

**National Collaborating Centre for  
Women's and Children's Health**

**Confirmed Minutes**

**3<sup>rd</sup> Care of Pregnant Women with Complex Social Factors Guideline Development Group (GDG) Meeting.  
Wednesday the 18<sup>th</sup> March 2009 at the RCOG.**

<b>Present:</b>	Rhona Hughes (RH)	Lead Obstetrician, Royal Infirmary, Edinburgh. (Chair)
	Daghni Rajasingam (DR)	Consultant Obstetrician
	Poonam Jain (PJ)	Patient / Carer Representative
	Sarah Fishburn (SF)	Patient / Carer Representative
	Jan Cubison (JC)	Social Worker
	Melissa Kate Whitworth (MKW)	Consultant Obstetrician
	Jan Palmer (JP)	Consultant Nurse Substance Misuse
	Helen Adams (HA)	Health Visitor
	Faye Macrory (FM)	Consultant Midwife
	Mary Sainsbury (MS)	Practice Development Manager, Social Care Institute for Excellence (SCIE)
	Dilys Noble (DN)	General Practitioner
<b>NCC-WCH:</b>	Roz Ullman (RU)	Senior Research Fellow, NCC-WCH
	Martin Whittle (MW)	Clinical Co-director, Women's Health, NCC-WCH
	Katherine Cullen (KC)	Health Economist, NCC-WCH
	Rupert Franklin (RF)	Project Manager, NCC-WCH
	Paul Jacklin (PJ)	Senior Health Economist, NCC-WCH
<b>Apologies:</b>	Yana Richens (YR)	Consultant Midwife/ Public Health
	Eva Perales (EP)	Patient / Carer Representative
	Caroline Keir (CK)	National Institute for Health and Clinical Excellence (NICE) Guidelines Commissioning Manager
	Carolina Ortega (CO)	Work Programme Co-ordinator, NCC-WCH

### 1. Welcome, Apologies, Introductions, Aims, Matters Arising, Minutes and Declarations of Interests

RH welcomed the group to the meeting. Apologies were received from those listed above. DN was introduced to the group. The group confirmed the minutes of the last meeting as a true and accurate account. Annette Williamson has had to stand down from the guideline as she is no longer a commissioner. The group was asked to pass on details to RU if they know of any commissioners who might be able to sit on the group.

Declarations of Interest: There were no new interests declared by those present at the meeting. It was agreed that no interests declared at the meeting or previously warranted exclusion of any GDG members from discussions of evidence or formulation of recommendations. Declarations are kept on record at the NCC-WCH and will be published in the full guideline.

## **2. Health Economics (KC + PJ):**

KC gave a presentation on an example of a health economic model that could be used in the guideline. The group discussed the model and highlighted some areas where there might be relevant data available.

RH thanked KC for her presentation

PJ then gave a presentation on another health economic model which had been developed for another guideline. PJ further explained what it means for an intervention to be cost effective and the relationship between costs and QALYs. The group discussed the model and noted factors which might need to be included in the model for this guideline.

RH thanked PJ for his presentation

## **Break**

## **3. Evidence for Q1: a+b Access and barriers to antenatal care, and Q2: Maintaining contact with care provision (RU)**

RU gave a presentation on the evidence for Q1. The group looked at the evidence table and RU answered their queries.

## **4. Discussion of evidence**

The group looked at the draft evidence statement. The group discussed the papers and issues which may affect their relevance to the UK setting.

After this discussion, RU presented the evidence for Q2.

The group discussed the papers and highlighted issues which will need to be included in the interpretation of evidence section.

## **5. Ranking of barriers to care – Delphi voting**

The group reviewed the list of barriers to care which had been identified from the evidence. They were asked to vote on which ones they felt were the five most important barriers to care. The group voted and the results were counted over lunch.

## **Lunch**

## **6. Ranking of barriers to care – Delphi voting (continued)**

The GDG were informed of the results of their voting and the group discussed them.

Following this discussion, RU presented the evidence for Q2. She noted that there will be an overlap between these papers and those for questions 1 and 3. The group discussed these papers.

## **7. Interpretation of evidence and writing recommendations – what do we need to consider**

RU gave a presentation explaining how the interpretation section of the guideline links to the recommendations. She also explained the basic principles of writing recommendations and how they will apply to this guideline.

## **Break**

## **8. Drafting interpretations of evidence and recommendations for Q1 a+b and Q2**

Following their discussions of the evidence, the group drafted recommendations for Q1 a+b and Q2

**9. Plans for next meeting**

The group was reminded of the constituency of the different topic groups.

It was confirmed that the meeting on the 14<sup>th</sup> of May has been cancelled. Instead there will now be a meeting on 10<sup>th</sup> November.

**11. Any Other Business:**

There was no other business. RH thanked the group for attending and closed the meeting.

Close.

Signed:.....Date:.....

Professor Martin Whittle, Clinical Co-director, NCC-WCH

Signed.....Date.....

Rhona Hughes, GDG Chair for Care of Pregnant Women with Complex Social Problems.