

2023

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Baldock, Stephanie

Baldock, S. (2023). 'The challenges for women identified as being from deprived backgrounds in attending obstetric ultrasound appointments: a service improvement project', South West Clinical School Journal, 3 (3).

<https://pearl.plymouth.ac.uk/handle/10026.1/21412>

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<https://doi.org/10.24382/a34g-1a27>

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#400WORDS: KNOWLEDGE + ACTION

## The challenges for women identified as being from deprived backgrounds in attending obstetric ultrasound appointments: a service improvement project

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Submitted for publication: 11 September 2023

Accepted for publication: 11 September 2023

Published: 29 September 2023

### Background

Maternity care is designed to be women-centred and adaptable to meet the individualised needs of the woman, her baby and family. However, disadvantaged women and their babies are at an increased risk of poor perinatal outcomes and face more barriers to accessing care (Mckeish, 2019). Reducing health inequalities in childbearing women is vital to improve mortality and morbidity rates. Both the MBRRACE-UK (2022) report and NICE (2021) guidance state that the stillbirth rate increases according to the level of deprivation, with almost twice as many stillbirths for women living in the most deprived areas (47/10,000).

This service improvement project aimed to improve the maternity care service by focusing on the barriers women from deprived backgrounds have encountered when accessing maternity ultrasound appointments.

### Method

A mixed methods approach was used, involving a retrospective audit and patient questionnaires. The audit covered six months from September 2022 to February 2023 and was performed at one NHS Trust in South West England, to illustrate the 'Did Not Attend' (DNA) rates within obstetric ultrasound. Ethical approval was not required as it was a service improvement project.

## Results

From the audit, 75/127 (59%) of DNA'd appointments were from women classed as socially disadvantaged. The three most common complex social factors highlighted were domestic violence, housing/homelessness, and mental health issues. 60% of women had one complex social factor, 36% had two and 4% had three. 26/42 women agreed to undertake the questionnaire, providing a 62% response rate. Analysis recognised that transport, appointment times and childcare were the most commonly cited problems for non-attendance (figure 1). Responses highlighted that an appointment text reminder would be beneficial, along with offering familiarity of the department prior to a woman's appointment.

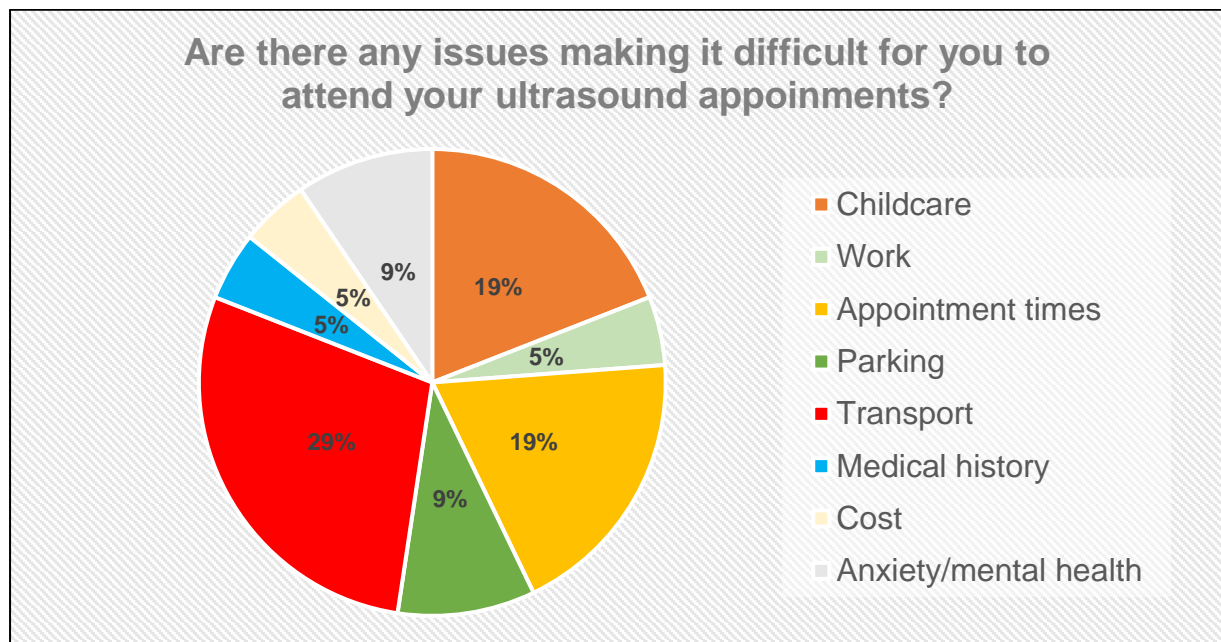


Figure 1: Women's responses for non-attendance

## Discussion

The results illustrated a higher percentage of DNA rates in women classified as being socially disadvantaged. Therefore, emphasising the importance of trying to reduce as many barriers as possible to prevent poorer perinatal outcomes and increase mortality and morbidity rates (MBRRACE-UK, 2022). Transport, appointment times and childcare issues were just a few of a wide range of barriers that were highlighted from this project.

## Conclusion

Service improvements identified include offering a wider range of appointment times to help reduce public transport and childcare issues, especially around school run times. Providing appointment reminders and offering a social media video of the department could support women to attend their appointments.

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