

A greater focus on socially disadvantaged women is needed to improve maternity care in England

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Women from lower socioeconomic groups in the UK report a poorer experience of care during pregnancy and there needs to be a greater focus on their care, suggests a new study published today (17 September) in *BJOG: An International Journal of Obstetrics and Gynaecology* (*BJOG*).

Differences in health outcomes amongst different socioeconomic groups have been demonstrated in many areas and have provided the focus for national initiatives in the UK to reduce the observed inequalities.

The Oxford University study, funded by the National Institute for Health Research, explores outcomes and experiences of [maternity care](#) amongst [women](#) from different socioeconomic groups in order to improve understanding of why socially disadvantaged women have poorer maternal health outcomes in the UK.

A secondary analysis of the 2010 National Maternity Survey was undertaken in 2012 using a cohort of 5,332 women in England who had given birth within the past three months. Socioeconomic position was classified using the Index of Multiple Deprivation (IMD) quintile and comprises distinct dimensions of deprivation, including; income, employment, health and disability.

Results showed that the most deprived women (quintile 5) were 60% less

likely to have received any antenatal care, 38% less likely to have been seen by a health professional prior to 12 weeks gestation and 47% less likely to report being able to see a health professional as early as they desired in their pregnancy, when compared to the least deprived women (quintile 1).

Furthermore, the results show that with each increase in IMD quintile (corresponding to a decrease in [socioeconomic position](#)), women were shown to be 25% less likely to have any antenatal care, 15% more likely to have had an unplanned than a planned caesarean section and 15% less likely to have had a routine postnatal check up. Additionally, they were 4% more likely to have had an antenatal hospital admission, 7% more likely to have been transferred during labour and 4% more likely to have had a caesarean birth.

Moreover, with decreasing socioeconomic position, women were generally more likely to report that they were not treated respectfully or spoken to in a way they could understand by doctors and midwives during their antenatal care and labour.

The study concludes that there is a need for a focusing of professionals and services towards pregnant women from lower socioeconomic groups and more targeted maternal public health education towards socially disadvantaged women.

Professor Marian Knight, from the National Perinatal Epidemiology Unit at the University of Oxford and co-author of the study, said:

"There is a need for careful planning and development of strategies to address the possible reasons for these differences in healthcare delivery and outcomes.

"The findings from our analysis suggest that several factors may

collectively contribute towards poorer maternal outcomes amongst women from the lowest [socioeconomic groups](#). These include unplanned pregnancy, no antenatal care or late engagement with antenatal services, transfer during labour, higher caesarean section rates and poorer communication with healthcare professionals."

John Thorp, *BJOG* Deputy Editor-in-chief said:

"This is a highly complex issue and resolving the root cause of such disparities on a national scale is not an easy task.

"The findings, however, do highlight a need for further initiatives to improve the continuity of maternity care and service provision with a greater focus on socially disadvantaged women, as well as better targeted maternal public [health](#) education."

More information: Anthea Lindquist, Jennifer J Kurinczuk, Maggie Redshaw, Marian Knight. Experiences, utilisation and outcomes of maternity care in England among women from different socioeconomic groups: Findings from the 2010 National Maternity Survey. *BJOG* 2014; [dx.doi.org/10.1111/1471-0528.13059](https://doi.org/10.1111/1471-0528.13059)

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