



2010 National Maternity Survey

By Nadine Edwards

[AIMS Journal, 2015, Vol 27 No 1](#)

Lindquist A, Kurinczuk JJ, Redshaw, Knight M (2014) Experiences, utilisation and outcomes of maternity care in England among women from different socio-economic groups: findings from the 2010 National Maternity Survey. BJOG 2014. onlinelibrary.wiley.com/doi/10.1111/1471-0528.13059/full

This study looked at 'health care-seeking behaviour and experiences of 5332 women three months after they had given birth'. It focused on the differences between their behaviour and experiences by socio-economic groups to try and better understand 'why socially disadvantaged women have poorer maternal health outcomes in the UK'.

Summary

The results show that the poorer you are, the more likely you are to have missed out on care during pregnancy and after birth, and to report poor communication with, and disrespectful treatment from, health practitioners - and that this contributes to poorer outcomes.

AIMS comments

Like the authors of the Saving Mothers' Lives, and other studies and reports, the researchers recommend woman-centred care, accessible information and services, a change in culture and attitudes of health practitioners, greater continuity, better education and a shift of resources towards poorer women.

Similar recommendations have been made again and again.

Improving outcomes for women suffering disadvantages has apparently posed a puzzle for many years and services have attempted to redress the impact of inequalities. None to my knowledge have been as successful as the Albany Midwifery practice in south London. The women cared for by the Albany midwives were some of the poorest in England and are the very women behind the numbers in Andrea Lindquist et al's study who experienced poorer outcomes, and yet Albany mothers enjoyed some of the best outcomes in England, for over a decade.

Measuring success - Albany Practice Outcomes

1997 - 2007

Spontaneous Vaginal birth	80.4%	(UK 62.9%)
Caesarean Section	16.4%	(UK 25%)

Exclusive breastfeeding at 28 days	74%	(UK 21% at 6 weeks)
Perinatal mortality	4.9/1000	(Southwark 11.8/1000 average in 2005-7)
Homebirth rate	45.1%	(England 2.67% in 2007)

Statistics with thanks to Becky Reed

But more than this, reports from the women show that they felt well informed, listened to, respected and empowered. They were able to exert the agency which is shown to be lacking in so many surveys and studies. For example, a young, teenage woman who had not previously engaged with the services was supported by the Albany midwives through her subsequent six births and another young woman was supported to make decisions and birth safely and well, despite both women having social and/or obstetric complexities.^{[1](#)²}

Social models of midwifery, especially caseloading midwifery works. How much research do we need before this is implemented so that the poorer outcomes for poorer women are improved? Of course midwifery cannot reduce the very real and growing inequalities, but they can make a significant difference to outcomes at birth, the women's experience and breastfeeding.

References

1. Reed B (2007) Ten years, seven brothers and sisters ... *The Practising Midwife* 10(7) 31-33.
2. Reed B (2008) An unplanned hospital birth. *The Practising Midwife* 1(11) 24-26.