Insight Report: Maternity

Understanding the experiences, needs and preferences of women accessing maternity care, their carers / families / friends, and staff

December 2022 V2.2

1. What is the purpose of this report?

This paper summarises what we know about the maternity population in Leeds. This includes the experiences, needs and preferences of:

- People accessing maternity care
- Their carers, families, friends, and staff

Specifically, this report:

- Sets out sources of insight that relate to this population
- Summarises the key experience themes for this population
- Highlights gaps in understanding and areas for development
- Outlines next steps

This report is written by the Leeds Health and Care Partnership with the support of the Leeds People's Voices Partnership. We have worked together (co-produced) with the key partners outlined in Appendix A. It is intended to support organisations in Leeds to put people's voice at the heart of decision-making. It is a public document that will be of interest to third sector organisations, care services and people with experience of maternity care. The paper is a review of existing insight and is not an academic research study.

2. What do we mean by maternity care?

Maternity care refers to the health services provided to pregnant women and pregnant people, babies, and families throughout the whole pregnancy, during labour and birth, and after birth for up to six weeks. It can include monitoring the health and well-being of the mother and baby, health education, and assistance during labour and birth.

In Leeds, a Maternity Strategy (2015 - 2020) was developed. The strategy was refreshed in 2020, and an insight report was completed to ensure that the strategy was still aligned with what matters to women and families. Throughout its implementation and refresh, many women and families have been consulted with and engaged in the work. In addition, the Maternity Voices Partnership (MVP) is a forum that brings service users, commissioners, and providers together to discuss maternity service provision; this forum was integral to the refresh of this strategy. The various engagement mechanisms adopted over this time indicate a high level of satisfaction with maternity care and provide valuable intelligence for service development and improvement. The insight report was reviewed and validated by the MVP.

In addition to regular smaller engagements, a large formal public consultation, which considered the reconfiguration of local maternity and neonatal services, took place between 13 January and 5 April 2020. The consultation provided several different ways that people

could share their views about the plan to centralise maternity and neonatal services at the Leeds General Infirmary and the options for hospital-based antenatal services in Leeds. Efforts were made to hear the views of people who might be more affected by discontinuing antenatal appointments at St James's hospital. The link to the independent analysis and report is below.

It is also important to note that the maternity strategy priorities have been informed by several local data listed below and recognise the need for a particular focus on reducing health inequalities.

1. A key influencer is the Maternity Health Needs Assessment ((HNA), 2020) which underpins the refresh of the strategy. The HNA establishes a clear need to prioritise a focus on reducing health inequalities. For more information the report can be accessed here: https://observatory.leeds.gov.uk/wp-content/uploads/2020/08/Leeds-Maternity-Health-Needs-Assessment-April-2020-FINAL.pdf

2. Reconfiguration Maternity and Neonatal services public consultation report: https://71633548c5390f9d8a76-1ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2020/01/2020_05_Maternity_and_Neonatal_Consultation_report.pdf

3. Best Start Plan: https://democracy.leeds.gov.uk/documents/s126845/10%202%20best%20start%20plan%20long%20version%20final%20version%20for%20hwb%20board%204%202%202015.pdf

4. The Local Maternity System (LMS) Plan: https://www.wyhpartnership.co.uk/download_file/view/2489/843

3. Outcomes for maternity care in Leeds

The Maternity Population Board brings together partners from across Leeds so that we can tailor better care and support for parents and families, design more joined-up and sustainable maternity services and make better use of public resources.

Over the last year, people planning health and care services in Leeds have worked with providers and the third sector to produce a set of outcomes for maternity care. These outcomes explain what we want to achieve to improve maternity care in Leeds providing equitable care for all and focussing on reducing health inequalities.

The ambition of our maternity work in Leeds is that we will improve support for people using maternity services and their families and carers. The following ambitions outline what we want to achieve as a board:

- People receive personalised maternity care safely
- Families and babies are emotionally healthy
- Families and babies are physically healthy
- People feel prepared for parenthood

These are our identified outcomes. By setting these clear goals, that are focused on how services impact the people they serve, the board is better able to track whether we're really doing the right thing for the people using these services. The full outcome framework can be seen in Appendix B.

4. What are the key themes identified by the report?

The insight review highlights several key themes:

Personalised Care

- Continuity of care is key (not repeating same story and easing stress and anxiety).
- Positive environments are important (home from home feel).
- Having the same midwife or team from start to finish is important.

Perinatal Mental Health

- Peer support can be invaluable.
- Better signposting to peer support is required.
- More information around bereavement services is needed.
- More personalised care can make a positive impact (especially for mums with learning difficulties).
- Taboo / stigma felt, especially in the Bangladeshi community.
- Not enough signposting / counselling support.
- “Think family” around mental health, so partners and dads are not forgotten about.
- Lack of mental health acknowledgment or support by some health professionals.
- Families felt that they were not given advice or information relating to their mental health.
- Quality of mental health support/information needs to be better.

Reducing Health Inequalities

- Utilise peer support more within diverse communities.
- Poor communication / understanding negatively affects people with learning disabilities.
- Pictures and apps work well for people with learning disabilities, rather than words.
- Staff training in the needs of asylum seekers / refugees.
- Better cultural awareness needed by staff, and tailored breastfeeding support.
- Language barrier for people whose first language is not English.

Preparation for Parenthood

- Teaching parenting skills in different settings, e.g., in schools, would help to prepare parents-to-be.
- Involve dads / partners more and ask what they need.
- Young mums do not like jargon.
- Breastfeeding support targeted at different groups; peer support very important.

Many women are still positive about their maternity care - but the pandemic impacted on choice and involvement and increased concerns about postnatal support (Care Quality Commission 2022).

This insight should be considered alongside city-wide cross-cutting themes available on the Leeds Health and Care Partnership website. It is important to note that the quality of the insight in Leeds is variable. While we work as a city to address this variation, we will include relevant national and international data on people’s experience of maternity care.

5. Insight review

We are committed to starting with what we already know about people's experience, needs and preferences. This section of the report outlines insight work undertaken over the last four years and highlights key themes as identified in Appendix C.

Source	Publication	No of participants and demographics	Date	Key themes relating to maternity experiences
National (British Journal of Midwifery)	**What refugee women want from maternity care** National\What refugee women want (1).pdf	A total of 10 women participated in two focus groups, which were conducted by voluntary sector workers with whom the women were familiar	Sept 2022	• **Communication** - The study found that pregnant refugee women feel unsafe during labour because of poor communication with care providers. • **Health Inequality** - Women want to be treated fairly and equally. • **Workforce** - Midwives, other healthcare professionals and health visitors are in a key position to improve pregnancy outcomes and support refugee women to build a future for themselves in the UK. • **Health Inequality** - Refugee women have a disproportionate increased risk of poor maternal and perinatal outcomes.
Leeds City of Sanctuary	**Experience of women seeking asylum & refugees of using interpreters** Leeds\Points raised in interpreting research workshop 17.8.22.docx	12 Women	Aug 2022	• **Health Inequality** - Those in Leeds who had Haamla midwives said they always used telephone interpreters and felt respected and cared for by their midwives. Those who had non specialist midwives said their midwife didn't always use an interpreter. • **Health Inequality / Communication** - Interpreters not used for scans even when requested. Women wanted to know what the point was of having a scan if they understood nothing and nothing was explained. Who were the scans for? Women wanting to know the sex of their child at the scan had to ask repeatedly. • **Health Inequality** - Paying for an interpreter for a scan - one mum reported she was charged for an interpreter because she was an undocumented migrant.

Source	Publication	No of participants and demographics	Date	Key themes relating to maternity experiences
				• **Choice** - Results of tests –had to wait for next midwifery appointment before could get results of blood tests which caused great anxiety. • **Choice / Communication / Health inequality** - GPs – many said they struggled to make appointments with GPs as the receptionist didn't use an interpreter and neither did the GP for the appointments even when they asked for interpreters. They were unaware they could book a double appointment when they needed an interpreter. • **Choice / Communication / Health inequality** Dentists - All the women reported problems accessing dentists when pregnant and when they did no interpreter was provided. Many had problems with their teeth when pregnant including needing emergency dental care. • **Workforce / COVID-19** - Covid Nurse did provide an interpreter and explained the injection which the women appreciated. • **Choice / Communication / Health inequality** Birth – Many mums reported not having interpreters for the birth even though they asked for one. One woman who did have a caesarean in Leeds did get an interpreter, but her Kurdish friend did not. • **Information** – Welcome was written in many languages in LTHT but not Spanish or Kurdish which made women speaking these languages feel excluded. • **Health inequality** - Many women said they felt that what happened to them didn't matter. They didn't have any rights in the UK so couldn't complain. • **Workforce** - One woman was very positive about her experience of using interpreters and said they were always polite. She felt the care she got in the UK was much better than in Sudan. • **Communication / Person Centred** - The women felt that the English women on the delivery ward laughed with the midwives and chatted, but

Source	Publication	No of participants and demographics	Date	Key themes relating to maternity experiences
				they were not able to and felt the lack of interpreters affected their relationship with their midwives. • **Communication** - The women said they felt rushed at appointments and left not understanding fully what was happening. • **Communication** - The impact of not understanding or being understood affected their mental health.
National (Muslim Women's Network UK)	**Invisible – maternity experiences of Muslim women from racialised minority communities** Leeds\insight\INVISIBLE maternity summary report final July 2022.pdf	1022 respondents Age: between the ages of 26 and 35. Most women were born in the UK (70%). Most of the women were from the London, North West, South East, West Midlands and Yorkshire and Humber.	Jul 2022	• **Health Inequality** - Hierarchy in bias and invisibility of certain ethnic groups • **Choice** - Women denied choice • **Clinical treatment** - Substandard miscarriage care • **Information** - Antenatal information not accessible • **Clinical treatment** - Gaps in the quality of antenatal care • **Communication** - Women not listened to • **Person-centred** - Lack of compassion, respect, and dignity • **Health inequality** - Cultural competence gap • **Person-centred** - Antenatal care not personalised according to risk • **Clinical treatment** - Poor management of labour and birth • **Clinical treatment** - Poor intrapartum outcomes • **Clinical treatment** - Women denied pain relief
		The ethnic make-up of the online respondents was broadly the Muslim population, except for the Black African / Caribbean / Black British / Other		• **Communication** - Women pressured to accept interventions without consent • **Clinical treatment** - Women pressured to have labour Inductions • **Clinical treatment -** Women more likely to have emergency caesareans and instrumental births • **Clinical treatment** - Women more likely to experience postpartum haemorrhage • **Clinical treatment** - Maternal sepsis missed

Source	Publication	No of participants and demographics	Date	Key themes relating to maternity experiences
		group, which was 5.5% and therefore half of what was anticipated		• **Person-centred** - Gaps in the quality of post birth and longer-term postnatal care • **Person-centred** - Substandard breastfeeding support • **Person-centred** - Substandard perinatal mental health support • **Workforce** - Negative attitudes of healthcare staff • **Communication** - Suffering in silence – women not complaining
Leeds Maternity Care - LTHT	**Capturing The Experience of Migratory Communities** Leeds\insight\capturing maternity voices.pptx	12 participants – 4 men and 8 women - refugees from Afghanistan	Jul 2022	• **Health inequality** - Barriers and facilitators of accessing health care as a refugee. • **Health inequality** - Using interpreters – pros and cons. • **Person-centred** – Importance of continuity of care for women with complex needs in pregnancy
National (LGBT Foundation for the Health & Wellbeing Alliance)	**Revealed: Improving Trans and Non-binary Experiences of Maternity Services (ITEMS) report** https://lgbt.foundation/news/revealed-improving-trans-and-non-binary-experiences-of-maternity-services-items-report/475	121 respondents (one of the largest studies of trans pregnancy, and the largest outside the US).	2022	• **Health inequality / workforce -** Trans and non-binary people's experiences of perinatal care are consistently worse across the board compared with cis women. This is also reflected in the proportion of trans and non-binary birthing parents who didn't access any perinatal care during pregnancy – 30% compared with up to 2.1% of the general population. • **Health inequality / workforce -** Transphobia and racism in perinatal care intersect to produce particularly poor outcomes for trans and non-binary birthing parents of colour. • **Communication / Information / Person centred -** There are examples of good practice, where midwives and services have a proactive approach to gender inclusion, from language used to provide care options that clearly centred on the needs of the individual patients. However, these were

Source	Publication	No of participants and demographics	Date	Key themes relating to maternity experiences
				generally localised and not supported at a wider scale by the necessary resources for training / development and national-level guidance.
Leeds Maternity Care - LTHT	**Health inequalities data and continuity of care in Maternity Services** Leeds\insight\5.4 Health Inequalities Data and Continuity of Care.pdf	Research data	2022	• **Health inequality** - National data and reporting highlights that there remain gaps in mortality rates between people from deprived and affluent areas, people of different ages and women from different ethnic groups. The latest MBRRACE report (2021) shows people from Black ethnic groups have been found to be four times more likely to die during pregnancy than those from White groups and those from Asian or mixed ethnicity ethnic backgrounds twice as likely to die in pregnancy compared to White childbearing people. • **Health inequality** - The dashboard highlighted key areas of high ethnic diversity; Beeston, Fearnville, Chapeltown, Harehills which has informed decision-making around continuity of carer work planning. • **Health inequality** - Focusing on areas of high socio-economic deprivation and populations of diverse ethnic backgrounds who experience poorer maternity outcomes is a key strategy in moving forward with reducing health inequalities work within Leeds maternity service.
Leeds City Council	**Leeds City Listening Project 2020 Findings Report** https://forumcentral.org.uk/wp-content/uploads/2020/06/Appendix-1-Leeds-City-Listening-Findings-Report-Full-2020.pdf	1390 marginalised, disadvantaged or disengaged women living in Leeds took part in the Listening project focus groups.	2020	• **Information** – lack of information accessibility • **Resources** - Lack of interpreters • **Wider determinants** - Money – i.e. cost of having a baby circumcised • **Wider determinants** - Childcare – many migrants don't have family to care for their children while attending appointments • **Wider determinants** - Employment / Education - when employed some feel their employers are not happy with them being pregnant • **Workforce** - Individual members of staff show discrimination – in housing and health services

Source	Publication	No of participants and demographics	Date	Key themes relating to maternity experiences
				• **Wider determinants** - Pregnancy can affect mental health and cause depression – impacts on the family as social services may get involved and it adds to the pressure on the family • **Wider determinants** - increased risk of domestic violence • **Communication** / **Health inequality** - Language barriers – some women have big families to look after and may not have time or motivation to attend English classes - Some are unable to afford ESOL as if working they have to pay. • **Wider determinants -** Integration – they struggle to integrate • **Wider determinants -** Feeling devalued and selfish by work colleagues following maternity leave
NHS Maternity Survey	**Benchmark Report for Leeds Teaching Hospitals Trust** Leeds Teaching Hospitals NHS Trust.pdf	294 responses received: White – 71% Asian / Asian British – 11% Black / Black British – 8%	2021	**Top scores compared with average England trust scores:** • **Information** - Labour & birth – Patients received enough information on induction before being induced. • **Person-centred** - Labour & birth – Patients were involved in the decision to be induced**.** • **Person-centred** - Staff caring for you - Patients (and / or their partner or companion) being left alone by midwives or doctors when they were worried. • **Timely care** - Care in hospital - Hospital discharge. • **Person-centred** - Labour & birth - During labour staff helped to create a more comfortable atmosphere. **Bottom scores compared with average England trust scores:** • **Person-centred** - During your pregnancy - Midwifery team was able to give you the help needed. • **Information** - Care after birth - Help and advice from health professionals about baby's health and progress. • **Workforce -** Care after birth - Seeing or speaking to a midwife as much as wanted.

Source	Publication	No of participants and demographics	Date	Key themes relating to maternity experiences
				• **Person-centred** - Care after birth - Midwife or midwifery team were aware of patient and baby's medical history. • **Workforce** - Care after birth – Confidence and trust in the midwife or midwifery team seen or spoken to after going home.
Leeds City Council	**Leeds Maternity Health Needs Assessment** https://observatory.leeds.gov.uk/wp-content/uploads/2020/08/Leeds-Maternity-Health-Needs-Assessment-April-2020-FINAL.pdf	Review of data	2020	• **Health inequality** - There has been an increase in the proportion of births to Black, Asian, and Minority Ethnic (BAME) women since 2009, with ethnic minority groups overrepresented in deprived Leeds • **Health inequality** - The under 18 conception rate is rising in Leeds and is higher than national and regional rates: with most births being to mothers in deprived Leeds. • **Health inequality -** There has been a rise in the infant mortality rate in Leeds since the last HNA, with a persistent gap between deprived Leeds and Leeds overall. The stillbirth rate for Leeds declined from 2000/02 • **Health inequality** - Smoking in pregnancy rates in Leeds are higher than national rates and are significantly higher amongst women who are under 18 years old at time of delivery.
				• **Health inequality** - The percentage of mothers with obesity in Leeds has been rising, with a greater percentage residing in deprived Leeds. Areas with high rates of maternal obesity are Middleton Park and Killingbeck and Seacroft– both deprived areas with a large White British population. • **Health inequality** - The White population in Leeds has the lowest breastfeeding initiation and continuation rates of all ethnicities. Young mothers are also much less likely to initiate breastfeeding. • **Health inequality** - The percentage of mothers attending their booking appointment before 10 weeks gestation has increased in Leeds overall since 2012/2013. However, the percentage of mothers from deprived Leeds attending before 10 weeks has slightly dropped

Source	Publication	No of participants and demographics	Date	Key themes relating to maternity experiences
				• **Covid 19** - COVID-19 threatens to exacerbate the deteriorating health situation outlined in the Marmot review and the health inequalities observed in this Health Needs Assessment. At a local level it is essential that we work as an integrated system to lessen the impacts on those most at risk and to minimise the widening of the health inequalities gap.
British Journal of Midwifery	**Destitution in Pregnancy** https://www.britishjournalofmidwifery.com/content/research/destitution-in-pregnancy-forced-migrant-womens-lived-experiences	Six in-depth individual interviews with forced migrant women who had been destitute during their pregnancy	2020	• **Health inequality** - A lack of food and being homeless impacted on women's physical and mental health. • **Clinical treatment** - Women relied on support from the voluntary sector to fill the gaps in services not provided by their local authorities • **Workforce / Health inequality** - Although midwives were generally kind and helpful, there was a limit to how they could support the women. • **Health inequality** - There is a gap in support provided by local authorities working to Government policies and destitute migrant pregnant women should not have to wait until 34 weeks gestation before they can apply for support
NHS Leeds CCG	**Maternity Strategy Insight refresh** https://webarchive.nationalarchives.gov.uk/ukgwa/20220902102531/https://www.leedsccg.nhs.uk/get-involved/have-your-say/insight-reviews/maternity-	We looked at 17 different sources of engagement with a good mixture of diversity. A total of 3,100 had been engaged	Dec 2020	• **Person centred** - Continuity of care is key (not repeating same story and easing stress and anxiety) • **Environment** - Positive environments are important (home from home feel) • **Person centred** - Having the same midwife or team from start to finish is important • **Resources** - Peer support can be invaluable • **Resources/Communication/Information** - Better signposting to peer support is required • **Information** - More information around bereavement services is needed

Source	Publication	No of participants and demographics	Date	Key themes relating to maternity experiences
	strategy-refresh-insight-review/			• **Person centred** - More personalised care can make a positive impact (especially for mums with learning difficulties) • **Health inequalities** - Taboo/stigma felt, especially in the Bangladeshi community
				• **Resources/Information** - Not enough sign posting/counselling support • **Person centred** - Think "family" around mental health, so partners and dads are not forgotten about • **Workforce** - Lack of mental health acknowledgment or support by some health professionals • **Resources/information** - Families felt that they were not given advice or information relating to their mental health • **Resources/Information** - Quality of mental health support/information needs to be better • **Workforce/Health inequalities** - Utilise peer support more within diverse communities • **Communication** - Poor communication/understanding negatively affect people with learning disabilities
				• **Resources/Information** - Pictures and apps work well for people with learning disabilities, rather than words • **Workforce/Health inequalities** - Staff training in the needs of asylum seekers/refugees • **Workforce** - Better cultural awareness needed by staff, and tailored breastfeeding support • **Communication** - Language barrier for people whose first language is not English • **Resources/information** - Preparation for Parenthood

Source	Publication	No of participants and demographics	Date	Key themes relating to maternity experiences
				• **Environment** - Teaching parenting skills in different settings, e.g., in schools, would help to prepare parents-to-be • **Person centred** - Involve dads/partners more, and ask what they need • **Communication** - Young mums do not like jargon • **Resources/Information** - Breastfeeding support targeted at different groups; peer support very important

Additional Reading / understanding

Local:

With thanks to Balvinder Dosanjh
Leeds and York Partnership NHS Foundation Trust (LYPFT)
Clinical Engagement, Access & Inclusion Co-ordinator
Perinatal Mental Health Service for the blogs below and for filming the service user videos

- Erol's blog – Erol shares his experience of the challenges that parents from minority ethnic backgrounds face, and how health professionals need more cultural awareness in everyday practice https://www.leedsandyorkpft.nhs.uk/news/blogs/errol-blogs-for-black-maternal-mental-health-week-2022/
- This blog details the importance of equity, diversity, inclusion and equality in mental health healthcare https://www.leedsandyorkpft.nhs.uk/news/articles/the-importance-of-equity-diversity-inclusion-equality-in-maternal-mental-healthcare/?utm_source=Twitter&utm_medium=social&utm_campaign=Orlo
- Black maternal mental health week 22 – Service user videos
    - Marilyne's video - https://youtu.be/DskseJ57kNw
    - Shameal's video - https://youtu.be/J3Ib3wDBzWU
- An enquiry into racial injustice and human rights 2021 / 22 Leeds\insight\Birthrights-inquiry-systemic-racism-May-22-web-1.pdf
- Invisible – Maternity experiences of Muslim women from racialised minority communities, July 2022 Leeds\insight\INVISIBLE maternity summary report final July 2022.pdf
- Evaluating the impact of befriending for pregnant asylum seeking and refugee women, 2013 National\befriending article.pdf
- The maternal health and motherhood section of the "State of Women's Health in Leeds" report: https://www.womenslivesleeds.org.uk/wp-content/uploads/2019/07/14_maternal-health-and-motherhood-1.pdf

National:

- FiveXmore Black maternal experiences report — FIVEXMORE
- Birthrights 'Systemic Racism not broken bodies' Birthrights-inquiry-systemic-racism_exec-summary_May-22-web.pdf
- NHS England (2021) Equity and equality guidance Equity and equality: Guidance for local maternity systems (england.nhs.uk)

6. Inequalities Review

We are committed to tacking health inequalities in Leeds. Understanding the experiences, needs and preferences of people with protected characteristics is essential in our work. This section of the report outlines our understanding of how end of life care is experienced by people with protected characteristics (as outlined in the Equality Act 2010 – Appendix D).

Please note that we are aware that the terminology used in relation to the recognition of a person's identity may depend on the context of its use. Some people may define some terms differently to us. We have tried to use terminology that is generally accepted. Please do get in touch if you would like to discuss this further.

Protected Characteristic	Insight
Age	Teenage pregnancy rates are highest in deprived areas of Leeds. In order of highest rate per geographical ward area: Gipton and Harehills, Hunslet and Riverside, Middleton Park, Burmantofts and Richmond Hill and Farnley and Wortley (Information from PLICS health inequalities dashboard, 2021-2022 In 2019, Leeds had the highest rates of chlamydia amongst 16 - 24 years olds in the region and that the teen pregnancy rate was still ahead of averages for both Yorkshire and the Humber and the UK as a whole. The under 18 conception rate is rising in Leeds and is higher than national and regional rates: with the majority of births being to mothers in deprived Leeds. Smoking in pregnancy rates in Leeds are higher than national rates and are significantly higher amongst women who are under 18 years old at time of delivery. Explore if there are any gaps in information/data on mature mums? (Geriatric mums as they are referred to in maternity services)
Disability	We have been unable to source any local evidence relating to the experience of women with physical disabilities, women with sensory impairments or Deaf / Hearing Impaired; blind / sight impairment
Gender (sex)	We have been unable to source any local evidence relating to the experience of gender
Gender reassignment	We have been unable to source any local evidence relating to the experience of the Trans community
Marriage and civil partnership	(Marriage and civil partnership in relation to the Equality Act is only relevant to employment – not service provision)

Protected Characteristic	Insight
Pregnancy and maternity	Covered within the report
Race	Black and Asian women have a higher risk of dying during pregnancy White women 7 / 100,000 Asian women 12 / 100,00 Mixed ethnicity women 15 / 100,000 Black women 32 / 100,000 There has been an increase in the proportion of births to Black, Asian, and Minority Ethnic (BAME) women since 2009, with ethnic minority groups overrepresented in deprived areas of Leeds. Refugee women have a disproportionate increased risk of poor maternal and perinatal outcomes. The White population in Leeds has the lowest breastfeeding initiation and continuation rates of all ethnicities.
Religion or belief	We have been unable to source any local evidence relating to the experience of religion or belief
Sexual orientation	We have been unable to source any local evidence relating to the experience of sexual orientation
Homelessness	The complexities of women and families accessing services in Leeds are increasing, in terms of both physical health and social factors. Staff report a rise in the number of women homeless (including 'sofa surfing').
Deprivation	Areas of higher deprivation such as Fearnville, Chapeltown and Beeston have a higher rate of pre-term births.
Carers	We have been unable to source any local evidence relating to the experience of carers
Access to digital	We have been unable to source any local evidence relating to the experience of accessing digital
Served in the forces	We have been unable to source any local evidence relating to the experience of people who have served in the forces

7. Gaps and considerations

This section explores gaps in our insight and suggests areas that may require further investigation.

Gaps identified in the report:

Whilst acknowledging that it is almost impossible to seek the views of everyone, the areas that stand out as being a current gap are LGBTQ plus communities, Gypsy and Traveller communities, and women with physical disabilities and sensory impairments.

Additional gaps and considerations identified by stakeholders

To be added.

8. **Next steps** – What happens next?

This insight report will contribute to improving Maternity care in Leeds as follows:

a. **The report will be added to the Leeds Health and Care Partnership website**
   The report and associated information will be available on our website and we will use this platform to demonstrate how we are responding to the findings in the report.

b. **A public involvement workshop with key partners will take place in January 2023**
   We will meet with key maternity stakeholders in January to:
   - Describe our maternity work in Leeds
   - Outline and agree the findings of this report
   - Identify and agree additional gaps
   - Plan involvement work to understand the gaps in our knowledge
   - Co-produce an approach to involving the public in shaping maternity services in Leeds

c. **Explore how we feedback our response to this report**
   We will work with partners to feedback to the public on how this insight is helping to shape local services.

Appendix A: Key partners

It is essential that we work with key partners when we produce insight reports. This helps us capture a true reflection of people's experiences and assures us that our approach to insight is robust. To create this insight report on maternity care, we are working with the following key stakeholders:

Board members

Name	Organisation
Dr Julie Duodo (chair)	System integrator clinical lead (Integrated Care Board)
Nigel Hodgkins	Leeds Community Health
Kelly Cohen (Sue Gibson)	Leeds Teaching Hospitals NHS Trust
Andrea Richardson	Leeds City Council (children and families)
Kathryn Ingold	Public Health
Cath Lee	Mencap
Laura McDonagh	Leeds and York Partnership Foundation Trust
Aneira Thomas	Leeds Maternity Voices Group
Nikki Stanton	Integrated Care Board Leeds

Third sector and public representatives

Name	Organisations
Yvonne Opebiyi	Guiding Light Leeds
Bahar	Bahar Women's Association for Afghan women
Errol Murray	Leeds Dads
Anna Harrold	Home start Leeds
Georgia Griffiths	Women's Health Matters – Pregnancy Advocacy Service
Rose McCarthy	City of Sanctuary Maternity Stream antenatal group
Hannah Davies	Healthwatch Leeds
Karl Witty Pip Goff	Forum Central

Networks and partnerships

Contact	Group
Jenny Roddy	Consultant Public Health Midwife
Balvinder Dosanjh	Leeds and York Partnership Foundation Trust
Jennifer Jennings	Migrant access programme/ Community connector contacts
Nicola Goldsborough	Public health
Emma Rajakrishnen	Patient Experience (maternity) ICB
Diane Bride-Johnson/Rachael Wright	Chapeltown Health Centre

Appendix B: **Maternity Outcomes Framework**

Maternity Population Outcome Framework			
Link to Healthy Leeds Plan Strategic Indicators			
Health Outcome Ambitions Improve infant mortality Reduce potential years life lost avoidable causes and rates of early death	**System Activity Metrics** Reduce the proportion of adults: - With a BMI over 30 - Who smoke Increase proportion of people being cared for in primary and community services Reduce rate of growth in non-elective bed days and A&E attendances	**Quality Experience Measures** Improve the experience of those using: - Primary care services - Community services - Hospital services Person centred co-ordinated care experience P3C-EQ	
Outcome	**Outcome Measures**	**Process Measures**	**Operational measures – could these be reviewed at other meetings and escalated to mat board by exception?**
1 Families and babies are physically healthy	Increase the number of people returning to the Healthy Population following the maternity period Decrease the Perinatal Morality rate Decrease the infant mortality rate Decrease the neonatal morality rate Decrease the maternal mortality rate Decrease the still birth rate Decrease the brain injury rate Decrease the preterm birth rate Ensure that safe, effective, and high-quality maternity care is accessible for everyone. (ask Jo about this)	Increase percentage of babies born within Healthy Birth weight Reduce number of babies born with Foetal Alcohol Syndrome (substance misuse?) Increase % women low risk at the onset of labour Increase % women low risk at start of pregnancy Maternal weight at booking (BMI >18.5 or BMI <25) Number of population accessing weight management services (previous One You Leeds) % People smoking at conception % people referred to services, become non-smokers and remain non smokers at the end of the perinatal period Number of population accessing Forward Leeds (referral and utilisation, recovery rates) Rates of people attending their 6-8 week postnatal GP check Rates of people who have decided on their pregnancy choices and have booked in with appropriate service before 10 weeks (community midwifery services or termination services). Of those families identified as vulnerable*, % receiving additional visits from the 0-19 service % of people diagnosed with GDM (gestational diabetes) Complication rate for termination of pregnancy % families supported to access domestic violence services if needed during perinatal period (against prevalence) % of deliveries that are affected by peri-partum trauma to either mum or baby – (ask LTHT if this is recorded like this, detail included in operational measures).	% infants sustaining injuries during birth – shoulder dystocia (patient reported and clinically reported) % infants sustaining brain injuries during or soon after delivery % mothers experiencing complications during and after pregnancy – incontinence, vaginal tears, preeclampsia, infections % of mothers sustaining vaginal tearing (broken down by grade) % of mothers who go on the suffer continence issues due to vaginal tearing % with pregnancy complication injuries followed up and managed in the appropriate place Admission rates to neonatal unit overall % of identified communication incidents between midwifery services and 0-19 that have resolved actions % of people who have GDM in more than one pregnancy % of people who are invited to annual blood test for HbA1C % of people who have blood test arranged during 6-8 week postnatal GP check A&E attendances during pregnancy Unplanned admissions – pregnancy complications % of attendances at MAU that go home with no action

Maternity population outcomes framework

Link to Healthy Leeds Plan strategic indicators:

- **Health outcome ambitions**
  - Improve infant mortality
  - Reduce potential years life lost avoidable causes and rates of early death
- **System activity metrics**
  - Reduce the proportion of adults:
    - With a BMI over 30
    - Who smoke
  - Increase proportion of people being cared for in primary and community services
  - Reduce rate of growth in non-elective bed days and A&E attendances
- **Quality experiences measures**
  - Improve the experience of those using:
    - Primary care services
    - Community services
    - Hospital services
  - Person-centred co-ordinated experience.

Outcome	Outcome measure	Process measure	Operational measure
1. Families and babies are physically healthy	• Increase the number of people returning to the Healthy Population following the maternity period • Decrease the Perinatal Morality rate • Decrease the infant mortality rate	• Increase percentage of babies born within Healthy Birth weight • Reduce number of babies born with Foetal Alcohol Syndrome (substance misuse?) • Increase % women low risk at the onset of labour • Increase % women low risk at start of pregnancy • Maternal weight at booking (BMI >18.5 or BMI <25)	• % infants sustaining injuries during birth – shoulder dystocia (patient reported and clinically reported) • % infants sustaining brain injuries during or soon after delivery • % mothers experiencing complications during and after pregnancy – incontinence, vaginal tears, preeclampsia, infections

Outcome	Outcome measure	Process measure	Operational measure
	• Decrease the neonatal morality rate	• Number of population accessing weight management services (previous One You Leeds) • % People smoking at conception • % people referred to services, become non-smokers and remain non smokers at the end of the perinatal period • Number of population accessing Forward Leeds (referral and utilisation, recovery rates) • Rates of people attending their 6-8 week postnatal GP check • Rates of people who have decided on their pregnancy choices and have booked in with appropriate service before 10 weeks (community midwifery services or termination services).	• % of mothers sustaining vaginal tearing (broken down by grade) • % of mothers who go on the suffer continence issues due to vaginal tearing • % with pregnancy complication injuries followed up and managed in the appropriate place • Admission rates to neonatal unit overall
	• Decrease the maternal mortality rate • Decrease the still birth rate • Decrease the brain injury rate • Decrease the preterm birth rate • Ensure that safe, effective, and high-quality maternity care is accessible for everyone. (ask Jo about this)	• Of those families identified as vulnerable*, % receiving additional visits from the 0-19 service • % of people diagnosed with GDM (gestational diabetes) • Complication rate for termination of pregnancy • % families supported to access domestic violence services if needed during perinatal period (against prevalence) • % of deliveries that are affected by peri-partum trauma to either mum or baby – (ask LTHT if this is recorded like this, detail included in operational measures).	• % of identified communication incidents between midwifery services and 0-19 that have resolved actions • % of people who have GDM in more than one pregnancy • % of people who are invited to annual blood test for HbA1C • % of people who have blood test arranged during 6-8 week postnatal GP check • A&E attendances during pregnancy

Outcome	Outcome measure	Process measure	Operational measure
		• Reducing admission of full term babies to neonatal units (ATAIN) – physically or emotionally healthy? • Children who require universal plus vs ability to meet offer • % of attendances at MAU which result in admission due to complication • % of attendances to MAU which result in follow up contact • % with substance misuse referred onwards (against prevalence) • % with alcohol addiction referred onwards (against prevalence)	• Unplanned admissions – pregnancy complications • % of attendances at MAU that go home with no action
2. Families and babies are emotionally healthy	• PROMS or something from MVP which reports patient reported outcomes • Improved mental health score following intervention? • Decreased perinatal mortality rate • Decreased admission to MABU • Decreased perinatal suicide rate • Increased access to PNMH services where it is appropriate (against prevalence)	• % of women receiving three Parental Perinatal Mental Health Pathway listening visits from the 0-19 Team • % of women with an improved GAD-7 and/or PHQ-9 score following 0-19 Parental Perinatal Mental Health Pathway listening visits • % new and expecting parents identified as having moderate to severe mental health conditions • Access to advocacy/emotional support via termination services (offered and accepted) • % of women and partners who were identified with a mental health need who accessed mental health services (SCPMHS and LMWS) • % of women and partners seen within 2 weeks of referral to MH services	• % women asked GAD and PHQ questions at booking, during pregnancy and postnatally (or other PROM measure) • % staff working with this population who have received training in perinatal mental health • % people identified as having moderate to severe mental health conditions referred to obstetrician and community perinatal mental health service

Outcome	Outcome measure	Process measure	Operational measure
		• % families accessing Specialist Community Perinatal Mental Health Service • % people identified with moderate to severe mental health conditions with a perinatal care plan by 32 weeks of pregnancy after joint obstetric/psychiatry outpatient appointment – compare with prevalence • Rates of postpartum depression - % of people diagnosed with post-partum depression (birthing parents, adoptive parents and partners). • % of pregnant people who interact with social services offered emotional support	
3. Everyone can access personalised care safely during and after their care.	• Increase the % families achieving desired place of birth • Increase the number of personalised care and support plans completed • Increase the % people receiving1:1 care in labour • Increase the % of people who feel they have trusted and consistent maternity contact or link (PROMS)	• Number of families accessing services in maternity/family hub setting • Number of third sector organisations offering antenatal support • % accessing personalised offers from specialist teams (Haamla team, diabetes team, LD team etc) • % babies born in the right place - rate of "off pathway" births • Planned vs actual home birth rates • % people safely on continuity of carer pathway • % of people with a doula (against prevalence of newly arrived women)	• Number of site closures • % midwife led births • % families access digital maternity care record
4. People feel prepared for parenthood	• Rate of infants and children remaining in their parents care	• % families accessing antenatal parenting offer with 0-19 Team • % families accessing antenatal parenting offer through children's centres	• Rate of women accessing postnatal contraception/Rate of women accessing LARC

Outcome	Outcome measure	Process measure	Operational measure
	• Number of families who have had more than one child removed • % of people who feel prepared for first pregnancy • % of people prepared for subsequent pregnancies	• % families accessing antenatal parenting offer through other services (private services) • % appointments with cannot attends or DNAs for antenatal visits • People supported by Healthy Living Services for weight management against prevalence of overweight pregnant people • Breastfeeding rates - initiation and at 6-8 weeks / BFI audit results • % of pregnant people with safeguarding team involvement	

Appendix C: Involvement themes

The table below outlines key themes used in our involvement and insight work. The list is not exhaustive and additional themes may be identified in specific populations.

Theme	Description	Examples
Choice	Being able to choose how, where and when people access care. Being able to choose whether to access services in person or digitally	People report wanting to access the service as a walk-in patient. People report not being able to see the GP of their choice
Clinical treatment	Services provide high quality clinical care	People told us their pain was managed well
Communication	Clear communication and explanation from professionals about services, conditions and treatment.	People report that they're treatment was explained in a way that they understood
Covid-19	Services that are mindful of the impact of Covid-19	People report the service not being accessible during the pandemic
Environment	Services are provided in a place that is easy to access, private, clean and safe and is a way that is environmentally friendly and reduces pollution	People report that the waiting area was dirty
Health inequality	Services are provided in a way that meet the needs of communities who experience the greatest health inequalities.	Older people report not being able to access the service digitally
Information	Provision of accessible information about conditions and services (leaflets, posters, digital)	People report that the leaflet about their service was complicated and used terms they did not understand
Involvement in care	Involvement of people in individual care planning and decision-making.	People told us they were not asked about their needs and preferences
Involvement in service development	Involvement of people in service development. Having the opportunity to share views about services and staff.	People told us that they were given an opportunity to feedback about the service using the friends and family test
Joint working	Care is coordinated and delivered within and between services in a seamless and integrated way	People report that their GP was not aware that they had been admitted to hospital
Person centred	Receiving individual care that doesn't make assumptions about people's needs. Being treated with dignity, respect, care, empathy and compassion. Respecting people's choices, views and decisions	People report that their relative died in the place they wanted

Resources	Staff, patients and their carers/family/friends have the resources and support they need	Family reported that adaptions to the house took a long time to be made
Satisfaction	Services are generally satisfactory	Most people told us that they were very happy with the service.
Timely care	Provision of care and appointments in a timely manner	People report waiting a long time to get an appointment
Workforce	Confidence that there are enough of the right staff to deliver high quality, timely care	People raised concerns that the ward was busy because there were not enough staff
Transport and travel	Services are provided in a place that is easy to access by car and public transport. Services are located in a place where it is easy to park.	People report poor local transport links People report good access to parking
Wider determinants	Services and professionals are sensitive to the wider determinants of health such as housing	People told us that their housing had a negative impact on their breathing

Appendix D: Protected characteristics (Equality and Human Rights Commission 2016)

1. **Age -** Where this is referred to, it refers to a person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).
2. **Disability -** A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
3. **Gender (Sex) -** A man or a woman.
4. **Gender reassignment -** The process of transitioning from one gender to another.
5. **Marriage and civil partnership -** Marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same-sex couple. [1] Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act).
6. **Pregnancy and maternity -** Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.
7. **Race -** Refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
8. **Religion or belief -** Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (such as Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.
9. **Sexual orientation -** Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Other characteristics

Other protected characteristics identified by the ICB in Leeds include:

- **Homelessness** – anyone without their own home
- **Deprivation** – anyone lacking material benefits considered to be basic necessities in a society
- **Carers** - anyone who cares, unpaid, for a family member or friend who due to illness, disability, a mental health problem or an addiction
- **Access to digital** – anyone lacking the digital access and skills which are essential to enabling people to fully participate in an increasingly digital society
- **Served in the forces** – anyone who has served in the UK armed forces