

North Bristol NHS Trust

Directorate of Women's and Children's
Health

Access to Maternity Services

Equality Impact Assessment
Report 2007

August 2007

Introduction

This equality impact assessment has been undertaken to determine if the local community accesses the maternity service at NBT equally and if equal outcomes are part of the service delivery. The assessment process has included race, age and gender and to a limited extent, disability. National evidence (CEMACH 2004) and local assessment of current provision has determined that this aspect of the service has the most potential to create unequal impact (known as the test of relevance).

Method

A profile of the maternity community was undertaken for all births recorded on the STORK system for 2006 to establish a baseline for comparison. Further audits were undertaken, and data collected in relation to several key areas.

- Gestation at booking
- Antenatal education classes
- Admissions to the day assessment unit
- Admissions to the birthing suite
- Perinatal deaths

This data was primarily analysed by age and ethnicity. In some areas it was possible to include disability, although data collection in respect of this is problematic within the current computerised systems available. The data related to antenatal education classes was also analysed by gender, since it is acknowledged that although most of the maternity service users are women, fathers play an important role too, and are welcome to attend these classes.

Findings

Profile of the maternity community

Data was collected related to 5,344 births recorded on the STORK system in 2006. From this information it was found that 309 (5.8%) women who gave birth were aged under 20 years (see table 1). In terms of ethnicity, 603 (11.3%) women were found to be from BME groups (see table 2). Detailed analysis of the composition of black and minority ethnic groups has not been undertaken as STORK data does not use a recognised classification system for ethnic group. However, data has been collected related to the woman's place of birth, with women being born in 90 different countries spread across all continents, although this data clearly has limitations as well (see table 3 and 4).

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Table 1. Age

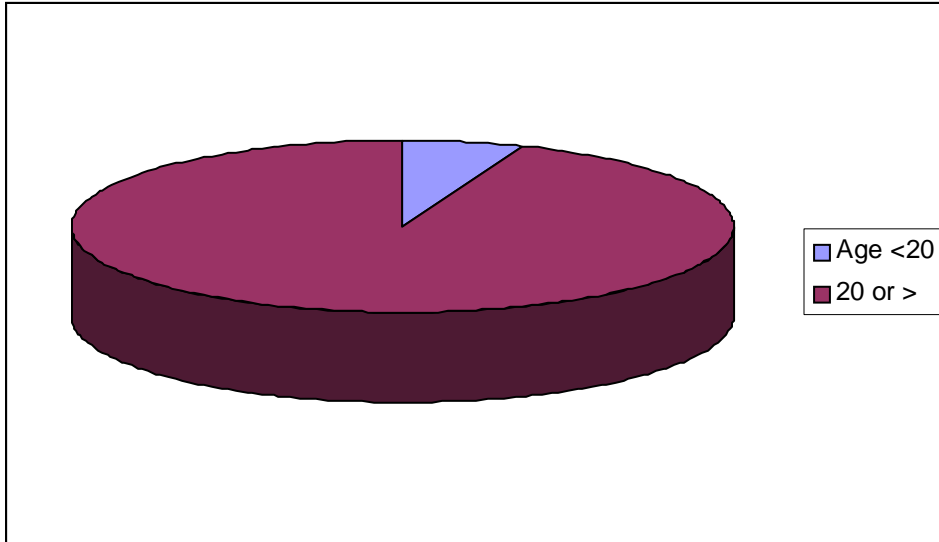
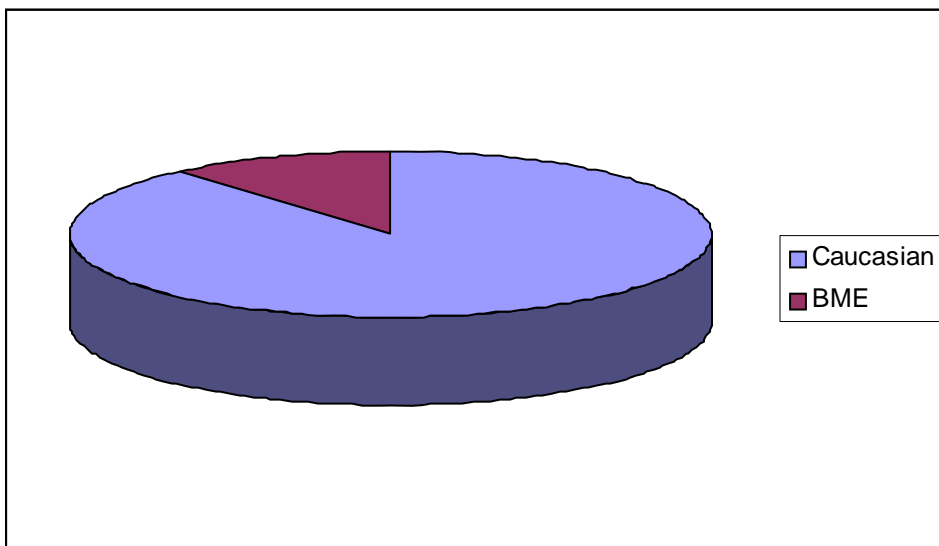


Table 2. Ethnicity



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Table 3. Maternal place of birth

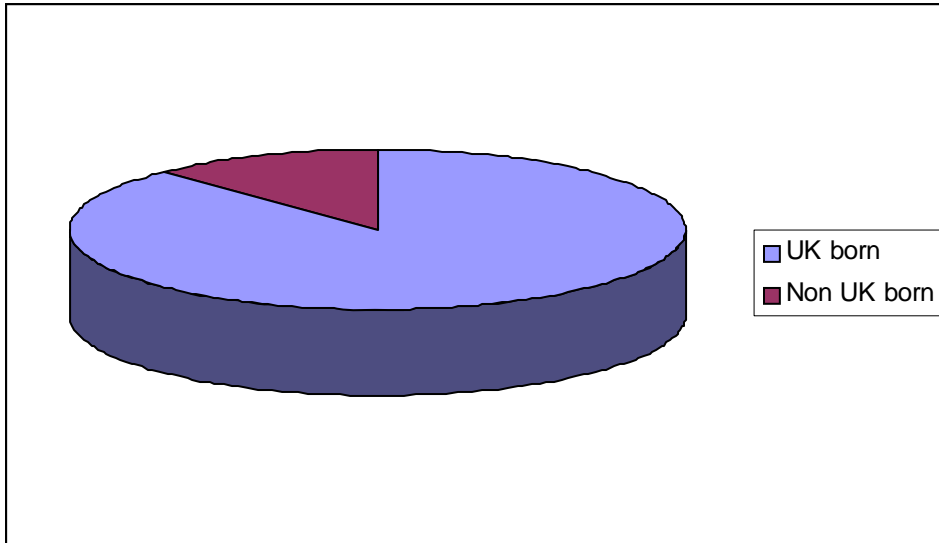
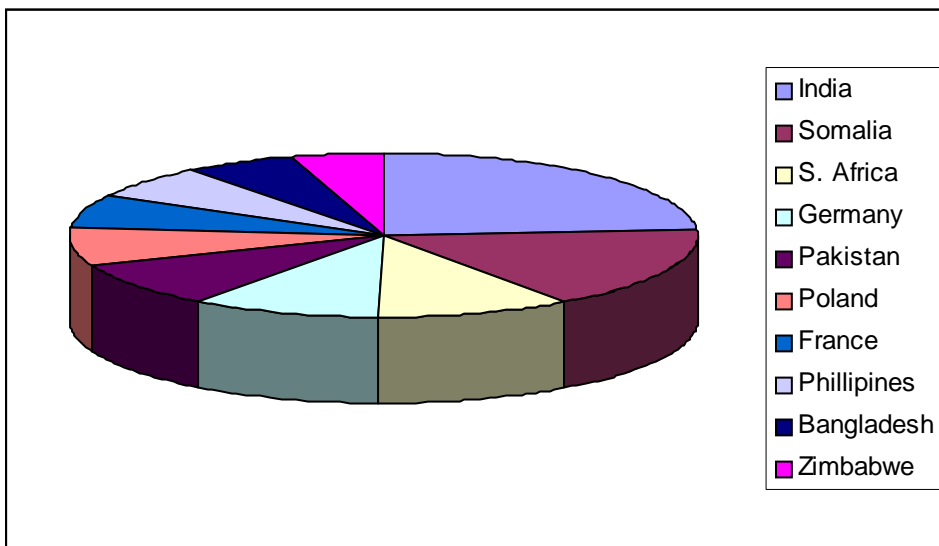


Table 4. Top 10 Countries of birth for Non UK Born Women



Gestation at booking

Data from the STORK system was used to identify all the women who booked their pregnancy later than 19 weeks and 6 days of pregnancy in 2006 (n=526).

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From this data set, the age, ethnic group, and outcome (i.e. maternal death, stillbirth or early neonatal death) was established. A sub set of the data was also considered related to women who did not book for maternity care until they were in labour – i.e. when they were admitted to delivery suite. These women (n=49) were excluded from the full analysis. This is because many of these women will have been transferred via the Western Neonatal Network to this maternity unit for a NICU cot and therefore received antenatal care in their own locality. It is acknowledged that a few women in this sub set will genuinely not have received any antenatal care e.g. those who concealed their pregnancy. However the data is not sophisticated enough to allow detailed analysis of this type. A second sub group was also excluded (n=113) – these were women who did not give birth at Southmead. This group will include women who transferred into this maternity unit for a NICU cot, but were transferred back to the originating maternity unit before delivery and those who booked late but moved out of the area prior to giving birth. The total number of cases included in this analysis is 374.

No cases resulted in maternal or fetal loss. Most women who booked after 19+6/40, who gave birth at Southmead, and were not admitted in labour were aged = > 20 years (331). However the women aged < 20 years were over represented in this group at 11.5% (n=43) of the total late bookers as opposed to 5.8% of the total maternity population. The data available was of poor quality in relation to ethnicity with data on only 56 out of 374 women available for analysis. Caucasian women totalled 49 and there were 7 BME women. This is the equivalent of 14% BME women and 86% Caucasian women demonstrating an over representation of BME women (see table 6). However, reliable conclusions cannot be drawn from this inadequate data.

Table 5. Booking after 19+6/40 and age

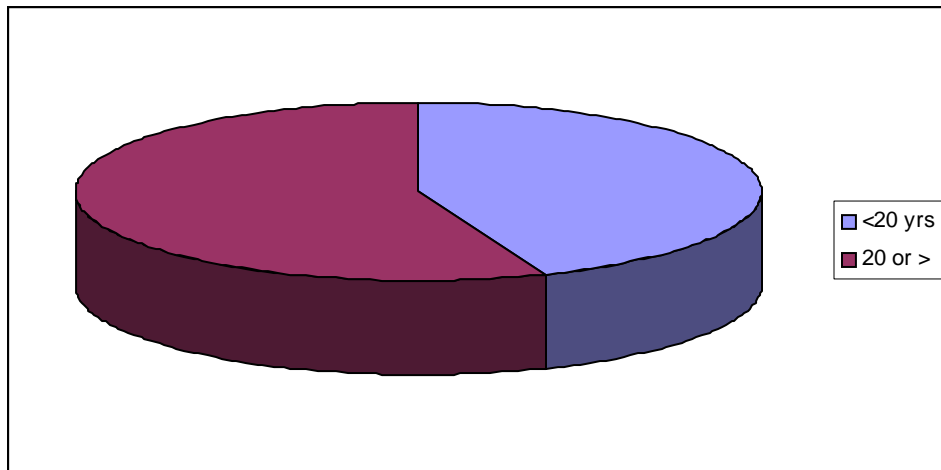
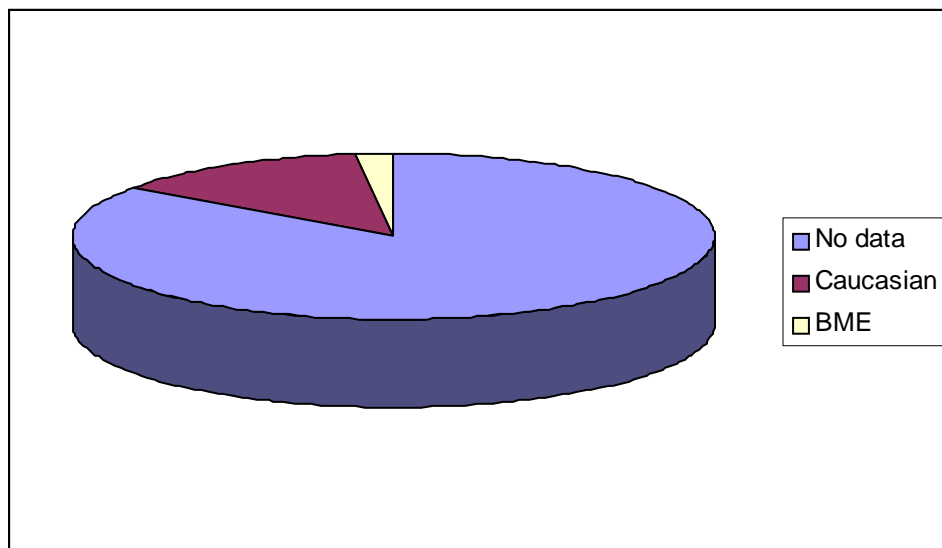


Table 6. Booking after 19+6/40 and ethnicity



N.B. The data available was of poor quality with the ethnicity of only 56 women available for analysis, therefore reliable conclusions cannot be drawn from this data.

Antenatal education classes

Data was collected from all community midwives providing antenatal education in May 2007. Each midwife asked the participants to complete an Equalities Monitoring Information form. A total of 217 forms were returned, and these were analysed for gender, age, ethnicity and disability.

The findings of this audit demonstrate that those who attend antenatal education classes under represent young women, young men (see tables 8, 8a, 8b) and those from BME groups. For example, people from BME groups represent 9.3% of those who attended the classes, in comparison to 11.3% of the total maternity population (see table 9). Further sub analysis of the data found that the topic of the class attended was also relevant in terms of the profile of who attended. Of the 12 women who attended a breastfeeding class, all were Caucasian. This was one of the few audits that was able to capture data related to disability (see table 10). Two of the attendees, one woman and one man described themselves as having a disability. One disability was undefined, the other was a physical disability related to mobility.

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Table 7. Attendance at antenatal classes by gender

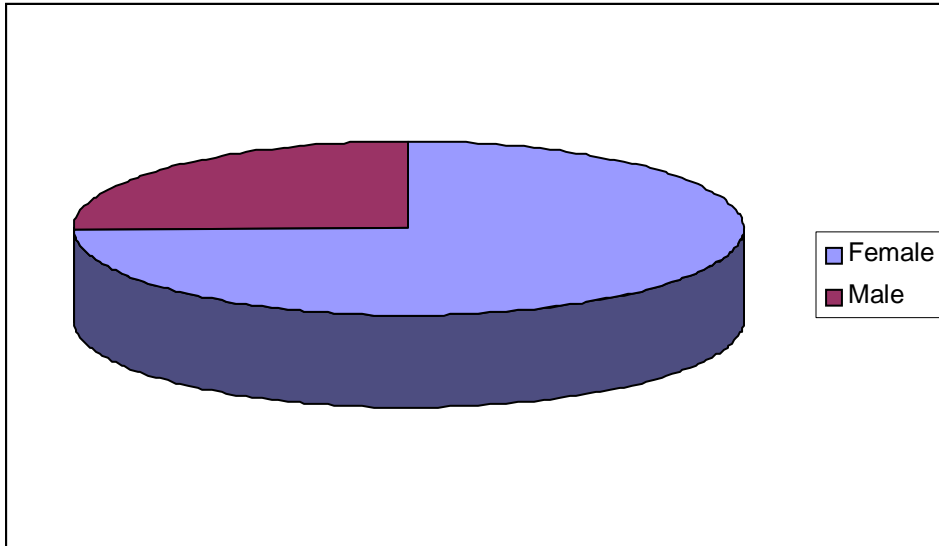


Table 8. Attendance at antenatal classes by age (men and women).

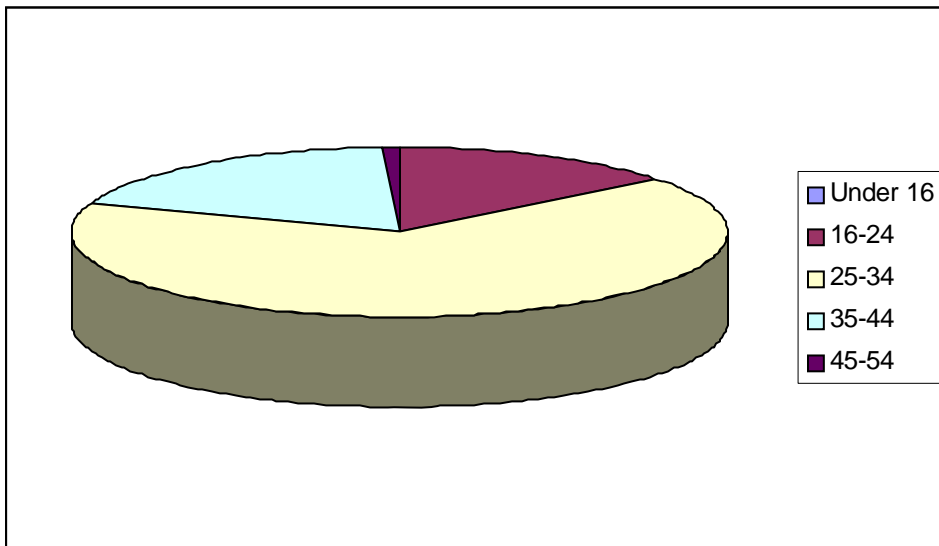


Table 8a Attendance at antenatal classes by age (women).

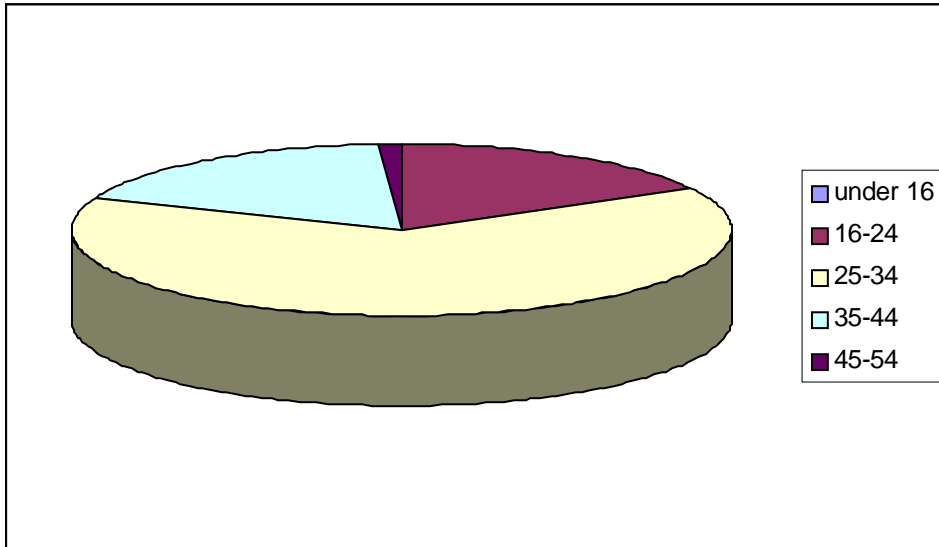


Table 8b Attendance at antenatal classes by age (men).

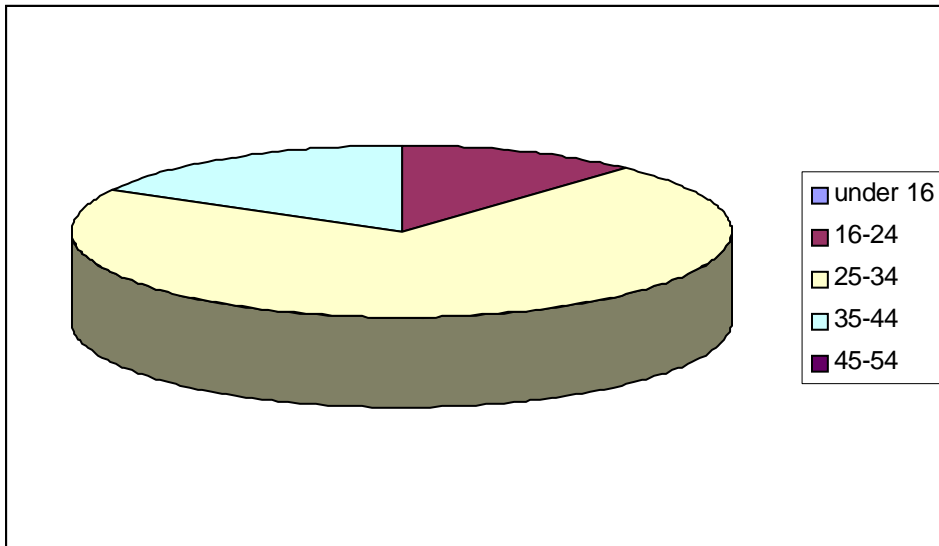


Table 9. Attendance at antenatal classes by ethnicity

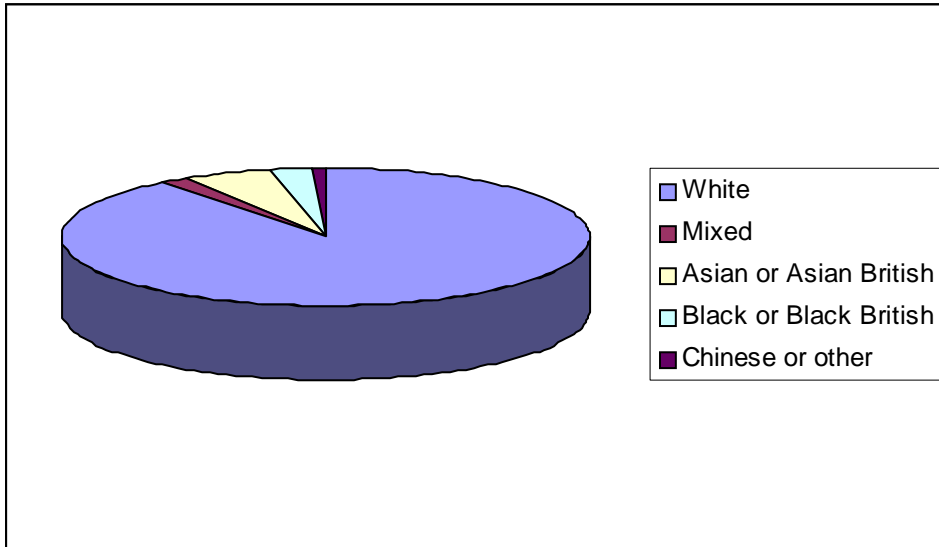


Table 10. Attendance at antenatal classes by disability

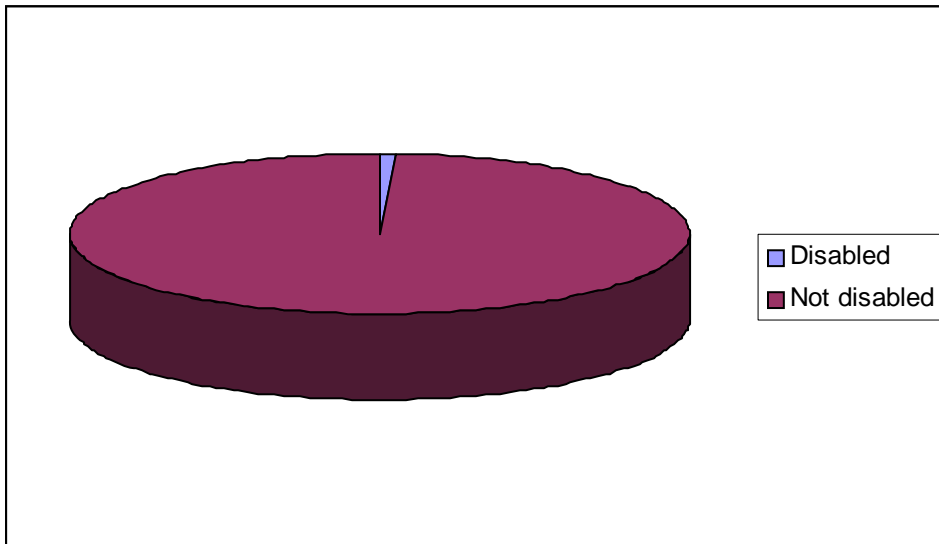
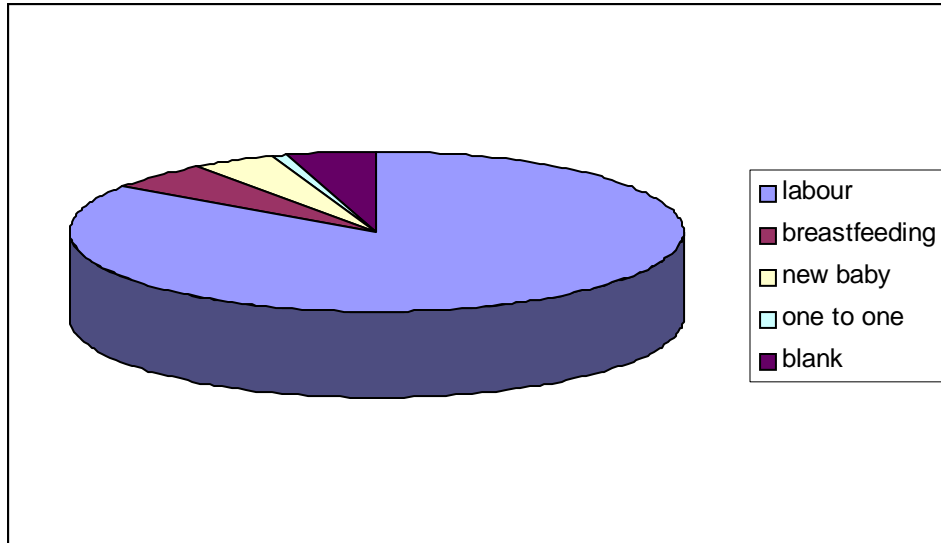


Table 11. Attendance at antenatal classes by class topic



Admission to the day assessment unit

Admissions to the Day Assessment Unit were audited in May and June 2007. This is an area of the maternity unit where women attend if they are not in labour but require an obstetric review. They are referred through a variety of mechanisms, including GP, Community Midwife and self referral. Data was available on 174 admissions. Of these total cases, 15 of the women were aged under 20 years (see table 12), and 5 women were from a BME group (all were described as Asian) (see table 13). No data was available in relation to disability. In terms of the maternity population as a whole this is an over representation of young women and an under representation of women from BME groups.

Table 12 Admission to DAU by Age

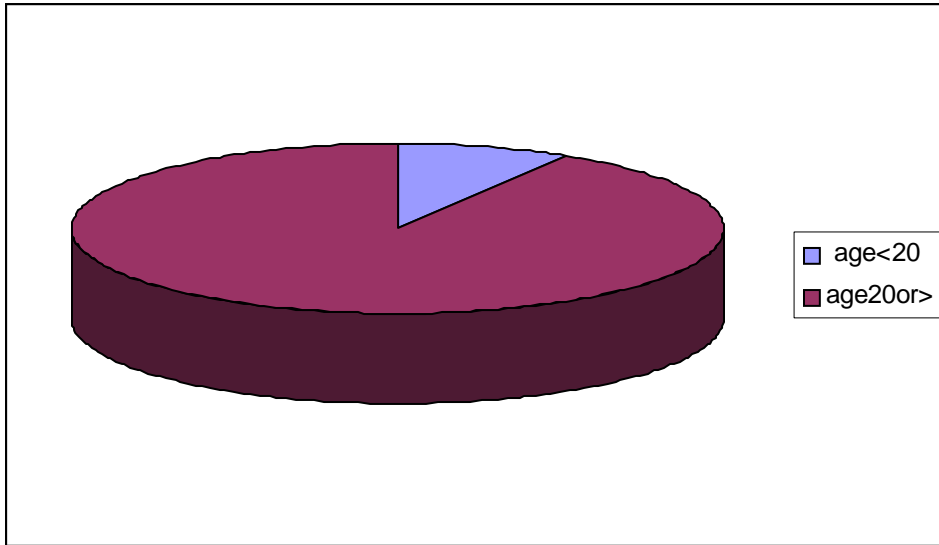
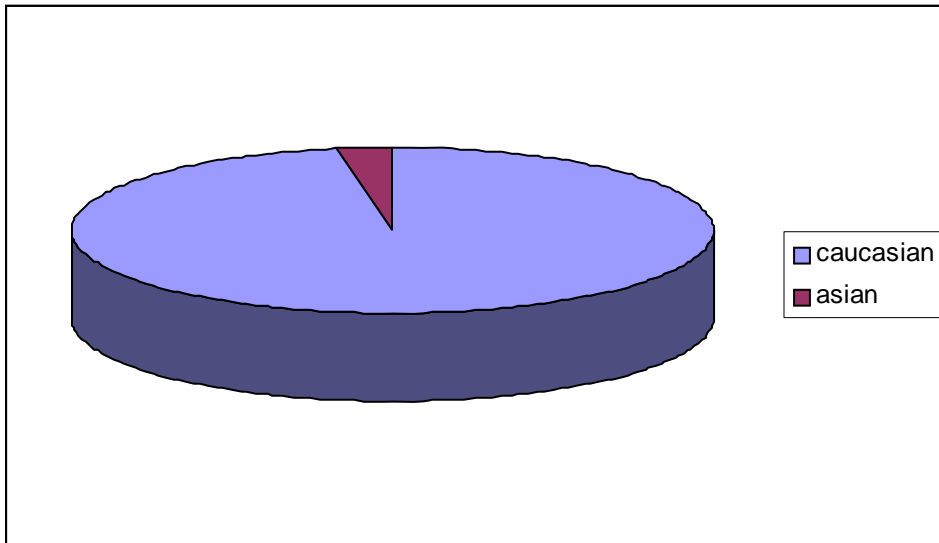


Table 13. Admission to DAU by Ethnicity.



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Admissions to the birthing suite

No data was available for analysis

Perinatal deaths

Data was collected from 2006, when there were 36 patients who experienced a stillbirth or early neonatal death. Of these 36 cases, only 13 sets of notes were available for review. One case was excluded as a therapeutic termination of pregnancy, leaving 12 cases for analysis. All of these women received antenatal care. Most (8) were considered low risk, with a minority (4) receiving consultant led care. A majority of the women (7) presented with a history of reduced fetal movements.

The average maternal age was 27.5 years, with one woman aged less than 20 years and one woman aged over 35 years (see table 14). The majority of women were Caucasian (9), with two from the Indian sub-continent and one Black African woman (see table 15). Ten women were identified as being born in the UK, with one born in Somalia and one born in Bangladesh. None of the women had a physical or mental disability. Two experienced mental illness, with one needing prescribed medication. One woman was a substance mis-user.

National evidence demonstrates that intrapartum deaths are more frequently found in younger and older mothers (less than 20 years and more than 35years). Women from black or Asian ethnic groups have higher rates of loss than white women. (CMO Annual Report 2006). These findings were partially found within the Trust, with a seeming over representation of BME women in the study group, although increased fetal loss related to age was not apparent. However, caution must be used when interpreting these findings, since the small number of cases and records that were included in this audit limits the analysis

Table 14. Maternal age and intrapartum loss

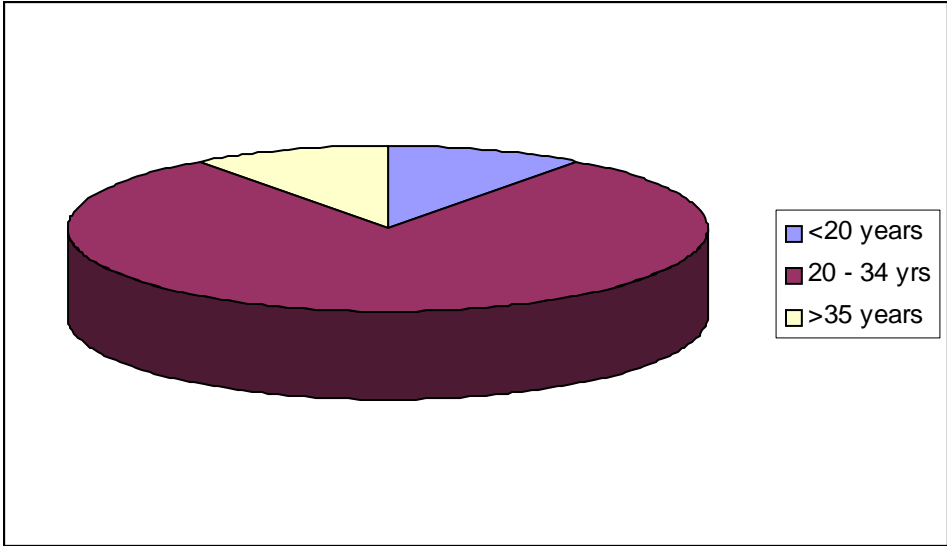
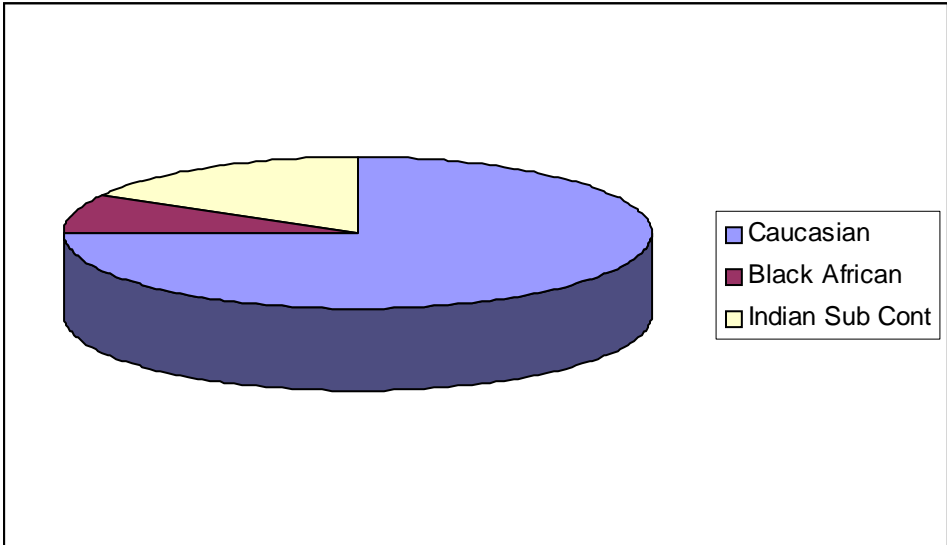


Table 15. Maternal ethnicity and intrapartum loss.



Discussion

Within maternity services there are poor data collection systems, particularly related to ethnic group and disability. The use of equalities monitoring forms in certain areas (e.g. antenatal education classes) has overcome this. However more robust data collection systems will be needed in future. The STORK system is due to be replaced in 2008. Without this it will not be possible to conduct accurate equality impact assessments in the future. Equalities monitoring forms should also be used when possible in all audits.

Although the data available for this equalities impact assessment is of variable

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quality, the maternity services do not appear to be accessed equally by the local community. Women from BME groups are less likely to use the Day Assessment Unit, and to attend antenatal classes, in particular breastfeeding classes. Further analysis must be undertaken to establish possible causes for this and to devise mechanisms to overcome any barriers this client group may face. Young women and young men also do not appear to access antenatal education classes. This confirms research evidence that demonstrates teenage women are unlikely to attend antenatal education (Price, Mitchell and Stewart 2004), and should also be investigated further. It will be useful to ask minority groups within the maternity community for their views in relation to any barriers they face when accessing the maternity service. Following this being undertaken (with other recommendations detailed below), the maternity service will be better placed to develop an action plan of how to improve access to maternity services and to overcome any barriers the local community face.

The work of the Equalities and Diversity team within the Maternity Services at NBT has also led to subsequent work being undertaken by Bristol PCT. The Health Equities Audit (Maternity care) Report is not yet available. However any future equality impact assessments or reviews should reflect the findings of both reports.

Recommendations and Action Plan

Recommendation	Action	Lead person	Date
Improve data collection systems	Replace STORK	Heather Wilcox Denise Ellis	2008
Improve data collection systems	Use equalities monitoring forms for all audits when possible	Amanda Harris Audit Midwife	August 2007
Improve data collection systems	Undertake an audit of the birth suite using the equalities monitoring form	Mary Carlisle Birth Suite lead midwife	Oct 2007
Promote equal access to DAU for BME women	Establish differences in the numbers of BME women who self refer to the unit and those who are referred by a midwife or other health professional.	Nicola Fudge and Angela Sledge, Quantock ward managers	October 2007
Promote equal access to DAU and antenatal education for BME women	Ask women for reasons why the don't use these services and how the services could be adapted to improve their access	Sally Price Consultant Midwife	October 2007
Promote equal access to antenatal education classes for young women and men	Ask women and their partners for reasons why the don't use these services and how the services could be adapted to improve their access	Karen Fry Teenage pregnancy midwife	October 2007

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References

CEMACH (2004) The 6th report of confidential enquiries in maternal deaths in the UK. RCOG Press.

CMO (2007) Chief Medical Officer's Annual Report 2006. Department of Health. London

Price, S. Mitchell, M. Stewart, M. (2004) Teenagers experience of the Maternity Services. Evidence Based Midwifery. Vol 4 2004