

M(ums)-Power: putting women at the centre of antenatal care: learning from the project

Key findings

- Group appointments can help to make antenatal care more person-centred, with a greater impact at 16 weeks than at booking, where there is too much pressure on midwives to communicate large amounts of information and women are less likely to interact with one another.
- Moving from individual to group appointments creates efficiency gains by reducing the average amount of midwife contact time. The group booking appointments model at UCLH produced an average time saving of 25 minutes per contact.
- At UCLH, women who took part in group appointments at 16 weeks had very positive perceptions of the care they received during the session, scoring 57 out of 60 on the Consultation and Relational Empathy (CARE) tool. Barts Health also found that 16 week group appointments improved women's perception of care.
- Well-designed online information and tools can improve women's experience of care by helping them to feel better informed, more prepared for their appointments and more in control of their pregnancy.

Successes

- **Co-production:** Co-production workshops with clinicians and new mothers provided rich insights into experiences of antenatal care services, as well as a wide range of ideas for service improvement interventions.
- **Group appointments:** Over time, the rationale behind group appointments was accepted and embraced by many of the clinicians involved in the project. At Barking Birth Centre, many midwives now view group booking appointments and group consultations at 16 weeks as the 'gold standard' of care.
- **Peer-to-peer support:** Insights from the co-production process revealed that peer relationships are important to many pregnant women. Women who tested the online tools highlighted the value of being able to connect and share experiences with other local mums and expectant mums. Some women said that being part of an online network made them feel better supported and less isolated.

Challenges

- **Data challenges:** The team faced difficulties with collecting data from service users due to a lack of engagement from clinical and administration staff. Completed questionnaires revealed high levels of satisfaction with current standards of care and the new intervention, suggesting that the questions were not sensitive enough to measure changes.
- **Engagement and support:** The team encountered strong resistance to change among all levels of staff. When the team recognised significant resistance to group appointments at UCLH, they ran development workshops with midwives to try to build support, but it was too late in the testing process for the feedback to be incorporated. The project's focus on measuring changes in relationships did not resonate with managers whose services were evaluated in different ways.
- **Competing priorities:** Throughout the project there was a tension between service efficiency and patient outcomes. Service managers tended to be more motivated by efficiency savings, while frontline clinicians were more motivated by meeting women's needs. This tension led to the adoption of the most time-efficient model for group appointments, rather than the model which allowed time for women to interact and ask questions.

Advice to others

The project team recommends keeping the scope of the project realistic and not attempting to introduce too many interventions at the same time. One important area to focus on is involving service users, frontline staff and managers in intervention design, as well as throughout the project as the interventions are tested and improved.

Time should be invested in understanding the motivations and routines of managers and frontline staff, and developing an appropriate engagement and communications strategy to build and maintain enthusiasm and support for the project. Part of the communications strategy should focus on sharing clear guidelines for new ways of working.