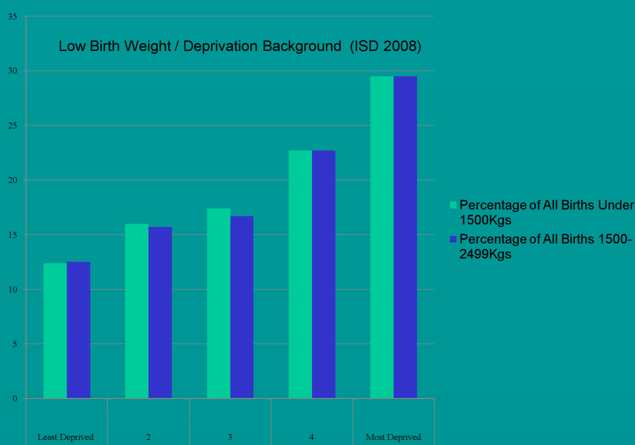
Engagement: an indicator of difference in the perceptions of antenatal care for pregnant women from diverse socioeconomic backgrounds

Dr Angie Docherty, Dr Carol Bugge

Background

Socioeconomically deprived women are at greater risk of adverse pregnancy outcomes such as maternal death and low birth weight:



To date, research and policy has tended to focus on access, or *equality,* of antenatal services

Yet access may not equate to the *equity* or meaningfulness of antenatal services for women from different socioeconomic backgrounds

The largely quantitative research that has been published to date has not expanded our understanding of the individual perceptions regarding how women experience and progress through current antenatal care

Without this understanding we are not in a position to develop or plan antenatal care in a format that may minimise negative pregnancy outcomes for those most at risk

As such, we may continue to provide a service that fails to meet socioeconomic need

Aims

This study aimed to add a qualitative perspective to the existing knowledge base. Two specific aims were detailed:

To determine pregnant women's perceptions of current antenatal care

To determine if women from extreme socioeconomic backgrounds perceive antenatal care differently. If so, how do their perceptions differ?

Research Method

The study was set within one Local Authority area in West Central Scotland. This area was administered by one NHS Board and contained one Maternity Unit.

The design was a multiple, two-tailed, qualitative case study.

Inclusion criteria were primigravida women 'booking' their pregnancy at the maternity unit under study. They had to be aged over 16yrs, with low obstetric risk pregnancies. They also had to reside within the 20% highest or lowest deprivation quintiles as identified via the Scottish Index of Multiple Deprivation (SIMD 2006).

Cases were allocated to either the 'least deprived' or 'most deprived' tail based on their SIMD ranking.

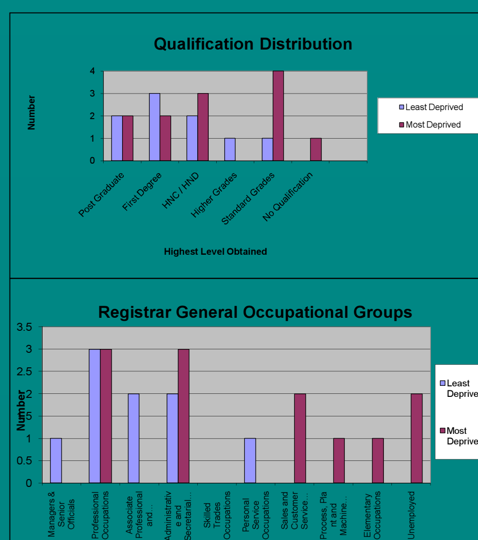
Longitudinal interviews were undertaken between January 2007 and April 2009. Each case was interviewed twice – once just after booking and once at the final trimester. (Four cases, all from the 'most deprived' tail declined the second interview).

Categorical data were collated and qualitative data were analysed using case study replication analysis.

The Case Groups

Case group one comprised women from the 'least deprived' areas (n=9) and case group two comprised women from the 'most deprived' areas (n=12)

A number of variables were collated for each group. The SIMD ranking confirmed each tail represented the extremes of socioeconomic background. The groups were closer in age and education level than might have been expected though aspects such as occupational grouping differed:



Main Findings

Given the relatively small sample size, findings are tentative:

The results suggest little difference in access to antenatal services between the 'least' and 'most' deprived groups e.g: all cases attended as required for antenatal appointments and only one case from the most deprived group (where data was available) did not attend antenatal classes.

However, perception of care may have differed in relation to the level of 'engagement' (defined as personalisation and active involvement in care, power and relationships and health literacy).
For example:

> "the midwife had said to me if you're ever, if there's anything you're ever worried about they gave me those two numbers and it was like they really meant it if you know what I mean" (Least Deprived 3)

> "I didn't really know what was happening about antenatal classes and things like that, what to actually do about that. I can remember them being mentioned at some point but I'm not sure if it's something I should arrange or what to do about that" (Most Deprived 13)

In these terms, engagement was suggested in most of the 'least deprived' group and almost none of the 'most deprived' group.

Specifically, socioeconomically deprived women appeared to describe less evidence of: personal connection to their own care; effective communication and the opportunity for shared decision making. For example:

> "She told me just about basically the different options of like how to have your baby about whether you wanted consultant led or midwife led and explained the difference between the two…. so I kind of made a choice that I was just going to go with midwife led" (Least Deprived 4)

> "Sometimes there is quite a lot of jargon and when I go to my appointments you know when I'm being measured and stuff like that and they're checking for the foetal position and stuff they're not really [getting] back to me, I've got to come back and check my notes" (Most Deprived 9)

Potential Implications

The findings suggest that, for women from socioeconomically deprived areas, access may be a less useful indicator than engagement when assessing the quality of the antenatal service.

The lack of engagement perceived by those who are most deprived may suggest that equity of service is yet to be attained for those who are most in need.

The skills to promote engagement in those most at risk may have to be strengthened.

Further Information:

Angie Docherty, Lecturer in Public Health Nursing, University of the West of Scotland, High St, Paisley PA1 2BE, email: angie.docherty@uws.ac.uk

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This study was unfunded other than support for a Doctor of Nursing Programme

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