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Women's voices

Phase 2

Midwifery Units Study

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Themes from women's focus groups

- 6 case study Trusts
- 13 focus groups & 3 interviews
- 76 women, who:
  - Gave birth in the Trust in the last 12 months
  - Well women (midwife-led pathway)
  - 18-40 years and not currently pregnant
- 7% white European, 30% Asian, 63% white British

Main issues summarised

- Information and knowledge about MUs
- Influences on birthplace decision-making
- Administrative and logistical issues

MU Information and Knowledge

- Wide variation in MU information received within and between Trusts
  - No information received - mentioned by 2x as many women
  - Sources of information: midwives most, then internet

  "Well it's just that nobody gave us the information about it [MUs]. That's the main thing. I didn't know nothing about it."

- Wide variation in knowledge about MUs

  "The first time I saw it, the fifth time I went there [OU/AMU hospital] was the first time I saw the birthing centre [AMU]…"

- Differences between ethnicities apparent
  - not 'white British' received less information (acknowledged in midwives focus groups also)

Influences on birthplace decision-making

- **Familiarity with MU important**
  - Environment, staff, location, accessibility
  - Antenatal care or classes, formal or informal tour, postnatal checks etc

"I actually went to the actual live [tour], like they show you around [AMU], just so that we kind of knew where everything was, so that we'd know where to go… it was good to look around first, and it actually gave me a lot of peace of mind because the lady showing us around was really nice, and everything looked really good."

Influences on birthplace decision-making

- **Continuity of carer**
  - Strong desire for it expressed
  - Experienced by small proportion of women but extremely positive for them
  - Where community & FMU staffing integrated possibility of continuity valued
  - If MUs offered continuity of carer model women more likely to use them

…"And if I could have been at least partially guaranteed that I could have had the same midwife at [FMU] that I was seeing, and I would see the same person through the pregnancy, that would really encourage me to go to the MU rather than the [OU/AMU] hospital, because I would have felt like I had that advocate."

Influences on birthplace decision-making

- **Location of MU important**
  - Relative to home (for access in labour) or OU (for access on transfer)
  - FMU distant location from home more of issue than distance from OU

"I wanted to go to [FMU] because it was literally two minutes from my house. And I really didn't… because trying to get to [OU/AMU] from my house, if you got stuck in traffic… and I had my second one on the toilet at home."

  - AMU close location to OU seen by many as 'optimal'

"So you're half an hour down the motorway then; and if you have a poorly baby you don't - you want to be 30 seconds in next door, not 30 minutes down the motorway."

- **Cross-Trust boundary issues**
  - Some women discouraged or 'denied' option of MU booking in another Trust

"I got told 'no' to [nearby Trust town]."

Administrative and logistical issues

- Birthplace booking process and timing
  - Uncertainty re what it is, if it can be changed, necessity, timing
  - Most Trusts birthplace booking done at first visit – less discussion & flexibility

"I wasn't aware that you had to decide before you went in for your booking appointment, so I was asked on the spot and I didn't know. But the midwife said that you have to choose now because they have to book the hospital in advance."

"Yeah, because maybe sometimes you feel like well I've made my decision now, so that's what I need to do. As opposed to knowing that it is actually changeable."

  - Some Trusts postpone MU booking until 3rd trimester
    - 'just in case' women's 'low risk' status changes – disincentive for MU

Conclusion

- Inadequate MU information sharing with women
- Evidence of institutional racism re birthplace
  - Those not ‘white British’ not informed of choices

- Familiarity with MU facilitates birthplace decision-making
- Continuity of carer desired by women
  - If MUs offered continuity of carer, women more likely to use them
- Location of MU important – distance from home & from OU

- Birthplace booking process and timing inconsistent and unhelpful for MU planned birth

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