NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

SCOPE

1 Guideline title

Care of pregnant women with complex social factors

1.1 Short title

Pregnancy and complex social factors

2 Background

a) The National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') has commissioned the National Collaborating Centre for Women's and Children's Health to develop a clinical guideline on the care of pregnant women with complex social factors for use in the NHS in England and Wales. This follows referral of the topic by the Department of Health (see appendix). The guideline will provide recommendations for good practice that are based on the best available evidence of clinical and cost effectiveness.

b) The Institute's clinical guidelines support the implementation of National Service Frameworks (NSFs) in those aspects of care for which a Framework has been published. The statements in each NSF reflect the evidence that was used at the time the Framework was prepared. The clinical guidelines and technology appraisals published by NICE after an NSF has been issued have the effect of updating the Framework.

c) NICE clinical guidelines support the role of healthcare professionals in providing care in partnership with patients, taking account of their individual needs and preferences, and ensuring that patients (and their carers and families, if appropriate) can make informed decisions about their care and treatment.

3 Clinical need for the guideline

a) Confidential enquiries into maternal and child deaths have consistently identified underlying social factors as having a significant influence on poor birth outcomes for mothers and babies. In the 2007 Confidential Enquiry into Maternal and Child Health, women living in areas of England with the highest deprivation scores were found to have a mortality rate during the perinatal period (that is, between the 28th week of pregnancy and 1 month after the birth) that was five times higher than the rate for women living in areas with the lowest score. Seventeen per cent of women who died had a concealed pregnancy, no antenatal care or had registered with an antenatal service after the 22nd week of pregnancy. Forty per cent of the women of black African origin who died were late or non-attenders for antenatal care, 57% of the women of black Caribbean origin and 25% of the women of Middle Eastern origin.

b) Complex social factors that are associated with an increased risk of maternal death include contact with the child protection services or social services, substance misuse, domestic abuse, being single, being unemployed, having a partner who is unemployed or employment unclassifiable, being a recent migrant to the UK and speaking no English. Certain ethnic groups seem particularly vulnerable; women of black African and black Caribbean origins have higher risk of maternal mortality than women from other ethnic backgrounds. The rates of maternal death among women with a black African or black Caribbean family origin are 62.4 and 41.1 per 100,000 pregnancies respectively, compared with 11.1 per 100,000 pregnancies for women with a white family background.

c) Babies of women living in complex social circumstances have an increased risk of dying during the perinatal period. The 2005 perinatal mortality figures showed that babies born to women living in the most deprived areas were twice as likely to be stillborn or to

die shortly after birth as babies born to women in the least deprived areas. The stillbirth rate was 3.5 for every 1000 live births in the least deprived areas and 6.2 for every 1000 live births in the most deprived areas. The neonatal mortality rate was 1.7 per 1000 live births in the least deprived areas, rising to 3.8 per 1000 live births in the most deprived areas. Stillbirth and neonatal mortality rates in babies born to women with a black African family origin are 1.9 times higher than rates among babies born to women of white family origin, for babies born to women of black Caribbean origin the rates are 2.2 times higher.

d) One of the main issues appears to be that the women with complex social factors do not access, or do not maintain contact with, maternity services. This may be because they find it difficult to do so or because they choose not to for a variety of reasons. For those who are in contact with a maternity service, it is unclear whether the care they receive is appropriate to their needs. There is a need to improve access and develop services that meet the needs of pregnant women with complex social factors is highlighted in the Department of Health document publication ‘Maternity Matters’.

e) There are a number of complex social factors that may impact on maternal and infant outcome. All of these are important. The factors identified in section 4.1.1 have been chosen to illustrate the key issues that need to be considered in developing a guideline for care of pregnant women with complex social factors. There are others that could also have been chosen for this purpose but it is not possible to include all complex social factors in one guideline.

4 The guideline

a) The guideline development process is described in detail in two publications that are available from the NICE website (see ‘Further information’). ‘The guideline development process: an overview for

stakeholders, the public and the NHS' describes how organisations can become involved in the development of a guideline. 'The guidelines manual' provides advice on the technical aspects of guideline development.

b) This document is the scope. It defines exactly what this guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health (see appendix A).

c) The areas that will be addressed by the guideline are described in the following sections.

4.1 Population

4.1.1 Groups that will be covered

a) Pregnant women:

- whose children, living and unborn, may be at risk of significant harm
- who have a substance misuse problem (excluding abuse of alcohol unless in combination with other substances)
- who are recent migrants to the UK, including refugees or asylum seekers
- who are late or non-attenders for antenatal care.

Particular consideration will be given to the following subgroups

b) Pregnant women in the groups listed in 4.1.1 a who are of black African, black Caribbean or Middle Eastern family origin.

c) Pregnant women in the groups listed in 4.1.1 a with multiple social factors complicating pregnancy.

4.1.2 Groups that will not be covered

Women with the following social factors will not be considered as specific groups, but will not be excluded from the systematic searches focused on the target populations outlined in section 4.1.1.

a) Women who are victims of domestic abuse.

b) Women who are single and unemployed.

c) Women whose partners are unemployed.

d) Women living in areas of deprivation.

e) Women who abuse alcohol only.

f) Migrant women other than those who are recent migrants, refugees or asylum seekers.

g) Women who do not speak English.

h) Teenagers (younger than 18 years).

i) Women with mental health problems.

4.2 Healthcare setting

a) All settings in which NHS maternity care is received. This may include community outreach settings.

4.3 Clinical management and service organisation and delivery

a) Identify and describe best practice for service organisation and delivery that will improve access, acceptability and use of services.

b) Identify and describe services that encourage contact to be maintained throughout pregnancy.

c) Support and information for women with complex social factors, and their partners and families, during pregnancy.

d) Pharmacological management and harm reduction for women and their unborn children in cases of substance misuse during pregnancy.

e) Identify when additional midwifery care or referral to other members of the maternity team would be appropriate, and what that additional care should be.

f) Define a pathway of care to help decide when a woman should return to community care or remain under the care of the maternity team.

g) The guideline development group will take reasonable steps to identify ineffective, inaccessible and/or less acceptable interventions and approaches to care. If robust and credible recommendations for re-positioning the intervention for optimal use, or changing the approach to care to make more efficient use of resources, can be made, they will be clearly stated. If the resources released are substantial, consideration will be given to listing such recommendations in the 'Key priorities for implementation' section of the guideline.

4.4 Status

4.4.1 Scope

This is the consultation scope. The consultation period is 29 April to 26 May 2008.

Related NICE guidance

Published

- Improving the nutrition of pregnant and breastfeeding mothers and children in low income households. NICE public health guidance 11 (2008)
- Antenatal care: routine care for the healthy pregnant woman (update). NICE clinical guideline 62 (2008)

- Intrapartum care: care of healthy women and their babies during childbirth. NICE clinical guideline 55 (2007)
- Antenatal and postnatal mental health: clinical management and service guidance. NICE clinical guideline 45 (2007)

In development

- Labour: induction of labour (update of inherited guideline D). Publication expected June 2008.

4.4.2 Guideline

The development of the guideline recommendations will begin in September 2008.

5 Further information

Information on the guideline development process is provided in:

- 'The guideline development process: an overview for stakeholders, the public and the NHS'
- 'The guidelines manual'.

These are available as PDF files from the NICE website (www.nice.org.uk/guidelinesmanual). Information on the progress of the guideline will also be available from the website.

Appendix A: Referral from the Department of Health

The Department of Health asked NICE:

’To prepare guidance in collaboration with the Social Care Institute for Excellence on the management of pregnant women who have complex social factors for example, children in care under Child Protection Orders, new migrants and drug users.’