



Haringey Council

Report for:	Health and Wellbeing Board	Item Number:	
Title:	Performance report: Early access to maternity services		
Report Authorised by:	Jeanelle De Gruchy, Director of Public Health		
Lead Officer:	Sheena Carr/Mia Moilanen, Public Health Directorate		
Ward(s) affected:	Report for Key/Non Key Decisions:		
All	N/A		

1. Describe the issue under consideration

Booking late for antenatal care is a significant public health issue as maternal and perinatal deaths and complications are higher in women who book late.¹ Early access predicts, prevents and manages problems with women and/or the unborn babies. Encouraging women to book for antenatal care within 13 weeks of pregnancy is therefore a focus for the priority to reduce infant mortality within the Haringey Health and wellbeing strategy.

This paper and the enclosed presentation outline the latest local performance, which is below London and England averages. The purpose is to provide information about the profile of women who book late and highlight the significance of early access to the health of mothers and infants.

2. Cabinet Member introduction

N/A

3. Recommendations

The HWB is asked to:

- note current performance against the target



- support the promotion of early access to maternity services particularly amongst women from groups previously identified as booking late.

4. Alternative options considered

N/A

5. Background information

The NICE guideline for antenatal careⁱⁱ recommends that pregnant women should receive a complete assessment (booking appointment) by 12 weeks gestation (12 weeks and 6 days), but ideally by the 10th week.

The aim of this appointment is to ensure:

- an early assessment of the physical, psychological and social status of the pregnant women in order to reduce the risk of complications
- that women have access to the full range of screening programmes, and
- planning of care throughout pregnancy.

Performance summary

- Despite improvements since 2010/11, Haringey's early access rate is still behind London and England, and below the national target (at 77% in 2012/13 against 90% target).
- There are strong links between late bookings and deprivation.
- Half of young women under 20 are still booking after 13 weeks.
- Timely data is lacking with some inconsistencies in methodologies.

Research with local Black African communities, commissioned by public health, identified faith and superstition as key barriers to early access. Work is currently underway with the voluntary and community sector to identify innovative approaches to promote early access to maternity services.

The public health grant in 2014/15 will be used to develop an early years community champions service to work with local community organisations, faith groups and children's centres to promote early maternity access and to signpost to maternity services. Materials have been produced in specific community languages based on findings from health equity audits which can support the community health champion role. In addition, a DVD will shortly be available, targeted at Black African women, to promote the importance of early antenatal care.

The CCG Board considered its role as commissioners at their March Board meeting. They focused on their ability to influence early access through monitoring:

- the quality of care and facilities by acute hospitals
- practice level data, incl. GP referrals to booking times.
- that pregnant women with complex social factors are provided for. in accordance to best practiceⁱⁱⁱ.

6. Financial Implications and comments of the Chief Finance Officer



There are no new financial implications arising directly from this report. The ongoing work to improve early access to maternity services is funded from the public health grant and by CCGs commissioning arrangements.

7. Comments of the Assistant Director of Corporate Governance and legal implications

The Assistant Director Corporate Governance has been consulted on this report. There are no specific legal implications arising from this report.

8. Equalities and Community Cohesion Comments

This paper and the enclosed presentation address inequalities in early access to maternity services with reference to research on black African women commissioned by Haringey Public Health^{iv}. No Equalities Impact Assessment has been undertaken, but public health have undertaken health equity audits to understand inequities in access to maternity services.

9. Head of Procurement Comments

N/A

10. Policy Implication

This paper and the enclosed presentation supplement the information in Haringey JSNA (Joint Strategic Needs Assessment) [Maternity section](#) and link with the following national evidence base and guidelines:

- The Confidential Enquiry into maternal and Child Health (CEMACH). Perinatal Mortality 2007. London: CEMACH, 2009
- [NICE guideline for antenatal care \(external link\)](#)
- [NICE Clinical Guideline 62. Antenatal Care: routine care for the healthy pregnant woman. NICE March 2008](#)

Encouraging women to book for antenatal care within 13 weeks of pregnancy is therefore a focus for the priority to reduce infant mortality within the Haringey Health and wellbeing strategy.

11. Reasons for Decision

N/A

12. Use of Appendices

Appendix 1: Early access to maternity services - Performance update presentation

13. Local Government (Access to Information) Act 1985



Haringey Council

N/A

ⁱ Confidential Enquiry into maternal and Child Health (CEMACH). Perinatal Mortality 2007. London: CEMACH, 2009

ⁱⁱ NICE Clinical Guideline 62. Antenatal Care: routine care for the healthy pregnant woman. NICE March 2008

ⁱⁱⁱ [CG110 Pregnancy and complex social factors: full guideline](#)

^{iv} (Chinouya M., Madziva C., (2012) Black African women and the antenatal booking appointment in Haringey)