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Synopsis

Post-pandemic planning for maternity care for local, regional, and national maternity systems across the four nations: a mixed-methods study

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Plain language summary

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Plain language summary

During the pandemic, many pregnant and postpartum women received virtual care and monitored their health at home. They faced a dilemma about COVID-19 vaccination due to limited information on its efficacy and safety; this decision was especially crucial for minority ethnic women, who had higher risks of severe illness from COVID-19.

We aimed to find out how pregnant women and babies have been affected by maternity care changes due to COVID-19. We wanted to learn and 'build back fairer'. Questions included: Were any changes useful, unwelcome, damaging or more costly? How were different groups affected? Can we learn to reduce inequalities in maternity care? Our project comprised three work packages:

Work package 1: used maternity and mental health records from South London, comparing care (such as for gestational diabetes) and outcomes over time (such as caesarean birth), among different groups of women. With few exceptions, patterns of outcomes over time remained similar to how they were changing (or not) before the pandemic. However, virtual antenatal care was associated with more poor outcomes and higher costs (for minority ethnic group women).

Work package 2: involved reviewing the literature, and conducting interviews and a national survey. First, our review of other studies of the experiences by women of receiving maternity care, or by healthcare professionals of providing that care during the pandemic, identified the need for personalised care. This means care that is tailored to the needs of service users and their communities, especially those who are often overlooked. This includes giving people clear information and working together with both patients and staff to design services that reflect their real-life experiences. By doing this, we may improve the well-being of maternity care staff and ensure that care is fair and inclusive for everyone. Second, our interviews – with women, partners and healthcare providers and leaders – identified a legacy of mistrust, lack of information and confusing guidance that contributed to vaccine hesitancy for pregnant women during the pandemic. Third, in our national survey, women of reproductive age (including pregnant/postpartum women) reported being promptly vaccinated, but with angst and despite having received misinformation and discouragement from some healthcare professionals.

Work package 3: involved holding 'Listening Events' (discussions) and a national Policy Lab, collaborative workshop at which stakeholders work together to develop clear solutions that can be put into action. Our programme's findings, published literature and Listening Event discussions led us to focus our Policy Lab on how coproduction between care users and care providers can be used in local health systems to improve maternity care.

Throughout, we worked with our patient and public involvement and engagement advisory group.

Our findings show that while pregnancy outcomes were largely unchanged, experiences of care suffered, and virtual care was more expensive. Maternity care is currently in crisis in the United Kingdom. Adopting a maternity system through partnership between those receiving and delivering maternity care could provide solutions necessary to 'build back better', for now and for future health system shocks.