

Informing women about antenatal care



Anna Gaudion and Claire Homeyard describe a collaborative approach to developing an antenatal leaflet for women

Early in pregnancy all women should receive appropriate written information about the likely number, timing and content of antenatal appointments.

(NICE 2008: 14).

In the summer of 2009 The Polyanna Project was commissioned by King's College Hospital Maternity Unit to develop and produce a leaflet on the routine schedule of antenatal care for their maternity population. It was felt by the commissioners that the current information given to women on the schedule of care was not quite clear enough.

The remit was to:

- design and develop a leaflet informing women of the 'normal' schedule of antenatal care in pregnancy
- listen to the views of current and former users of maternity services
- produce a leaflet that works, with salient information about what to expect and tuned to local women's needs.

This article will begin with the policy and guidance background prior to reflecting on the learning gained through the consultation process of the project.

Policy and guidance background

"Maternity care must be made as safe as possible and should be provided within the context of any relevant clinical guidance from NICE and other relevant national and local protocols"

(Department of Health 2007: 14).

A number of policy and guidance documents underpin this project including: Maternity Matters (Department of Health 2007); Women's Experiences of Maternity Care in the NHS in England (Healthcare

Commission 2007); Routine Antenatal Care for the Healthy Pregnant Woman (NICE 2008) and the local antenatal guidelines (KCH 2008).

The NICE guidance for routine antenatal care for healthy pregnant women states:

A schedule of antenatal appointments should be determined by the function of the appointment. For a woman who is nulliparous with an uncomplicated pregnancy a schedule of 10 appointments should be adequate. For a woman who is parous with an uncomplicated pregnancy, a schedule of seven appointments should be adequate"

(NICE 2008: 14).

In 2007 the Healthcare Commission

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conducted an in-depth review of maternity services in England with a focus on whether trusts provide a high-quality, value-for-money maternity service. Information was collected from individual maternity units, and surveys were conducted both of staff providing maternity services and of women using those services. They also used data that is routinely collected nationally to



provide additional information. The review covered the care provided from when women first access maternity services to their transfer to the health visitor at around 10 days postnatally. One of the questions used in the Healthcare Commission Survey was:

Roughly how many antenatal check-ups did you have in total?

The results for King's College Hospital (KCH) demonstrated a perception by the women that they had received fewer antenatal appointments than the planned number or the national average. This highlighted a need to improve information available to women about the care offered. *Maternity Matters* (Department of Health 2007) strongly advocates notions of partnership working and women being central in their care. Transparency of policy and practice helps to make this possible. By improving awareness of the schedule of antenatal care and what to expect, women can be facilitated to be partners in their care pathway.

Consulting with users

Nine focus groups were held within the local maternity population with both current (40 per cent) and recent users (60 per cent), reflecting cultural capital through a range of ethnic diversity and social need. Once introduced to the project women

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welcomed being asked. They commented that such user involvement was characteristic of the philosophy, increased transparency and improved user friendliness of KCH maternity services in recent years.

'Mock-ups' of the leaflet were produced but as the designer was abroad in Ghana these were often *Blue Peter*-like in quality. However, this seemed to add to the engagement and meant that the women were not inhibited to comment by a 'nearly finished' item. In particular the women were asked to comment on what was useful, what they liked and what was less clear or helpful.

Conversations were often triggered by the leaflet and stories and experiences shared, as well as clarification sought regarding language and terms. After each consultation the leaflet was adjusted to incorporate the feedback and any recommendations. Thus, in action research style, the leaflet developed through eight drafts.

Feedback

Text

The amount of text used in the leaflet was reduced significantly in response to comments such as:

...too much wording confuses you and you can't be bothered...it makes you anxious that you have to learn lots. Mother

The language used in the leaflet was modified: for example, 'fundal height' became 'measure your abdomen'. 'Parent education' was to become 'antenatal classes' as many women had a perception that parent education meant that it was for those who already had children and therefore were 'parents'. Terms such as 'membrane sweep' and 'Anti D' were familiar to only a few women.

A key tension was raised concerning the importance of including specialist information about what to expect without 'dumbing down' or over-simplifying terminology. Leaflets need to be used to start a conversation, open up lines of inquiry and information and in so doing there is room for explanation. Women stated that even if English was not their primary language or their literacy levels were low, information should not be made childlike or over simplified.

Many women stated that asking questions raised by a professional leaflet was legitimate. They also suggested that leaflets should not be given out passively but as a means to share information and start a conversation.

Artwork and design

Drawings for the front of the leaflet were met with a critical eye as significant and impassioned as that of any art critic. Although the leaflet was to be sent to women with their needs, risk and choice (booking) assessment, they felt that it was important that the images were of 'very pregnant' women. Even though they recognised that many women did not 'show' early in pregnancy, they were adamant that literature aimed at pregnant women depicting slim women did not work. This was confirmed in one of the focus groups by a woman who could not read well; for her, it was of paramount importance that the images should be of 'obviously' pregnant women.

KCH has a varied maternity population with a diverse ethnic mix and one draft of the leaflet reflected this with a group of women on the front cover. However, this was rejected in favour of a picture of just



three women. This was because the draft focused on diversity rather than pregnancy. Many of the women noted that they identified with images of pregnancy and that ethnicity was secondary to this. They thought it was possible to be 'too politically correct' and in the process miss the point of the leaflet. What women wanted was something attractive and impressionistic of pregnancy that would appeal to a range of different women.

Branding and quality production of the leaflet were important to users to alert them to the fact that this information was bona fide and something for them to take note of as legitimate; poor-quality photocopies, on the other hand, lacked credibility.

The importance of knowing what to expect

Women in all the groups said they found it empowering to know how often they would be seen during their pregnancy and what to expect at each appointment:

At the moment you get given an appointment as you go along, so you are not aware when you will be seen during the whole of your pregnancy, you just have to wait, stepping stone like, for your next visit, so this is nice, you think 'Oh look, I will be seen at 25 weeks'... it helps you to feel in control, as though you know what is happening.

Mother



And:

Oh, it is nice to see what should happen and when you will be seen in advance, you then know what to expect...but no one has ever talked to me about my blood tests; perhaps I will ask... Pregnant woman

When asked about the longer gap in appointments between 16 and 25 weeks as per NICE guidance (2008), women replied that the scan appointment between these dates would be sufficient and that a more important request would be for greater availability of information in the first trimester, especially before the 'booking-in' appointment.

A woman's perspective on the final draft provides the best conclusion:

The format is nice and clear and it is attractive, I like the way it is set out... Every time I went to see the midwife when I was pregnant you did not know what to expect but it is nice to know, most women are anxious to know as they worry about their baby and their own health. I always wanted to know what was happening for the whole pregnancy.

Mother

Policy guidance (Department of Health 2007) and direction regarding a named midwife was clearly crucial within the community as it was a popular topic of

discussion. The space provided in the final leaflet for writing their named midwife was added in respect of this feedback. The maternity helpline was included at the back of the leaflet as a secondary option and way that the woman could easily contact maternity services.

Conclusion

The development of the leaflet and the consultation with the women was a proactive response by the Maternity Services at King's College Hospital to act on the feedback of the Healthcare Commission survey (2007). It was also a way to engage with users.

The design of the leaflet was a compromise between insufficient information and too much; the women were the barometers of the content for the final version. The women valued and enjoyed being consulted and viewed it as an opportunity to ask questions and discuss pregnancy among themselves. Non-directive focus groups revealed the importance to women in knowing what to expect. The trustworthiness of a professionally branded leaflet rather than a poorly photocopied sheet instilled confidence and gave women a level of control and confidence to ask questions and challenge care. Knowing whom to ring and having a named midwife and number to contact were viewed as extremely important.

Copies of the report, 'Developing a leaflet to inform Women of the Routine Schedule of Antenatal care' (Gaudion et al 2009) were given to the gatekeepers of the organisations involved, thus providing transparency and recognition and reiterating the wish of the service to take users' views into consideration when improving services. **TPM**

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