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# Early access to maternity services



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Haringey performance – HWB meeting 8 April 2014

Haringey Public Health



“  
What happens during these early years (**starting in the womb**) has lifelong effects on many aspects of health and well-being  
– from obesity, heart disease and mental health, to educational achievement and economic status.”  
(Marmot, 2010)

# Giving every child the best start in life

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To reduce the risk of complications, it is important that women have access to:

- an early assessment of their physical, psychological and social status
- full range of screening programmes, and
- planning of care throughout pregnancy



Early access to maternity services is a key indicator for reducing infant mortality in **Haringey's Health and Wellbeing Strategy**

# Women at risk

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Generally, women at risk of poor obstetric and neonatal outcomes:

- are **obese**
- **smoke**
- misuse **drugs and/or alcohol**
- are recent **migrants, refugees, asylum seekers**, and with **little or no English**
- are aged **under 20**
- are experiencing **domestic abuse**

Early access **predicts, prevents and manages** problems with women and/or the unborn babies

Source: [Saving Mothers' Lives](#)

# The target and performance

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90%

of women to see a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices **before 12 weeks 6 days** of pregnancy but **ideally by the 10<sup>th</sup> week**.



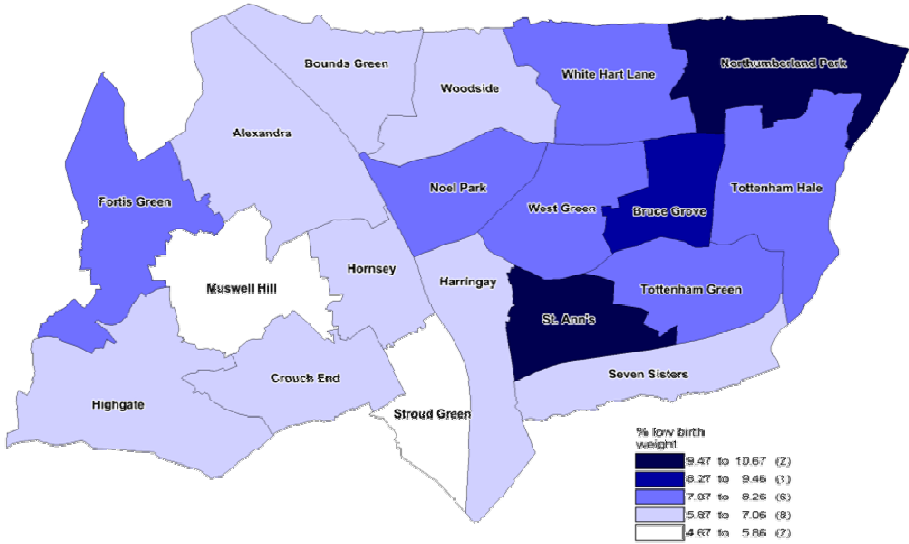
Current full year performance  
(Haringey 2012-13):

77%

Source: [NHS England, Maternity Data \(last accessed 13 March 2014\)](#)

# Impact of late access

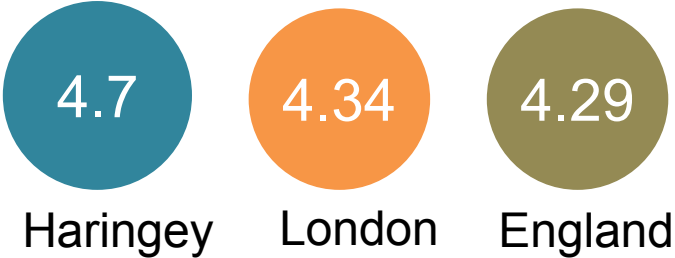
## Low birth weight – babies born <2500g



Produced by Haringey Council  
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Source: ONS Public Health birth files 2010-2012

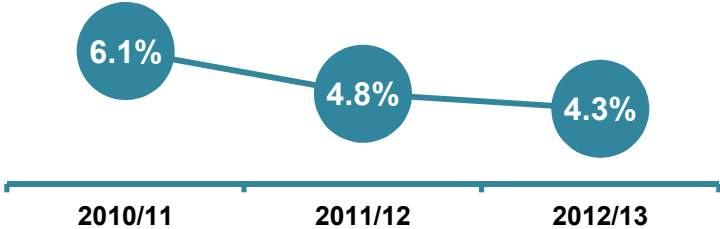
## Infant mortality (per 1000 births 2009/11)



Haringey London England

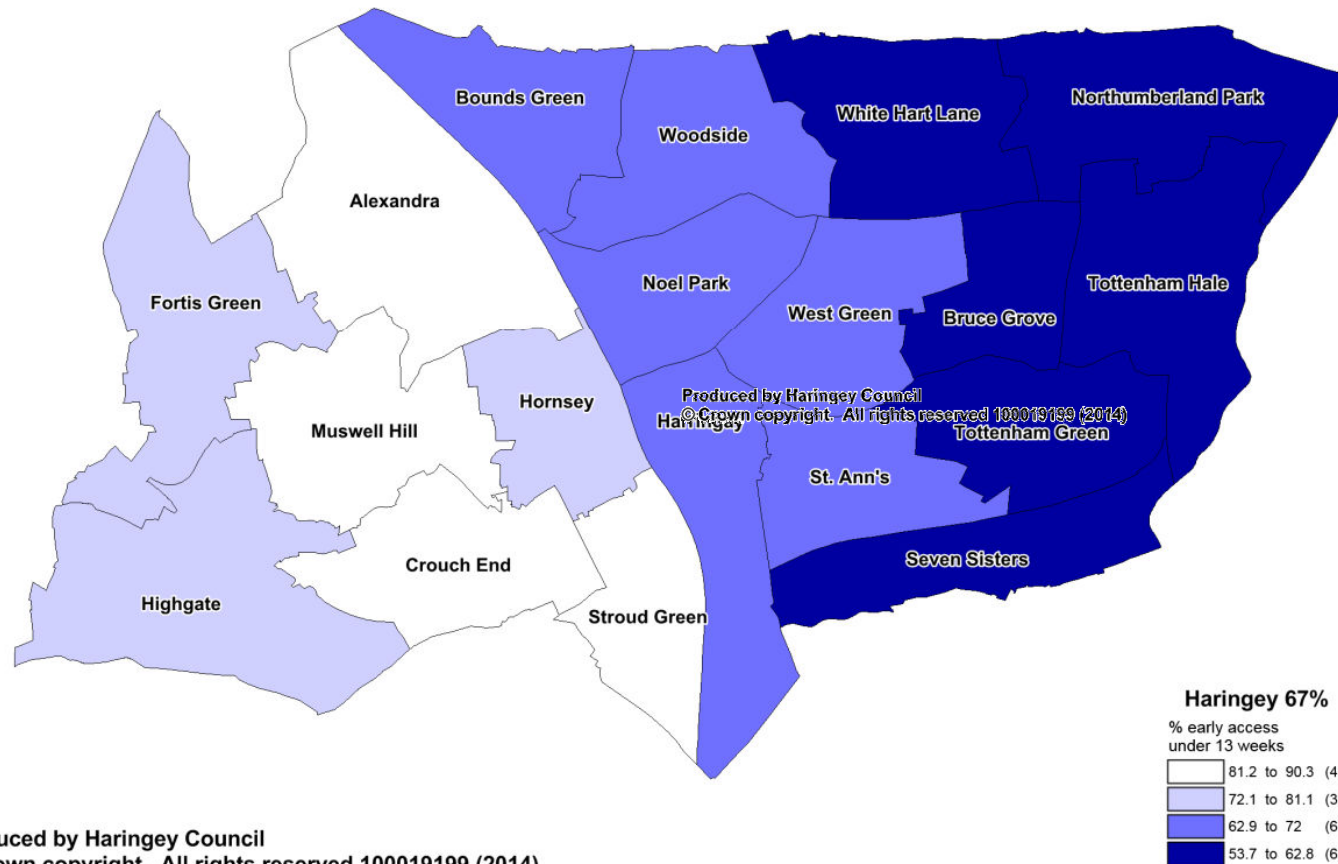
Source: Public Health Outcome Framework (2014)

## Smoking status at the time of delivery (Haringey 2012/13)



# Early access to maternity services by ward

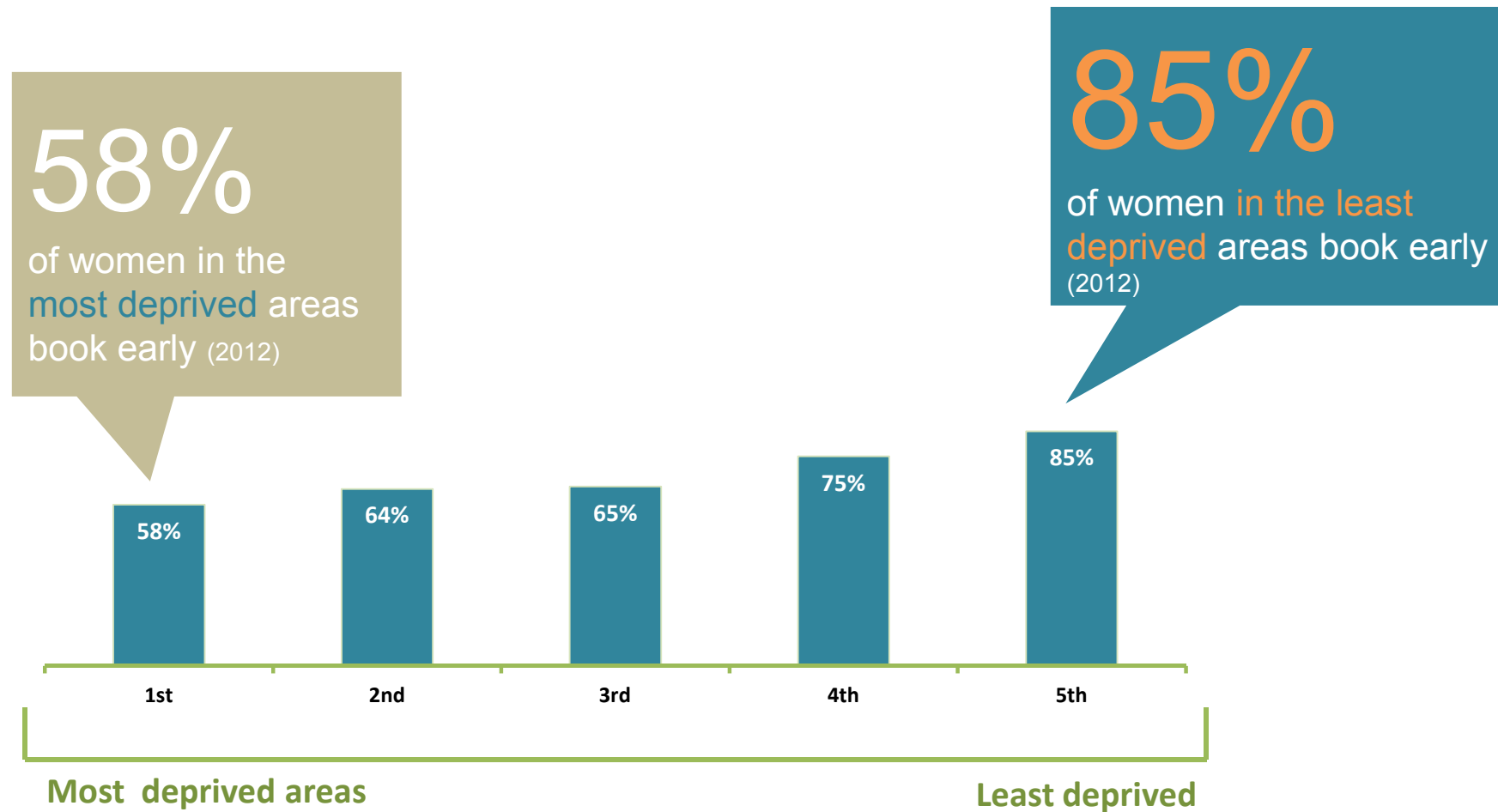
Haringey (2012)



Source: Annual Audit 2012. Whittington and North Middlesex Hospital.



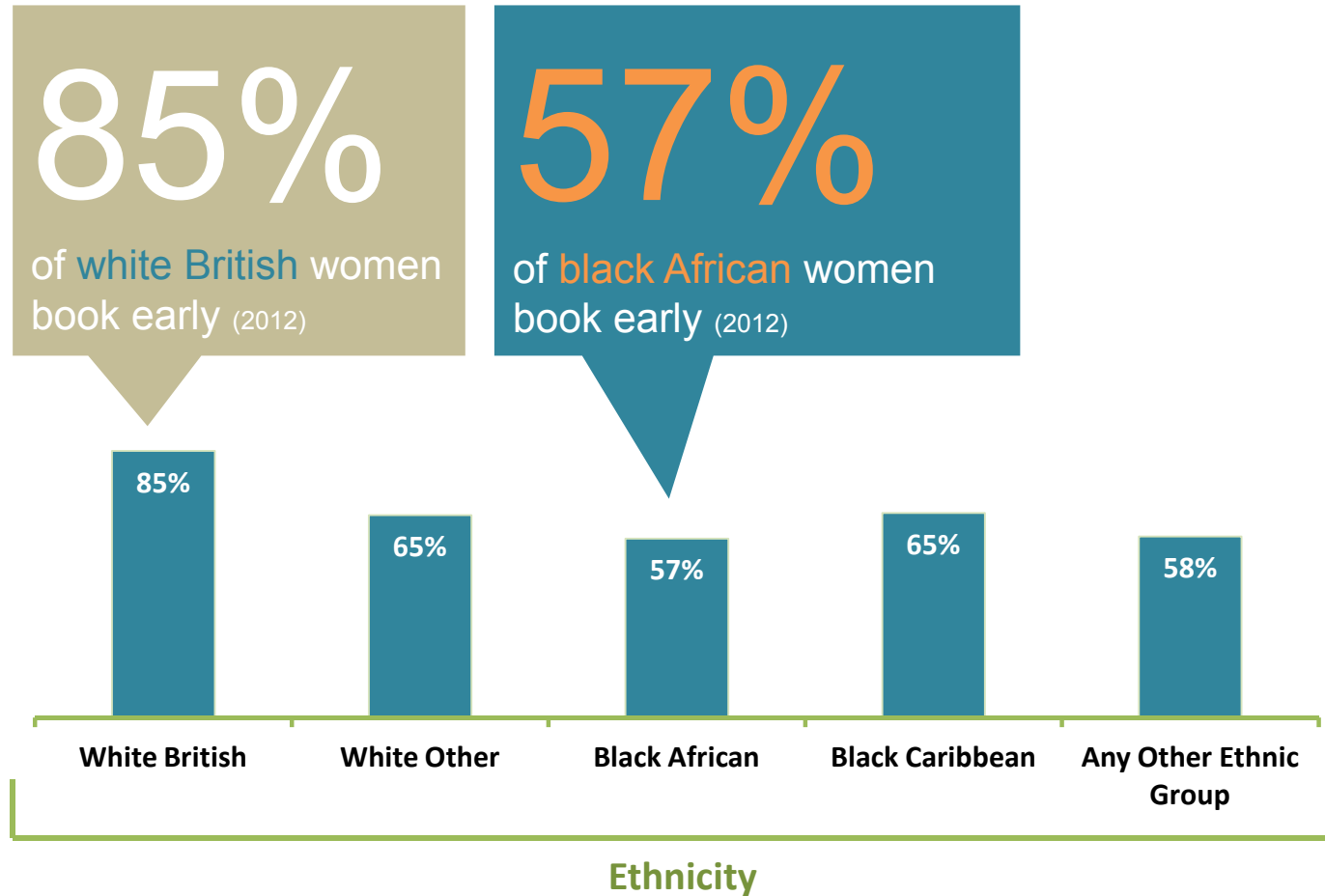
# Maternity bookings in Haringey by deprivation quintile



Source: Annual Audit 2012. Whittington and North Middlesex Hospital.

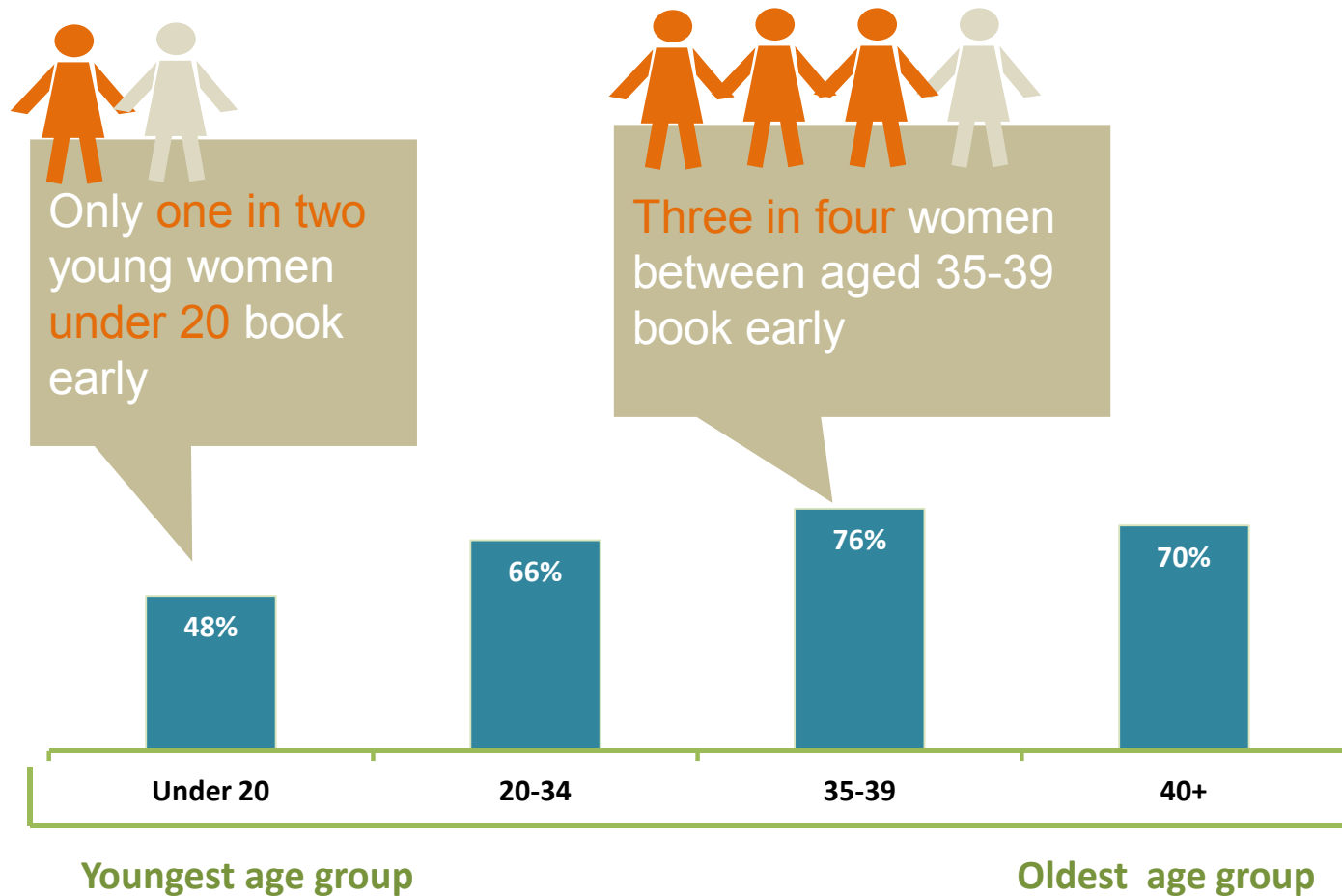


# Maternity bookings in Haringey by ethnicity



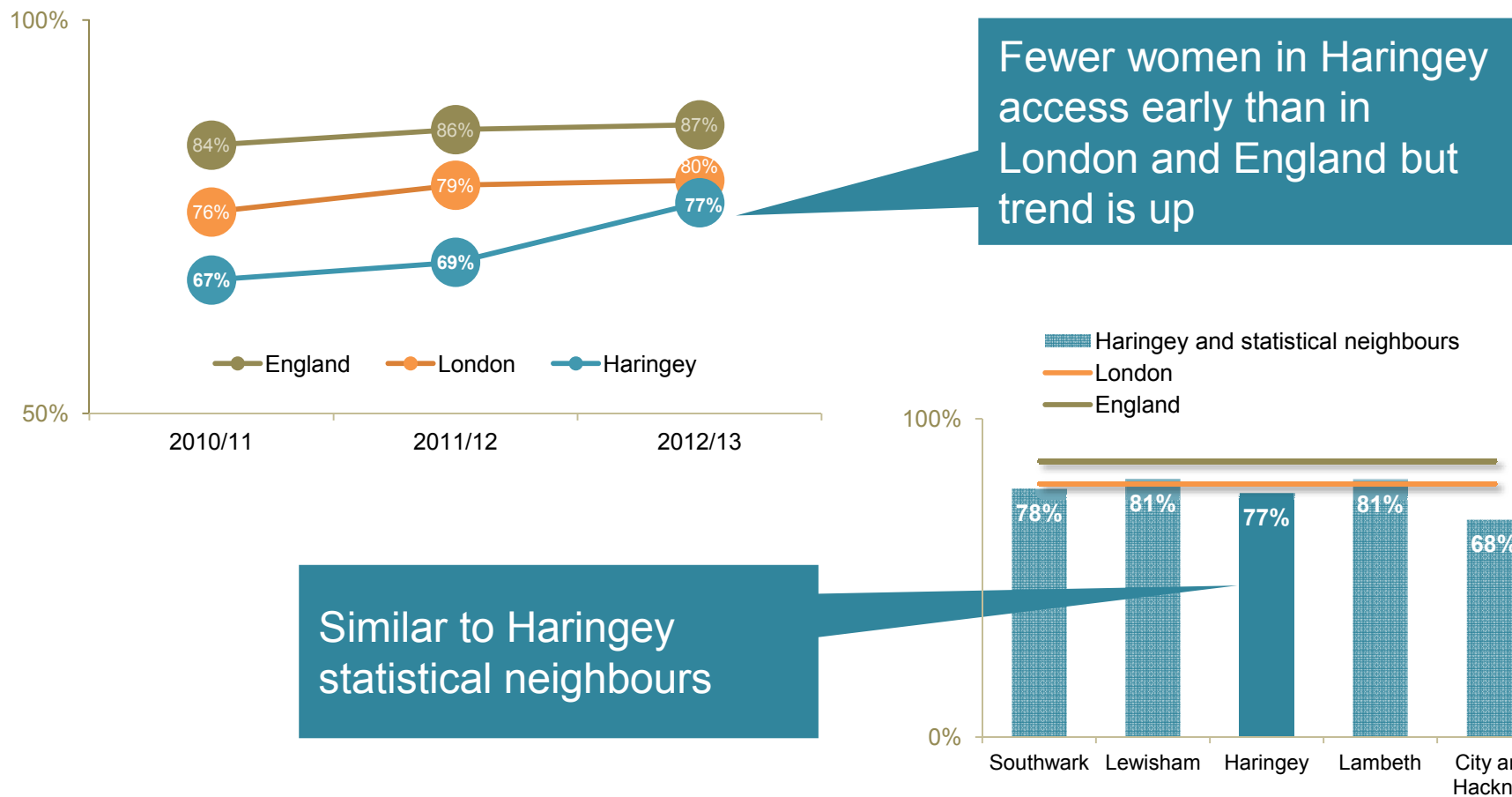
Source: Annual Audit 2012. Whittington and North Middlesex Hospital.

# Maternity bookings in Haringey by age



Source: Annual Audit 2012. Whittington and North Middlesex Hospital.

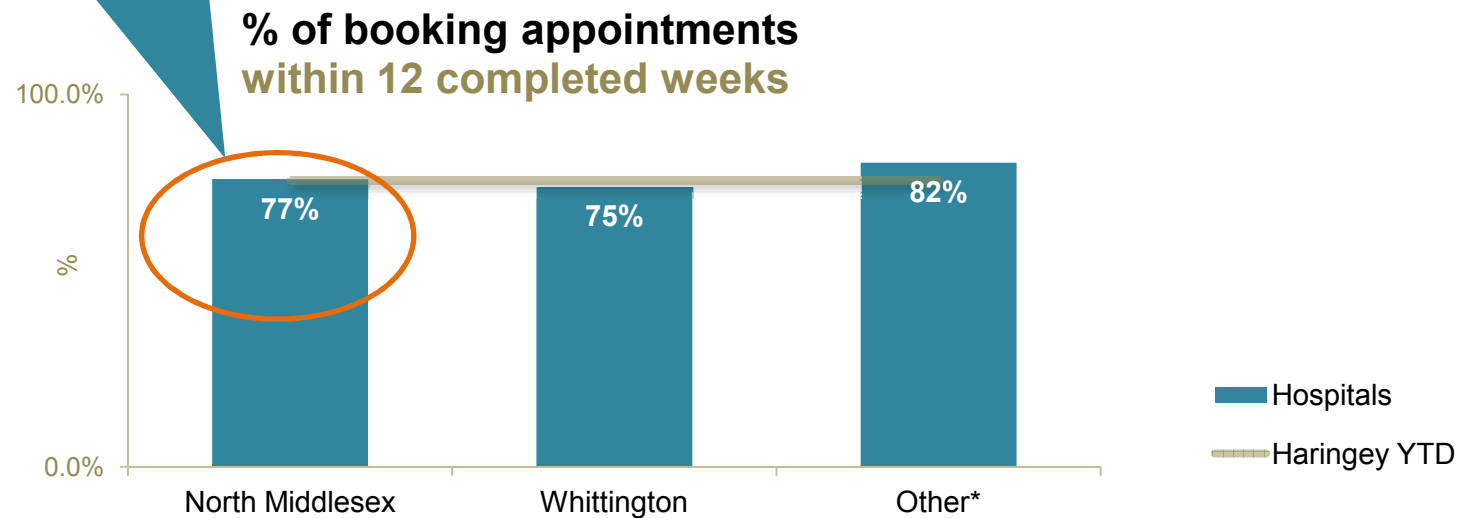
# How Haringey compares (2010/11-2012/13)



Source: [NHS England, Maternity Data \(last accessed 13 March 2014\)](#)

# How hospitals compare (YTD)

Early bookings slightly higher in North Middlesex Hospital than in Whittington



Source: Haringey CCG, 2014. (Data covers March-November 2013)  
\* Other includes UCLH, Royal Free and Barnet & Chase Hospitals

# Local research on African communities

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- **Lack of awareness:** *'I have never seen anywhere where it says you must go at 12 weeks'* (Kenyan mother)
- **Unresolved immigration issues:** *'I left mine for 4 months as I did not have papers'* [immigration papers] (Nigerian mother)
- **Cultural reasons:** *'you do not talk about pregnancy before 3 months as someone may do juju on you [the evil eye] and harm the baby'*

The research project in 2012 included clinic data combined with qualitative methods: face to face interviews and focus groups with 29 community representatives

Source: Chinouya M., Madziva C., (2012) *Black African women and the antenatal booking appointment in Haringey*

# Local public health activity to improve early access

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- Community health champions
- Engagement and education work at children's centres
- Promoting early referral to the Family Nurse Partnership for first time young parents
- Raising awareness of the importance of early bookings in local pharmacies, libraries etc.
- Increase the number of women self referring directly to hospitals

# In summary

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## Key issues

- Despite improvements since 2010/11, Haringey significantly below the national target
- Strong links between late bookings and deprivation
- Half of young women under 20 are still booking after 13 weeks.
- Timely data lacking with inconsistencies in methodologies

## Recommendations

- Increase awareness of early booking targeting those areas and communities where late booking is highest
- Raise awareness at GPs, community and voluntary organisations, Children Centres and hospitals
- Utilise community health champions
- Monitor practice level data, incl. time from referral to booking
- Joint working with NCL Maternity commissioner (based in Haringey CCG) to increase early access and monitor actions in maternity specification

# Reference and guidance

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- Confidential Enquiry into maternal and Child Health (CEMACH). Perinatal Mortality 2007. London: CEMACH, 2009
- Chinouya M., Madziva C., (2012) Black African women and the antenatal booking appointment in Haringey
- [Haringey JSNA: Maternity](#)
- [Marmot \(2010\) Fair Society Healthy Lives' \(The Marmot Review 2010\)](#)
- [NICE guideline for antenatal care \(external link\)](#)
- [NICE Clinical Guideline 62. Antenatal Care: routine care for the healthy pregnant woman. NICE March 2008](#)

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