



Inequalities Sensitive Practice Initiative

Maternity Unit Report - 2007

Vale of Leven Hospital



Acknowledgment

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Inequalities Sensitive Practice Initiative

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 additional care needs in the Lomond and West Dunbartonshire areas. Information has been drawn from the NHS GG&C Information Services, drawing on the 2007 GRO Birth Registrations data, from the Special needs in Pregnancy Service (SNIPS) 2006 report and from discussions with midwives and partner agencies. 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 Vale of Leven Community Midwifery catchment area straddles parts of two local authority areas encompassing the towns and surrounding areas of Arrochar, Garelochhead, Helensburgh and Kilcreggan in the Argyll & Bute Council area, and Dumbarton and Alexandria in the West Dunbartonshire Council area. The area has a population of around 61,500.

The population has a similar age structure to that for Scotland. There have been more deaths than live births in the area over recent years which, along with a net migration out of the area, has contributed to a fall in overall population. The proportion of the population from a minority ethnic community (0.7%) is less than half the national average (GCPH, 08).

1.2. Inequalities & Wellbeing

Compared to Scotland, West Dunbartonshire has a similar percentage of the population in the most deprived 5% of the Scottish Index of Multiple Deprivation (SIMD) data zones. However it has nearly twice the proportion in the most deprived 20% of data zones in Scotland (38% compared with 20% Scotland wide). Nearly 18,000 people, 19.7% of the population of West Dunbartonshire, are defined as income deprived and 9,800 adults (7.0%) of the working age population are employment deprived.

Life expectancy for men in West Dunbartonshire is

estimated to be 71.1 years, 1.8 years lower than the Scottish average and life expectancy for women 77.7 years, approximately 2.8 years lower than the Scottish average. Comparing different areas of the community there is a gap in life expectancy across the neighbourhoods of approximately 9 years for both men and women.

All cause mortality rates from cancer and coronary heart disease are above the Scottish average but have fallen considerably in recent years. An estimated 24,900 adults smoke in West Dunbartonshire, 33% compared to 27% nationally and there have been 81 drug related deaths over the last ten years.

1.3. Child and Maternal Health

Compared to 24% nationally, 26% of women in West Dunbartonshire smoke during pregnancy, while 23% of mothers breast feed at six to eight weeks following birth (36% nationally). The rate of low birth weight babies is 27% above the Scottish average and the infant mortality rate is 80% above average. The teenage pregnancy rate is 12% higher than the national average (GCPH, 08). There are currently no accurate measures of the number of women misusing drugs and/or alcohol during pregnancy.

Geographical area served by the Vale of Leven Hospital, Community Maternity Unit

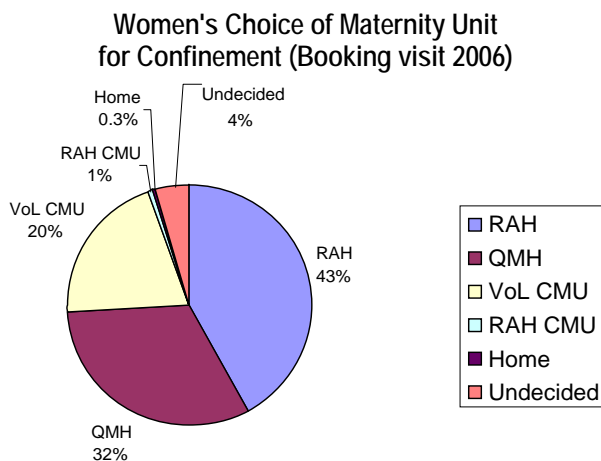


2. Maternity Services

The Vale of Leven Maternity Unit has traditionally provided a maternity service to the population of the Lomond area. In recent years and up to the current time, services provided through the unit have undergone a process of review and re-design. The outcome of the NHS Argyll and Clyde Maternity Services review of 2002/3 resulted in a change in maternity service provision for the area with inpatient high risk care being provided through the Royal Alexandria Hospital (RAH), Paisley, or the Queen Mother's Hospital (QMH), Glasgow, and the development of a community midwifery unit at the Vale of Leven Hospital (VoL) for the care and delivery of low risk women.

In 2006 there was a total of 671 maternity bookings in the area. At the time of booking 281 women opted for care in the RAH, 215 in QMH, 137 in the VoL Community Midwifery Unit, 7 in the RAH Community Midwifery Unit, 2 for home confinement and 29 were undecided. See pie chart below.

To date in 2007, 175 women have booked for care in the Vale of Leven Community Midwifery Unit, an increase of 7% on the previous year.



Of the 276 deliveries in the Royal Alexandra Hospital in 2007, of residents of West Dunbartonshire, 114 (41%) were from Scottish Index of Multiple Deprivation (SIMD), Quintile 1 communities, the 20% most deprived communities in Scotland. Of the 59 deliveries of West Dunbartonshire residents in the Vale of Leven Hospital Community Midwifery Unit in 2007, 25 (42%) were from SIMD quintile 1 areas.

3. The Special Needs In Pregnancy Service

A one stop, multidisciplinary care service with input from maternity, addictions and social care services was established in 1999 in response to the growing number of pregnant women with substance abuse problems in the area. A Special Needs in Pregnancy Midwifery (SNIPS) post was created in 2001 to develop the service further and support the maternity services response to the care of vulnerable, pregnant women and their families.

Following the Maternity Services Review the SNIPS service was expanded and developed further to meet the requirements of inter-disciplinary and inter-agency working, the provision of care over a number of sites and the increasing specialist nature of the work with women who have complex needs and their families. Another two midwives joined the SNIPS team. The service now comprises three midwives each working on a part time basis.

3.1. The Aims Of the Service

- To improve the uptake of antenatal care of the pregnant substance abuser
- To improve the antenatal service for the socially disadvantaged
- To promote collaboration and improve communication between the professionals involved in maternity care.

3.2. Criteria for Referral

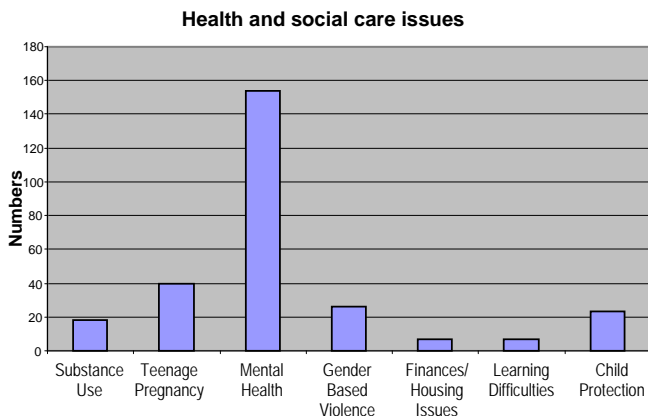
- Women with drugs or alcohol related problems in pregnancy.
- Women with current, or a history of mental health problems
- Women who have had or are currently experiencing Domestic Abuse.
- Teenage Clients with a focus on teenagers <17 but under 20 yrs can be included
- Women who have learning difficulties
- Women with extensive social needs e.g. women who have children in care or other children on the child protection register.
- Women who are homeless (includes women who are in supported /temp /homeless accommodation, travellers)
- Women who have financial /debt problems

3.3. Sources of Referral

Clients are referred into the SNIPS service through a number of sources: midwives, obstetricians, the Lomond Drug Problem Service, Health Visitors, the Social Work Department or through self referral. The main sources of referral are community midwives and GP practices.

In 2006, 218 referrals were made to the SNIPS service. Approximately 31% of the total number of pregnant women booked for maternity care in the area.

The most common reasons for referral to the SNIPS service in 2006 are shown in the graph below. Of the 218 women attending the SNIPS service in 2006 almost all have multiple health and social care needs. The graph provides an indication of the breadth and depth of need presented. All referrals are considered by the SNIPS Team and client care needs assessed. The SNIPS team case manage clients with the most complex social care needs and provide support and advice to community midwives in the care of women felt to be at a lower risk.



Substance Use

18 referrals were made because of substance use (15 for drug use and 3 for alcohol use). SNIPS midwives provide ongoing support to these women throughout pregnancy and childbirth linking in to social services and addictions services as required. Women who attend the SNIPS clinic are aware that information relevant to their ability to care for their child, is shared between all the agencies involved in the service. Key links and services provided:

- SNIPS clinic at the Vale of Leven antenatal outpatients. The clinic is staffed by a multi-disciplinary team (obstetrician, midwife,

community psychiatric nurse from the Lomond Drug Problem Service, social worker).

- Integrated care plan agreed after clinic visits.
- Home visits by SNIPs midwives if required
- SNIPs team works closely with partner agencies and participate in pre-birth case discussions and pre and post birth case conferences.
- Case note documentation of outcomes of discussions and postnatal care plan.
- Alerts provided to labour ward and special care unit from 36 weeks gestation
- Monthly joint interagency meeting to link in with GPs and health visitors

Child Protection

Through the SNIPS service concerns around child protection were identified in 23 cases. Support was provided to the women and their families through pregnancy and after birth.

Gender- Based Violence

Following protocol, all women at booking are asked in early pregnancy about domestic violence in a sensitive and private manner. This is recorded in the woman's case notes. Women who require extra support are referred to the SNIPS team. 26 women who had a history of domestic abuse were referred to the SNIPS team in 2006. Two women reported current domestic abuse issues and were supported through their pregnancy by the SNIPS team. Key links and services:

- Links with West Dunbartonshire Domestic Abuse Forum

Mental Health

154 women were referred to the SNIPS team because of mental health issues: 107 with a past history of mental health problems and 47 referrals of women with current mental health issues. The majority of these women had been diagnosed with depression, anxiety or post-natal depression in a previous pregnancy. At present there is no psychiatric consultant with a special interest in maternity care available through the local psychiatric service. Key links and services:

- All women are screened for mental health problems at booking and at every antenatal visit

- Women referred to the psychiatric service can be seen and assessed speedily through the community psychiatric nurse service or referred directly to the duty psychiatrist.

Teenage Pregnancy

Pregnant teenagers are seen routinely by each of the 4 local consultants. Referral to the SNIPS team is offered to all young, vulnerable women who have complex needs e.g. housing problems, substance use, isolation. 40 teenagers were referred to the SNIPS service in 2006. Seven were less than 16 years old. Key links and services:

- SNIPS team can liaise with housing and social work on their behalf
- Young Mums 2 B group. As young women may not attend mainstream parent education classes, SNIPS have linked with the Y Sort It group to provide advice and support to young pregnant women and their partners. The group offers access to antenatal care, dental hygiene, physiotherapy and speech and language services and can provide advice on a number of issues including benefits, housing, healthy living and parent education.
- Young Mums who choose not to attend the Young Mums 2 B group are offered one-to-one parent education in their own home.

Blood Borne Viruses

No women in 2006 were diagnosed as positive for H.I.V. infection. No figures for Hep B and C infection are available yet. Key links and services:

- All women who attend the SNIPS clinic who have an identifiable risk are offered repeat BBV testing at 36 weeks gestation.
- All women who have not had Hep B vaccination are offered vaccination at the SNIPS clinic from 20 weeks gestation. Vaccinations are offered to infants post delivery.
- After delivery any woman who has been diagnosed as Hep C positive during pregnancy can be referred to the Brownlee Centre at Gartnavel Hospital.

4. Inequalities Sensitive Practice: A Consultation with Midwives in the Vale of Leven Community Midwifery Unit.

Midwives at the Vale of Leven CMU were invited to participate in a discussion about inequalities sensitive ways of working and the current provision of care to pregnant women with multiple and complex needs. Four midwives attended.

Care Pathways

Community midwives expressed clarity about their role, the role of the SNIPS services and pathways to care and support for vulnerable women. The pathway is described as below

- First meeting with pregnant woman: to establish contact, provide orientation to maternity services and options for care and book confinement in the maternity unit of their choice. Location: GP clinic
- Booking visit, usually conducted in the client's home: to undertake medical, obstetric and social care histories.
- Referral to SNIPS of women assessed as having multiple and complex needs or thought to be vulnerable
- Triage to support case management. Women with the most complex needs are case managed by SNIPS. Women with lower risk vulnerabilities e.g. a history of depression, are supported by the community midwives with support and advice from the SNIPS team as required.

Midwives reported that the booking visit, usually conducted in the woman's home, provided an opportunity to undertake a comprehensive assessment of her needs including the home situation and any wider health and social care needs. Midwives reported asking routinely about alcohol and drug use and, where the woman was seen on her own, domestic abuse. It was reported that women were asked again about domestic abuse at 28 weeks gestation in recognition that vulnerable women may not feel ready to disclose in early pregnancy.

SNIPS Service

The midwives provided a summary of the SNIPS service role and function. Currently there are 3 midwives providing support to women with special needs in pregnancy. The team was reported to be responsible for assessing the

care needs of women referred to them, case managing women with the most complex social care needs and supporting the community midwives with their care of women who were felt to be at lower risk. This one-stop facility enabled pregnant women to get all round support, treatment and advice. The SNIPS team provided the key maternity services link to social work and convened liaison meetings and pre and post birth case conferences around women in their care. Midwives expressed satisfaction with the SNIPS service and the level of support they received.

Midwives Views on Factors that Support Inequalities Sensitive Practice

- Home visits. Midwives felt home visits were important in supporting the development of a trusting relationship with clients and for the comprehensive assessment of need.
- Continuity of care. Midwives felt that seeing the same midwife was important for the development of a trusting, supportive relationship with vulnerable women. It also enabled midwives to monitor client wellbeing and any change in presentation e.g. assessing affect and mood over time of women who report a history of depression.
- Reliable systems of documentation and communication. Midwives reported that sensitive issues were documented in the medical notes rather than in the women's handheld record. However these notes were not always available at the GP clinic with the potential for clinic midwives being uninformed of social care issues. This system relied on good information sharing practices.
- Specialist services (SNIPS), to manage complex cases and provide consultancy and support to community midwives.

Midwives' Support Needs in Relation to Inequalities Sensitive Practice

All of the midwives could think of women in their caseload who had extra social or mental health care needs. Providing care to these women was regarded as part and parcel of the work. While midwives reported that they were generally well prepared for caring for women with diverse needs they acknowledged a lack of confidence in certain areas and the need for ongoing training. A number of training issues were raised:

- Interpersonal skills training to support raising

- of and exploring sensitive issues with clients
- Experiential learning and support to develop confidence and skills in relation to liaison meetings and case conferences
- Good practice in maintaining positive, supportive relationships with clients where there are also child protection concerns.

5. Conclusion

There is a high level of satisfaction with the infrastructure in place to support the care of vulnerable women in the Lomond area. The Special Needs in Pregnancy Service is well regarded having established good links and relationships with the multi-disciplinary team and pertinent health and social care agencies. It provides a direct support service to women with multiple and complex needs and an effective advice and support service to community midwives caring for women with additional needs.

6. References

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