



Timing of the initiation of antenatal care: An exploratory qualitative study of women and service providers in East London

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ABSTRACT

Objective: to explore the factors which influence the timing of the initiation of a package of publicly-funded antenatal care for pregnant women living in a diverse urban setting

Design: a qualitative study involving thematic analysis of 21 individual interviews and six focus group discussions.

Setting: Newham, a culturally diverse borough in East London, UK

Participants: individual interviews were conducted with 21 pregnant and postnatal women and focus group discussions were conducted with a total of 26 health service staff members (midwives and bilingual health advocates) and 32 women from four community groups (Bangladeshi, Somali, Lithuanian and Polish).

Findings: initial care-seeking by pregnant women is influenced by the perception that the package of antenatal care offered by the National Health Service is for viable and continuing pregnancies, as well as little perceived urgency in initiating antenatal care. This is particularly true when set against competing responsibilities and commitments in women's lives and for pregnancies with no apparent complications or disconcerting symptoms. Barriers to access to this package of antenatal care include difficulties in navigating the health service and referral system, which are compounded for women unable to speak English, and service provider delays in the processing of referrals. Accessing antenatal care was sometimes equated with relinquishing control, particularly for young women and women for whom language barriers prohibit active engagement with care.

Conclusions and implications for practice: if women are to be encouraged to seek antenatal care from maternity services early in pregnancy, the purpose and value to all women of doing so need to be made clear across the communities in which they live. As a woman may need time to accept her pregnancy and address other priorities in her life before seeking antenatal care, it is crucial that once she does decide to seek such care, access is quick and easy. Difficulties found in navigating the system of referral for antenatal care point to a need for improved access to primary care and a simple and efficient process of direct referral to antenatal care, alongside the delivery of antenatal care which is woman-centred and experienced as empowering.

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Introduction

Outcomes for pregnant women and their babies are widely considered to be improved through effective antenatal care (Hollowell et al., 2012). However, qualitative research in high-income countries – predominantly the USA and Canada – indicates that a

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number of personal, structural and service-related factors delay or prevent access to antenatal care (Downe et al. 2009). To identify how such factors can be effectively addressed, an understanding of local contexts and of both factors that promote and delay the early initiation of antenatal care is needed.

In the UK, the publically funded National Health Service (NHS) offers consultant-led care for high-risk pregnancies and a minimum standard of midwife-led care for low-risk pregnancies. Both models of care typically begin with a 'booking appointment' which, depending on where in the UK a woman lives, is usually with a midwife or a General Practitioner (GP) (Dhange et al., 2013). The 'booking appointment' involves a health and social care assessment of needs and risks to ascertain whether a woman needs additional care and support during her pregnancy, and the provision of information regarding pregnancy and the pregnancy care pathway, including information on screening tests. The UK's National Institute for Health and Clinical Excellence (NICE) recommends that women attend this first appointment before the end of their first trimester, and ideally by 10 weeks of pregnancy (National Institute for Health and Clinical Excellence, 2008). The percentage of pregnant women attending the booking appointment by 12 completed weeks of pregnancy has been set as an indicator of access for benchmarking and improving local services by the UK's Department of Health (HSCIC, 2009).

Survey data has found that in England the proportion of pregnant women having their booking appointment by 12 completed weeks of pregnancy is 86% and by 10 weeks of pregnancy, as recommended by NICE guidelines, is 63% (Redshaw and Heikkila, 2010). These proportions vary across regions, with the proportion of pregnant women having their booking appointment by 10 weeks of pregnancy being lowest in London (49%). A number of studies have identified socio-demographic predictors of late initiation of antenatal care for pregnant women living in the UK—including young age, high parity, lower socio-economic status, non-White British ethnicity, being born outside of the UK and not being able to speak English—indicating that late initiation of antenatal care is more likely amongst groups of women already known to be at higher risk of adverse pregnancy outcomes (Kupek et al., 2002; Rowe and Garcia, 2003; Rowe et al., 2008; Baker and Rajasingam, 2012; Cresswell et al., 2013). Although these studies serve to describe the characteristics of women who begin their antenatal care late in pregnancy, qualitative studies can provide insights into women's views and experiences of seeking care and of accessing and engaging with antenatal care services.

A systematic review and synthesis of qualitative research exploring disadvantaged and vulnerable women's views and experiences of antenatal care in the UK identified multiple barriers to early initiation of antenatal care (Hollowell et al., 2012). However, the reviewers noted that within the studies included in the review, few women explicitly talked about what personally enabled them or prevented them from seeking antenatal care, and so, barriers to care seeking and obtaining and receiving care had to be inferred. A recent study conducted in South Yorkshire in the UK has aimed to fill this gap by exploring delayed access to antenatal care from the experiences and perspectives of women who had their antenatal booking appointment after 20 weeks gestation (Haddrill et al., 2014). However, the vast majority of women who begin their antenatal care later than the Department of Health's target of 12 completed weeks do so between 13 and 19 weeks of pregnancy (Redshaw and Heikkila, 2010).

The qualitative research presented in this paper explores the factors influencing the timing of the antenatal booking appointment from the perspectives of women with recent experience of pregnancy as well as health service staff. We included women who had had their booking appointment before 12 completed weeks of pregnancy, as well as those who had had their booking

appointment between 13 and 19 weeks and later, to understand not only what delays but also what enables women to begin their antenatal care early in pregnancy. Funded by a UK National Institute for Health Research (NIHR) Programme Development Grant, the purpose was to undertake exploratory research that would inform the development of a new intervention to improve early initiation of antenatal care.

The study received ethical approval from the NHS East London 3 Research Ethics Committee (ref 10/H0701/88) and the University of East London research ethics committee, and written informed consent was obtained from all participants prior to the start of each interview and focus group discussion.

Methods

Using a qualitative study design, we set out to further understand what prevents or enables women living in an urban setting with high levels of diversity and social deprivation to begin a package of publically-funded antenatal care early in pregnancy.

Study setting

The study was set in the London borough of Newham in the UK, where in 2010/11 over a quarter of pregnant women (27%) had their antenatal booking appointment later than 12 completed weeks of pregnancy (Department of Health, 2012). Newham is characterised by high levels of ethnic diversity and social deprivation, with the majority of babies born to mothers from ethnic minority groups (80.7%) and in households within the most deprived quintile of areas in England (84.1%) (Cresswell et al., 2013; Office for National Statistics, 2010). In Newham, all women have their antenatal booking appointment with a midwife at an antenatal booking centre based in the hospital, regardless of whether they plan to have a home birth, or give birth at the hospital or freestanding midwifery unit. Although some women contact the booking centre directly to receive an appointment, most visit their GP first to request a referral. Subsequent routine antenatal appointments occur with a midwife either at the hospital or in a community setting, such as a GP practice, with additional care provided by consultants at the hospital if necessary.

Study procedures

Qualitative data was collected between October 2010 and March 2011 through 21 individual interviews and six focus group discussions. The interviews were conducted with five women who were pregnant at the time of the interview and 16 who had recently given birth. Women were recruited through a hospital-based maternity service, a hospital-based bilingual health advocacy service and community-based organisations, to ensure a varied sample of women possessing a range of different socio-demographic characteristics identified in previous research as being associated with late initiation of antenatal care. The sample intentionally comprised at least 10 women who had had their antenatal booking appointment before 12 completed weeks of pregnancy ($n=11$) and at least 10 women who had had their antenatal booking appointment later than 12 completed weeks of pregnancy ($n=10$), including eight who had had their booking appointment between 13 and 19 weeks, to help us understand both what delays and what enables care-seeking, referral and attendance at the booking appointment within the first trimester of pregnancy.

In the interviews the women were asked to recount their personal experiences of pregnancy and antenatal care services, beginning with their first suspicion of pregnancy through to either

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