the highest percentages of socio-economic deprivation in Scotland with a number of communities experiencing multiple disadvantage and poor health outcomes. The importance of early identification of, and multi-disciplinary and multi-agency support for, pregnant women who have multiple and complex needs, has been highlighted through the Confidential Enquiry into Maternal and Child Health (CEMACH) and numerous national reports (Hidden Harm, Next Steps). The Maternity Services Framework emphasises the need for maternity services to be equipped to provide high quality provision to meet the diverse needs of the population it serves.

1.2. Inequalities & Wellbeing

In Greater Glasgow specialist services have been developed to engage and provide wrap around care to pregnant women who have the most pressing health and social care needs. The Women's Reproductive Health Service (WRHS) is a specialist maternity service that aims to provide intensive and comprehensive support to vulnerable women across Glasgow. While originally serving North Glasgow the WRHS now provides ante-natal clinics in 6 geographical areas of Glasgow and retains an inpatient ward based in the Princess Royal Maternity Hospital. The service has a higher midwife-to-client ratio than community midwifery teams in order to meet the greater support needs of this client group and works closely with social work and addictions services in the hospital and area teams.

An audit of admissions to WRHS, undertaken in 2003, estimated that only around half the number of clients that meet the criteria for referral to WRHS attend the service. There are a number of reasons for this cited in the audit report:

- Inadequate assessment processes for identifying appropriate referrals
- Staff preference to retain client in local service care
- Client choice of care provider
- Preference for local hospital care.

It is essential for the health and wellbeing of mother and baby that pregnant women are assessed for health and social care needs at the earliest opportunity, preferably at booking or first antenatal visit, and that women are given comprehensive information on which to base decisions about their care. Appropriate services can then be mobilised to provide advice and support, and instigate statutory procedures as required. Women with multiple and complex needs who do not attend WRHS are currently being cared for within mainstream services of the two other maternity units in Glasgow, the Queen Mother's Hospital and the Southern General Hospital.

2. Southern General Hospital Audit

Context

In 2006, a number of women with complex social care needs, from the South and South-west areas of Glasgow, were booked into the Southern General Hospital Maternity Unit. In response to a growing demand for inter-agency liaison around their care, an outpatient based midwife has undertaken a linking role with local social care agencies. The midwife has represented the maternity unit at inter-agency liaison meetings, feeding back to the relevant midwifery teams.

Aim

A retrospective audit of women attending the Southern General Hospital (SGH) who had received inter-agency liaison support between January and December 2006, was undertaken in order to describe and assess current care provision to women with multiple and complex needs.

Methods

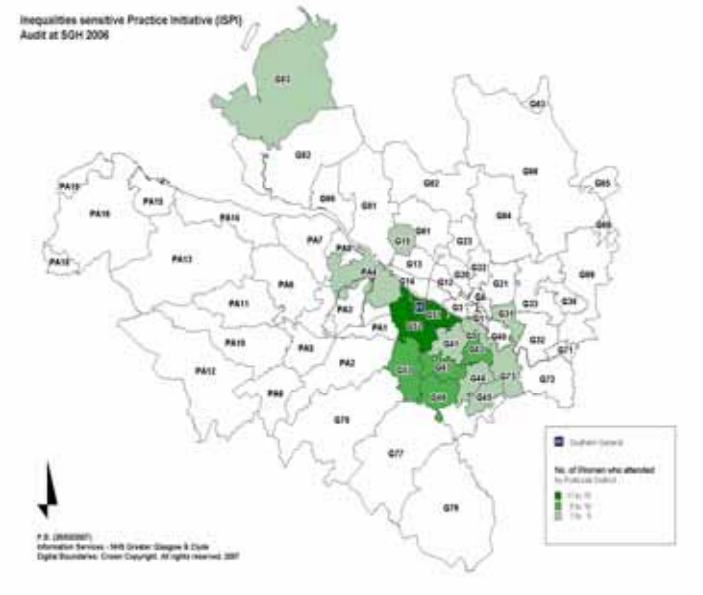
A review of patient case notes was undertaken to identify pregnant women with multiple and complex needs, who had received care through the liaison midwife between, and including, January and December 2006. This included clients who had booked for care in the mid and latter parts of 2005 and those who booked early in during 2006. Data was collected on client postcode area, referring agency, date booked for care, age of client, parity, partner information and social care agency involvement. The expected date of delivery (E.D.D) was also recorded in order to calculate week of gestation at booking.

Results

Seventy-eight women, identified as having social issues of concern, were case managed by the liaison midwife in the SGH maternity unit during 2006.

Area of Residence

The majority of women were resident in the G43, G46, G51, G52 and G53 postcode areas. These are the areas of Greater Glasgow that have the closest proximity to the Southern General Hospital and include Govan, Pollok and Nitshill. See Map 1 below.

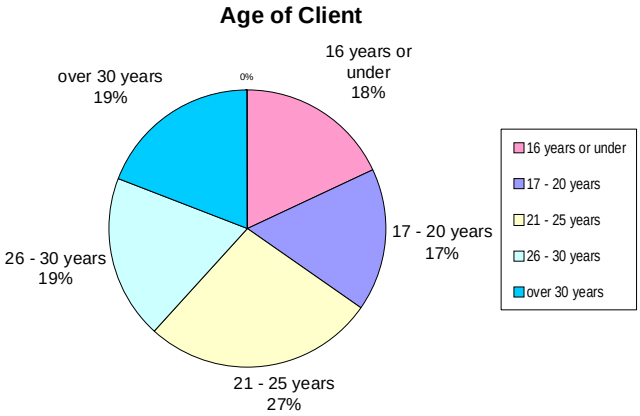


Referring Agency

70 (90%) of the 78 referrals were made by a general practitioner (GP). In 14 of these cases the referral was made in collaboration with a social care agency – social work, addictions or homeless services. Another 8 clients were referred directly to the liaison midwife by services.

Age Of Client

Over one quarter of the women, were in the 21 -25 years age category. The rest of the clients were fairly evenly distributed across the remaining age categories from 14 to 38 years. 14 young women, 18% of the total, were aged 16 or below with 7 (9%) aged under 16 years.



Number of Weeks Pregnant at First Visit

Over half (40) of the women had booked for care by week 16 of the pregnancy. 15 (19%) booked between 16 -20 weeks gestation and 8 (10%) booked after 20 weeks gestation. 15 (19%) unknown.

Parity

For 27 (35%) of the women, this was their first pregnancy. More than half, 45 (58%) of the women had at least one other child. 25 (32%) women reported having at least one pregnancy which did not result in a live birth.

Social Care Issues

Few, if any, of the women presented with a single social care issue. Most of this group of women experienced multiple and complex health and welfare issues in their lives. The principle presenting issues are reported below to provide a picture of the range and depth of the social issues that impacted on their lives.

Vulnerable Young people

22 (28%), over a quarter of the women, were described in the notes as Vulnerable Young Persons though most of the young women under 20 years, (35%) could be referred to in this way.

Drug and Alcohol Misuse

Problematic use of alcohol was noted in 11 cases. 28 (36%) women were recorded as having previous or current drug use issues.

Mental Health
Mental health issues were recorded for 17 (22%) of the women.

Learning Difficulties
Learning difficulties were recorded for 7 (9%) of the women.

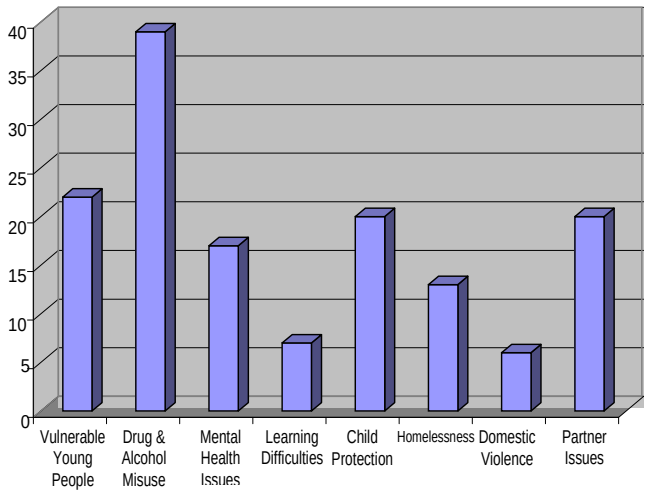
Child Protection
This category included women who had previous children who were looked after and accommodated as well as those women whose current circumstances were felt to present a risk to the unborn child. 20 (26%) of case records, representing over one quarter of the women, indicated an element of risk to the unborn child.

Homelessness
13 (17%) of women were either homeless or requiring help with accommodation.

Domestic Violence
6 (8%) of women had domestic violence noted in their records. Violence was recorded as an issue in partners of a further 5 women.

Partner Issues
Just over one quarter, 20 (26%) of the women reported that they had no partner or were not able to provide information about a partner. Many of the 58 women who reported having a partner reported social issues with respect to their partner including drug use, homelessness and violence.

Range of social care issues reported (N = 78)



Inter-Agency Working
In all cases at least one social care agency was involved in the provision of care to the women. In almost every case a social work team was involved and often an addictions agency. Other agencies reported as involved in care included, The Homeless Team, Housing, Perinatal Mental Health Team, Learning Difficulties Team, Criminal Justice, PACT Team, SAMH and Family Resource Team.

Two of the women were transferred to the care of the Women's Reproductive Health Service.

3. Exploring Service Provision For Vulnerable Pregnant Women

Aim
Interviews and discussions were undertaken with workers in the SGH and the SW CHCP who were involved in the care of pregnant women with multiple or complex needs and their families. Views on current service provision and service improvements were sought to provide an overview of care provision and the identification of needs and gaps.

Results - SGH Inter-agency Liaison Work
There is no dedicated liaison and support service at the SGH maternity unit. The current liaison work at the SGH is not a planned or resourced development but has arisen out of a demand from social work services for midwife representation at social work convened liaison, pre-birth and post-birth meetings and the critical need for someone in the maternity service to support the tracking of clients and co-ordination of their care throughout their pregnancy.

A midwife based in the antenatal clinic at the Southern General Hospital picked up on the need for representation and offered initially to attend some meetings. However due to the high number of clients with multiple and complex needs choosing to attend the SGH there is increasing demand on her time. In addition to her current role in the outpatient service, the midwife seeks to provide responsive support to women identified as vulnerable and to act as a conduit for information between maternity services and linked social care agencies.

The current responsibilities associated with this role include:

- Completing a social work referral form for new clients who are currently in receipt of social care services or who are identified as vulnerable.

- Receiving returned reply slips and passing information on the woman and her allocated worker to midwifery team leaders, (predominantly Pollok and Govan teams).
- Attending fortnightly South West CHCP Liaison meetings where individual cases are discussed.
- Undertaking co-ordination work arising from the liaison meeting e.g. checking records and reporting findings to SGH social work service.
- Providing direct support to clients through the outpatient service (7 clinics currently) including advice, information and responsive action. Clients assessed as in need of increased support are seen by the liaison midwife on a 4 weekly basis.
- Liaising with labour ward staff in relation to client admission and outcome of birth and subsequent communication with social work. Timely information is required so that post-birth meetings can be arranged where necessary.
- Attending pre-birth and post-birth meetings where required.
- Acting as a resource for midwifery staff for information and advice in the care of vulnerable women and their families.

The liaison work and tailored support provided by this midwife is welcomed by maternity services staff and partner agencies. However the non-negotiated nature and restricted jurisdiction of the role renders it vulnerable and limited in what it is able to provide in the short and long term.

Southern General Community Midwifery Services

Pregnant women are booked for maternity care through the outpatient clinic of the maternity unit or through Millbrae Clinic, a satellite clinic developed to allow easier access to care for those living at a distance from the Southern General Hospital. Clients are assigned to a community midwifery team for their antenatal and postnatal care according to their area of residence. Team midwives work principally in the community setting but also participate in the labour ward rota. This allows midwives to maintain their wider midwifery skills and provides an opportunity to deliver the babies of clients that they may have looked after in the antenatal period. Over time, community midwives develop knowledge and expertise on both the people and the resources available, in the community they serve.

Midwives from these communities acknowledged that many of the women they looked after were vulnerable, citing estimates that ranged between 10-40% of their client group. The range of primary welfare needs reported varied by geographic locality with women from the largely white Govan and Pollok/Nitshill areas reporting poverty, domestic violence and drug use as key issues. Midwives working in Millbrae clinic and in the Govanhill area reported on the depth of need associated with the European Union nationals, in particular the Slovakian community including issues of poverty, overcrowding, child safety, temporary accommodation and lack of English language. Midwives in Pollokshields and Govanhill working with a large Scottish Asian community highlighted issues relating to culture and wellbeing, such as gender based inequalities and child safety.

Midwives were clear about their role in relation to the care of women and families experiencing inequalities. A number of responses are noted below:

- Discharging a public health role in relation to education and interventions related to social issues such as domestic violence and homelessness and lifestyle issues such as smoking, healthy eating and drug and alcohol use.
- Tracking vulnerable clients in order to monitor and promote wellbeing
- Listening and understanding in order to establish a relationship of trust that was felt to be a pre-requisite for client engagement around issues of concern
- Establishing communication with non English speaking clients
- Assessing need in relation to pregnancy and wider social care issues
- Contacting and linking in to appropriate support services and designated workers, e.g. health visitor, named social worker and/or relevant agencies, and pursuing feedback
- Ensuring that client's basic needs are being met and alerting others to broader concerns e.g. with migrant Slovakian communities.
- Making assessments and taking action on child protection concerns
- Using community development approaches to address health and welfare issues that have cultural associations e.g. the parenting group in Pollokshields, developed in response to concerns over child safety issues in the Asian community.

Implications for Practice

Meeting the wider social care needs of the communities they serve has a direct bearing on midwives' work load and work priorities. Pressures on time and job satisfaction were highlighted as key issues.

Demands on time included:

- Time spent tracking women who do not attend (DNA), or who move in from another area, or who form part of a transient community e.g. Slovakian migrant community. Hospital protocol recommends that after two DNAs the midwife should undertake a home visit. However locating a client may require a number of visits and involve time consuming investigative enquiry.
- Time required to listen, to build rapport, to ascertain needs and to provide personal support.
- Time to co-ordinate wider health and welfare support i.e. the processes linked to locating, referring on to and liaising with, appropriate workers and/or agencies.
- Meeting needs of those where English is not the first language i.e. time to co-ordinate interpreting services and the extra time required when using interpreters.

Job satisfaction. Midwives described their role as "fire fighting" at times i.e. meeting basic needs but not being able to effect sustainable change because of time and resource limitations and structural inequalities e.g. cultural barriers to women's health. Working in this way was reported as less rewarding and stressful.

Links and Relationships with Partner Agencies

Midwives reported links with health visitors as helpful and highlighted the pivotal role of the liaison midwife at the Southern General Hospital. However relationships with social care agencies were not regarded as robust or effective. Midwives reported problems trying to track the appropriate worker in order to get support for clients, described feedback from social services as poor or non-existent and reported communication, particularly in relation to liaison meetings or pre and post birth conferences, as problematic. Clients' needs were not being met due to a lack of infrastructure to support effective, joint working.

Service Development

Midwives were clear that service development was required in order to meet the wider needs of the women.

" A support structure in the Southern General Hospital that you can contact about clients who have social needs and get the information and support services that you require. A service that will provide a comprehensive information, advice and liaison service so that midwives aren't left running around trying to find social support. The matching of needs and services should be done centrally and communicated to midwifery teams"

Community midwife 2007.

Midwives identified the need for systemic change in order to provide them with better access to social care agencies. There was a need for an improved liaison service that extended the remit of the current liaison provision, integrating maternity and social work services in order to improve communication and joint working. More specific suggestions for improvements in care included:

- More information leaflets in Slovakian language
- A link midwife/worker for EU nationals to provide advice and support
- Access to interpreters at the week-end
- Social work/ health visitor attendance at clinics to case manage those identified with multiple and complex needs.
- Updated referral forms that are fit for purpose
- Better sharing and feedback of information
- Guidelines on patient pathways and referral into agencies

Southern General Hospital Social Work Department

Social workers in the SGH have a key liaison role between social services and maternity services which includes the processing of referrals made to them from midwives, contacting relevant social care workers, allocating unallocated cases and updating the SW CHCP liaison meeting. Staff reported being aware that current service provision for vulnerable pregnant women in the Southern General Hospital fell short of the high standard of provision provided through the WRHS. Service developments should include:

- An equitable service established in the Southern General Hospital
- A more integrated approach with similar resources and structures to the WRHS
- SGH social work services located in or near the maternity unit
- Development of guidance around the care of EU nationals.

South West Community Health and Care Partnership

Social work and addictions services in the South West Community Health and Care Partnership (SW CHCP) have a key role in supporting pregnant women and families who have multiple or complex needs. Over a period of 30 months, from October 2004 to March 2007, 226 pregnant women were case managed through the liaison service – an average of 90 women each year. In previous years, more than half of these women received maternity care through the Women's Reproductive Health Service based in the Princess Royal Maternity Unit. So far, in the current year (June 2007), 16 women out of a caseload of 21 (81%) have booked for care in the Southern General Hospital and 3 (14%) in the Princess Royal Maternity. It appears that in this current year, the relative numbers booking for care at the SGH is increasing while numbers attending the Women's Reproductive Health Service is reducing. Whether this trend will continue is unknown.

Good links and relationships between the maternity services at the SGH and the social care agencies in the area have been difficult to establish and maintain. The liaison support volunteered by the outpatient midwife is welcomed but is felt to be insufficient for the task. Key issues were outlined by SW CHCP social care workers involved in the maternity liaison work:

- Limited communication. There can be difficulties making contact with community midwives thus limiting information flow and continuity of care.
- Limited participation in liaison and conference processes. There can be difficulties in getting midwives to attend liaison meetings and to contribute effectively to the discussion.
- Substitute prescribing. There is limited local clinical overview of substitute prescribing for pregnant women. For example, if a woman is admitted to the SGH at the week-end it can be difficult to ensure continuity of her drug regimen.
- Integrated care. Combined addictions and antenatal care services developed with WRHS provides a number of benefits – improved communication between maternity and social care staff, improved clinic attendance for this vulnerable group (less DNAs), and dedicated clinical time for the review of substitute prescribing. Women attending the SGH do not accrue these benefits as services are not integrated.
- Additional services. There is less opportunity for the provision of intensive support to vulnerable women during pregnancy e.g. respite care, intensive monitoring of mother and baby, detoxification and stabilisation of drug treatments.
- Travel issues. The distance between SW CHCP and the PRM can be problematic for local people. This may influence women's decisions on where to book.
- Care needs. Vulnerable pregnant women require an intensity of care that is currently not able to be provided through the SGH outpatient service e.g. more frequent appointments for monitoring and support.

With an increasing number of women with complex needs booking for care at the Southern General Hospital, senior staff in SW CHCP are keen that services are developed to improve integrated working around their care. In their view, further infrastructure is required in the SGH to support the social work team with liaison and joint working, e.g. the appointment of dedicated link workers who can action concerns and maintain two way contact between maternity and social care workers, support liaison meetings and case conferences, support the tracking and care of the smaller number of clients with the most complex difficulties and support the education and training of the multi-disciplinary team in the care of vulnerable women and their families.

SW CHCCP Family Support Workers

Family Support Workers have a particular role in the care of female drug users who are pregnant or who have children under 5 years. Family Support Workers (FSWs) from the SW CHCP reported that the distance to the Princess Royal Maternity unit was an issue for their clients and that an equivalent outpatient service to that of the WRHS in the local maternity unit would be welcome. An equivalent inpatient unit was not felt to be necessary. The workers saw no reason why their clients could not be admitted to the regular maternity wards in SGH especially if an integrated care system was in place. FSWs felt that all midwives and doctors should be trained and knowledgeable about drug use in pregnancy and that services such as WRHS should undertake routine drug screening (urinalysis) of drug using women in their care.

Medical Staff

There is currently no obstetrician taking a lead role in the development of this area of work at the Southern General. A consultant obstetrician who had previously undertaken a linking role offered the following perspective.

- Obstetricians acknowledge that the care of women with social vulnerabilities is a specialist area requiring a lead obstetric role.
- Consultants in the Southern General Hospital would be happy to be guided in this work through a managed care network.
- A supporting service was required at the Southern General Hospital.

4. Conclusion

There is a great deal of consensus within the multi-disciplinary and multi-agency teams engaged in the care of vulnerable pregnant women in South-West Glasgow, around the need for change and development in service provision. Current services are assessed and experienced by all disciplines as inadequate and inequitable in comparison to the high standard of care available to women through the Women's Reproductive Health Service.

While the WRHS is a city–wide service the current trend suggests that women from the SW CHCP area, who have multiple and complex needs, are opting to attend their local maternity unit in the Southern General Hospital. It is not known whether this trend will continue or the reasons why women who meet the criteria for WRHS, are choosing to attend the SGH maternity service. The audit report of WRHS, undertaken in 2003, indicated that poor assessment processes and follow through by staff, along with client preference, were responsible for low uptake of the service. The user engagement survey, currently being undertaken with service users who have multiple or complex, needs hopes to provide service users' views on this issue (Inequalities Sensitive Practice Initiative, 2007). However the current reality is that many vulnerable women are attending the SGH for maternity care.

In 2006, seventy-eight women were identified in the SGH audit as having a vulnerability that demanded co-ordinated health and social care support. The audit demonstrated the range and depth of needs present in the population of service users referred into the service by local GPs and the nature of inter-agency collaboration required to effectively meet these needs. The reported experience of community midwifery staff reveals that many more client needs are not well met and that the current system does not meet staff or service users support requirements. Service providers within both health and social care agencies report dissatisfaction with the level and co-ordination of care, poor use of time and lack of resources, all of which result in poor outcomes for service users and frustrated and demoralised staff. There are implications for management of risk in this situation

There is general agreement between health and social care agencies working in the area that service development is required in order to raise the standard of care provided to women who have multiple and complex social needs receiving care at the Southern General Hospital. An integrated service is required that would complement and support services currently provided by the WRHS, provide a conduit for information and multi-agency support to and from community midwives and support the development of a systemic approach to the care of those most in need attending the Southern General Hospital.