Improving early access to maternity services in London:  
A best practice toolkit

Aim
The aim of this guidance is to support women, commissioners and maternity providers to improve access to London’s maternity services as early in pregnancy as possible, with a specific target of first ‘booking’ appointment by 10+0 weeks, zero days to link with the antenatal screening pathway as stated in the NICE guidance on antenatal care reviewed March 2014.

This guidance has been produced as part of the London Maternity Clinical Network’s (CN) strategy to identify areas of good practice for implementation across all maternity units in the capital, ensuring equally good outcomes for all pregnant women and their babies.

How to use this guidance
This guidance aims to share best practice and bring together London and national guidance on early referral and antenatal screening, to improve timeliness and quality of referral from primary care to maternity care and to support women self-referring to maternity services.

This guidance will also be used alongside the recently produced pan-London suggested early access proforma for GP referrals and self referral to midwifery services. (A copy of this proforma can be found in Appendix 1 and will be available electronically on the Maternity CN website, www.londonscn.nhs.uk).

It is anticipated that local providers and commissioners will adapt the proforma for local use and incorporation within primary care consulting systems.

Background and rationale
There is wide agreement and a good evidence base to indicate that a woman should undergo a holistic assessment of her health, emotional and social needs in pregnancy, often called her booking appointment, before the end of her 12th completed week of pregnancy. Emerging guidance also stresses the further benefits of even earlier assessment, by 10 weeks and zero days, to allow for haemoglobinopathy screening.

Evidence shows that early, holistic assessment of a woman’s health, social and emotional needs can improve outcomes for both her and the child; late presentation to maternity services is associated with increased rates of neonatal unit admissions, perinatal morbidity, perinatal mortality and even maternal death.

Benefits for booking early
» Ensure both women and baby are healthy and well
» Develop individualised care planning for women with an existing health problem
» Provide information for women considering a termination
» Access antenatal screening pathway at the earliest opportunity
» Access benefits/housing/dental advice
» Access peer support and antenatal classes
» Ensure screening, dating scans and health services are delivered in a timely manner. These are services that can prevent premature births and low birthweight babies, factors that contribute to stillbirths and miscarriages/neonatal deaths.
» Provide information and advice around supplements / medicines, diet, prescription drugs, and infections, plus avoiding alcohol, cigarettes and illegal drugs
» Ensure timely referral to the multidisciplinary team. This is essential so that care can be accessed early. It also assists women to make choices about next steps in their pregnancy.

Current challenges
Currently London does not achieve the standard of 90 per cent of women seeing a maternity healthcare professional for a health, risk and social assessment by 12 completed weeks of pregnancy.

Furthermore, the capital’s maternity services do not perform uniformly, with unacceptable inequalities in maternity outcomes, access and experience. For some time, services have been struggling to meet national standards for safety, outcomes and women’s experiences. There are discrepancies in performance between hospitals both within London and as compared to England.
Improving early access to maternity services in London:
A best practice toolkit

A 2010 Department of Health study stated that there are various reasons why women book late, including:

- Antenatal care received elsewhere
- Late referral from GP
- Concealed pregnancy
- Recent move to the UK / area
- Complex social factors (including substance misuse)
- Lack of / limited access or contact with maternity services
- Missed / unable to attend the previous appointment
- Did not receive appointment
- Unfamiliar with the importance of accessing care early

Many women do book early enough, but do not have their bloods taken before 12 weeks 6 days. One reason why may be due to local capacity and organisational issues.

Diversity issues
A recent study in East London concluded that socio-cultural factors, in addition to poor English ability or assimilation, may play an important role in determining early initiation of antenatal care.

The CN recommends that future research should focus on effective interventions to encourage and enable minority groups to engage with maternity services.

Research in Haringey in 2013 identified that women can be cautious about revealing they are pregnant before 12 weeks.

Another study concluded that, whilst vulnerable groups are strongly represented in the late booking group, there is not necessarily a socio-cultural stereotype of a late booker.

Personal factors for late booking may include poor reproductive health knowledge and delayed recognition of pregnancy, the influence of a pregnancy ‘mindset’ and previous pregnancy experience, and the perceived value of antenatal care.

The study also found deficiencies in early pregnancy diagnosis and service organisation. These issues should be considered by practitioners and service commissioners in order to promote timely care.

A recent health equity audit commissioned by NHS England looked at more than 93,000 bookings across 17 trusts in London. The results highlight specific groups that book late, including younger mothers (<20 years), black/African women (specifically Somali), Jewish groups, deprived groups and those of higher parity. Trusts with larger numbers of these women accordingly have greater percentages of late bookings. The study found no significant system factors related to time of first blood tests, booking method, or referral delay.

Increased deprivation was associated with later gestation of referral and booking. Mothers with disabilities were both referred and booked earlier than mothers with no disabilities.

The study concluded that reviewing booking appointment arrangements to give greater priority to the 10 week target could have a large impact on the proportion of women booked by 10 weeks, even with no change in referral behaviour of either women or other professionals (55% of referrals were received by 8 weeks gestation).

Equity of access
A study in Newham aimed at achieving equity of access to antenatal care concluded that development of a locally appropriate intervention package is necessary to encourage early access and improve a woman’s experience. This package would need to take into account how norms and expectations can shape experiences and satisfaction with antenatal care for diverse groups of pregnant women.

Improving awareness
There is wide variation in women’s awareness of the potential benefits of early access to maternity services.

Commissioners may wish to engage with their borough health and wellbeing boards and public health departments to explore local solutions to this issue. A source of engagement could be conducting focus groups with seldom-heard groups of women, particularly in community settings.

For more information, please contact the London Maternity Strategic Clinical Network, england.maternityscn@nhs.net.
Improving early access to maternity services in London:  
A best practice toolkit

ASAP (As Soon As You’re Pregnant)

» The Department of Health conducted research to discover why a significant number of women were not receiving their initial antenatal assessment before 12 weeks, 6 days³.

» The ASAP (As Soon As You’re Pregnant) campaign was created in response to the insight of barriers for not meeting the assessment target⁴.

» The ASAP project uses marketing materials at the point of sale of pregnancy tests in community settings to raise awareness and to encourage behaviour towards early presentation for maternity care.

» In-store retail interventions targeted retailers who sell pregnancy tests.

» The programme received £300k from Merck’s MSD for Mothers programme.

» The programme was initially rolled out through discount stores such as Poundland and 99p Stores.

» Further rollout of work across London was undertaken and target retail interventions were put in place. The programme is live in all London boroughs.

» The ASAP website, www.asapnhs.com, houses all related resources, and received site maintenance for three years.

» However, following evaluation of the project benefits, funding was withdrawn, leaving the maintenance of the website yet to be agreed.

» Encouraging the ASAP conversation across the London Ambulance Service would help to fill gaps in the communication pathway when women access emergency care.

Reducing system delays

In 2015, the Maternity CN wrote to all London CCGs, asking them to make their member practices aware of the benefits of early access for those pregnant women who choose to present to primary care, and to encourage both easy self referral and GP referral for those mothers with complex medical histories.

Women should be encouraged to self-refer at the earliest possible opportunity and commissioners should work with providers to ensure that self referral forms can be accessed and completed online, rather than needing to be printed and completed by hand.

Local referral pathways should support the use of GP or self referral proforma, rather than prose letters, to avoid transcription delays and improve quality of data sharing with secondary care. The attached proforma (Appendix 1) has been developed in consultation with London’s maternity providers, commissioners and GPs. It contains the suggested minimum dataset to ensure that information relevant to risk assessment is captured at the point of referral.

Where self referral / direct booking is available, a link to the self referral form could be included on practice and provider trust websites to obviate the need for a primary care appointment.

CCGs should work with acute trusts towards achieving the target of 10 weeks +0 days. The London suggested maternity service specification for 2016/17 contains screening key performance indicators (KPIs), and CCGS should work with NHS England and Public Health England screening leads to ensure that services meet these KPIs⁸. This can be built into contracting via the UK National Screening Committee Key Performance Indicators 2014/15⁹.

Self referral / direct booking

The Maternity CN supports women’s direct booking by their self referral to maternity care providers. Case studies have suggested that women find it off-putting to be asked to download and print forms, and to email scanned copies or fax forms on to providers. Where possible, therefore, it would be preferable for women to be able to directly enter data into an online form.

Commissioners may wish to work with their member practices to strengthen local arrangements to expedite practice appointments for newly pregnant women.
Improving early access to maternity services in London: A best practice toolkit

Key factors for successful implementation of an early booking process
Some of London’s commissioners and providers achieve a high level of performance against early booking targets. Analysis of their local approaches, pathways of care, referral systems and technological solutions has identified the following common themes:

» Communication / marketing direct to women (sign posting) about the value of early booking (eg ASAP, posters in primary care and pharmacies)
» Information provision for women across a range of media (eg GP practice TV screens, multilingual leaflets)
» Raising staff awareness about benefits of expediting first contact in pregnancy
» Assessment of local population to target hard to reach groups
» Overcoming barriers; working with resistant groups to increase willingness to engage with care
» Processes / resources in place to manage early booking
» Encourage use of pan London early access referral proforma for GPs and women to self-refer in order to improve the quality and timely provision of information available to providers
» Accessible referral (eg online booking form / website or phone number) to reach a variety of audiences
» Advertising self referral to maternity services

(See Appendix 2 which provides examples of good practice in London maternity units.)

Health economics / economic modelling
The economic analysis of screening programmes has shown cost-effectiveness for current programmes. However, the screening service specifications for the NHS antenatal screening programmes\(^9\) have not been able to consider the following:

» Value to a woman of being given information about the health of her future child
» Value of being able to plan appropriate services for children who are born with disabilities
» Value of a life of a child born with disability -- to the child, to the family and to society in general

All of these are important considerations, and individual women will value each of these differently, meaning that screening decisions need to be taken after discussion between the woman and her maternity carers. Decisions may need to be taken at each stage of the screening pathway, and choosing to accept an initial screen does not commit women to following the full screening pathway.

Auditables standards

» Use of data collected from five local maternity networks in London, using current metrics of 12+6 bookings to monitor and share best practice and move towards 10 week booking
» Development of early access proforma
» UK Screening Committee KPI relating to antenatal and newborn screening
» Local audits of self referral and primary care referral into maternity care on a quarterly basis, particularly time from receipt of referral to the date of booking

Further research will be undertaken through the screening programme, in particular sickle cell and thalassemia and repeat of the health equity audit is planned and will be shared to enhance the evidence base.

Appendices
Further resources to support this toolkit are available in the appendices which include:

» Appendix 1 - Template referral proforma
» Appendix 2 - Good practice referral to London units

For more information, please contact the London Maternity Strategic Clinical Network, england.maternityscn@nhs.net.
Improving early access to maternity services in London:  
A best practice toolkit

References

1. NICE standard 1 – access to antenatal care.  
   Review updated guidance February 2014.
2. Commissioning Support for London. What 
   women and their families need and want from 
   a maternity service: Overview of existing data. 
   2010.
3. Cresswell et al. BMC Pregnancy and 
   Childbirth 2013, 13:103, Predictors of the 
   timing of initiation of antenatal care in an 
   ethnically diverse urban cohort in the UK.
4. Haddrill et al, BMC Pregnancy and Childbirth 
   2014, 14:207, Understanding delayed access 
   to antenatal care: a qualitative interview study.
5. Hollowell et al, Increasing the early initiation 
   of antenatal care by Black and Minority Ethnic 
   women in the United Kingdom: a systematic 
   review and mixed methods synthesis 
   of women’s views and the literature on 
   intervention effectiveness, NPEU and EEPI 
   Centre, 2012.
6. ASAP press release / Unify2 (Integrated 
   Performance Measures Monitoring Return), 
7. London Borough of Haringey and Enfield  
   – African women early booking and faith: 
   a seminar report. Martha Chinouya and 
   Catherine Madziva 2013.
8. Key Performance indicators of screening – UK 
   National Screening Committee 2014-15.
9. Service specification No 17 NHS England 
   NHS Fetal anomaly specification screening 
   programme 5th February 2016.
10. Health equity audit of booking for antenatal 
    2015.

For more information, please contact the London Maternity Strategic Clinical Network, england.maternityscn@nhs.net.
Pan-London Pregnancy Early Referral/Self-Referral Form

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Surname:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>NHS Number:</td>
</tr>
<tr>
<td>Address:</td>
<td>GP Name:</td>
</tr>
<tr>
<td>Postcode:</td>
<td>GP Address:</td>
</tr>
<tr>
<td>Preferred Title:</td>
<td>GP Telephone:</td>
</tr>
<tr>
<td>Mobile Number:</td>
<td>OK to send texts to mobile phone?</td>
</tr>
<tr>
<td>Other Number(s):</td>
<td></td>
</tr>
</tbody>
</table>

Interpreter Needed? | Yes | No |
Preferred Language: | |
Blood Pressure: | Not Known | Latest Reading |
Heart Sounds: | Normal | Abnormal | Not checked |
First Day of Last Period: | Number of Previous Deliveries: | Reasons if Booking after 12 weeks pregnant: |

Past & Current Information - To help maternity services plan care (Please mark where relevant)

Pregnancies
- Having First baby
- Other pregnancies normal
  - Caesarean Section
  - Premature Baby
  - Previous Womb Surgery
  - Pre-Eclampsia/Eclampsia
  - Postnatal depression
  - 3 or more miscarriages
  - Miscarriage after 13 weeks
  - Baby born with abnormality
  - Shoulder Dystocia
  - Placenta Accreta
  - Stillbirth
  - Neonatal death
Other Maternity problems:

History
- None
  - High Blood Pressure
  - Diabetes
  - Other Hormone disorder
  - Epilepsy
  - Heart disease
  - Kidney disease
  - Liver disease
  - Severe Asthma
  - Blood Clotting Disorder
  - Autoimmune Disease
  - Deep Vein Thrombosis
  - Tuberculosis
  - Haemoglobin disorder
  - Psychiatric illness including depression
Other Medical/Surgical problems:

Information
- None
  - Smoker
  - Alcohol/Substance Misuse
  - Domestic Violence
  - Learning Disability
  - Female Genital Mutilation
  - Children on protection register
  - Has a Social Worker - Name if known:
Other relevant Social/Domestic circumstances:

Current Medication:

Allergies:

Print Name: Signature: (if possible to add)
Please tick if you are booking your own pregnancy directly: | Date:
Improving early access to maternity services in London:  
A best practice toolkit  

Appendix 2 | Good practice referral to London units

The London Maternity CN undertook a survey of maternity units in London to benchmark the current referral routes and processes. Some examples of good practice were extracted from this audit and are detailed below.

Access routes into service - processes

» All trusts had GP access to services via their trust websites using an online referral form and ability to book directly with the units, as well as the traditional paper referral form that could be printed off and taken / sent to the units.

» All units who responded have an online self-referral booking form for women as well as downloadable forms that can be printed, completed and brought to the unit.

» Some units had a central telephone line for access by GP and / or woman, and some units had access for the woman via a self-referral form online.

» **Good practice**: One unit had a contact telephone number where a woman could call / text to book her maternity care. The number is answered by a dedicated administrative staff member who takes the woman’s demographics, pregnancy and medical history and her preferred setting of birth.

» Seven trusts have a central antenatal booking system; these are accessed and supported by administrative staff and dedicated referral booking clerks.

» **Good practice**: One unit has a central booking system where all appointments are made within 24 hours of receipt of referral and has a tracking system that monitors the progress of every referral, with a “red” warning generated if a breach date is reached. A validation of all breaches in undertaken to identify reason for late booking and appropriate remedial action is taken.

» **Good practice**: One area of London (NWL) has a centralised, single booking system for all units in their locality developed during the closure of one of the maternity units to co-ordinate bookings.

» **Good practice**: One unit accepts self-referrals from women via e-mail / social media.

Choose and Book system

Six units had access to booking via the electronic Choose and Book system, and one unit has this access co-ordinated for the five local CCGs.

One unit reported that this system was not as successful as hoped, because false appointments were could be generated, which led to confusion.

Referral from attendance at early pregnancy advisory units (EPAU)

» Six units advised that they have processes in place for referral to maternity services with a viable confirmed pregnancy. The woman is given either a self-referral form, direct booking assistance from the EPAU, directed to the trust maternity website or sent directly to the antenatal clinic.

» Three units did not have a dedicated EPAU service.

» Response rates | *Receipt of referral to first booking assessment appointment* – Times of response to referral varied from 24 hours to seven days.

» **Good practice**: When referral is received, gestation is calculated, risk assessment recorded and midwifery team leader offers a relevant appointment according to gestation and risk assessment. The woman is started on the appropriate level of maternity pathway care according to definitions in the maternity tariff.

» All units are working towards first assessment appointment by 10 weeks, and many are achieving assessment by nine weeks for women referred early.

» One unit advised that they write to the woman’s GP when a self-referral is received, so that appropriate medical records can be shared and, if the woman has had previous pregnancies, she is advised to visit her GP to ensure further sharing of medical records.

» **Good practice**: One unit advised that they provide booking clinics seven days a week.
Improving early access to maternity services in London:  
A best practice toolkit

Risk assessment
» All units have a policy for appropriate risk assessment and for ensuring women are placed on the appropriate maternity pathway from her first assessment.
» **Good practice**: Women are allocated to the appropriate pathway by early assessment and validation of all breaches. By having an overview of validated booking figures, the unit is able to plan according to predicted peaks in activity.
» **Good practice**: If risks are identified, the referral is screened by the midwife and then classified as routine or urgent and requirements identified for any specialised midwifery services such as mental health, diabetes or bereavement.
» **Good practice**: Late bookers are given the next available appointment, and women at 12 weeks gestation are given priority to book by 12 completed weeks.
» **Good practice**: From information provided by the GP, any referrals identified as high risk will be assessed by a consultant obstetrician who will direct allocation to a specialist clinic. Low risk women will be allocated to the midwives for booking but if any higher risk patients are identified, they are then referred to an obstetric consultant.

Appointment DNA process
» All units have robust did not attend (DNA) and breach appointment processes, with policies to guide responses to DNAs by vulnerable women.
» A variety of processes is advised, including telephone contact with woman and follow up at home by a midwife who will leave a contact card and, if no further contact made, notify the woman’s GP.
» **Good practice**: DNA flow chart – At first DNA, demographic details are checked and, if woman appears to still be pregnant, she will be sent a further appointment. Process is repeated for second DNA and, if no success, the GP is contacted to advise of DNA and seek further guidance.

Maternity workforce
» Five of the units had mixed midwifery services, both community and hospital based.
» Mixed models include community based clinics with caseload midwives for low risk women where appointments are booked directly with the woman. Some units have space in the hospital based antenatal clinics for women living close to the hospital and hospital based services with core midwives mainly for high risk, late bookers and tertiary referrals.
» **Good practice**: One unit advised that they have funding for a 0.6WTE band 6 midwife to be used flexibly to cover peaks in booking activity.

Booking data 12+6 and 10+0
» Most units were able to provide data on 12+6 bookings but not yet able to provide for 10+0.
» Percentage of bookings by 12+6 varied between 70-95 per cent.
» Most units advised that, anecdotally, they are starting to see a rise in the percentage of women booked by 10+0 weeks, and this will be reflected in their trust and network level dashboards.
» Most units advised that they are mostly reaching the 95 per cent target for 12+6 weeks and working towards 10+0 unless women are late bookers, and all units have seen a significant in-year increase in earlier bookings.
» **Good practice**: One unit reported that 97 per cent of women who present in time are booked by 12+6 weeks. For 10+0 week women, no figure on percentage booked, but this will be high for women who send in an early referral. Have an SLA of booking late bookers within 10 working days so for the 10+0 women, the unit will need the referral prior to 8+2. This unit began collecting this data from January 2016.