My Maternity Journey: Pregnancy and the Early Years

Lambeth Early Action Partnership

Contents

My Maternity Journey: Pregnancy and the Early Years

1. An Introduction

LEAP's vision for Lambeth is "to be the best place in the world for children to be born and grow up". LEAP is committed to delivering accessible services and providing seamless maternity care at a very important time in a family's life.

In order to design and deliver great programmes, LEAP looks to understand families' maternity journeys from pregnancy through to the early years, their interactions with maternity services, health services and children's centres.

2. Methodology

A short piece of research was carried out over three days with parents living in the LEAP wards of Coldharbour, Stockwell, Tulse Hill and Vassall.

Parents were encouraged to take part in one-to-one conversations with the researcher, whose interpretations of the findings are presented in this report.

The opportunity to take part was promoted in family friendly places such as children's centres, community venues and most effectively by word of mouth.

The aim was to talk to a minimum of 12 and maximum of 20 parents. In the event, 16 mothers took part. The overall sample was representative of LEAP's ethnically diverse community.

An equalities and diversity monitoring form was completed voluntarily by each participant to determine the profile of the participants. The results are attached as appendix 2.

Please review the considerations set out in section 5 (page 14) when reading this report.

3. Themes

The findings are set out within key themes, together with some personal stories, looking in detail at the participants personal experiences.

Participants were asked a total of 22 semi-structured questions which focused around a number of topics designed to draw out their experiences and understanding of how they currently engage, or have engaged, with the different elements of maternity and health services throughout pregnancy and the early years.

(i) A place to meet, socialise and gain knowledge

Families seek information and interaction with other familes during pregancy and their child's early years. All but one of the interviewees were familiar with children's centres as a hub for accessing early years services and information, with varying degrees of knowledge about what was on offer.

Some parents chose to attend a different centre than their most local, or attend several, depending on what classes and groups are offered.

Children's centres in the LEAP wards most accessed by participants include Liz Atkinson, Stockwell, Loughborough, Jubilee and Tree House.

Parents spoke about a number of services, groups and activities accessed at children's centres, the most poular activites include:

Stay and Play	13
Cooking/healthy eating and nutrition groups	11
baby groups and nursery class	5

Other activities accessed that were mentioned include:

- specific women's groups e.g.sewing skills
- work-based skills e.g. pathway to work, working with young children
- computer skills
- first aid training

Four mothers mentioned attending parenting courses at their children's centre to help feel more prepared for parenthood, such as Henry, Triple P and the Family Foundations course.

Several mothers mentioned HOOP, a digital app, as a useful means of finding out about acitivites for children and booking places on groups.

One mother struggled at the beginning with sleep deprivation. She went to her GP several times asking to see the MW. Each time she came, the MW kept saying how well she was doing, but she knew she wasn't. Eventually by using HOOP, she found out about different activities, went along to her local children's centre and met other mothers who helped her out. "The children's centre was a godsend".

Case study: Zahra

Zahra has two children, aged five and four. Her five year old is autistic. She had a good relationship with her MWs for both pregnancies and was given a lot of information. Mother has been visiting her local Children's Centre for four years, from when her first baby was four months old. She didn't know where to go at first and the GP suggested she went to the children's centre. Life was hard; she had no work when she found her child was autistic, the Children's Centre helped her to get in touch with the services she needed and even came with her to appointments.

Her HV contacted her on the day her first child was born and was very supportive. She enjoys coming to the Centre as it gives her time away from the children and has made some good friends. She has attended courses on working with young children, a First Aid course and a Triple P parenting course offered by her local children centre.

The HV was very helpful, particularly with her first child and referred her to relevant services and made referrals where necessary.

(ii) Access to information leads to better informed choices

Most mothers, to help prepare themselves and their families for the baby and after the birth, had attended classes, including ante-natal classes, but would like information to be more easily accessible. Easy access to information around options of support available would help parents choose what is right for them.

10 mothers said they had attended some type of class. They accessed the classes and groups at different venues and some used more than one venue including;

Children's Centres	4
GP Surgeries	2
Hospital	5
NCT Class	2

One mother attended a class for a whole day, 9.00am-5.00pm, with her partner at the Hospital where breastfeeding, labour and parenting was covered. It was a big group and felt a bit like a lecture, it was a long time to be sitting down and concentrating when pregnant.
She explained that she wasn't sure if she could go anywhere else and would like to have known about other groups and services where other topics might have been covered.

Six mothers said they hadn't attended any classes, mostly because of a lack of knowledge about what is available and where to go, but a small number preferred not to attend any classes because of lack of confidence and isolation as they didn't know anyone.

"My GP or MW didn't tell me about classes."

"I was too ill to go during my second pregnancy, I had my first baby by caesarean, the Hospital did offer me a class and the MW gave me all the information I needed."

"No information was available and I didn't have time to go anyway as I was going to college, it would have been useful if classes could be in the morning or evening."

> "The MW told me, but there was a waiting list, other classes were too far away. I didn't get a place for either pregnancy. I had no idea what was going to happen."

(iii) The importance of a shared experience; preparing for parenthood with others

The social aspect of attending antenatal group sessions is held with high significance.

The majority of participants liked attending groups for socialising, getting out of the home, adult company, an opportunity to mix with other mothers, and making good friends. Several mothers mentioned the sessions were informative and one said she felt more prepared for labour after attending.

A few of the mothers who had attended NCT classes described how these groups were more useful for securing a social group for support during the early days after birth, rather than a place to access and digest lots of information.

One or two mothers would have liked groups to have been smaller, perhaps longer in duration and some would have liked more detail on issues such as coping strategies.

One mother mentioned groups could include some exercising and four felt that the Health Visitor could make a contribution.

Case study: Sarah

Sarah has four children, from 20 years to 18 months. She explained how she struggled with her third child who is now eight years old. She describes herself as a private person and not keen to join in group sessions. She used to work but gave it up when she had her last baby who cries a lot. She attended a children's centre for the first time with her third child using the Nursery.

Sarah was depressed and needed help; she reported to her GP that she was struggling, but he didn't suggest she saw a/her HV. The children's centre put her in touch with her HV, booked an appointment for her at her GP surgery and advised her where she could go to get information on diet, speech and language for her eight year old. She currently uses her local children's centre to attend Stay & Play twice a week.

(iv) Roles and accessibility of maternity health professionals

Parents were aware of the role of the midwife (MW) to support through pregnanacy and the role of the health visitor (HV) to support after birth. Participants views were evenly split between those feeling they had received a good level of support and those feeling it could have been better. This was mostly about the ease with which health professionals could be contacted.

Parents placed high value on being able to contact their midwife easily.

10 participants **did** know how to contact their MWs. Some mentioned that the contact details were in their "red book".

Other mother's relied on their regular appointments to see thier MW but were not clear how to contact them in between these times.

Interviewees said they saw their MW at the following places:

Hospital: (two mothers) only saw them when attending the Hospital.

Children's centre: (three mothers) One mother spoke to a member of staff at her local centre and contact with the MW was arranged, another took a pregnancy test at the GP surgery then went to her local centre for support. Another routinely saw the MW for blood pressure checks, weight, etc at her local centre.

GP practice: (Five mothers saw the MW here). One parent explained that the MW texted to give details of her appointment. She had a lot of reminders but no direct access to the MW and she would have to call the GP who would contact the MW who would then call the mother back. She would have liked more contact, for example, when she had an issue with her back and couldn't feel baby moving and she couldn't contact her. All the meetings with her MW were very routine.

A parent who received care from a caseloading midwifery team, had mobile numbers of all MW's in her care team and knew all their names.

A mother explained her experience when suffering from anxiety with her second pregnancy. Having made this clear when she attended her ante-natal group, it was suggested she receivedd care from her local Caseloading Midwifery team. She benefited from the midwife visiting her at home and having a mental health specialism; she felt she had an experience of continutity of care which she felt was very good and she felt very lucky. With this team, important issues were covered such as safe sleeping, breastfeeding and birth. She also found the LEAP Family Foundations group sessions very good. This was a pilot run by the Fatherhood Institute supporting first time parents for five weeks before and three weeks after birth.

Participants were asked what methods of communication were available for contacting their midwives. Most women had more than one option and responded as follows:

Telephone	10
Text	6
Community Clinic	4
Hospital Clinic	2
Email	2

14 parents said they understood the role of the HV and almost all participants knew how to contact their HV and named their 'Red Book' as a means of finding the name and number.

Several mothers had the HVs direct number and accessed their HV as follows:

Telephone	11
Drop in baby clinics	12
Text	3

Most participants felt able to talk to their HV on the 'phone if they had any issues or attend drop-in clinics for face to face appointments. Women would, if necessary, attend an alternative clinic if they needed to, for example if they had missed an appointment.

The majority of women felt that their HVs would contact them if they hadn't seen them for a while. However, one mother commented that her HV's mobile was always turned off and another said she only received letters from her HV regarding checks and if she had any problems she went to the GP, so she had no real relationship with the HV.

Another mother said she only saw the HV once but felt because this was her fourth child the HV assumed she didn't need any help and left mother to call if she did need support. This mother visited the GP a couple of times as she felt rather abandoned.

"I didn't have the same relationship with the HV as I did with the MW. I went to the local health centre which was very busy and I had a long wait. The relationship with the HV was not so personal, she came round before the birth but was late. HVs knowledge seems very general – do they have nursing qualifications? I'm not sure what level of detail their knowledge is. If I was slightly worried about anything, I would go to my GP."

"I would have liked better communication; it would have been nice if she'd checked up on how things were going. Single parents are often scared to ask for advice, I was struggling and didn't know where to go and was embarrassed, I felt as if people would judge me. It needs to feel comfortable to ask."

(v) Sharing information amongst health professionals

Parents were asked a number of questions which were designed to draw out their views on whether they would find it helpful if GPs, MWs and HVs shared personal information about the health and well-being of both mother and baby/child. 12 out of 16 interviewees were happy for this to happen so long as it is for the good of the health and wellbeing of their baby or themselves and not judgemental in any way.

<u>Fear of judgements being made</u>

This mother's third child developed a number of allergies and eczema. The HV referred her to Hospital where it was commented on that he was underweight which was recorded and made available to the GP. She feared that things were being written down and false

assumptions being made because the allergies to certain foods were affecting what the child could eat. She thinks some information had already been shared because she knew, for example, that her GP knew that she had called 111. This mother's view was that the parent should have to give consent about information being shared and perhaps some of it should be restricted to be shared only with certain professionals.

Another mother felt she would like to be asked permission before something goes on a medical file, including agreeing the wording.

One mother wasn't feeling too good after the birth of her baby and the HV asked the mother if she could contact the GP and get information about the baby having its immunisations and make an appointment for her, asking permission first was well received.

"If it's about the baby's health, it is important to share information." Sometimes, support services are all in one location, e.g. at the Health Centre, so it is surprising that information is not shared between professionals."

Most parents seemed unclear (possibly hadn't really thought about it before) as to whether information is shared already. A small number were able to point to experiences that demonstrated there had been a lack of communication between professionals.

"I don't have a specific GP so can't build up a personal relationship, the HV and GP can't build up a relationship"

One mother explained how she had repeatedly visited her GP when she was pregnant saying she wasn't coping and was depressed, but was not taken seriously. The GP referred her to a depression workshop but she had to wait a long time for a place and in the end it was too late. She felt there should have been communication with other professionals. She had a history of still births and miscarriages and none of this was taken into account. She clearly slipped through the net. However, another mother had a good experience of how her GP and HV were in regular contact about her depression.

Parents were asked if they thought information was currently being shared between their GP, MW and HV and how they rated the sharing:

Good	2
Okay, but could be better	6
Not sure	6
Not good	1

Repetitive questions from health professionals

One mother of a son with special needs had the experience of having to start over with her story with each professional; even with the GP explaining over and over her son's issues on many occasions.

One participant had a son diagnosed with autism. At the beginning before the autism was diagnosed, it was clear there was something wrong but the GP didn't refer her to any other professionals despite the fact they were all located in same building (including speech therapy, OT, dieticians, etc). The mother had to come back with letters from the HV and give them to the GP to initiate referrals. The mother acknowledged that the professionals did seem to work better together now.

One mother said she is repeatedly asked whether her child's immunisations are up to date. Another felt that she is constantly asked whether she has any issues regarding her health which can be frustrating as she can't remember what she originally wanted to say.

Conflicting advice

The parent's baby had been vomiting and she had taken him to the GP who said it was just common "reflex" and not to worry unless he was losing weight after he was one year old. She then went to the HV and mentioned the vomiting and she said the baby shouldn't be doing this and GP should have referred her to the Hospital, so she was not sure what to do.

Case study: Louise

Louise is a young mother in her early 20s and is a care-leaver. She has a five year old who lives with the father and a two year old who lives with her. She explained that she didn't get any help with first child who was taken away from her. With the help of her foster carer, her and her younger baby are supported. She has moved area between having the two children and therefore has contact with different health professionals.

She didn't attend any groups or classes with her first child and felt she didn't get any help with her first child, but did with her second (not in Lambeth) although she is finding it hard being with lots of people. She had several MWs for her second pregnancy. The MW would visit at her house or arrange a visit at a local venue. She liked her first MW but not the second as she said she made her feel uncomfortable.

In relation to her HV, again for the second pregnancy, she had her 'phone number and they got on ok, she knows she can contact her if concerned about anything or needs help. She is just waiting for the two year old check appointment now. Louise has talked to HV about feeding issues as she worries if the toddler is losing weight. She has moved around quite a bit and had to keep repeating information with all moves to the GP and other professionals. She explained how she received conflicting advice when her daughter had breathing problems. The Hospital said it was asthma but the GP said he was not so sure. This mother has attended a number of courses at her local Children's Centre including 'Stay & Play' to help her two year old socialise, a 'Pathway to work' course, a First Aid course and she has just started attending Cook & Eat sessions.

(vi) Trust in health professionals

GPs are regarded as the most reliable health professionals to go to for advice. Mothers did tend to contact other professionals directly if they had a good relationship with them.

"The HV has got time limits, so I normally go to GP."

"I always go to my GP rather than HV as I find GP more useful."

"I will go to the GP because I will always get an appointment because my baby is young."

"I always go to the GP as they are specialists."

Most parents understood that issues such as chest infections and rashes probably require some medication and need to be seen by a GP. A smaller number also said they would choose their GP because they could easily get an appointment or they felt the GP's knowledge was greater than that of the HV.

The most common issue parents would go to their HV for was advice was with feeding.

"I contact the HV when I see anything wrong with my child."

"I contact the HV first because it takes ages to get through to my GP and the HV can get an appointment for me."

"Sometimes I go to "Chatter Time" at the Children's Centre where you can get advice on where you can be referred to if you have a problem."

Particpants described reasons that they have or would take their baby or young child to the GP for, including;

Colds/chest infections	11
Rashes	8
Jabs up to date	1
When I think need prescription	1
High temperature	1
For advice (phonecall)	1

<u>Deciding to go to A&E with a child</u>

The majority of parents interviewed had taken their child/children to A&E at least once and had a good understanding of when this was necessary.
Four parents said they would ring 111 first and for advice; three examples of contacting 111 resulted in being advised to go to A&E. One parent felt the GP's knowledge was too

general and safest to go to A&E.

Examples given of why mother's went to A&E included a food allergy resulting in rashes, high temperature, when child fell out of car seat (went to GP who said she should go to A&E), baby with bronchitis.

4. From insights to practice

The stories described by local mothers in this research allow LEAP to better understand the personal experiences of families during pregnancy and their child's early years. Understanding the needs and values of families during this time enables the partnership to develop desirable, viable and feasible services that are the right fit for the LEAP population.

5. Wider evidence base

It is important that all women and their families (especially those who are more vulnerable due to complex health and social needs) have access to high quality and consistent perinatal and postnatal care and support.

There is some evidence that maternity services have improved in recent years. Receiving continuity of care from a named midwife, or small team of midwives, is a high priority for most women. A recent report by the Care Quality Commission (2017) demonstrated a small increase in the number of women who did receive continuity of care, with 38% of women reporting that they saw the same midwife during antenatal checkups, compared to 34% in 2013. However, 61% said that they did not see the same midwife for all their antenatal appointments and 72% did not receive continuity of postnatal care. Women who received continuity of care were more likely to report that they also experienced 'compassionate' care.

Other areas that required further improvement were providing women with more choice and information about where to have their babies, and midwives being more informed about a women's medical history. For example, over a third of women felt that their midwife was only 'sometimes' aware of their medical history, while 14% did not consider their midwife to have any knowledge.

A report published by The National Federation of Women's Institutes and the National Childbirth Trust in 2017 also highlighted the importance of continuity of care, as women were often unable to raise important concerns due to not being able to access a midwife, especially postnatally. For example, half of the women surveyed had been unable to discuss concerns around their mental wellbeing after birth, or to receive advice and support around breastfeeding. Some women had in fact received conflicting advice about breastfeeding from different professionals. Limited access to a midwife also meant that nearly a third of women had to seek medical advice from their GP, a walk-in centre, or attend A&E. Women felt that being able to develop a relationship with their midwife made them feel safer and more confident during the transition to motherhood, and were also more likely to report that they were supported to lead a healthier lifestyle. Frustration at having to keep repeating the same information was reported by 22% of women who did not have continuity of care.

Lack of engagement with maternity services is related to poorer outcomes for both mothers and their babies. Women who do not engage - for example, those who miss important early antenatal appointments or do not receive routine postnatal checkups are often from socially excluded groups, are young or lone mothers, from disadvantaged communities and lack social support (Kupek et al, 2002, Redshaw et al, 2006, Callaghan et al, 2011, Docherty et al, 2012). Multiple deprivation and poor social support are key factors related to non-engagement (Kapaya et al, 2015). Language barriers may provide some explanation for less engagement with maternity services in ethnic minority groups (Henderson, Gao & Redshaw, 2013) and also difficulty negotiating the UK healthcare system (Hollowell et al, 2012). Some women may also have concerns about how they will be treated by staff, and fear being judged if they disclose substance use or domestic violence, for example.

Children's Centres were set up to address inequalities in outcomes for both children and families from the most disadvantaged communities, and to provide a range of services, information and support that reflects local conditions and need. For example, services offered include antenatal care, parenting advice and support, pathways to employment and stay and play sessions. These services are especially important for those women who might otherwise 'slip through the net'. However, to be effective, families need to be aware of the Centres and willing to engage with them, so understanding barriers to engagement is important.

6. To conclude

- **Children's centres** are much valued and highly regarded as places to go to socialise with other mothers and to get help and support where perhaps maternity and early years professionals have been absent/non-contactable. Many of the parents interviewed saw their HVs and attended clinics in Children's Centres. In a way, children's centres appeared to be the "glue" which connect maternity services and 'catch parents who may fall through the net'. *please note considerations.

- Where mothers attend **antenatal classes**, appears to be partly determined by who gives them the information about what is available. Not all mothers seem to given relevant information, and some would have liked to be more aware of different options so they could choose. The classes themselves seemed to vary quite a lot in content depending on where they were held, and there is a need for issues such as depression, low mood and sleep deprivation to be covered in more detail.

- **Relationships with MWs, HVs and GPs** varied as might be expected. A key factor highlighted was the ability to easily contact the MWs and HVs, telephone was the preferred option. Mothers placed a high value in being able to in knowing that you can access advice and book an appointment with the relevant health professional if needed. Having a personal relationship with each (at the appropriate time) is of high importantance. Mothers would contact the professional with whom they had a personal relationship with as opposed to which one was the most appropriate for their particular issue.

- **Continuity of care from pregnancy to birth** providing a seamless service is something to aspire to. Care from the Caseloading Midwifery team is viewed as a "gold" standard service that is highly regarded.

- **Sharing information:** This was not high on mother's list of issues, but when asked about it, most participants thought it was a good thing with the caveats mentioned in the report. Only two women thought information sharing is currently "good", and over one third were not sure if it currently happens and felt improvements are likely needed.

7. Considerations

1. 16 parents shared their personal experiences. This report is an interpretation of the stories told and is not meant to be representative of the wider population of parents in the area.

2. Parents who took part in the interviews were mostly recruited via Lambeth Better Start workers (outreach) and therefore currently or previously engaged with local early years services.

3. The majority of parents had at least two children and recalled experiences relating to their older children as well as their youngest, so some of these stories were from five years ago and sometimes more.

4. A small number of those interviewed did not have English as their first language so this may have inadvertently contributed to the occasional misunderstanding between interviewee and researcher.

5. Out of 16 mothers, 12 were interviewed face-to-face, one by phone and three were unable to make the interviews and answered the questions by e-mail, with follow up questions from the interviewer by phone.

Research conducted by independent NCB associate Helen Goody in partnership with LEAP, Februry 2018,

References

Callaghan, M., Buller, A.M. & Murray, S.F. (2011). Understanding 'late bookers' and their social circumstances. *British Journal of Midwifery*, 11, 7-13.

Care Quality Commission, *2017 survey of women's experiences of maternity care*, statistical release www.cqc.org.uk/publications/surveys/maternity-services-survey-2017

Docherty, A., Brugge, C. & Watterson, A. (2012). Engagement: an indicator of difference in the perceptions of antenatal care for pregnant women from diverse socioeconomic backgrounds. *Health Expectations*, 15, 126-138.

Henderson, J., Haiyan, G. & Redshaw, M. (2013). Experiencing maternity care: the care received and perceptions of women from different ethnic groups. *BMC Pregnancy and Childbirth*, 13, 196.

Hollowell, J., Oakley, L., Vigurs, C., Barnett-Page, E., Kavanagh, J. & Oliver, S. (2012). Increasing the early initiation of antenatal care by Black and Minority Ethnic women in the United Kingdom: a systematic review and mixed methods synthesis of women's views and the literature on intervention effectiveness. *Oxford: National Perinatal Epidemiology Unit*; 2012.

Kapaya, H., Mercer, E., Boffey, F., Jones, G., Mitchell, C. & Anumba, D. (2015). Deprivation and poor psychosocial support are key determinants of late antenatal presentation and poor fetal outcomes--a combined retrospective and prospective study. *BMC Pregnancy and Childbirth*, 15, 309.

Kupek, E., Petrou, S., Vause, S. & Maresh, M. (2002). Clinical, provider and sociodemographic predictors of late initiation of antenatal care in England and Wales. *British Journal of Gynecology*, 109, 265-273.

Lindquist, A., Kurinczuk, J.J., Redshaw, M., & Knight, M. (2015). Experiences, utilisation and outcomes of maternity care in England among women from different socio-economic groups: findings from the 2010 National Maternity Survey. *British Journal of Gynecology*, 122, 1610-7.

NHS Confederation, *Better Births: Improving outcomes of maternity services in England A Five Year Forward View for maternity care*, February 2016. www.nhsconfed.org/resources/2016/03/seven-recommendations-put-forward-by-the-national-maternity-review

Appendix 1. Equalities and diversity profile

Gender and Gender Identity		Age			
Female	16	20-24	1	25-29	4
		30-34	1	35-39	7
		40-44	2	45-49	1
Sexual Orientation		**Marital Status**			
Heterosexual/straight	16	Never married	12	Married	4
Pregnancy/maternity		**Religion, faith or belief**			
Are you currently pregnant or on maternity leave?		Christian	8	Muslim	4
Yes	3	No Religion	1	Buddhist	1
No	13	Atheist	1	Catholic	1
Disability		**Ethnic Origin**			
No	16	White	3	Caribbean	2
		Black African	9	Pakistani	1
		English/Albanian	1		
Language – your main language		**Socio-economic grade**			
English	12	Employee in full time work	3		
Yoruba	1	Looking after the home	9		
Edo	1	In part-time work (under 30 hours)	1		
Swahili	1	Self employed part-time	2		
Urdu	1	Full time education at School, college or university	1		
Which of the following best describes how you occupy your home?					
Renting from Lambeth Council	9	Rent from private landlord	2		
Owner Occupier (private)	2	Owner Occupier (Lambeth leaseholder)	2	Rented from Housing Assn	1

Lambeth Early Action Partnership
Liz Atkinson Children's Centre
9 Mostyn Road
London SW9 6PH

Tel.: 0207 582 4182 **E-mail:** leapadmin@ncb.org.uk

www.leaplambeth.org.uk