

Maternity report

Redbridge



Executive summary

Introduction:

This project was additionally commissioned by North East London Local Maternity and Neonatal Service following the development of the [Maternity Equity and Equality Action plan 2022](#). Themes developed from this extensive engagement had a focus on global majority community views and led to a request for insight from NEL Healthwatch into:

- the demand for and nature of culturally sensitive Maternity care provision within NEL
- the reasons for choice of Maternity Unit to evidence any contributing factors

Methodology:

We heard from **403 Maternity service users** across North East London through a live survey link between December 2022 and February 2023. Additionally, a one-week snapshot engagement across Maternity Units and community antenatal clinics took place in February 2023 where teams of researchers and volunteers were able to engage with Maternity service users directly.

Executive summary

Findings:

We are still seeing an ongoing division in maternity experience relating to health inequality. Due to sensitive questioning, we can deliver a closer identification of particular communities facing intersectional disadvantage:

- **Referral** by GP seems to lead to a lower level of choice and involvement experienced by Maternity service users than **self-referral** mechanisms
- Service users from Black African, Turkish, Pakistani and Eastern European communities are **less likely to experience choice** of maternity unit
- **Fluency in English** is a well-known marker of **inequality**, and we see this here.
- Being a **single parent**, although now less stigmatised, remains a marker of **inequality** and may represent an access barrier
- Respondents of **Black ethnicities** experience a **double barrier** to maternity care because they are more likely to value cultural symmetry but less likely to experience this.
- **Polish and Pakistani** respondents were **less likely** to report having access to professionals who speak their **language**.
- **Antenatal classes** have suffered a **pandemic impact**. They are no longer widely available free at the point of access, and this might negatively impact service users facing inequality.
- **Antenatal provision** is at times perceived to be **rushed** and lacking engagement from Maternity Health professionals.

Executive summary

Recommendations:

- Creating greater awareness of the nature of health inequality across North East London.
- Further research into GP referral structures
- Further research into self-referral choice mechanisms.
- Management of capacity issues within antenatal provision.
- Clear information about antenatal waiting times and the impact of delayed arrival.
- Training for staff in engagement and empathy (and trauma informed care, particularly for previous baby loss as with the previous equity and equality recommendations)
- Cultural sensitivity training for Maternity staff caring for service users from Black, Polish and Pakistani communities
- Interpreting services for any service user with less than conversational English
- Improved parking facilities where a car is the main mode of transport.

Redbridge high-level summary

Redbridge is a very diverse Borough in North East London and our survey respondents reflected this in ethnicity and religious affiliation. There are known pockets of deprivation within Redbridge, with **18%** of service users identifying to be 'just getting by' in a mixed picture, with a majority identifying as 'quite comfortable.' There was a higher percentage of service users with little or conversational English. This would have implications for the inequalities linked with this key marker. It would also link to the finding that 53% of respondents gave high importance to a Maternity Health Professional who could speak their first language.

Also related to these findings are the greater number of service users than the NEL average who experienced a lack of choice via the GP referral pathway. On average, respondents experiencing access barriers were more likely to rely on GP led care. Car was the predominant means of transport and closeness of Unit was the highest rated determinant of choice when one was available.

Key implications of this would be issues of referral structure, the availability of interpreting services and the clarification of parking issues particularly at Queens Hospital. Whilst the majority of service users had positive comments about their antenatal care provision, a small number were encountering double inequality of choice at the outset of their Maternity journey. This resonates as a dominant theme across all the 8 Boroughs.



Redbridge high-level summary

Redbridge residents commonly received care at both King George and Queens Hospitals, with the majority giving birth at Queens.

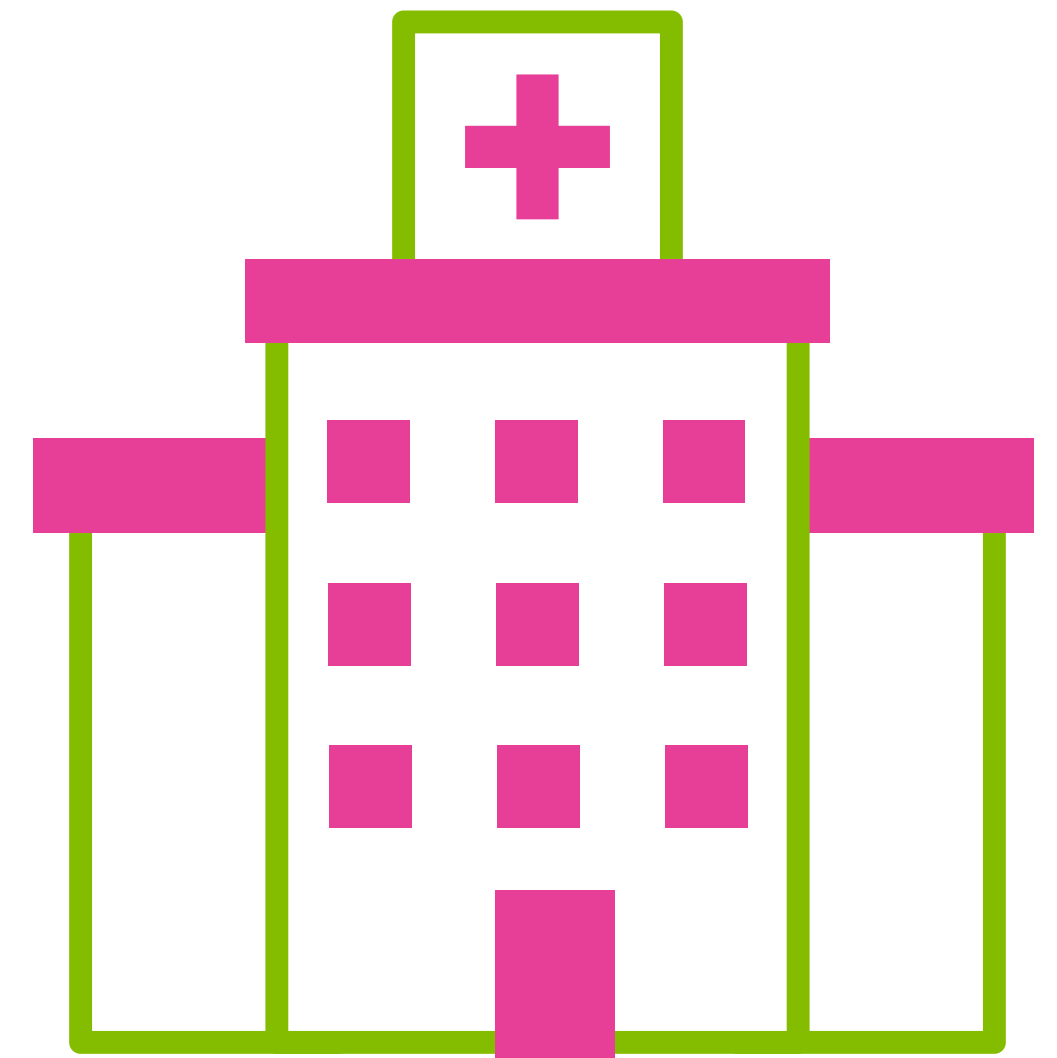
Travelling to appointments for Redbridge patients is at the average mark across NEL. However, due to the main mode of transport being by car, there is an extra difficulty in reaching appointments due to issues with parking, mainly at Queens but also at King George Hospital.

Three-quarters of patients who were referred via their GP were not aware that they had a choice of where they could receive their care.

There is a disparity between Queens and King George Hospital's patient experience, with positive feedback from Queens being 12% lower than King George's.

Patients at King George Hospital were happy with wait times compared to Queens, where many voiced they often waited hours.

Service users from different ethnicities and social backgrounds gave different values to aspects of culturally sensitive care provision. For preferring Maternity Health professionals of the same gender, 50% of the Bangladeshi community gave a 'very important' rating. Half of service users identifying as digitally excluded also valued this as 'very important'. When asked about a Maternity health professional speaking their own language, 57% of service users who were not fluent in English gave this a 'very important' rating. A similar percentage of service users who were not university-educated also rated this highly. When asked about Maternity Health professionals who were similar to them in cultural background, 25% of service users from Black ethnicities gave this a 'very important' rating, as did 25% of single parents. For valuing familiarity with their culture and religion, 37% of Eastern European communities gave a 'very important' rating.



Redbridge high-level summary

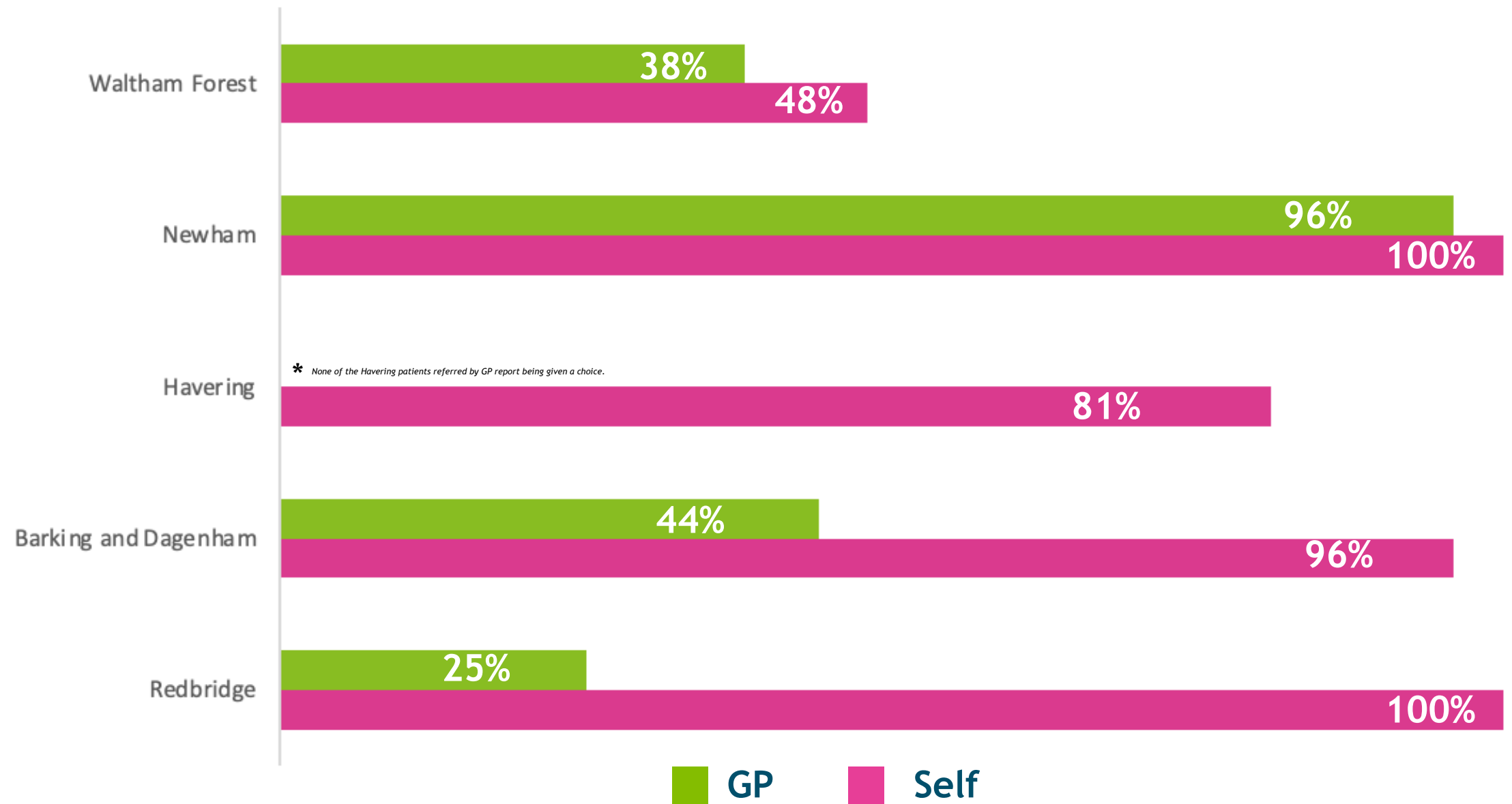


Apart from Havering, Redbridge mothers are least likely to be offered a choice of where to have antenatal appointments when a GP is referring.

Those that self refer are aware they have a choice versus just 25% of those that are referred via their GP, this figure is 15% below the NEL average

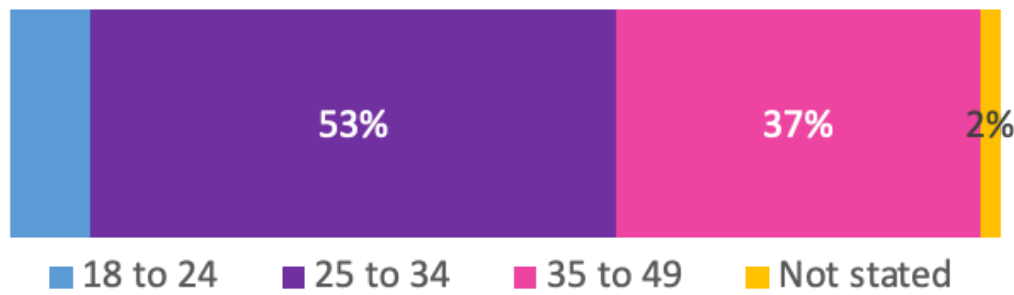
82% of mothers across NEL are able to give birth in the same hospital that they had their antenatal appointments in, for King Georges this figure is 0% due to the service no longer being available. This figure rises within Redbridge due to this demographic attended all/some appointments at Queens.

Percent aware of choice via referral

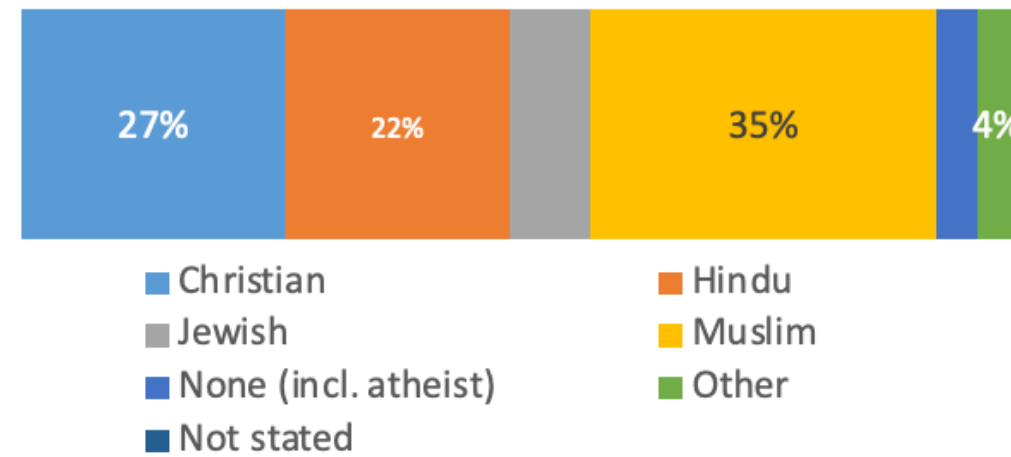


We spoke to 49 people who received antenatal care in Redbridge

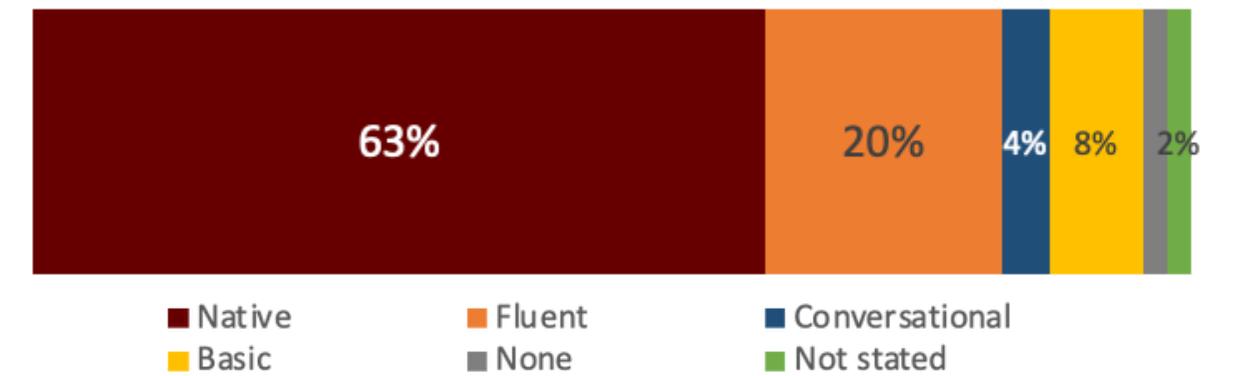
Age



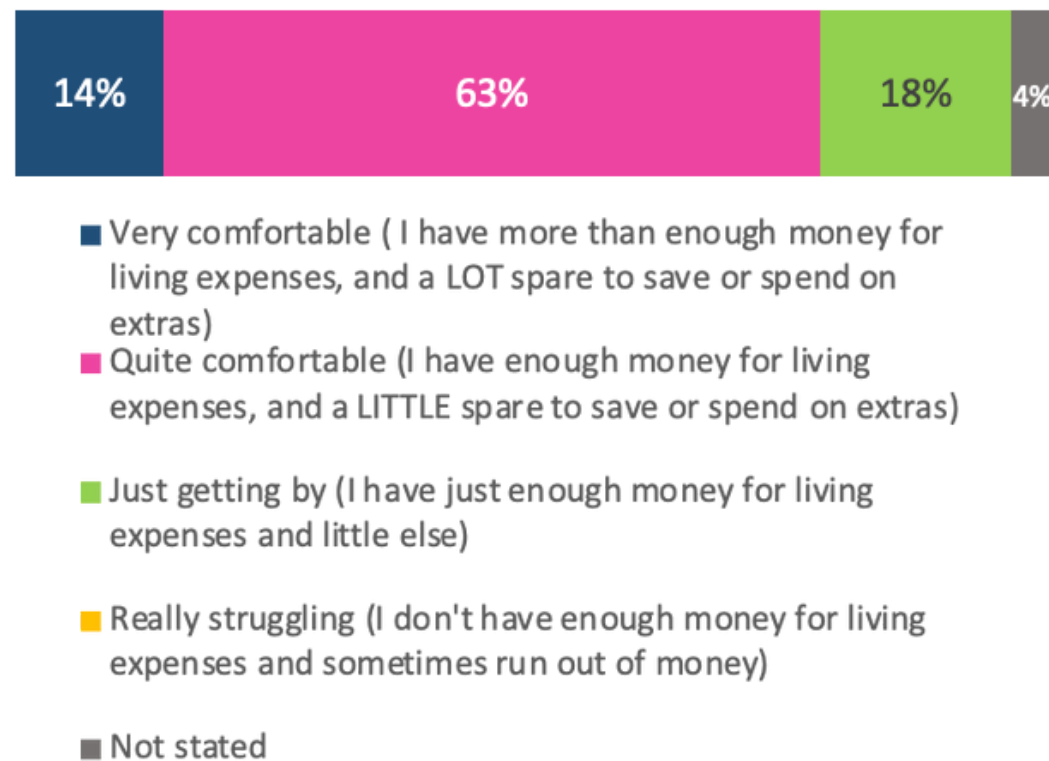
Religion



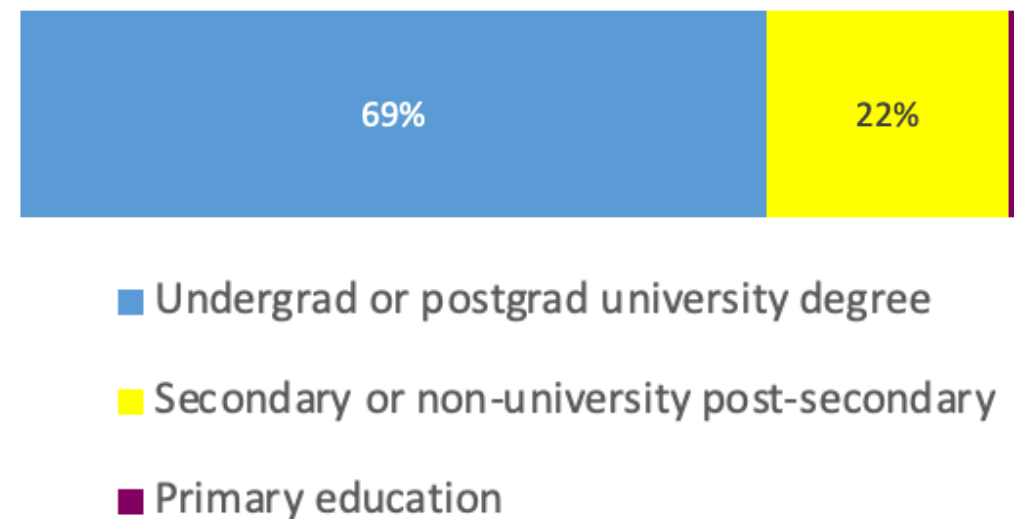
English Fluency



Financial situation



Educational level



0% were disabled

2% were neuro-divergent



8% were single parents/parents-to-be

4% were digitally excluded



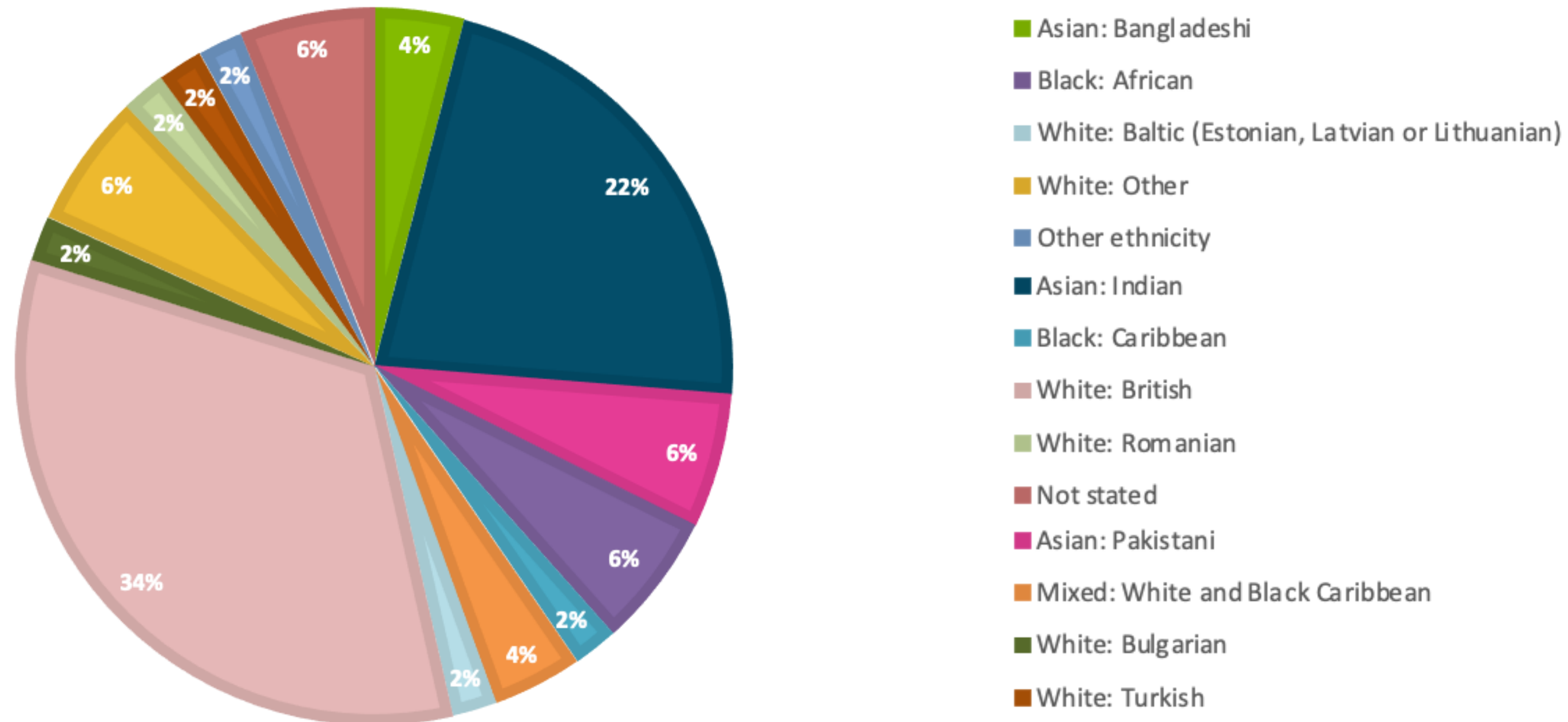
8% lived in multi-generational households

0% lived with housemates



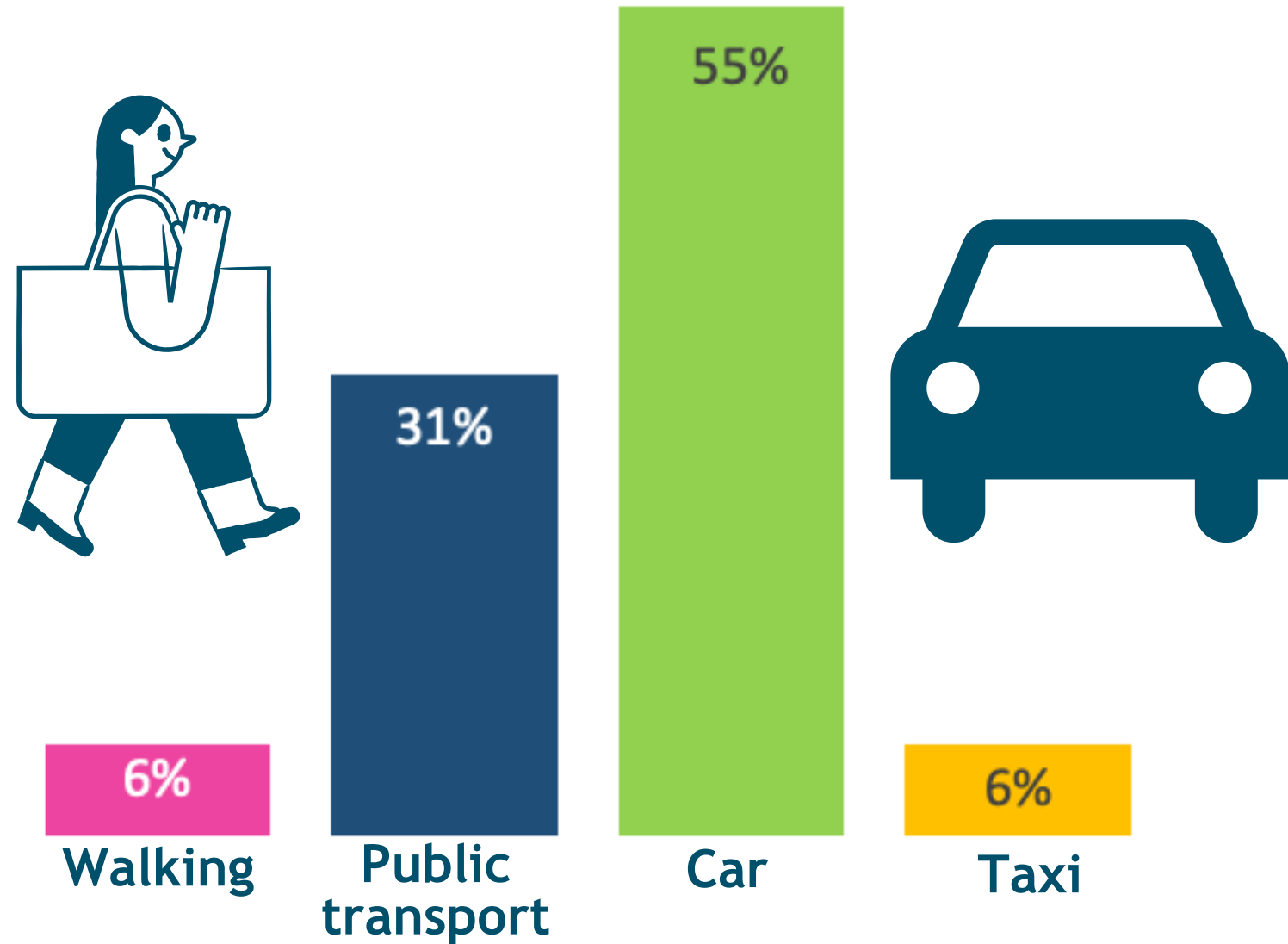
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Ethnicity



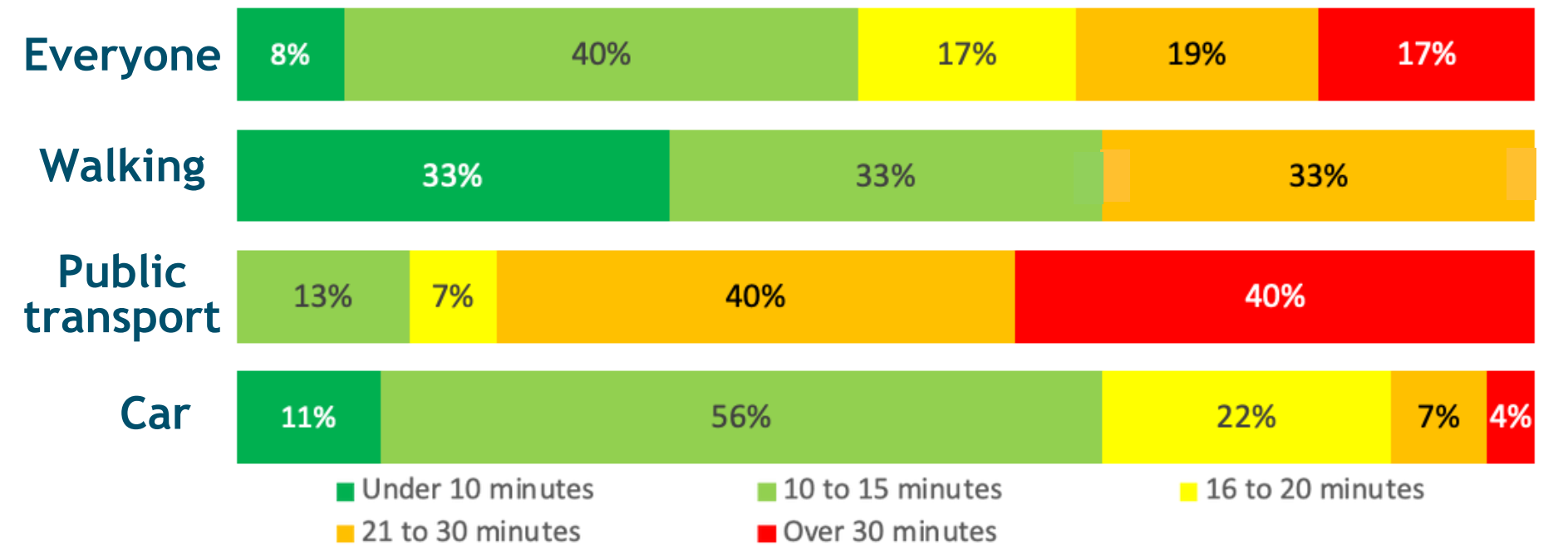
Travelling to appointments

How patients travelled to antenatal appointments

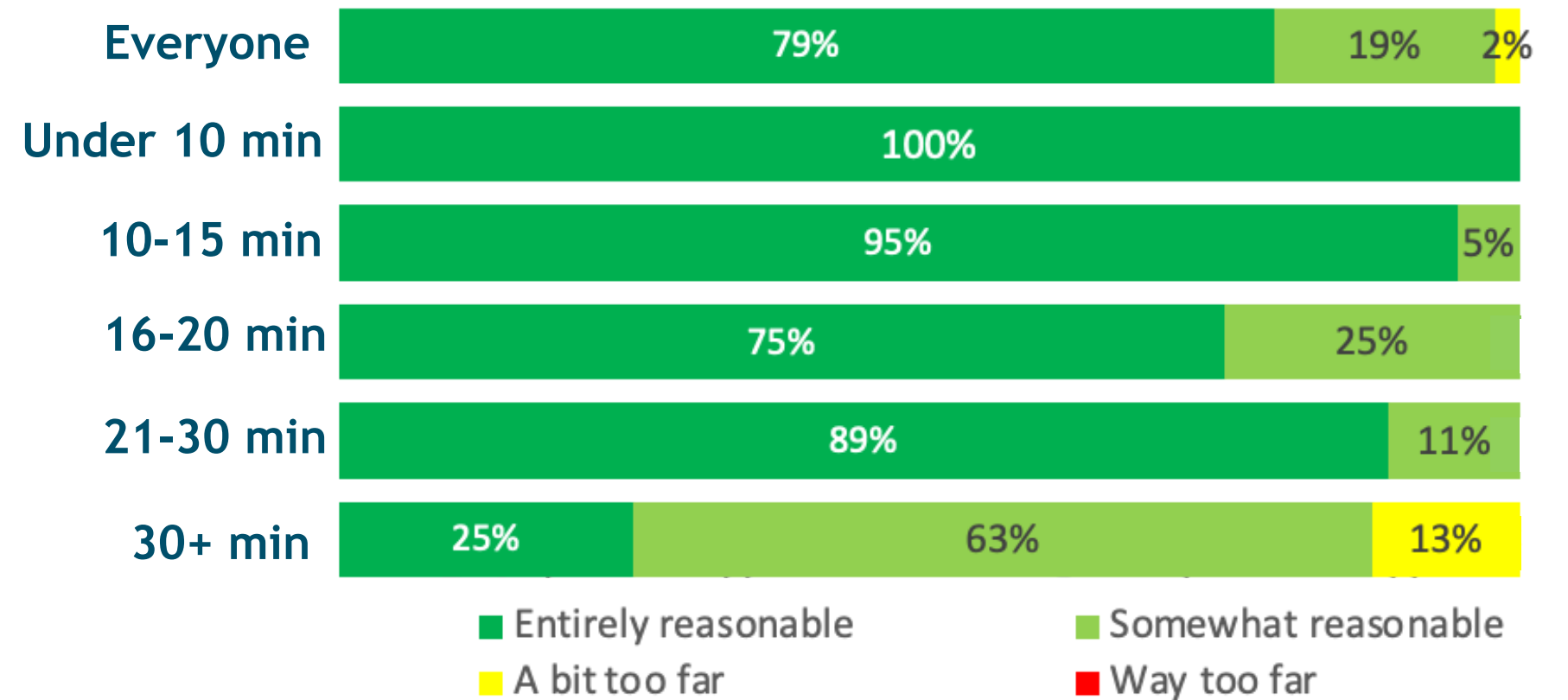


Mothers-to be travelled, on average, for **22 minutes** for an antenatal appointment.

Travel time to appointments

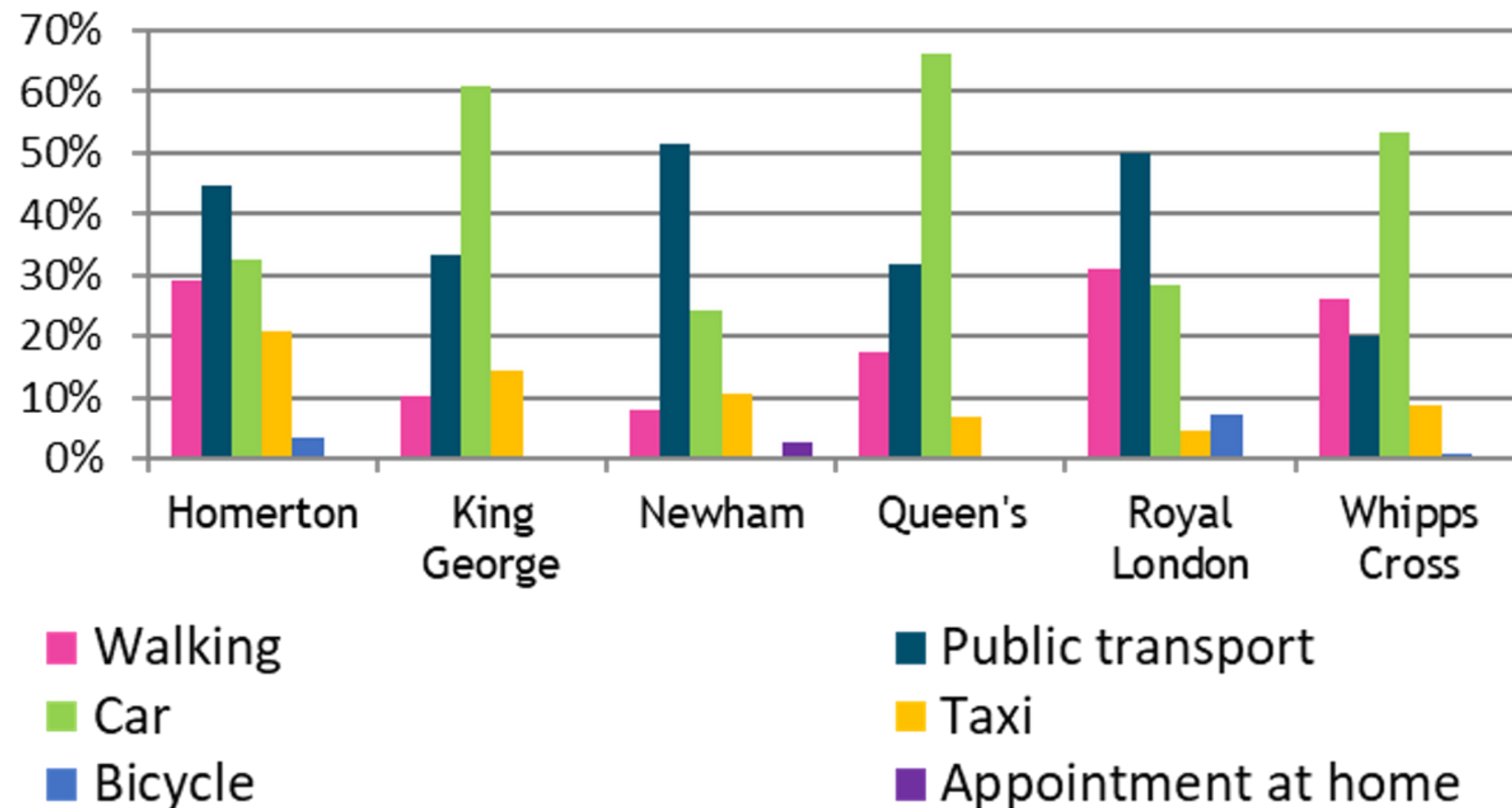


Opinion of travel time to appointments

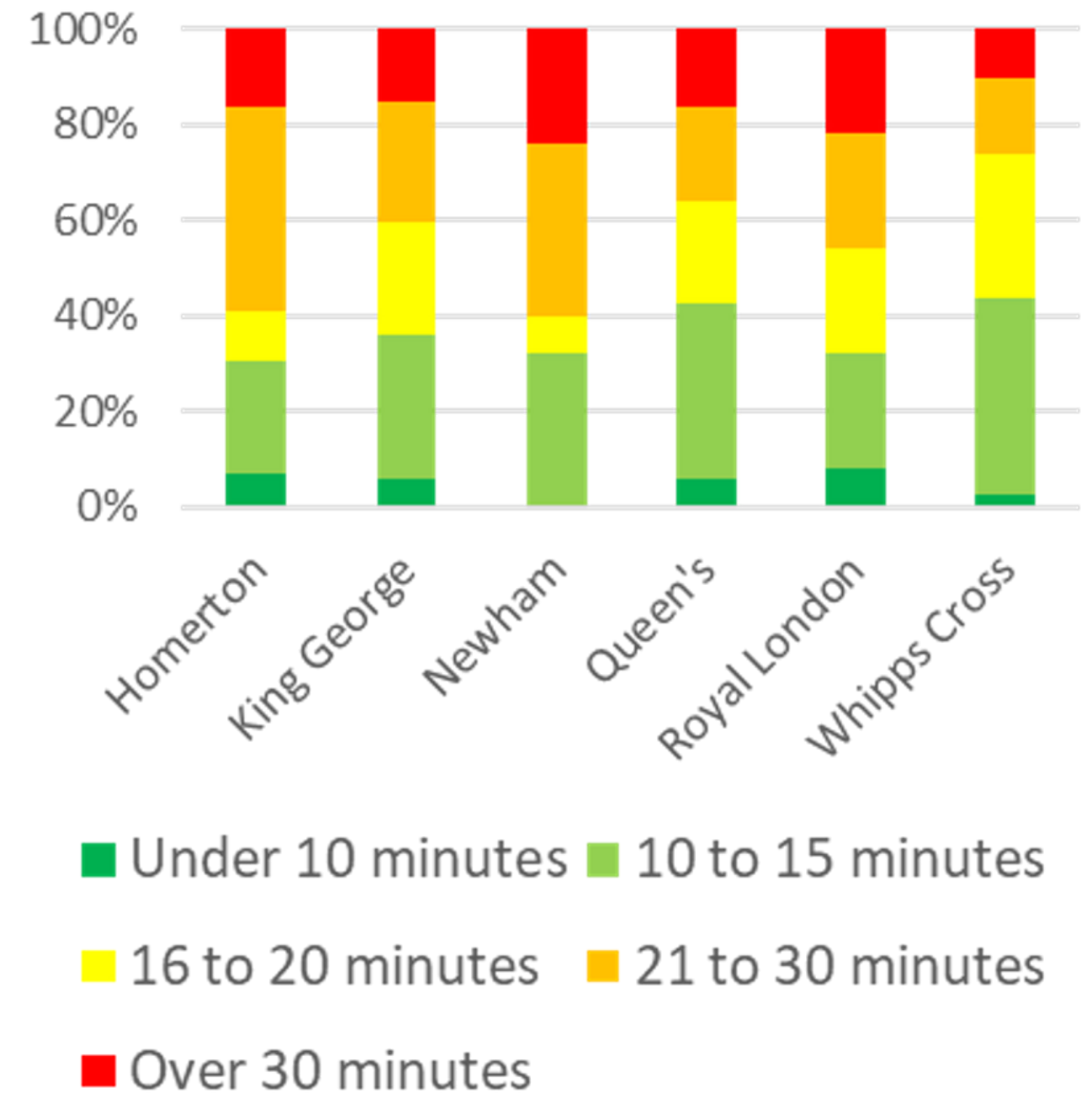


Travelling to appointments

Means of transport by hospital

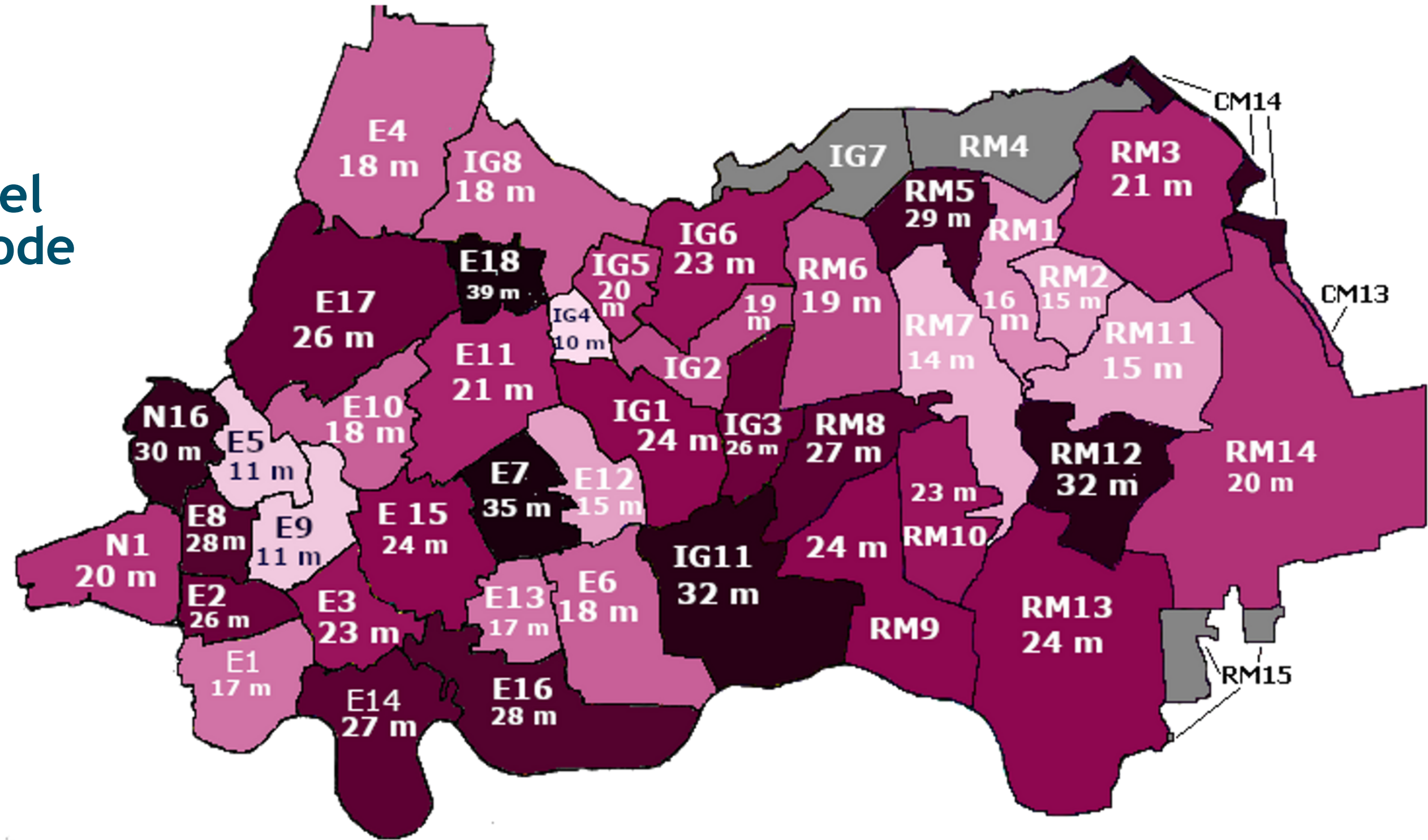


Travel time by hospital

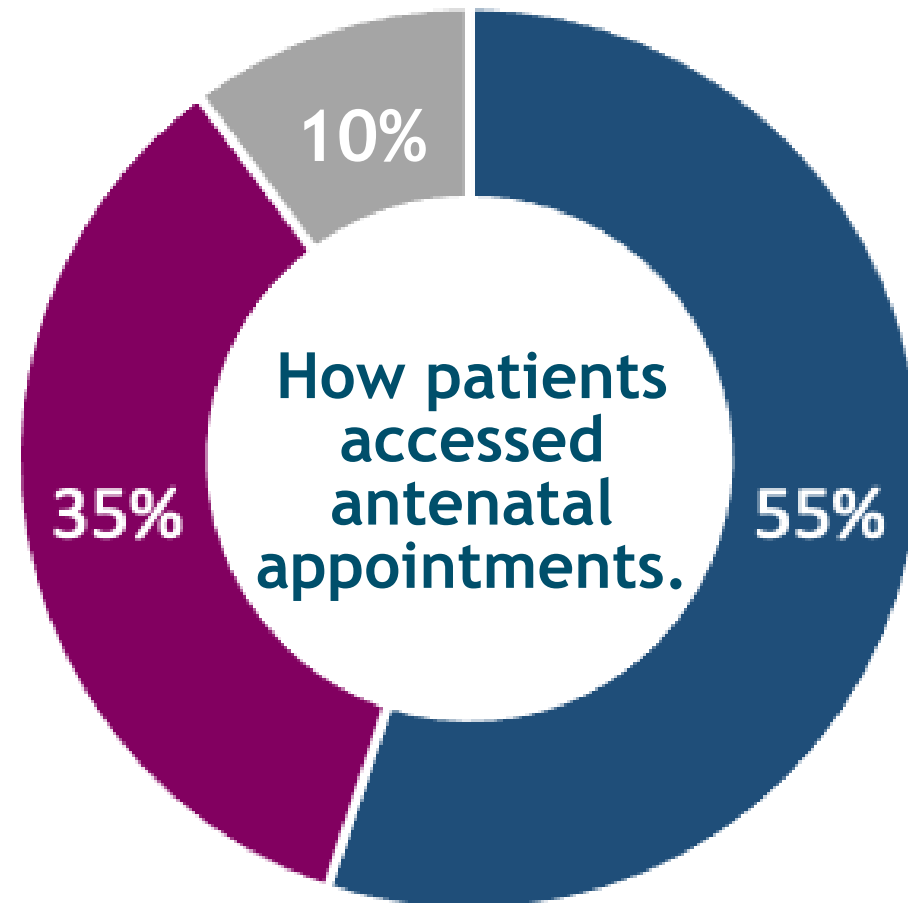


Travelling to appointments

Average travel time by postcode



Choosing appointments



- Self-referred
- Referred by GP
- Other

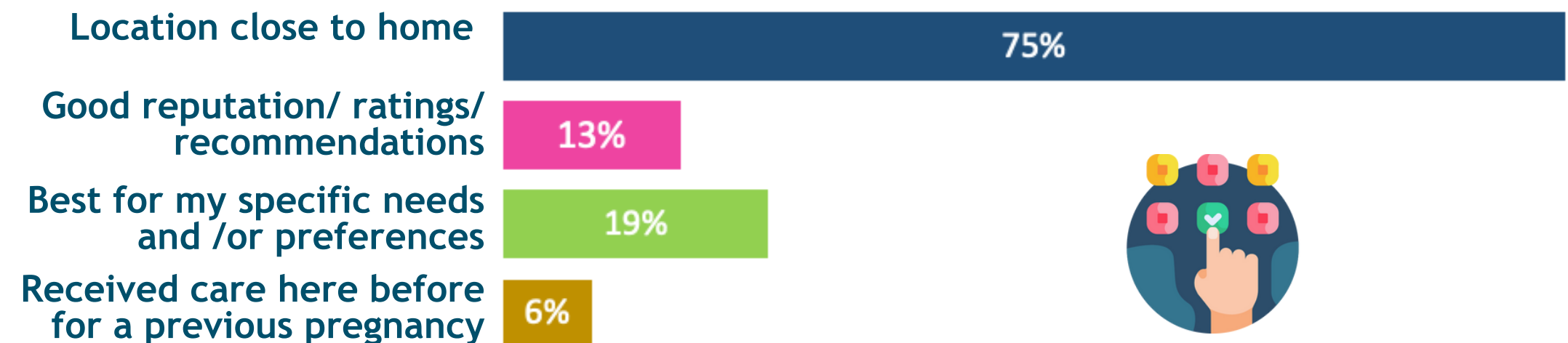
68% of all patients

25% of GP referrals

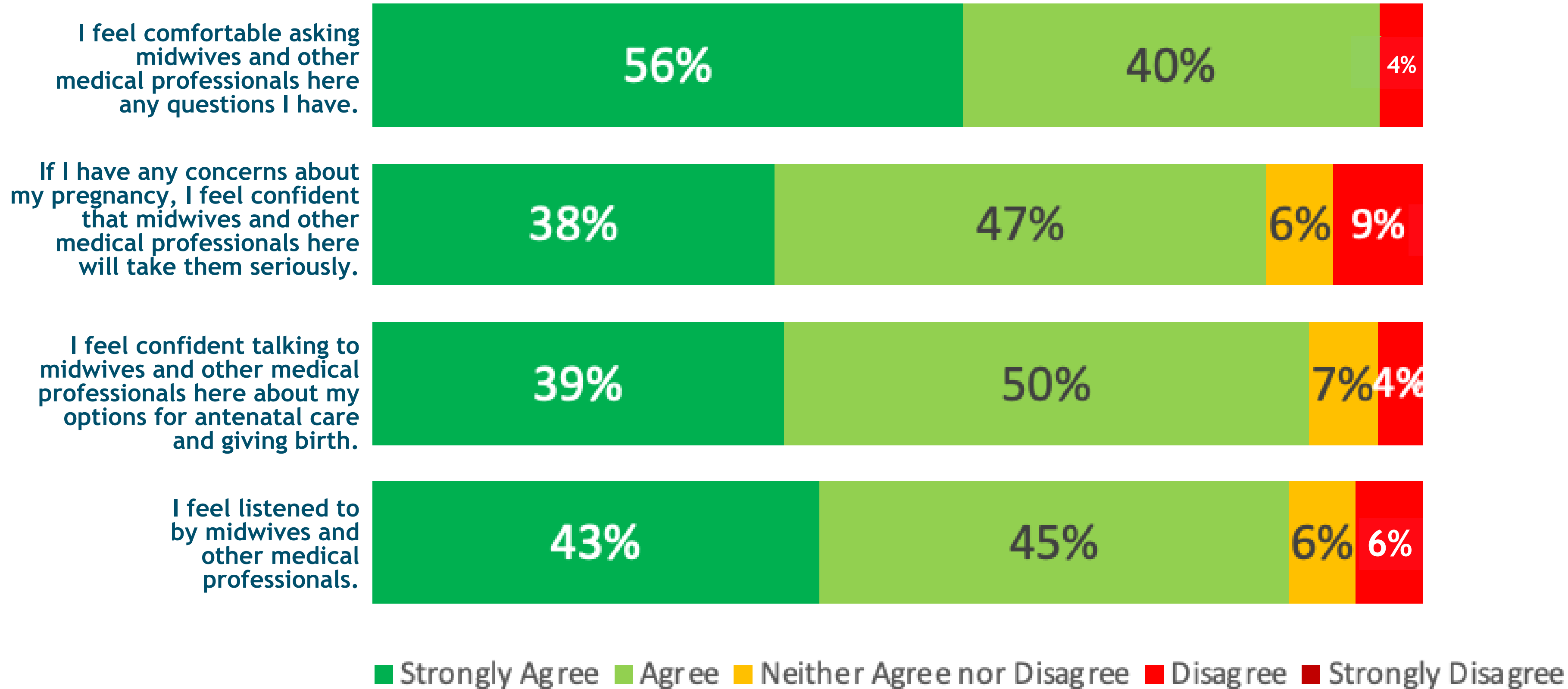
100% of self referrals

said they had a choice about where to have antenatal appointments.

Reasons for choosing this location for antenatal appointments (patients who DID have a choice)

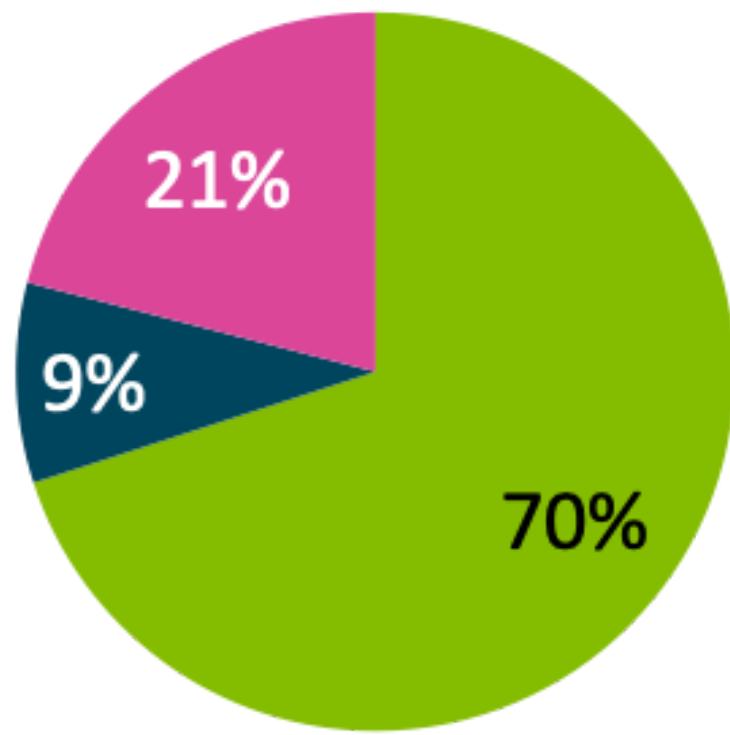


Experience of antenatal appointments

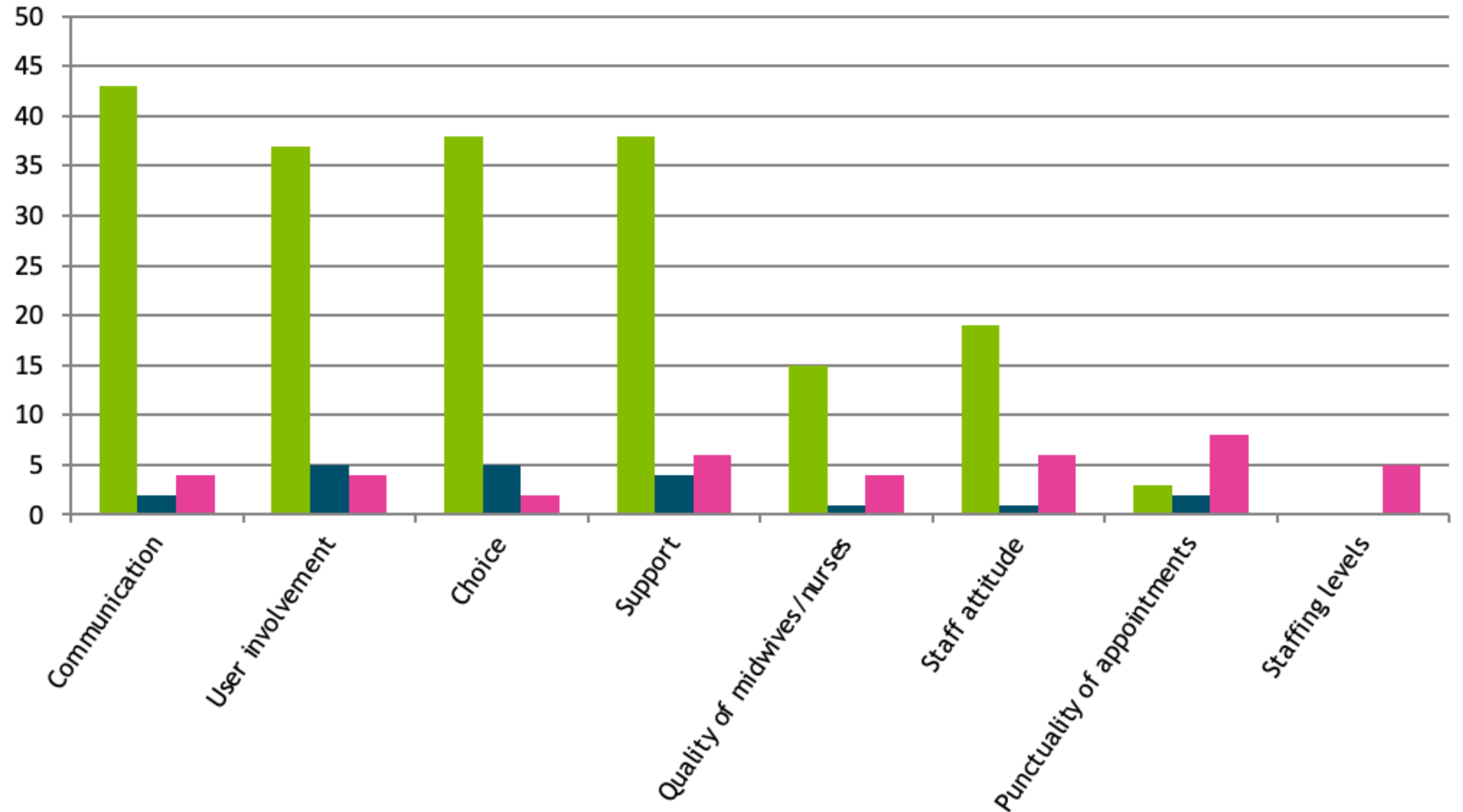


Experience of antenatal appointments

Experience of maternity services overall

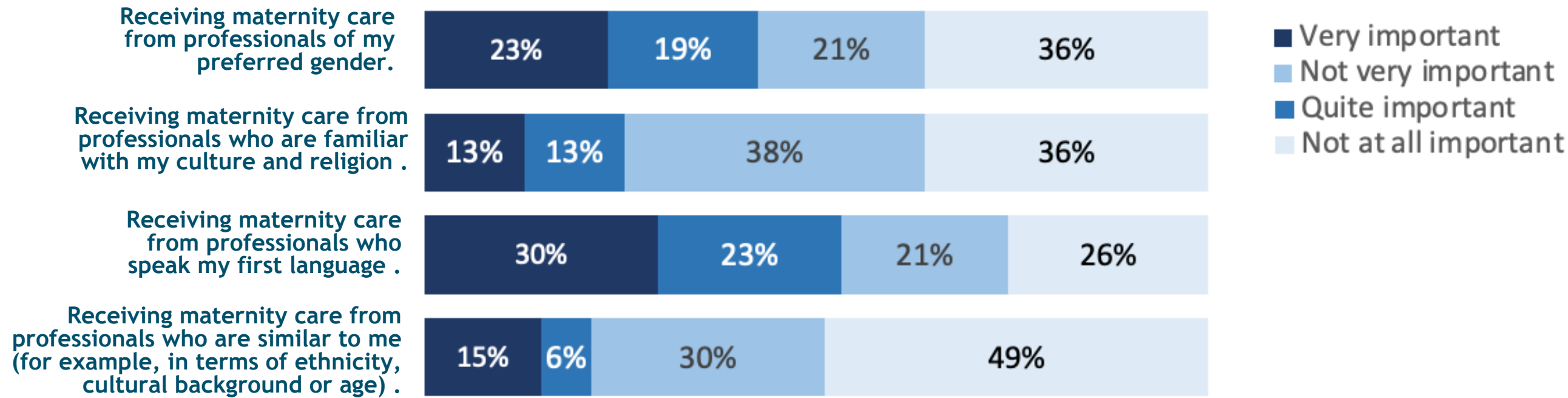


- positive
- neutral
- negative

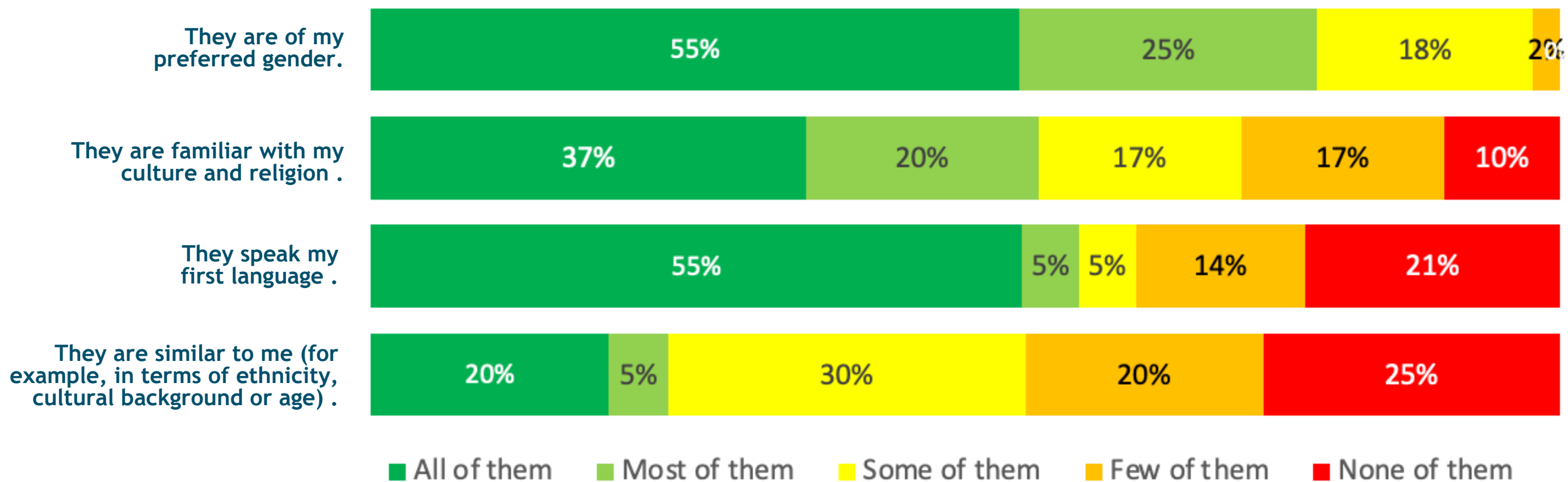


Cultural sensitivity

How important are the following for you?

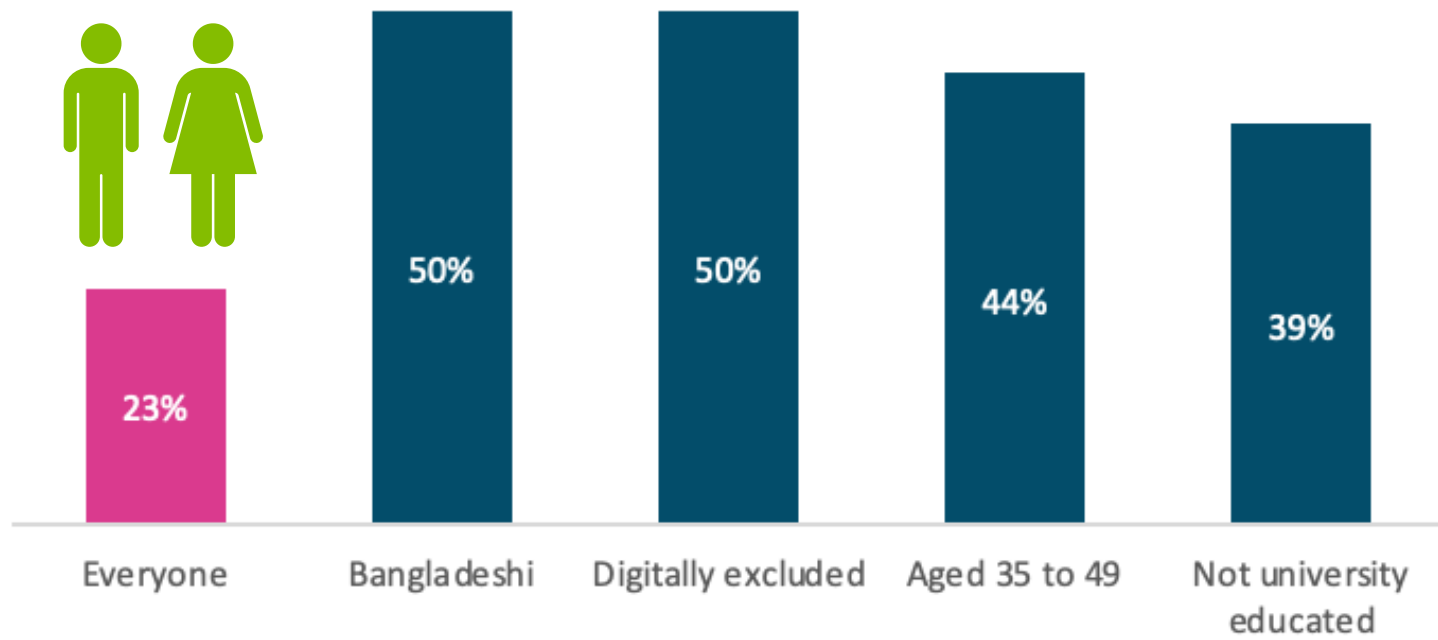


Do these describe professionals who give you antenatal care?

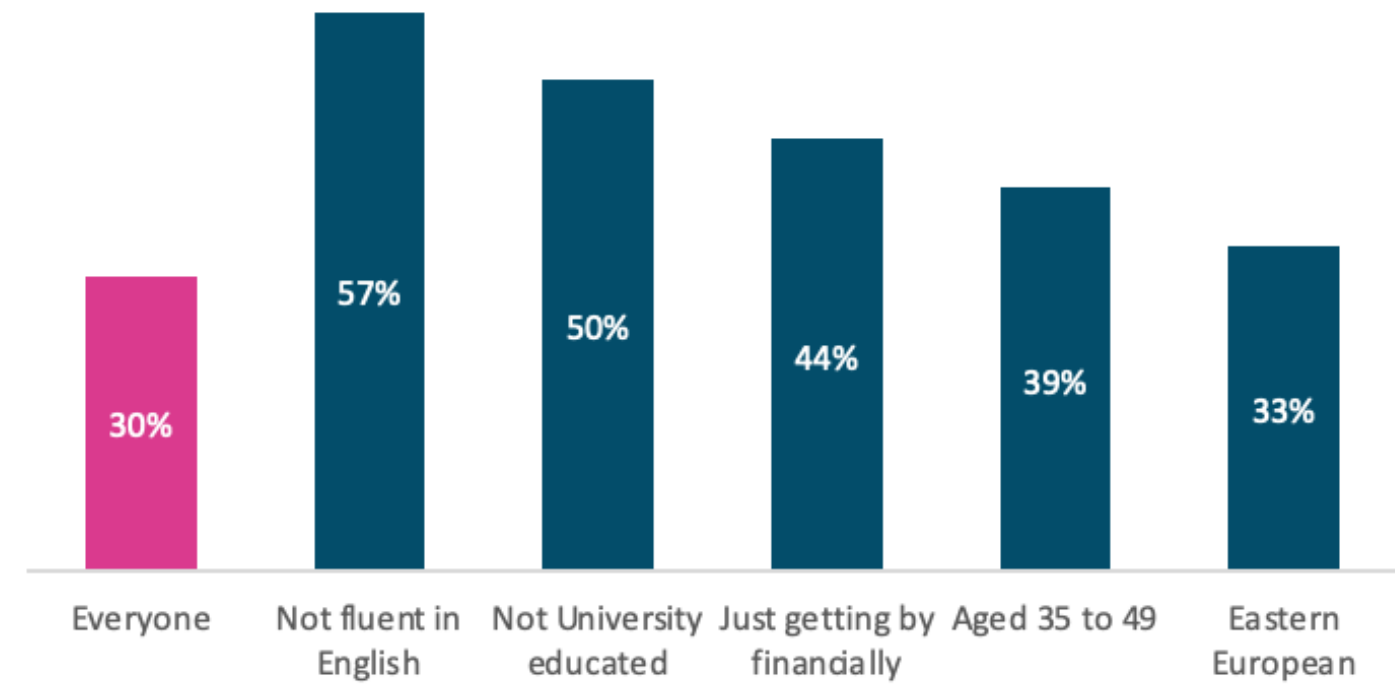


Voices for progress

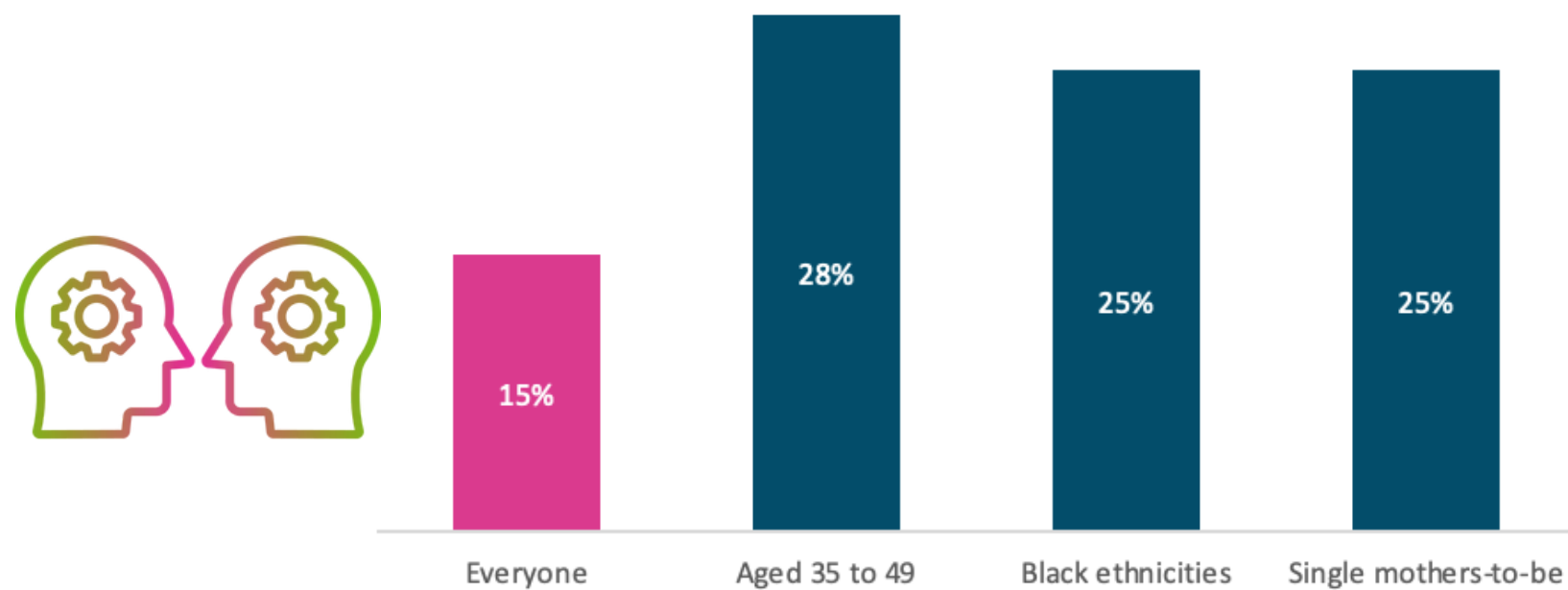
It is very important for me to receive care from



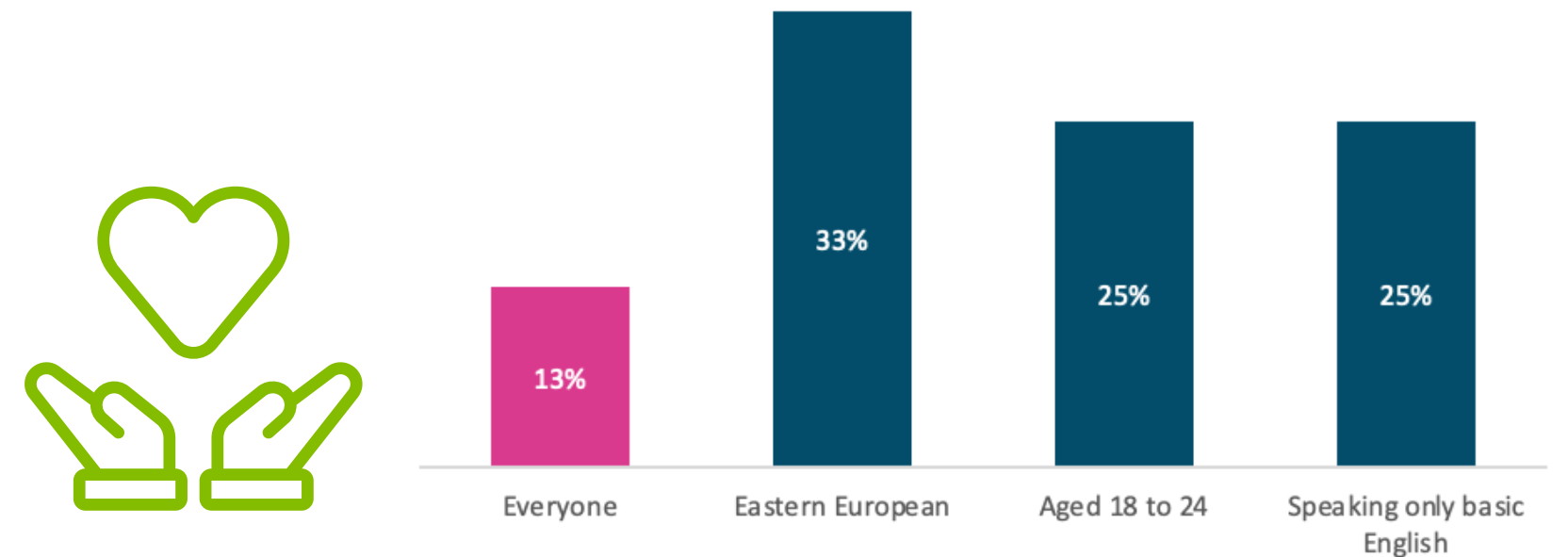
Professionals of my preferred gender



Professionals who speak my first language

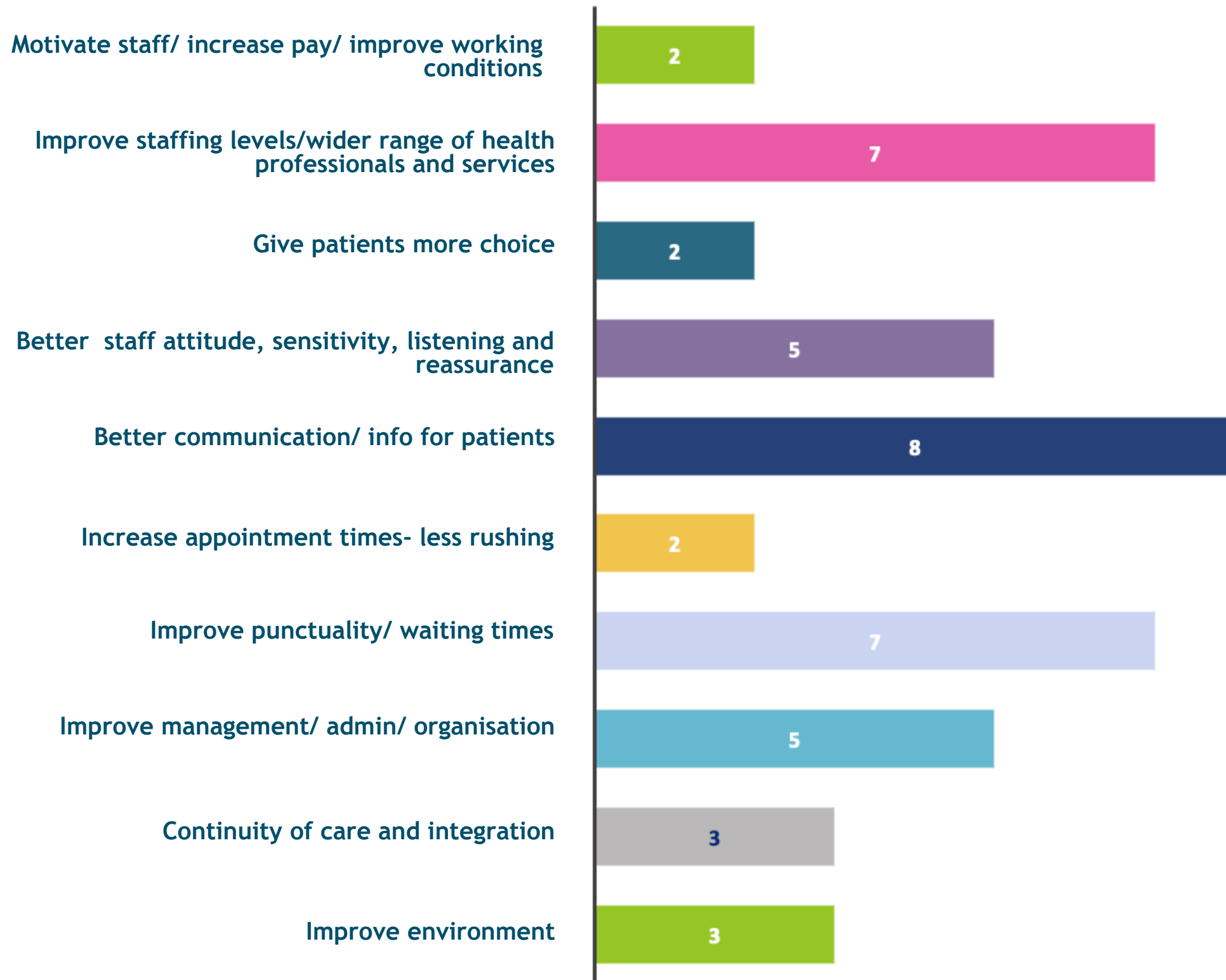


Professionals who are similar to me



Professionals who are familiar with my culture and religion

Voices for progress



More nurses and midwives.
More ultrasound scans during the pregnancy to avoid mothers anxiety about the baby.
Antenatal classes for pregnant people offline and online.

Often feels like I am repeating my notes and history at every appointment, better review of notes beforehand.

You do not see a doctor only midwife through your pregnancy and I don't think is normal since somethings midwives cannot help you and tell you, you have to discuss with your doctor.