

**Choice in maternity services** is to be introduced in 2008. Information is key to choice - but choice is cancelled for those to whom information is inaccessible or inappropriate. This project conducted in partnership with South East London Strategic Health Authority, took soundings from women in South East London on what they needed to make maternity choice for them. The Project interviewed women who might be at risk of exclusion from choice: travellers, refugees and asylum seekers, women from an ethnic minority, those whose first language is not English, those on low incomes or experiencing disability or mental health problems.

**Women's experience of choice so far:** Knowledge of basic services, such as antenatal classes, was sometimes lacking - let alone a choice of services or place of birth. Hospitals had made great efforts to provide information but this did not always meet support, language or format needs. Surestart midwives were universally praised.

**Topics on which choice information was needed:** in many cases, women's responses on this related to their previous poor experience. For example, women who had existing conditions, both mental and physical, wanted to know whether hospitals on offer provided information on the effect of pregnancy on their condition, as this had caused them problems before. A summary of information needs is attached.

**Disability Discrimination:** Women with disabilities reported discriminatory behaviour -

- Staff refusal to write down their words when speaking in front of a deaf couple
- Mental health service users' perception they were seen as not fit to have a baby

**Race Equality:** Race equality was a recurring theme -

- Women whose first language was not English suffered stressful misunderstandings
- Some worried that they would not be 'allowed' to keep their headscarves on.

**Where and how to get information:** timely, accessible information should be offered in places women usually go, such as benefit offices, as well as support from midwives.

**SE London survey:** a survey conducted with 6 SE London providers obtained the information specified. The next stage will be to combine the results with the London Information Tool ([www.londonpilot.nhs.uk](http://www.londonpilot.nhs.uk)), developed by Health Link with the Department of Health, NHS Connecting for Health and 4 London Strategic Health Authorities. This will mean women can compare hospitals on what matters to them.

**Choice as a quality driver for services to all women:** In this Project, women who are at risk of exclusion from choice, have set out their requirements on the content, format and availability of the information and support that can make choice a reality for them. We look forward to seeing those requirements met so that the potential of choice to make services work better for all women can be realised.

*Health Link, in association with SE London Strategic Health Authority. March 2006*

## Summary of Choice Information Requirements

INFORMATION SPECIFIED BY WOMEN			
Preconception	Pregnancy & Labour	Postnatal Period	
Nutrition (mother/baby) Giving up smoking Contraception RH status Screening Pregnancy/existing conditions	Intervention: pros and cons Aftercare: mother & baby Postnatal depression How baby grows in womb Which way baby comes out 'How to be a Dad'	Pros and cons of breastfeeding How best to express milk Alternatives techniques Common breast infections (how to cope) Risks of medication transmitted to the baby	
WHERE TO GET INFORMATION			
Doctors Health Centre/Clinic Health visitors Midwife/midwife clinic	Local maternity services Sure Start midwives Family Planning "Benefit places"	In pregnancy test box The internet Library/Bookshops Chemist	Job Centre Support groups Places women already visit
INFORMATION TO CHOOSE A PROVIDER			
Access, Environment, Food	Quality of care	Staff issues	Race Equality
How to get there Pleasant environment Visits allowed in advance Cleanliness Quality of Info Written in Plain English Food choice and quality Vegetarian food Security for baby	Infection Rates Intervention rates Emergency-only caesareans Continuity of care Pain relief options Death rates Female doctors Liaison/ advice existing conditions and medication	One to one support Team midwifery Not alone in labour Supportive staff Enough staff Good handovers Support after caesarean Home visits	Cultural Awareness Information in translation Interpreters What languages
			<b>Disability Discrimination</b>
			Disability Awareness Disabled access Accessible information
MEDIA PREFERENCES			
Internet, Tapes, audio & DVDs Pictures	Television Back up written info	DVDs in BSL/ subtitled	Literature by support groups