

HIDDEN FIGURES: Defining vulnerable pregnant women and factors that influence their care at University College London Hospital (UCLH)

Adil, H.^{1,2}, Pierce, P.^{1,2}, Whitten, M.^{2,3} and Hillman, S.^{2,3}

1) University College London Medical School, Reach Alliance researcher,2) EGA Institute for Women's Health, UCL 3) University College London Hospitals NHS Foundation Trust



Introduction:

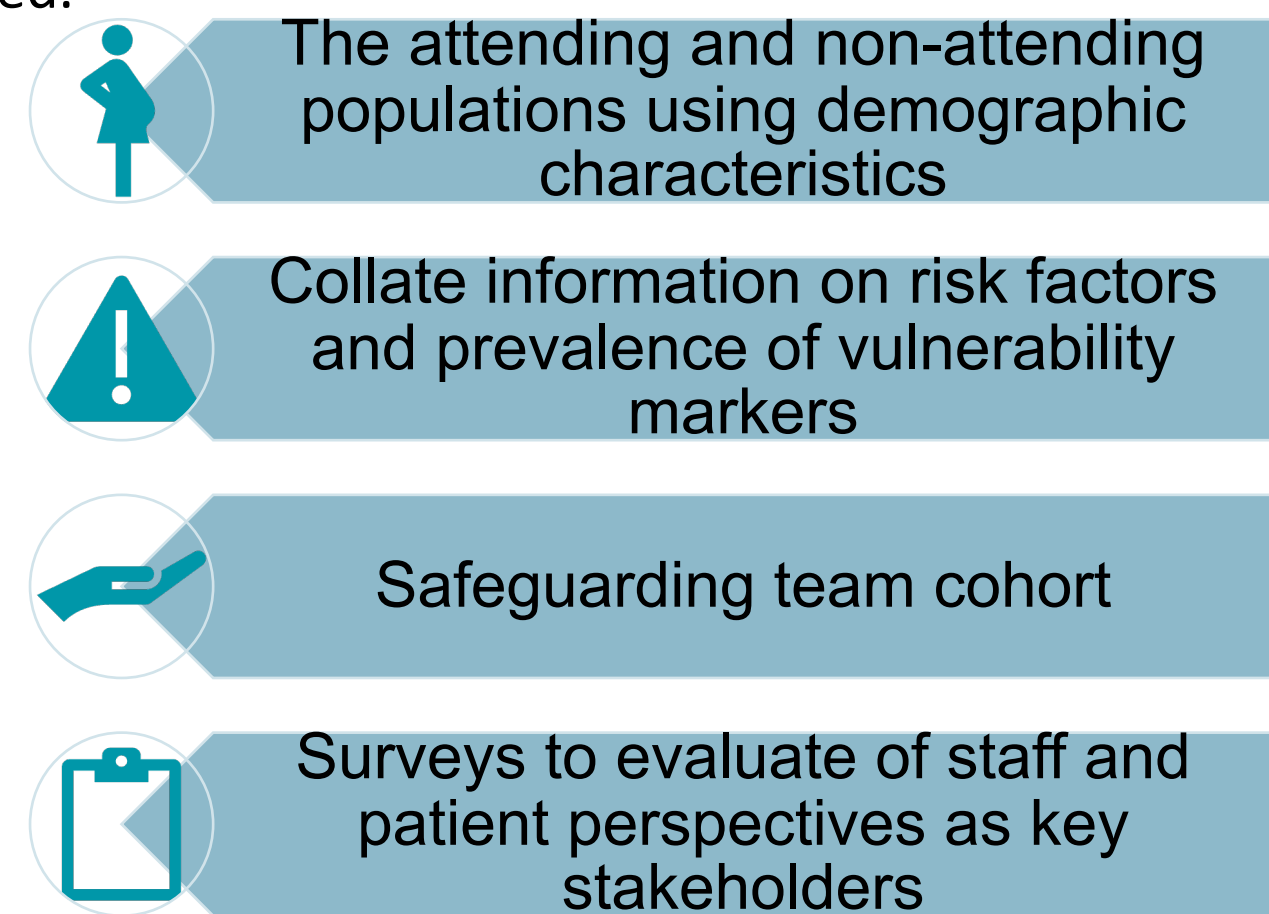
Vulnerable pregnant women have a greater likelihood of **experiencing adverse pregnancy outcomes**. The effects are far-reaching as they impact the **mother, the children, and the family**. Difficulties are seen in **identifying and consequently, treating** vulnerability. **Antenatal care** is crucial to ensure the **best outcomes** by allowing **early recognition** of vulnerability, **management** of **safeguarding concerns** and consequently **intervention**.

Aims:

- Assess the different types of vulnerability faced in central London
- Understand who is disengaged with antenatal care
- Identify barriers to accessing and engaging with care
- Consider staff experiences of delivering care to vulnerable individuals

Methods:

A **mixed-methods** approach was taken to consider how vulnerability **manifests** at UCLH and how it feels **to care for** vulnerable women. This consisted of both **primary data collection** including multiple datasets and **surveys**. **Statistical** and **thematic analysis** were conducted.



Results:

- 21%** of the general population was identified **as vulnerable**
- 80%** of vulnerable women showed **multiple indicators** of vulnerability
- Risk factors of vulnerability were **poor engagement with antenatal care**, **ethnic minority backgrounds**, and **complex social circumstances**
- Barriers in care from a **staff** perspective include **language and cultural barriers**, **digital exclusion**, **lack of confidence** and **training** to care for vulnerable groups

Results:

Profiles were created for the average attending woman and vulnerable women

Average woman being seen in maternity services

- Ethnicity:** white
- Age:** 33.24
- BMI:** 24.95
- Parity:** 1.07
- Index of multiple deprivation decile:** 4.75
- First language:** English

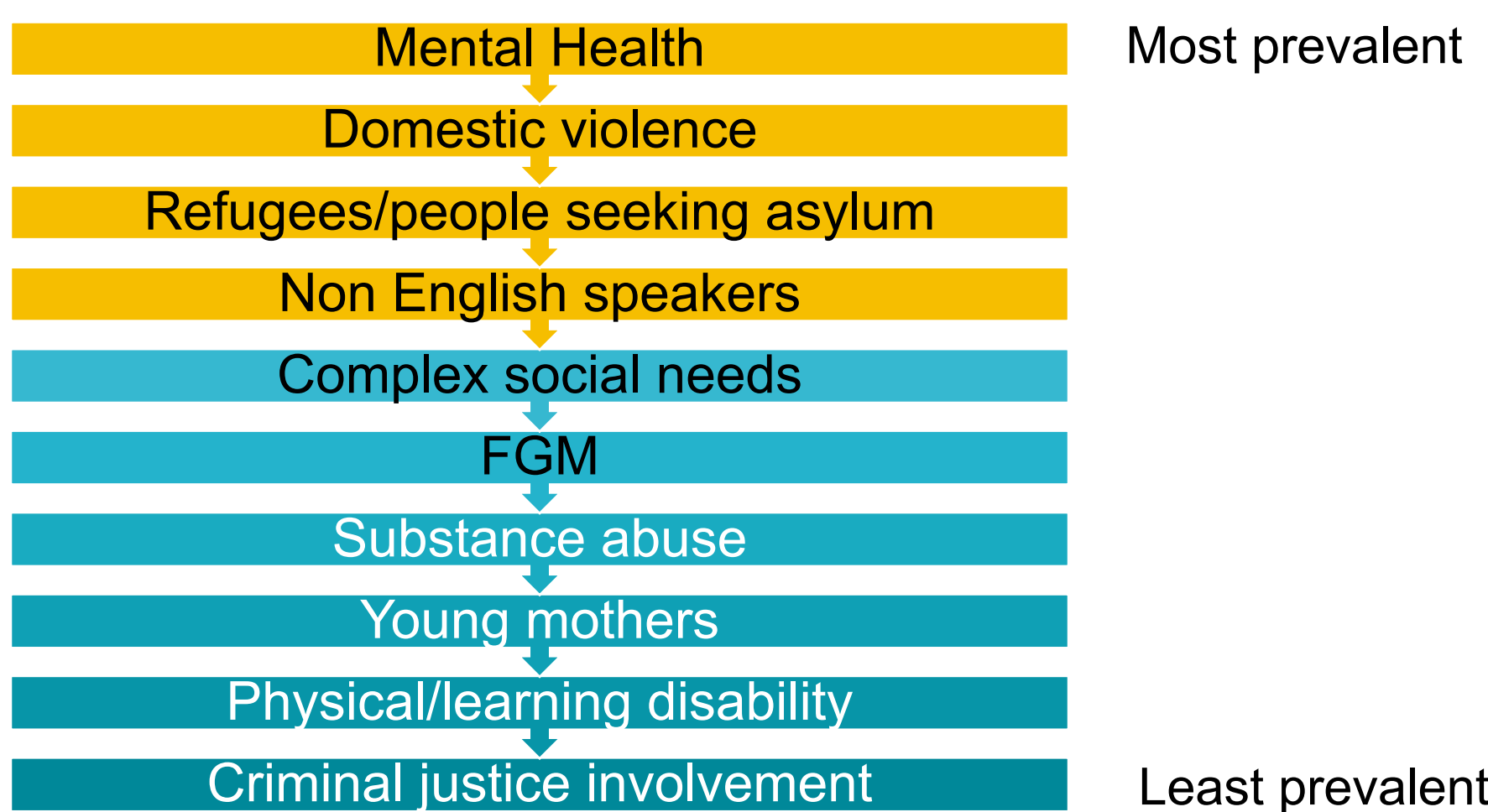


Average vulnerable woman

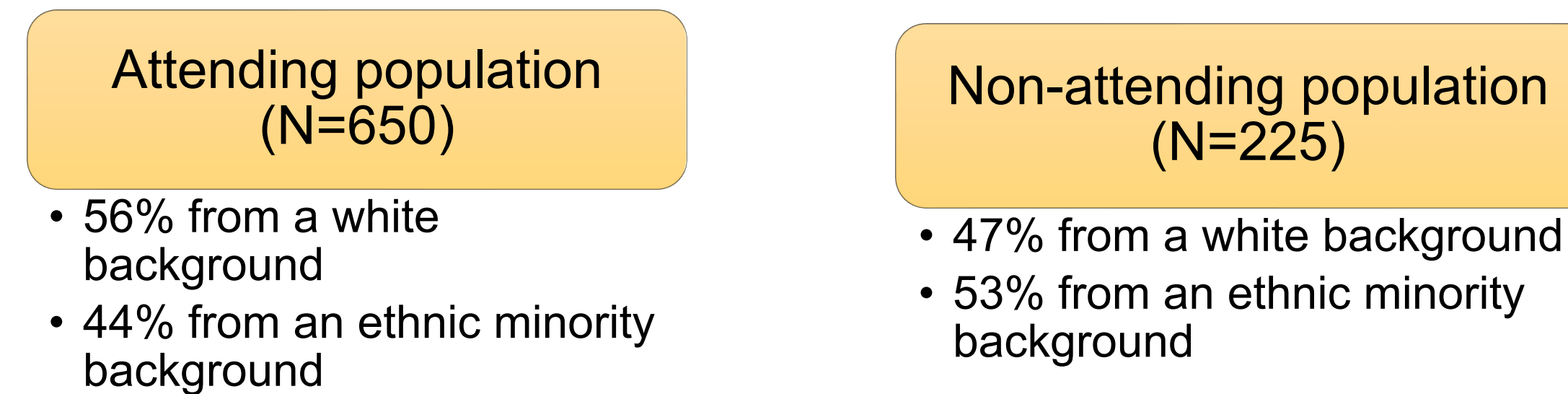


- Ethnicity:** ethnic minority
- Index of multiple deprivation decile:** lower than the average woman
- First language:** not English
- Late booker** or **does not attend**
- Complex social circumstances
- Multiple risk factors** of vulnerability

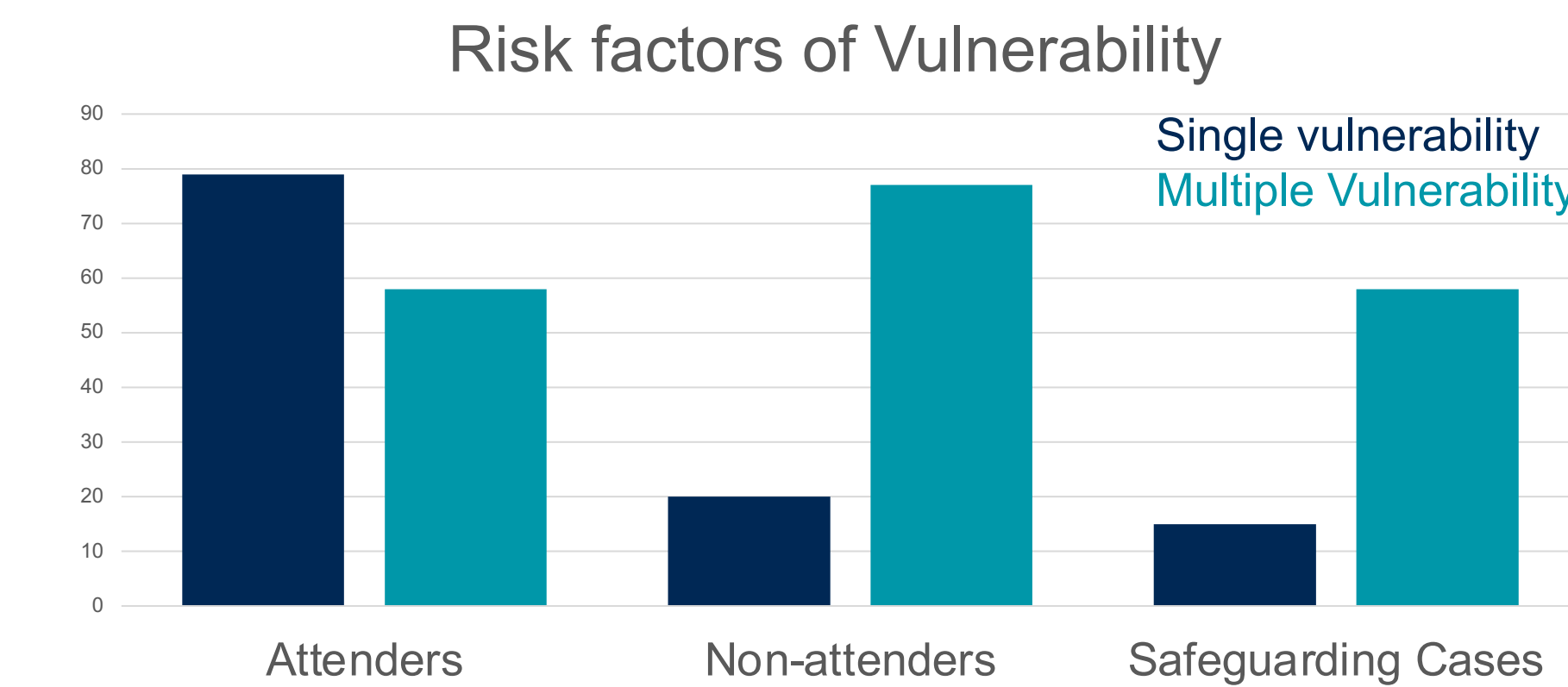
These were the most commonly identified forms of vulnerabilities in the populations studied



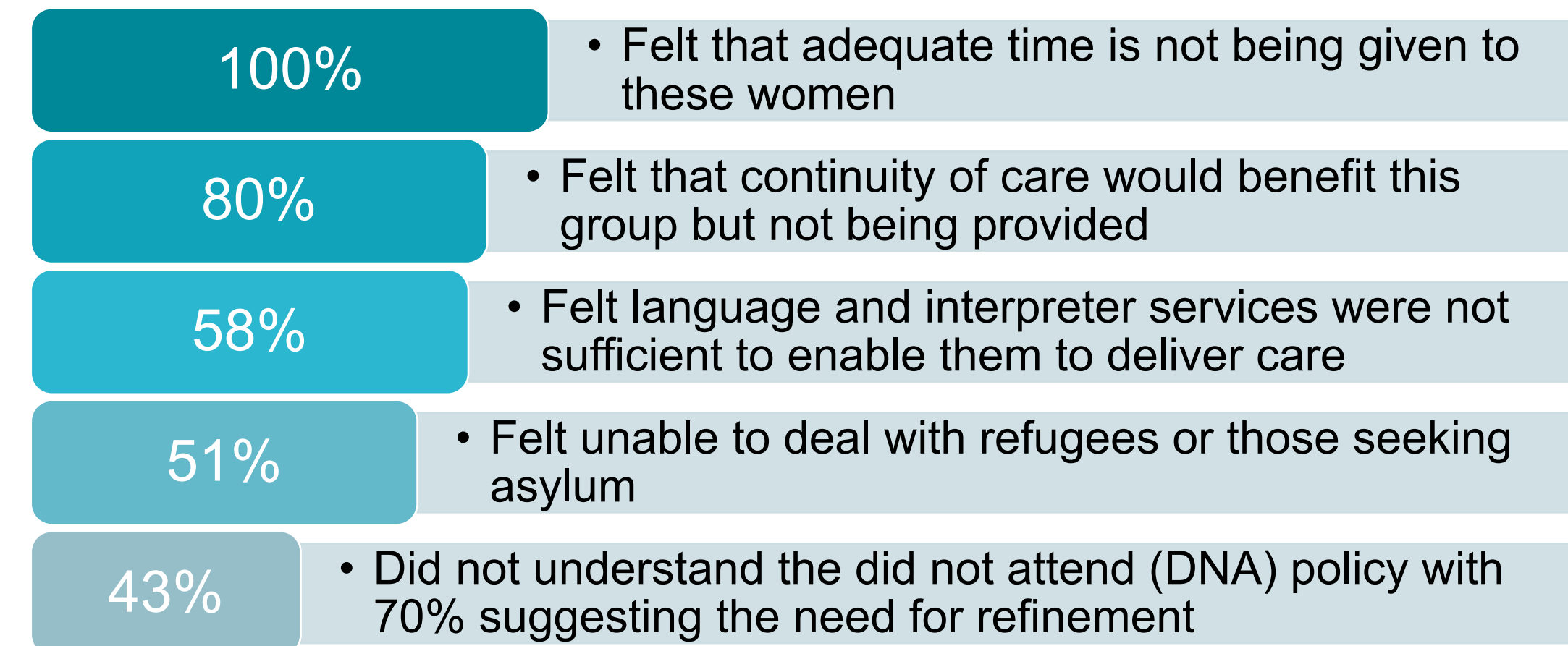
Variations in ethnicity between different groups



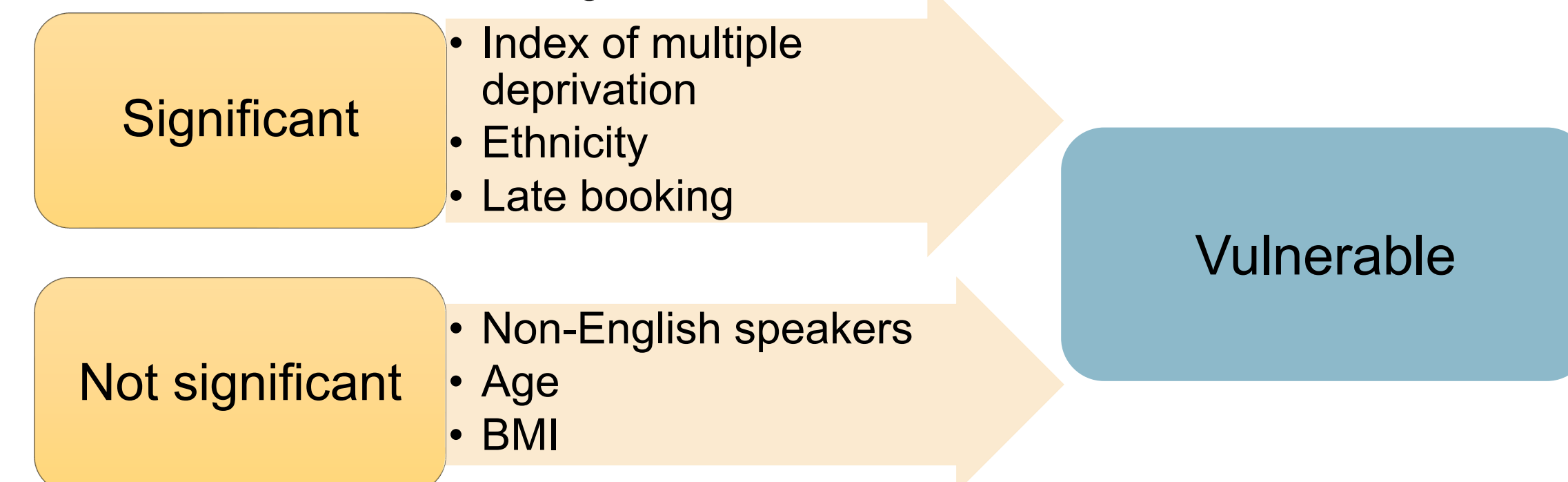
Levels of vulnerability: In the non-attenders and safeguarding group, 79% of individuals had multiple factors.



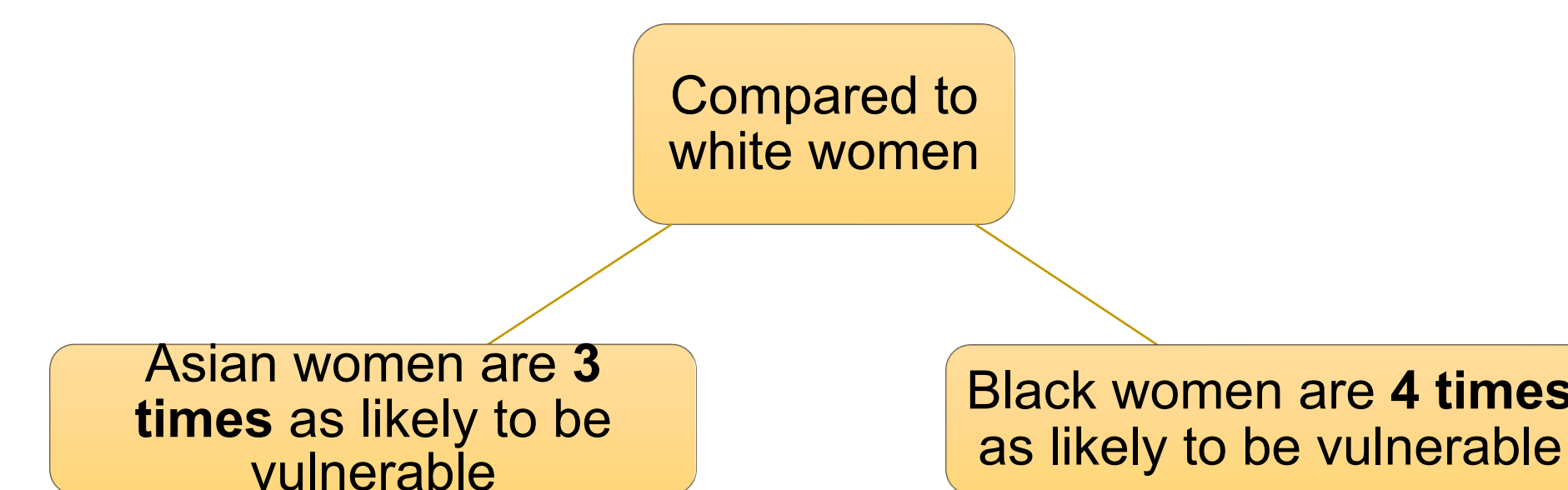
Staff survey: 69 responses were completed (48 midwives, 8 consultants, and 13 juniors)



Multiple variable logistic regression showed the **factors** that had a **significant effect** on the **outcome** of being vulnerable.



Variability in vulnerability by ethnicity

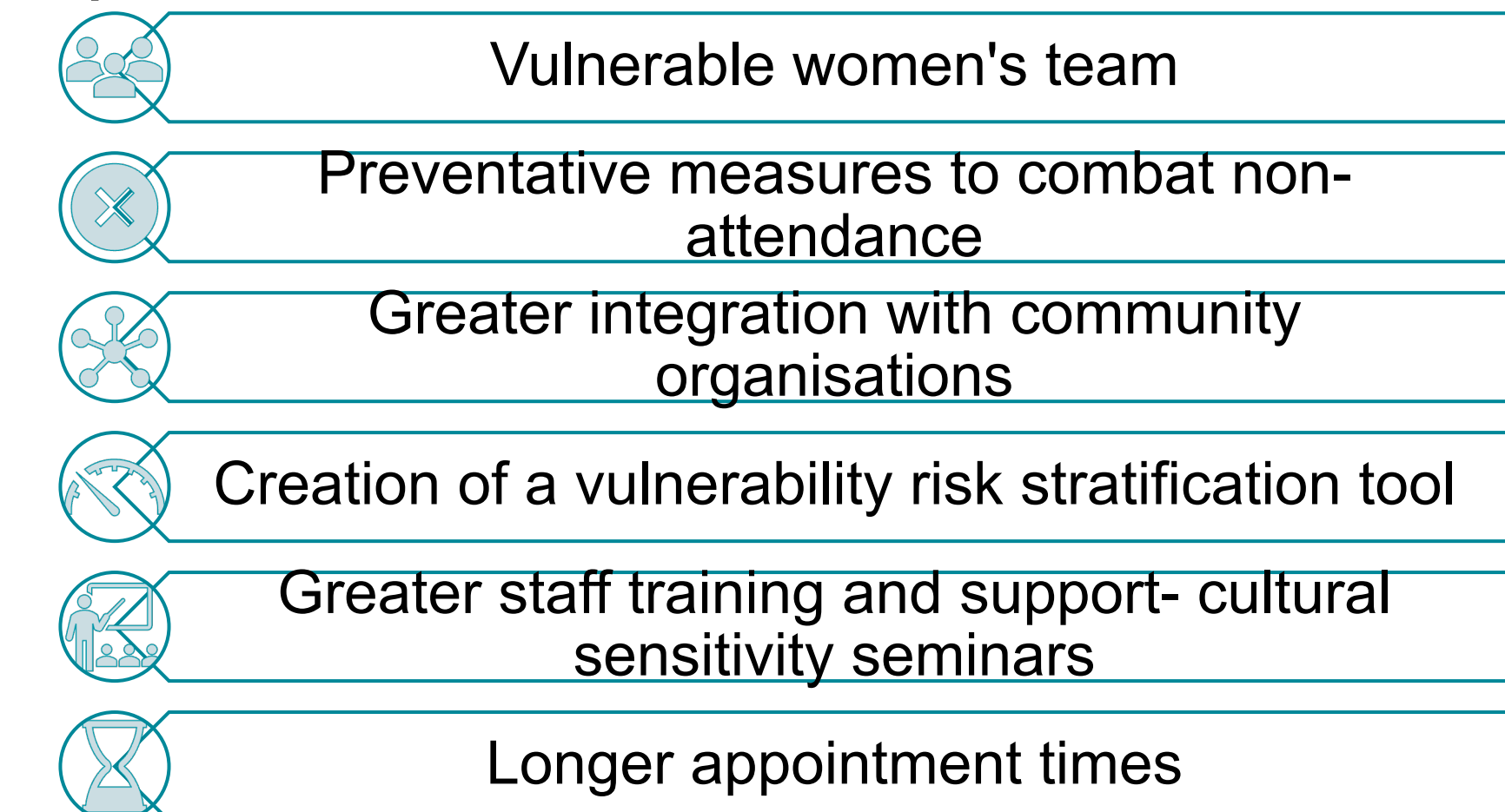


Discussion:

- Wider **social circumstances** need to be considered in care
- Those with **greater needs** and **vulnerability** are **not accessing** care
- Need to know who the **local population** you are serving are
- One size provision **DOES NOT FIT ALL**
 - Certain groups and faiths do not use the digital apps such as the Jewish community
 - Refugees have shown that the standard service is not always suitable
 - Varied cultural backgrounds are unfamiliar with the healthcare system and care offered

Recommendations:

There is a need to facilitate **better access and initial engagement** with antenatal care, **specifically for vulnerable women** to offer **holistic and personalised care** to **prevent poorer maternal and child outcomes** for vulnerable women.



Conclusions:

- The study employed **holistic methods** to **understand vulnerability** in this **central London service**
- The data found that the average vulnerable woman is often **vastly different** to the average woman that the **health system is designed for**
- Individualised care** is required to **reach these women** and address their individual vulnerabilities with a focus on **social determinants of health**
- As healthcare professionals and service providers, we need to **build strong relationships** within our **local communities** to **engender trust** and **optimise care provisions** to help individuals engage with services in a **way that meets their needs**