

Health Inequalities and antenatal care

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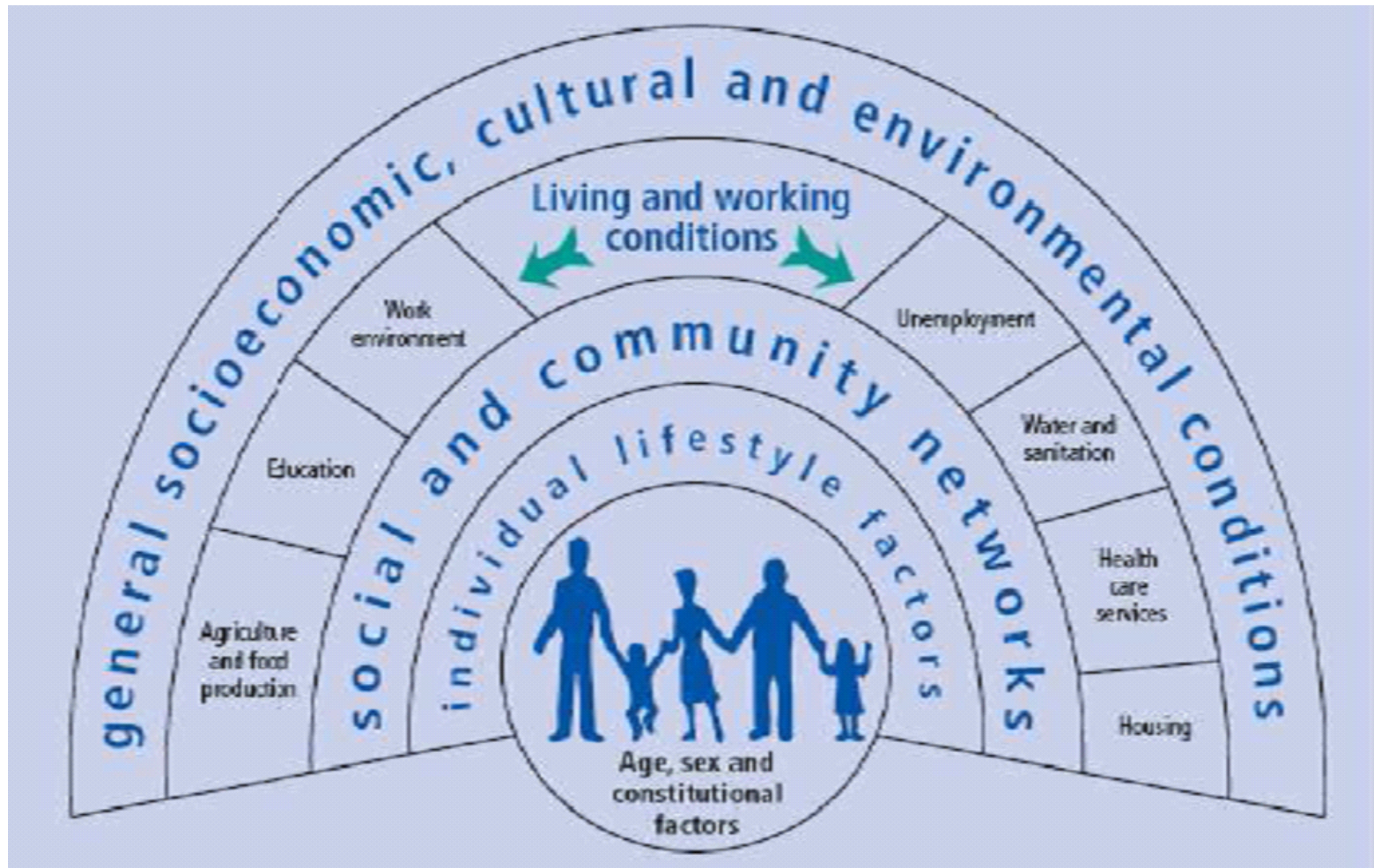
Overview

What are health inequalities?

What do we know?

What can we do?

The determinants of health



What are health inequalities?



People's lifestyles and the conditions in which they live and work strongly influence their health.

health inequalities - unjust or unfair differences in health outcomes within or between defined populations

What are antenatal health inequalities?

- **Largely socially determined variations** in health outcomes for women and their babies determined pre conceptually *and* during pregnancy.
- have **clinical manifestations that require effective clinical responses**
- They result in poor ***comparative* health outcomes** for women and their babies –are especially significant where any or some of the following ***circumstances interlock***: poverty, age (teenage/older), ethnicity, domestic abuse, disability, substance misuse problems, alcohol +tobacco use.

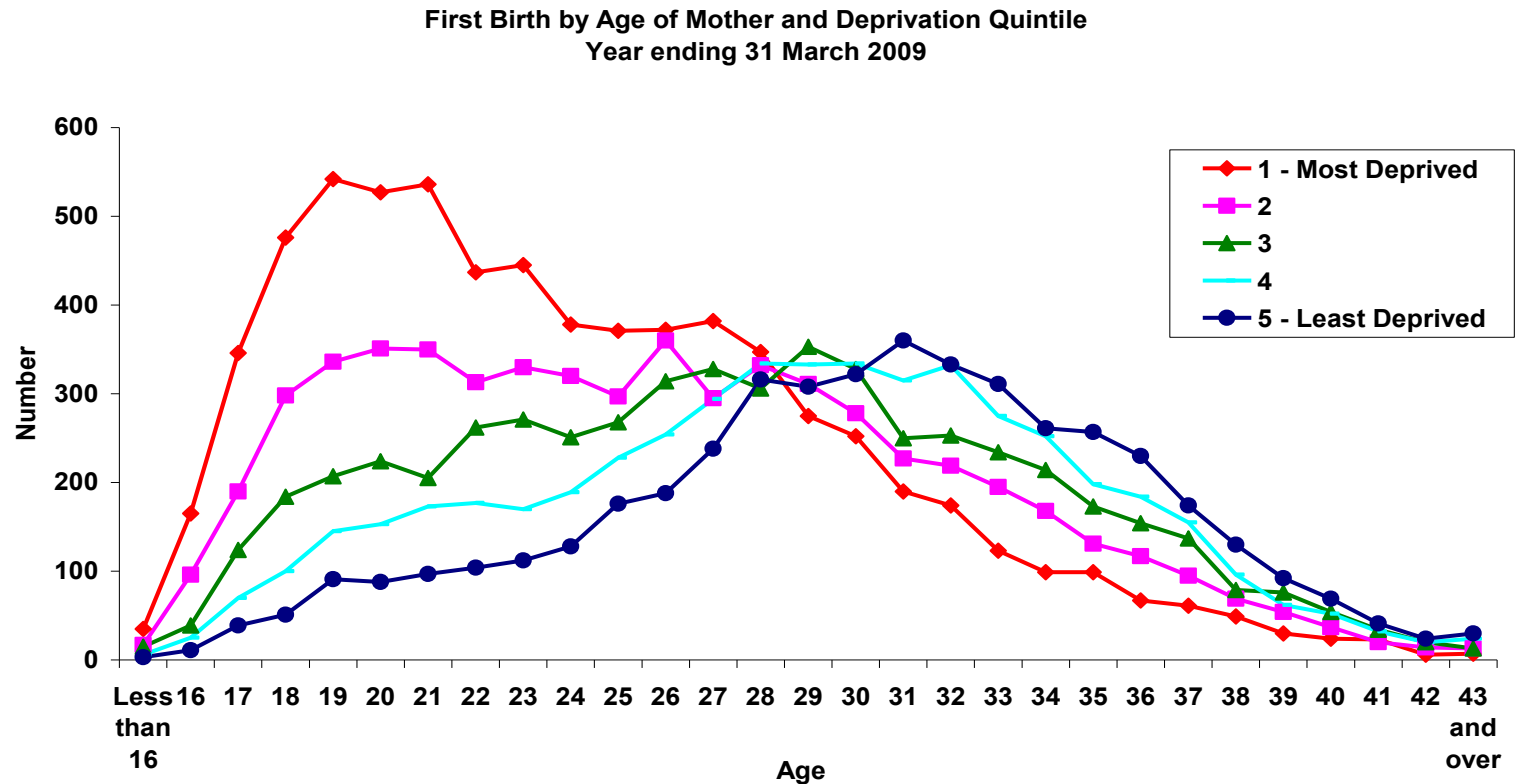
WHAT WE KNOW

- **Women living in families where both partners were unemployed, many of whom had features of social exclusion, were up to 20 times more likely to die than women from more advantaged groups (CMACE 2002
<http://www.cemach.org.uk/Publications-Press-Releases/Report-Publications/Maternal-Mortality.aspx>)**
- **Infants of women living in complex social circumstances have an increased risk of dying during the perinatal period (NICE, 2010).**
- **Children born to women from more vulnerable groups experience a higher risk of morbidity and face problems with pre-term labour, intrauterine growth restriction, low birth weight and higher levels of neonatal complications. (CMACE 2007)**

WHAT WE KNOW

- **High risk factors during pregnancy -substance misuse, domestic abuse, smoking as well as diet and maternal nutrition impact on a child's subsequent health and development outcomes (Early Years Framework Evidence Briefing, add webpage).**
- **Almost two thirds of pregnant women under 20 did not attend any antenatal classes, these young women were more likely to indicate that they did not like groups or did not know where antenatal classes were. (Growing Up in Scotland <http://www.growingupinscotland.org.uk/>)**
- **Women from BME communities are up to 7 times more likely to die in childbirth (CMACE 2007)**

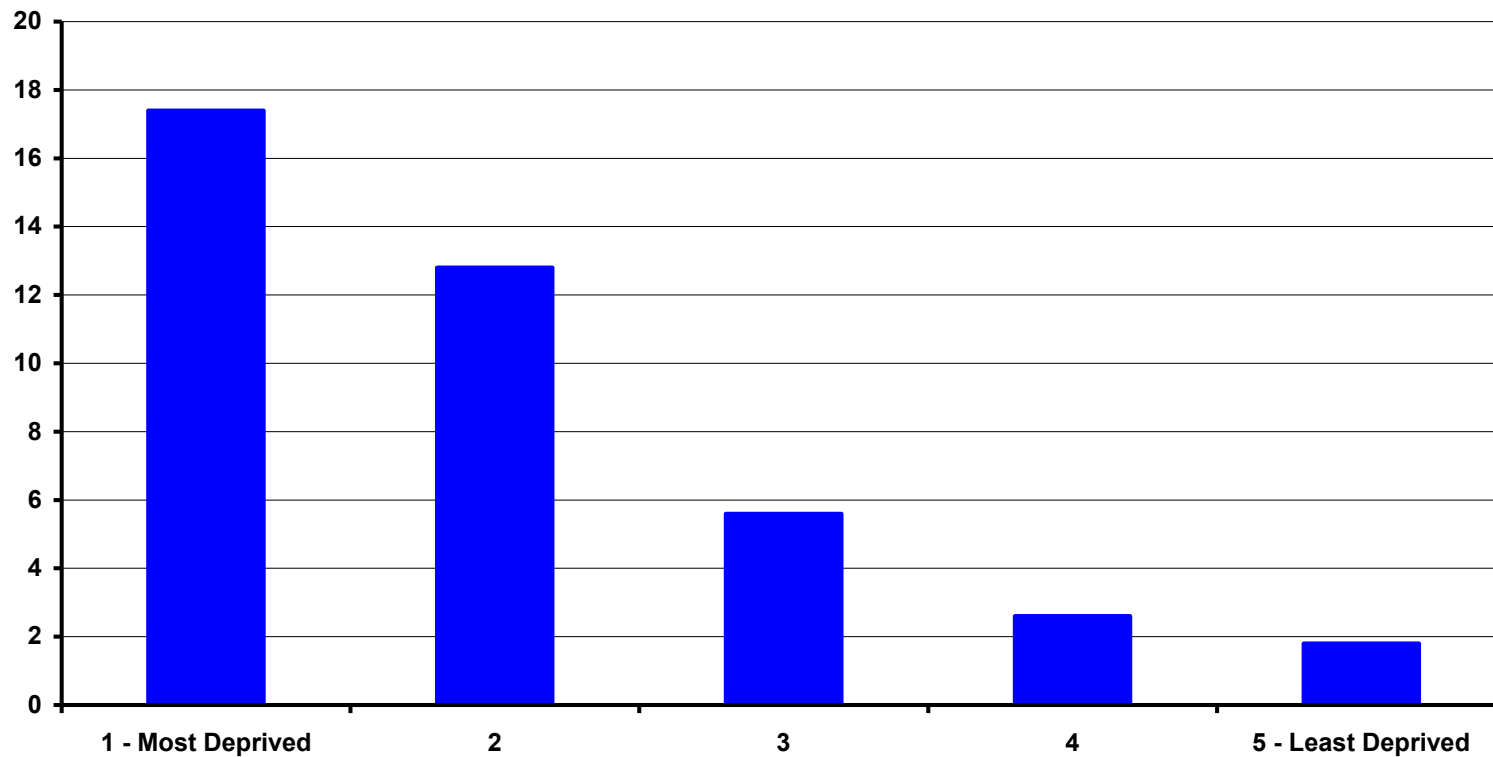
First birth by age of mother and deprivation quintile



Source: Information Services Division

Births and drug misuse

Births recording drug misuse 2007/8, rate per 1,000 births, by deprivation quintile



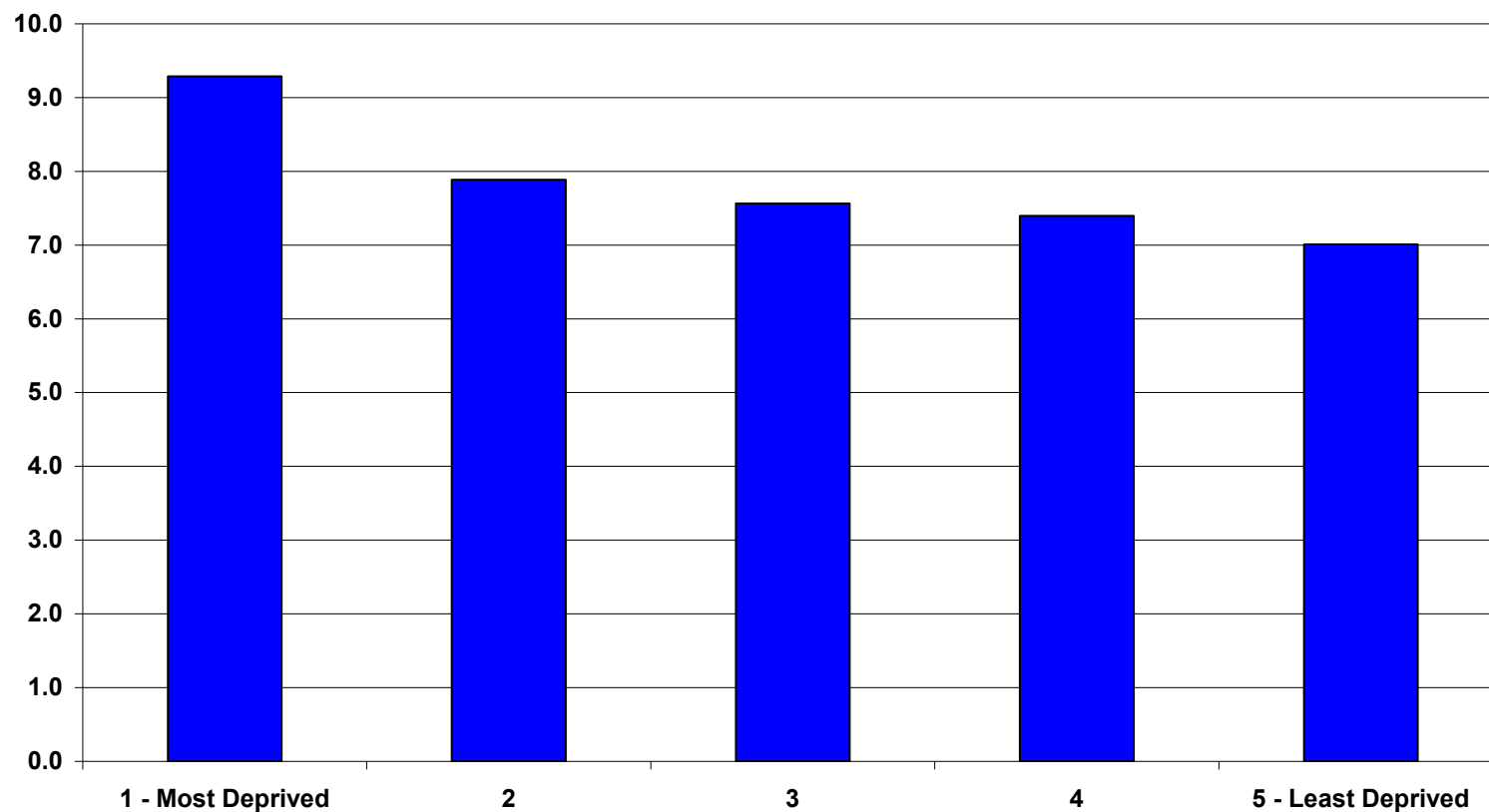
Source: Information Services
Division



The Scottish Government

Premature birth and deprivation

Prematurity (<37 wks gestation) rate per 1,000 total births by deprivation - 2008



Source: Information Services
Division



The Scottish Government

Why health inequalities matter...

- They are a **strong indicator of social injustice**
- **They result in poor health, social, educational and economic outcomes across the whole of the life course**
- **They are a significant drain on public spending** resources across health, social care, education and criminal justice departments
- They **significantly hamper** Scotland realising its ambition of **becoming a more successful country, with opportunities for all of to flourish.**



Poverty and

- Health inequalities follow a social gradient- not just about the most deprived
- Disability- 50% of women with learning disabilities have their children taken into care
- Gender based violence- 14% of maternal deaths had reported domestic violence, over 40% of the women who died of suicide were 'living with domestic abuse' .
- Race and ethnicity- women from BME communities up to 7 times more likely to die in childbirth

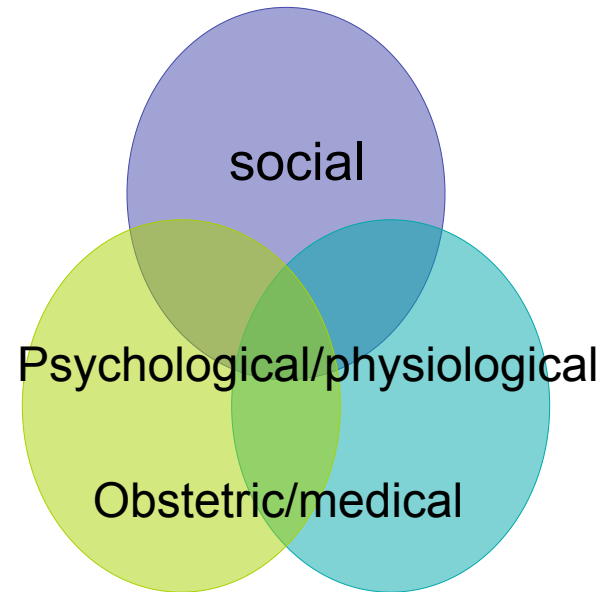
<http://www.cmace.org.uk/>

<http://www.education.gov.uk/>

Risk and protective factors

- **Pre-conceptual health**
- **Planned or unplanned pregnancy**
- **Social circumstances**
- **Age**
- **Culture and networks**
- **Individual characteristics**
- **Health Behaviours**
- **Maternal mental health/wellbeing**

Interlocking risk and protective factors



What can antenatal healthcare do?

Health inequalities arising in the antenatal period need to be tackled through all areas of public policy and all public services **they cannot be tackled by health policy and health care alone.**

However –antenatal healthcare has a unique and vital contribution to make through:

- Improving access to antenatal care ***and*** the ***quality*** of the care provided

And

- Effective, collaborative work with other public services including the Voluntary Sector.

Access and quality of care-what do we know?

- **Women under 20 and women living in areas of deprivation tend to ‘book’ for antenatal care later than other groups of women**
- **Some ‘high risk’ women *do not book later* but their engagement with and experience of antenatal care is sub optimal.**
- **Quality of care experience reported by women is strongly socially patterned, declining in satisfaction with social status/position**

Barriers to ‘Access’

Physical	Cognitive
Transport	Literacy- health and reading/ writing skills
Timings	Communication/language /information
Location	Culture/beliefs

Key Messages

Improving access and quality of antenatal care will make a difference

Assessment and response to risks and protective features should be a mutual process between women and health professional

Assessment of need needs to be *inequalities sensitive*- takes account of individual circumstances, culture, literacy levels

Effective assessment of and response to health and social care need is highly dependant on continuity of carer(s) and care

Continuity of care and carer(s) is critical to the safe and effective care of women who have complex health and social care needs

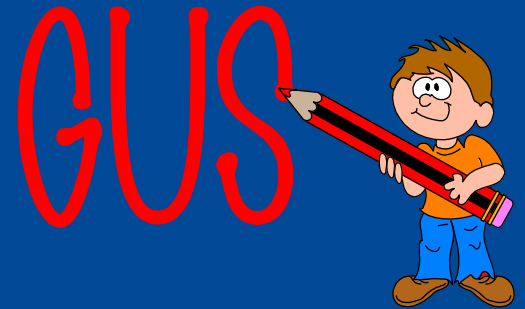
Effective collaboration between public services at policy, planning and practice levels is critical

Action

- Refreshment of the framework for maternity services- focusing on dimensions of healthcare Quality Strategy- **person centred, safe, effective, equitable, efficient and timely**
- Antenatal inequalities guidance for NHS Boards
- Maternal and infant nutrition framework
- Improvements in information and data collection and analysis
- GIRFEC
- FNP
- ++++++.....



Scottish Centre *for*
Social Research



Young mothers' contact with health professionals in the early years

Louise Marryat

Scotland's leading independent social research institute

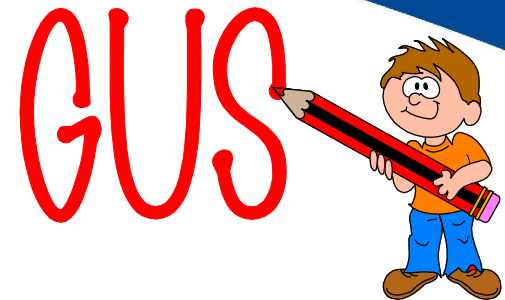


Aims of the presentation

- Provide brief introduction to GUS
- To illustrate differences in circumstances and characteristics of mothers of different ages
- To explore variations in engagement with health professionals
- To examine differences in attitudes towards health professionals by maternal age



What is the Growing Up in Scotland study?



Mental health

Obesity

Accidents and injuries

Family

Behaviour

Diet

Parenting styles

GUS: The **A** to **Z** of the Early Years

Child health

Neighbourhood

Resilience

Childcare

Lone parents

Attachment

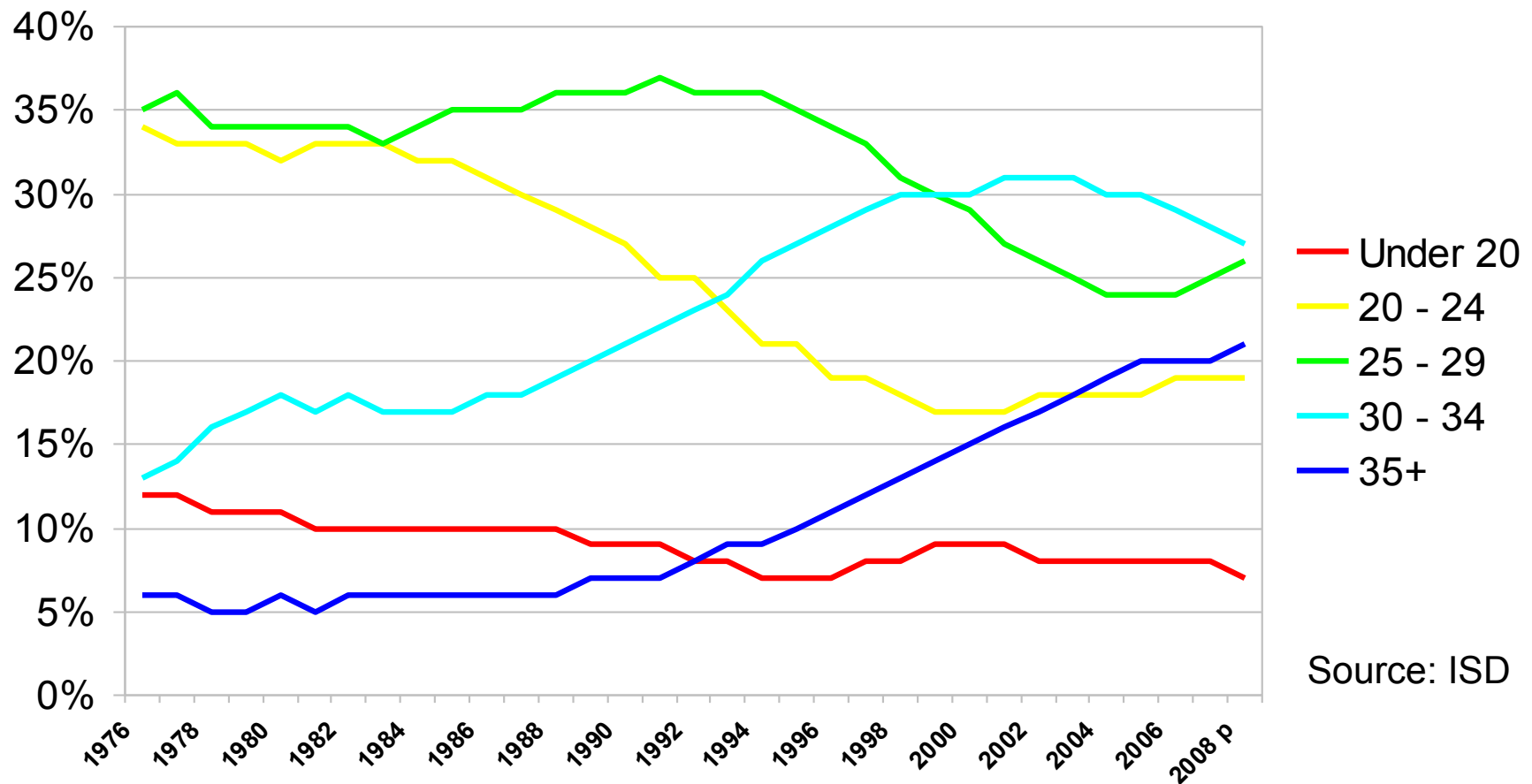
Education

Parental support

Social networks

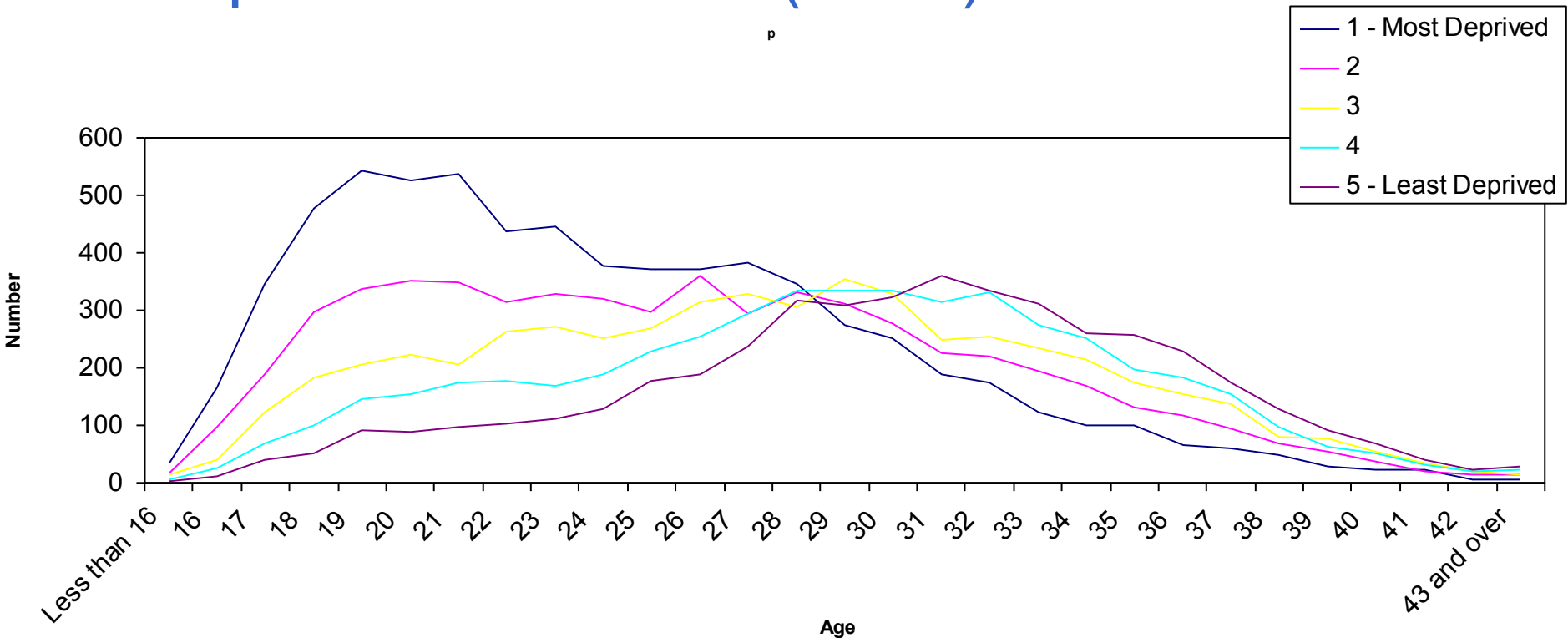


Births by age of mother, 1976 - 2008



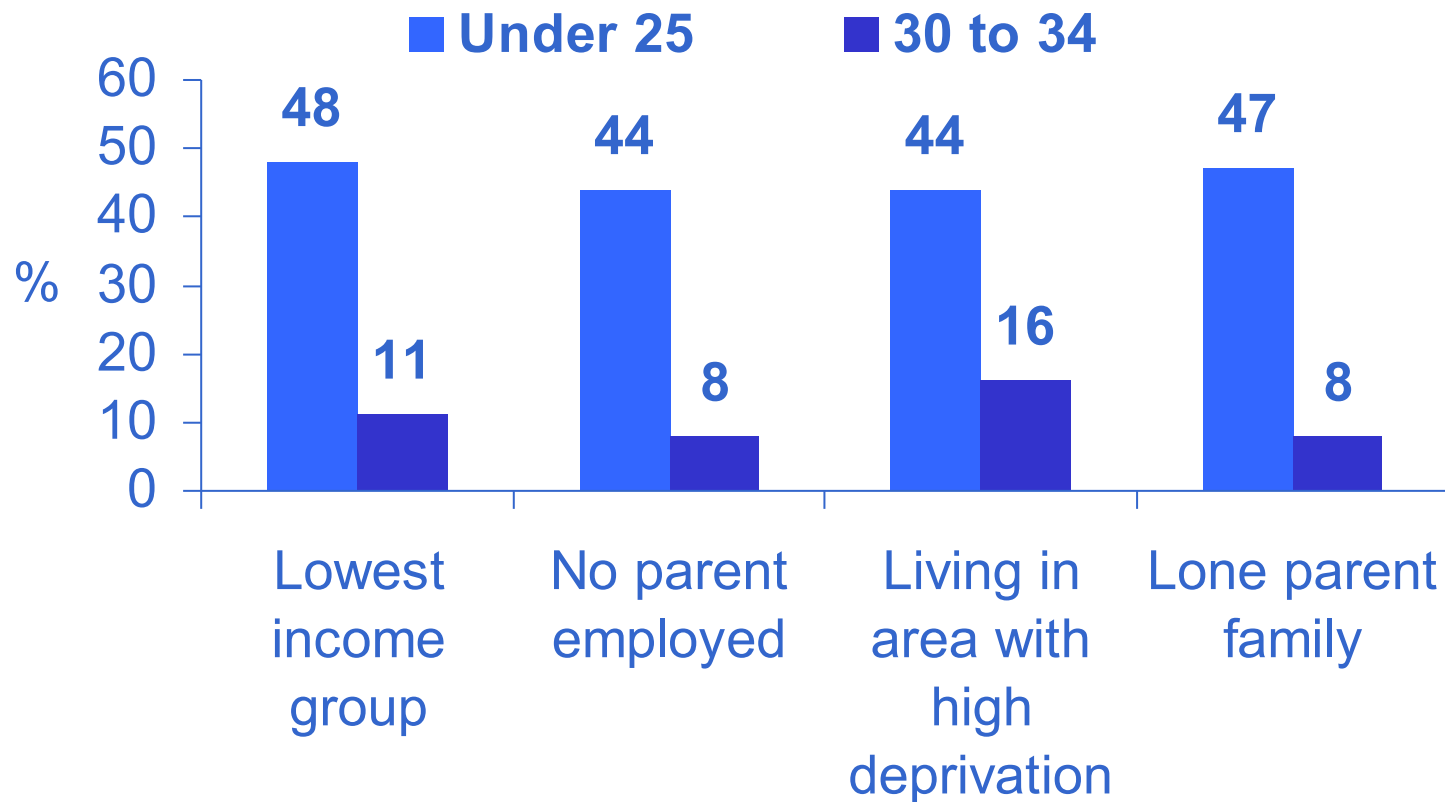


First Birth by Age of Mother and Deprivation Quintile (2009)





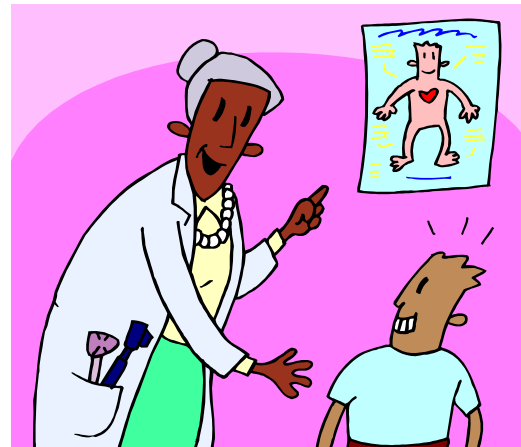
GUS family characteristics at 10mths by maternal age





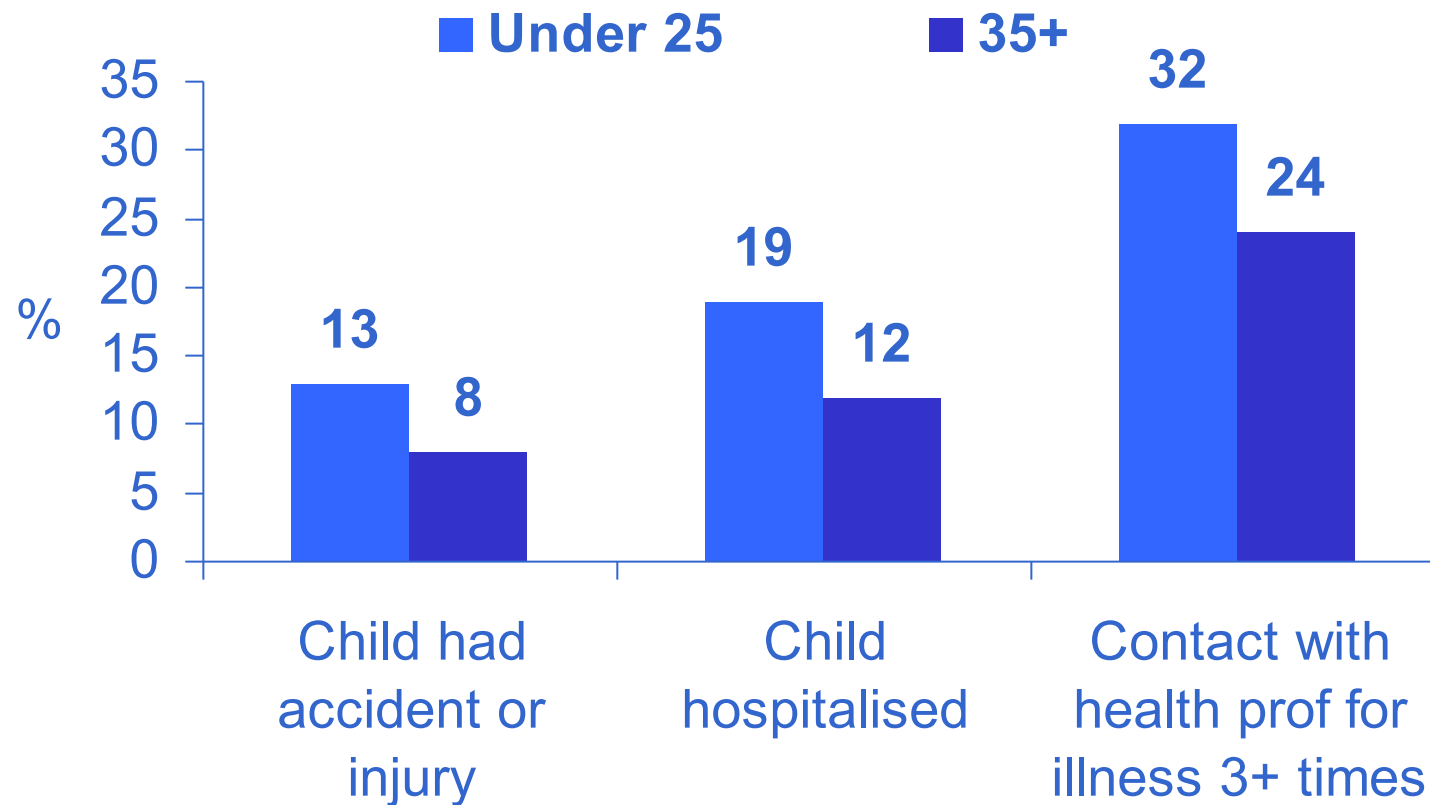
How does age affect engagement?

Reactive vs. proactive engagement



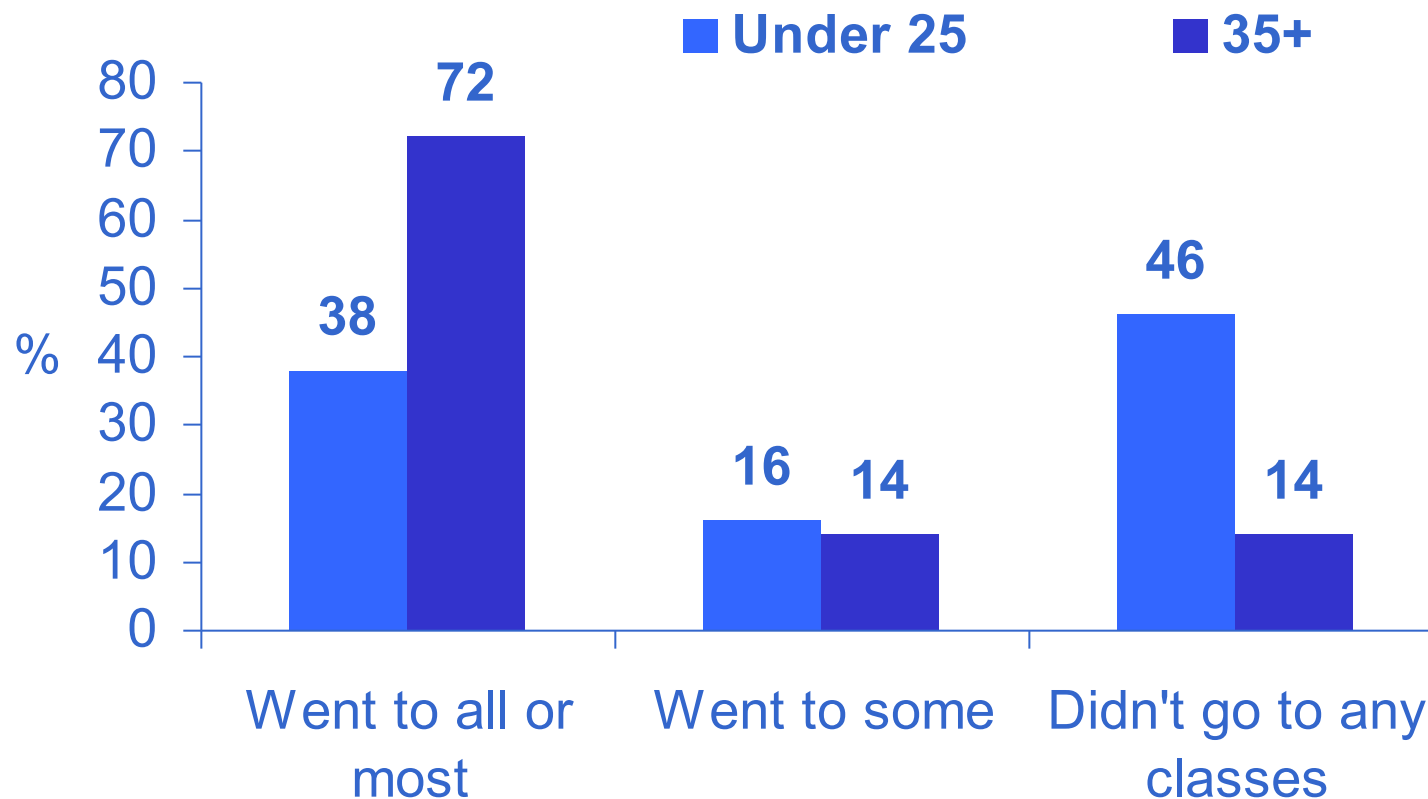


Reactive engagement



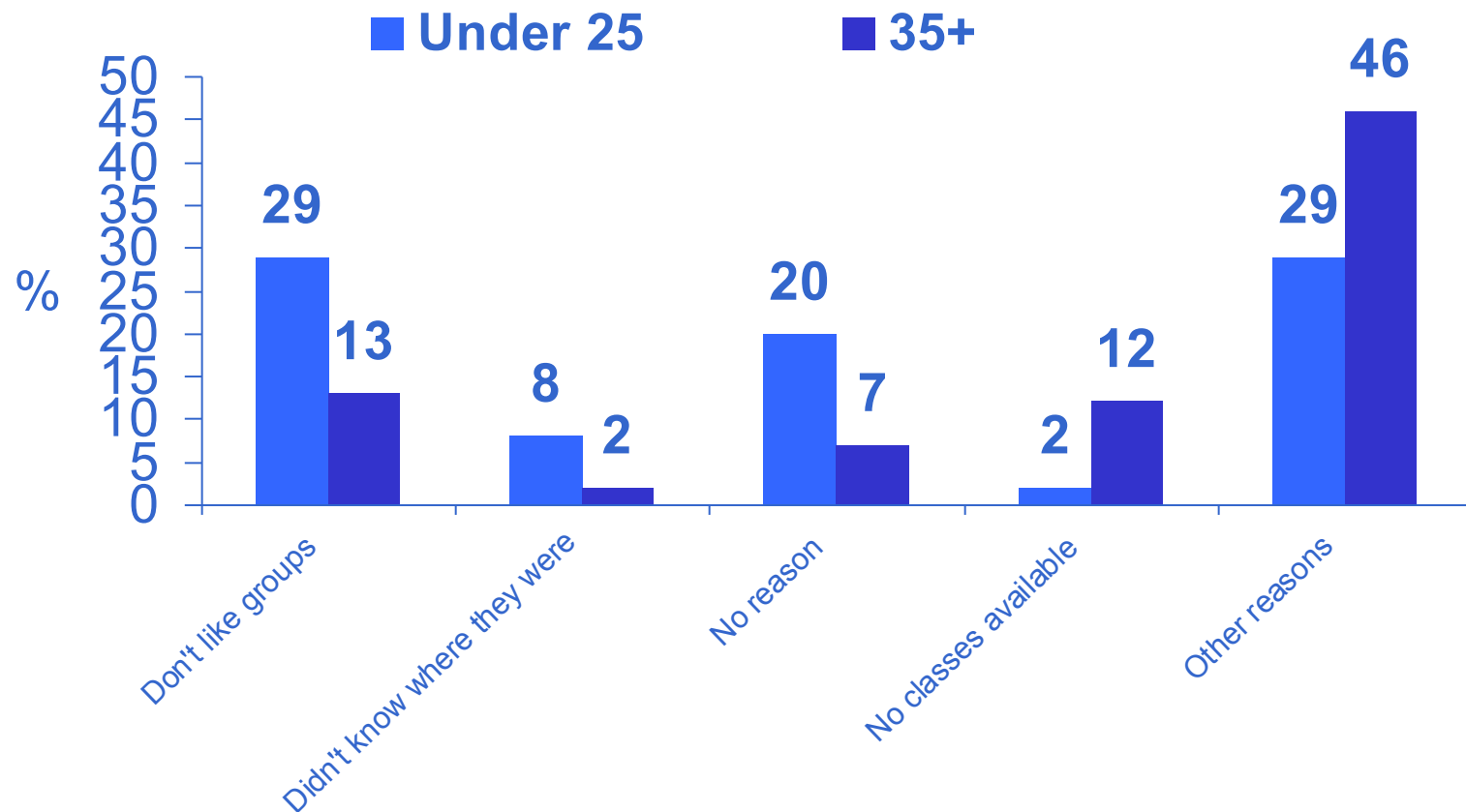


Variations in ante-natal class attendance by maternal age for first-time mothers





Reasons for not attending ante-natal classes by age





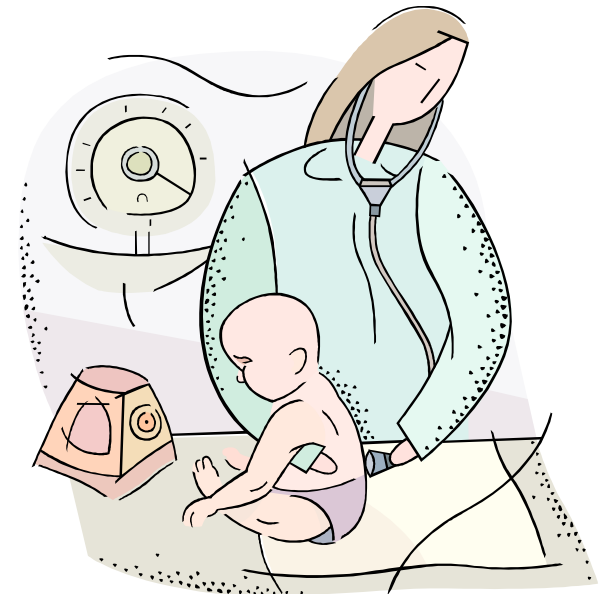
For sources of advice on child health, younger mothers were...

More likely to speak to their own parents (56% vs. 31%)

Less likely to speak to a Health Visitor (52% vs. 58%)

Less likely to use the internet
(6% vs. 16%)

Equally likely to use a GP as a
source of advice (around 75%)





Attitudes towards parenting and help-seeking

- “Nobody can teach you how to be a good parent, you just have to learn for yourself”
- “If you ask for help or advice about parenting from professionals like doctors or social workers, they start interfering or trying to take over”
- “It's difficult to ask people for help or advice about parenting unless you know them really well.”
- “It's hard to know who to ask for help or advice about being a parent”
- “If other people knew you were getting professional advice or support with parenting, they would probably think you were a bad parent”
- “It’ s more important to go with what the child wants than stick to a firm routine”

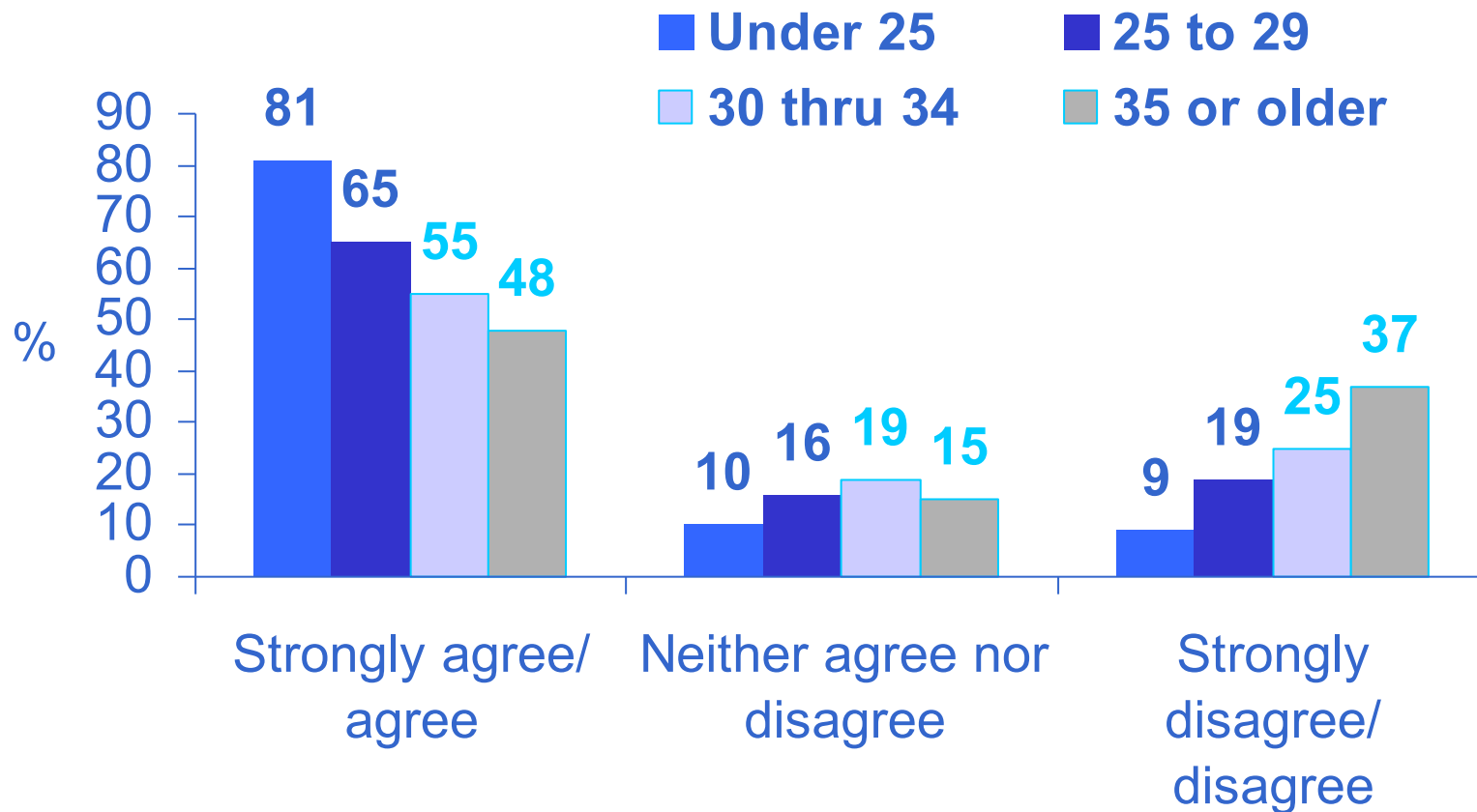


Parenting issues

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Conclusions

Young mums more likely to be
from disadvantaged
backgrounds

Reactive engagement is strong

Proactive engagement is far
weaker

Partly due to set-up and
logistics

Also due to attitudes towards
help-seeking





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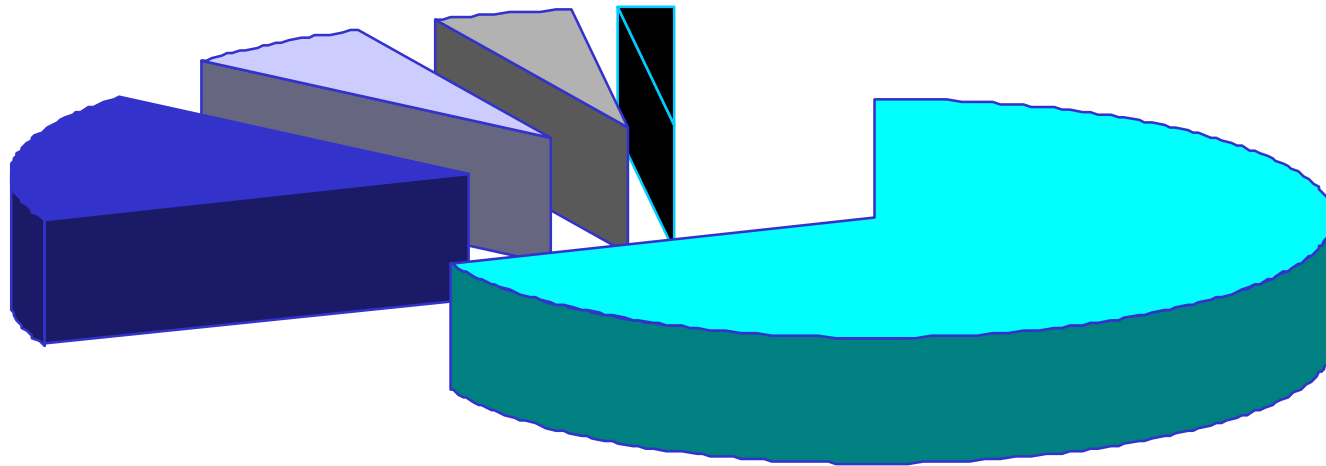
Maternal Mental Health and Early Child Outcomes

Introduction





Instances of poor maternal mental health



■ None

■ At one sweep

■ At two sweeps

■ At three sweeps

■ At every sweep



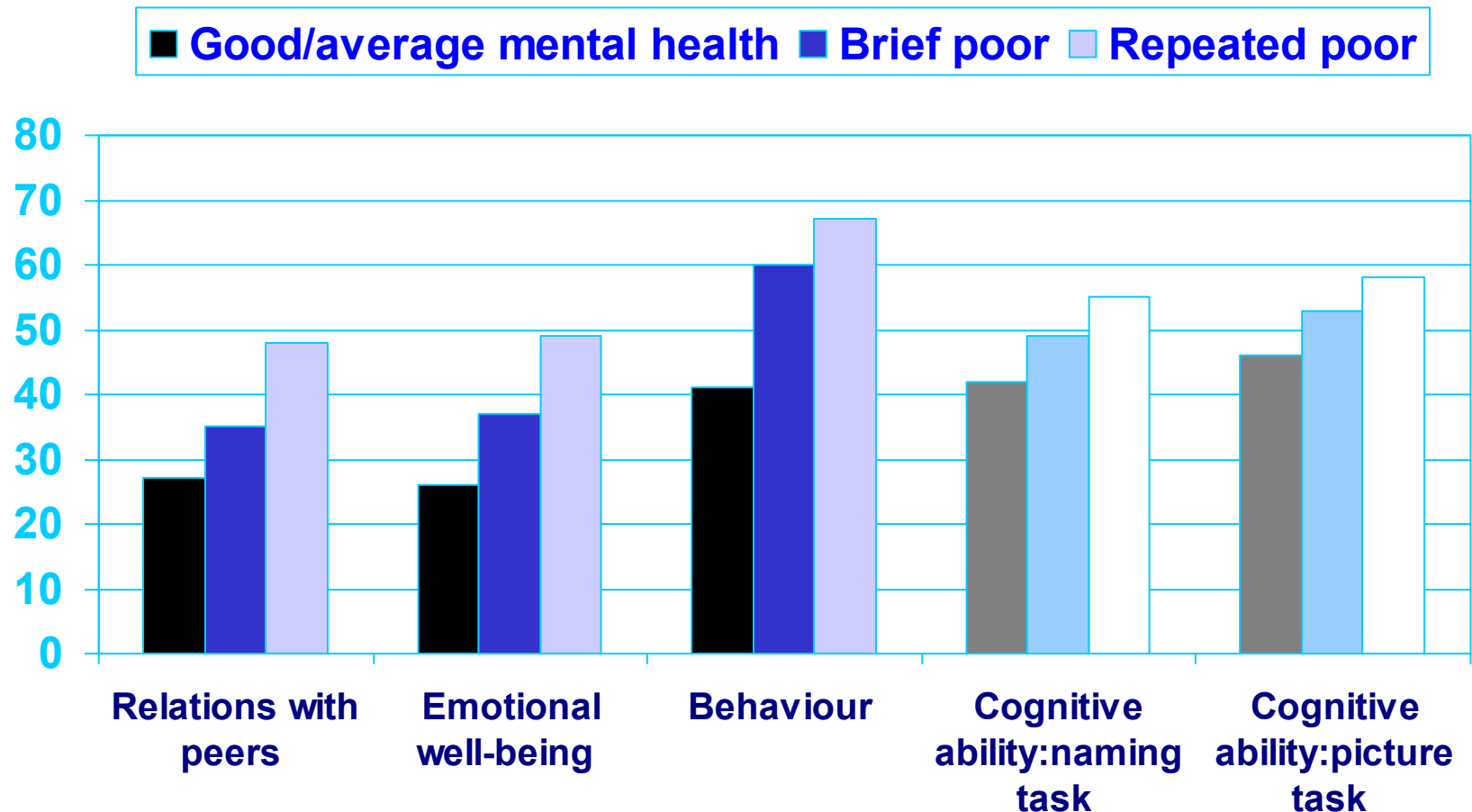
Mothers experiencing poor mental health

Mothers with poor mental health were more likely to be living in difficult circumstances

Repeated mental health problems were additionally associated with poor social support



Poor child outcomes and maternal mental health status





Conclusions

Maternal mental health was associated with socio-economic disadvantage, impoverished interpersonal relationships and poor social support.

There was evidence of deficits in relation to children's emotional, social and behavioural development linked to their mothers' emotional well-being.

When controlling for other factors, maternal mental health did not have an impact on child cognitive development

Should mother's mental health be monitored beyond the first few months after birth?





Further information:

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