Acknowledgment

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Inequalities Sensitive Practice Initiative
1. Introduction

This report forms part of an information gathering exercise undertaken through the Inequalities Sensitive Practice Initiative to provide an overview of care provision to pregnant women who have additional health and social care needs in NHS Greater Glasgow and Clyde. It forms one of a series of reports that together provide an insight into care provision to this group of service users.

Information for the report has been gathered through NHS GG&C Information Services, drawing on the 2007 GRO Birth Registrations data and through local reports on the work of the Special Needs in Pregnancy Service (SNIPS) in 2006. Further information has been drawn from informal discussions with community midwives, a training and practice needs assessment survey and feedback through partner agencies. The report provides a snapshot of current practice and care provision in the Royal Alexandra Hospital (RAH) Maternity Unit catchment area.

1.1. Demography

The Royal Alexandra Hospital serves a large geographical area that includes Renfrewshire and the Levern Valley part of the East Renfrewshire local authority area. The area has several large towns and a relatively rural area in the west. Renfrewshire has a population of approximately 170,000 people and Levern Valley approximately 90,000. The population in Renfrewshire has reduced by almost 7,000 in the last 10 years due to a reduction in the numbers of children (4,400) and in the numbers of young adults (16-44) by 6,800. Over the same period there were rises in the numbers of middle aged adults by 2,900 and older people, by 1,600 (GCPH, 08). The most populated communities are the large towns which include in Renfrewshire, Paisley, Johnstone, Erskine and Linwood and in East Renfrewshire, Barrhead. The proportion of the population from a minority ethnic community, 1.3%, is about half the national average (GCPH, 08).

1.2. Inequalities & Wellbeing

The economy of the area is mixed. Gross average weekly earnings are above the Scottish average, the claimant unemployment rate is below average and long term unemployment fell more rapidly in Renfrewshire in 2005 than in Scotland as a whole. The Scottish Index of Multiple Deprivation shows a significant fall in the number of Renfrewshire datazones within the most deprived 16% in Scotland since 2004. However over 25,000 people, 14.9% of the population are defined as income deprived and 14,750 adults, 13.9% of the working age population, as employment deprived (Renfrewshire CHP, 08).

Life expectancy for men and women has risen by about a year in the last 10 to 15 years but remains slightly lower than the Scottish average. However comparing different areas of the community in Renfrewshire there is a gap in life expectancy of at least 20 years for men and 12 years for women.

All cause mortality and morbidity rates from cancer, coronary heart disease and cerebrovascular disease are above the Scottish average but have fallen considerably in recent years. 26% (37,000) of the adult population smoke compared to 27% nationally and over 1,650 patients are admitted to hospital annually for alcohol related or attributable causes. There have been 104 drug related deaths in Renfrewshire over the last 10 years (GCPH, 08).

1.3. Child And Maternal Health

Compared to 24% nationally, 25% of women in Renfrewshire smoke during pregnancy and, compared to 36% nationally, 31% of mothers breast feed at six to eight weeks following birth. The rate of low birthweight babies is slightly above the Scottish average and the teenage pregnancy rate 8% above the national average. There are currently no accurate measures of the number of women misusing drugs and/or alcohol during pregnancy. However the SNIPS service in Renfrewshire holds statistics on alcohol and drug misuse which are included in this report.

2. Maternity Services

Since the NHS Argyll & Clyde Maternity Service Review of 2002/3 all consultant-led care of women delivering in the Clyde area is provided through the Royal Alexandra Hospital Maternity Unit in Paisley. Local community midwifery units (CMUs) in the Inverclyde Royal Hospital, the Vale of Leven Hospital and in the Royal Alexandra Hospital offer antenatal and postnatal care to all women in the area and a confinement and delivery service to those women assessed as low risk. All other women are booked for confinement in the RAH consultant-led unit.
There were a total of 3,086 deliveries in the Royal Alexandra Hospital Maternity Unit in 2007. Of these 458 (14%) were of non-GG&C residents. 2,815 deliveries were from GG&C residents: 1,582 (56%) from Renfrewshire CHCP, 660 (23%) from Inverclyde CHCP, 276 (10%) from West Dunbarton CHCP and 234 (8%) from East Renfrewshire CHCP.

Of the 2,815 deliveries from Greater Glasgow and Clyde residents, 1102 (39%) were born of residents living in Scottish Index of Multiple Deprivation (SIMD) Quintile 1 areas, the 20% most deprived communities in Scotland. 606 (55%) were from Renfrewshire CHCP, 318 (29%) from Inverclyde CHCP and 114 (10%) from West Dunbarton CHCP.

3. The Special Needs In Pregnancy Service

The Special Needs in Pregnancy Service (SNIPS) established in 1998, is based within the Consultant Led Maternity Unit within the Royal Alexandra Hospital. The service is midwifery led with no one consultant obstetrician holding a lead role. The service is responsible to the Lead Midwife in the Clyde Division. Staffing consists of one full time Clinical Lead and 0.8 WTE midwife. In addition to midwifery support there is a dedicated WTE drug worker and WTE home-maker based at the RAH who are responsible to the Lead Social Worker for Health. Both of these workers are robustly linked in to the SNIPS service. The service aims to meet the needs of women who have multiple and complex needs by working alongside and supplementing the care provided through the community midwifery teams. SNIPS see inpatient clients on a daily basis and outpatients mainly at consultant clinics and at community clinics when requested. The service has a key role in liaising with partner agencies to ensure that the wider social care needs of women and their families are met.

In addition to the above service there is joint funding through health and social services to the Family Matters project. This comprises a multi-disciplinary team of professionals including a midwife, a health visitor, a community psychiatric nurse, social workers and a learning disability nurse and is supported by home-makers and three drug workers who provide care to a defined group of vulnerable families within the Renfrewshire boundary. Family Matters works closely with the SNIP midwives and special needs team of drug worker and home-maker (the New Expectations Team) at the RAH.

Pregnant women with multiple and complex social needs from across Clyde are required to deliver their babies in the consultant-led unit at the RAH. SNIPS midwives from the Vale of Leven, Inverclyde and the Royal Alexandra Hospital maintain contact with women from their respective areas during their confinement in the RAH Maternity Unit, visiting and providing support to clients and providing a liaison function with maternity staff and partner agencies. However, in the absence of the SNIPS midwife from the Vale of Leven or Inverclyde Royal Hospital, ongoing staff support to women with complex needs is provided by the SNIPS midwives at the RAH.

Additionally, the SNIPS midwives at the RAH provide ongoing support and liaison to staff from outwith the Clyde boundary, such as women from the Argyll area of the Highland Health Board.

3.1. Referral into Service

SNIPS work alongside a multi-disciplinary support team who work with families with a wide range of issues. These issues mainly include substance use, alcohol use, gender based violence, learning difficulties and mental health problems. Referrals in to the RAH Special Needs in Pregnancy Service come from a variety of sources, most commonly through midwifery and medical colleagues, social work and addictions services. The number of referrals into the service has increased year on year from 126 in 1999 to 176 in 2006 with a peak of 189 referrals in 2005.

3.2. Reasons For referral

SNIPS only accepts referrals for women with significant ongoing problems. There were 176 referrals to SNIPS in 2006. The key issues for referral into the service are shown in the graph below.
Breakdown of Referrals (176) in 2006

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug use</td>
<td>34%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>28%</td>
</tr>
<tr>
<td>Social Issues</td>
<td>24%</td>
</tr>
<tr>
<td>Alcohol issues</td>
<td>9%</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>5%</td>
</tr>
</tbody>
</table>

**Drug Misuse**
There were 60 referrals relating to drug misuse altogether in 2006. 5 of these related to previous drug use. Key links:

- New Expectations which is a social work service based in the maternity unit that provides liaison and support to vulnerable pregnant women.
- Local drugs services for support and substitute prescribing. Pregnant women who are using drugs can be fast tracked into the drugs service.
- Prescribing GPs and Consultant Psychiatrist working in the drug problems service.

**Mental Health Issues**
There were 49 referrals in 2006 of women with significant, ongoing mental health problems. The hospital midwifery teams provide routine support to women who have a history of post-natal depression. Key links and services:

- Liaison Psychiatry. While there is no perinatal mental health team in Paisley referrals can be made directly to a psychiatric clinic on a fortnightly basis.
- Community Psychiatric Nurses.

**Social Care Issues**
There were 43 referrals in 2006 in relation to social issues of concern. Key links and services:

- New Expectations (see above)
- Family Matters (Sure Start Project). Family Matters provides tailored support to women and their infants identified as requiring extra social care support. SNIPS works closely with the midwife seconded to this project.

Referrals for teenage pregnancies are not included in the data collection unless a client is under 16 years of age. Teenagers are cared for through the midwifery teams with further support provided through Paisley Threads, a community based support project for young people. Dedicated midwifery time is provided to support this project including parent education programmes.

**Alcohol Issues**
There were 9 referrals into the SNIPS service of women with problematic alcohol use. Key links and services:

- Renfrewshire Council on Alcohol
- NHS Alcohol Problems Service

**Domestic Violence**
There were 15 referrals to SNIPS of pregnant women experiencing domestic violence in 2006. SNIPS both supports women who are experiencing domestic violence and refers on to helping agencies. Key links and services:

- Renfrewshire Women’s Aid
- Women and Children First
- Housing Department
- Advice Works (for complex benefit assessment and advice)

**Child Protection and Links to Social Services**
The SNIPS service provides the key link between the maternity services and agencies concerned with child protection. SNIPS attends a 2 weekly liaison meeting and pre and post birth conferences. There were 85 Child Protection case discussions or conferences, along with additional initial assessment and pre-discharge planning meetings. The number of these meetings is increasing yearly with 172 meetings attended in 2007.

All together 61 referrals were made to social work in 2006 Key links and services:

- Social Work. 6 area based teams and the hospital based team. SNIPS meets with hospital social workers every two weeks and with a wider social work network 2-3 times a year. The wider network includes representatives from the 5 local authority areas that feed into RAH, Family Matters, the Child and Adolescent Mental Health Team, and the RAH Social Work Team including New Expectations.
Almost all responses indicated a high level of satisfaction with joint working practices within the maternity service particularly with the Special Needs in Pregnancy Service. Respondents reported that working relationships had been significantly improved by the introduction of the Getting Our Priorities Right (GOPR) protocol. Reasons given for satisfaction with joint working included:

- Good links and liaison systems
- Good communications, including shared information
- Staff that were known and helpful

Individuals provided suggestions on potential areas of service development. These included support to women with alcohol problems, better understanding between health and social work, increased client contact e.g. home visits and a forum to discuss service improvements.

5. Inequalities Sensitive Practice: A Staff Engagement Exercise

Hospital and community based midwives working out of the RAH were invited to attend a meeting to consider inequalities sensitive ways of working and the current provision of care to pregnant women with multiple and complex needs. Fourteen midwives participated over two sessions.

5.1. Meeting Special Needs in Pregnancy

Community midwives felt that they had a key role to play in supporting vulnerable families. They reported that they were well placed to identify client need, link in to the SNIPS service and support the co-ordination of care to meet these wider needs. Staff reported being keen to be more involved in supporting women who have additional needs but felt that current arrangements for care provision and a lack of knowledge in relation to the roles and responsibilities of local social care services were barriers to developing practice. Staff made a number of suggestions to improve the care of women with additional needs.

- Communication. Staff felt that communication between the community midwifery services and the SNIPS service could be improved.
• **Continuity of care.** Staff reported that the continuity of care to women with additional needs was a possible area for improvement as women could be seen by a number of midwives over the course of the maternity episode.

• **DNAs.** Staff acknowledged that women with additional needs had stressful and busy lives which impacted on their ability to meet appointments. Services could consider ways of facilitating easier access to maternity care.

• **Multi-agency working.** Staff reported being aware of the need for multi-agency approaches to care provision and keen to develop their skills and knowledge around partnership working at a local level.

• **Care pathways.** Staff felt that there was a need for the development of pathways of care to support this work.

### 5.2. Training and Practice Needs Assessment

Seven midwives completed the Training and Practice Needs assessment.

• Six midwives reported having a key role in supporting women and their families with wider social care needs. The support of the SNIPS service, the ability to refer on and ongoing training on social care issues was reported as important in supporting midwives to meet these needs.

The training topics that midwives reported would best support their learning around inequalities sensitive practice included:

• Responding to inequalities around gender and poverty
• Interpersonal skills training: raising sensitive issues/building client motivation
• Working with diversity: culture, race, religion, sexual orientation

### 6. Conclusion

A key aspect of the work of the SNIPS service in the RAH is multi-agency liaison around the care of women who have multiple and complex needs. 86% of referrals to the service are of women who are using drugs, or have significant mental health problems or have social care issues of concern. There is a clear duty to undertake needs and risk assessment with these women in order to identify support needs and to work in partnership with clients and partner social care agencies to develop an appropriate care plan. This is necessarily the key focus of the SNIPS work and requires good communication links with partner agencies and the multi-disciplinary team, a flow of information from midwifery services to the SNIPS team, good working relationships with clients and expertise in child protection and multi-agency working processes. The SNIPS service is regarded as providing a good service with respect to these key functions and is actively developing joint working forums on service development.

Community midwives have a key role to play in supporting women in their care who have additional needs. Community midwives working out of the Royal Alexandra Hospital are keen to support women with the most complex needs by supporting the delivery of the multi-agency care plan. Midwives are also keen to build their own capacity to meet the needs of women who have less urgent but significant social care needs.

### 7. References

Glasgow Centre for Population Health (2008), A Community Health and Wellbeing Profile for Renfrewshire.
Renfrewshire Community Health Partnership (2008), Renfrewshire Community Health Partnership Development Plan, 2008-2010.