Maternity services: the consumer's view

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SUMMARY. Findings are reported from a study designed to compare consumer perception of a range of maternity provision. Detailed exploratory work was followed by a pilot study and a postal survey to which 562 mothers responded. An analysis of the data indicated a strong preference for the antenatal and postnatal services provided by general practitioners or neighbourhood hospitals. Although the ratings given to all hospitals for care during labour and delivery were broadly similar, the majority of mothers would prefer a delivery under general practitioner care where considerations of safety permit. Important characteristics of the preferred services are accessibility, continuity, personalized and small-scale care, and recognition of childbirth as a life event. The desirability of retaining a range of services is discussed.

Introduction

THE importance of consumer opinion in the health services has been acknowledged by the Griffiths Committee,[1] and in the maternity services by the Maternity Services Advisory Committee.[2] The magnitude of the problem in maternity care was underlined by a survey carried out in 1977–78 on behalf of the Royal Commission on the National Health Service,[3] which showed that dissatisfaction with maternity services was considerably greater than for other hospital services.

The past decade has seen a debate concerning the role which general practitioners should play in maternity care and the choice of services which should be available to women. This paper reports the findings of a local study of consumer opinion, which was designed to throw light on these issues.[4] The study was carried out in the Bath Health District, a mixed urban and rural area, which offered special opportunities to compare a wide range of provision of maternity services.

The services

Inpatient care in the district was based upon two centrally located and seven peripheral maternity units. The two central hospital units provided consultant care for mothers from the whole district, while one of the central units also provided general practitioner care for mothers from the immediate locality. The peripheral units, also referred to as 'neighbourhood hospitals', made provision for delivery under general practitioner care and for the reception of mothers transferred from the central units after delivery.

Most consultant outpatient clinics were held centrally, but a few took place at peripheral sites.

Method

A self-completion questionnaire was designed, incorporating issues found to be of concern to consumers of maternity care in an extensive exploratory study. The questionnaire contained a mixture of fixed-choice and open-ended questions. The latter allowed respondents to comment on aspects of care not otherwise covered in the questionnaire and to indicate which issues were of most concern to them. Many of the fixed-choice questions were rated on a five-point scale thus making them more responsive to a range of opinion.

A pilot questionnaire was sent to a sample of 50 mothers and, after minor modifications, the final questionnaire was sent to the mothers of all live babies born in hospitals in the health district over a period of two calendar months and to mothers of babies born elsewhere during that time who were transferred to hospitals within the health district in the postnatal period (n = 756); 562 questionnaires were returned in useable form (74% response rate).

Some additional information, for example, regarding complexity of delivery was obtained from medical notes.

Analysis

Responses to fixed-choice questions were analysed by chi-square tests, omitting the category 'other' and controlling for a range of independent and intermediate variables, for example, social class and complexity of delivery. Answers to open-ended questions were categorized and counted in a modified version of the methodology of Locker and Dunt.[5] For antenatal care a comparison was made between general practitioner and consultant care given centrally. A similar comparison was not possible for inpatient care, because of difficulties in distinguishing between general practitioner and consultant patients in one of the hospitals. Consequently the comparison made was between the neighbourhood hospitals and the centrally located units. In addition the two central hospital units were compared with each other.

Results

Composition of the sample

The sample and the population from which it was drawn consisted primarily of married women. Only 4% (n=23) of the 562 sample mothers and 5% (n=36) of the 756 mothers to whom questionnaires were sent were not married.

There was a good spread of respondents across social classes. Using the Registrar General's classification 42% of respondents were middle-class (n=238), 51% (n=285) were working-class, while the remainder were unclassified. However, as is to be expected in a postal survey middle-class respondents were over-represented. Response rates ranged from over 90% for mothers from social classes 1 and 2 to 70% for those from social classes 4 and 5.

Antenatal clinics

Of the 562 women who answered questions about antenatal care, 157 had attended central consultant clinics, while 405 had attended general practitioner clinics.

General practitioner clinics were regarded more favourably than consultant clinics in almost every respect. The one exception was in the areas of specialist knowledge and expert care, which were identified as among the best features of the service in almost one-quarter of the responses from women attending consultant clinics but in only 10% from those attending general practitioner clinics. As can be seen from Table 1, consultations with general practitioners were less rushed, the quality of communication was substantially higher and there were fewer complaints of an impersonal approach on the part of doctors.

Working-class mothers experienced particular difficulties in consultant clinics. Approximately one-third (n=24) of the 76

Table 1. Antenatal care: comparison of responses of women attending consultant clinics and those attending general practitioner clinics (total n = 562).

	Central consultant clinics			General practitioner clinics			
	Total no. of responses[a]	No. (%) agreeing[b]	No. (%) disagreeing[c]	Total no. of responses[a]	No. (%) agreeing[b]	No. (%) disagreeing[c]	
Doctor too busy	156	51 *(33)*	89 *(57)*	397	49 *(12)*	316 *(80)*	$\chi^2=60.5$, 4 df, $P<0.001$
Adequate information	156	99 *(63)*	39 *(25)*	396	322 *(81)*	44 *(11)*	$\chi^2=31.4$, 4 df, $P<0.001$
Able to ask sufficient questions	154	102 *(66)*	39 *(25)*	398	341 *(86)*	36 *(9)*	$\chi^2=37.4$, 4 df, $P<0.001$
Doctor impersonal	155	66 *(43)*	68 *(44)*	392	81 *(21)*	266 *(68)*	$\chi^2=43.9$, 4 df, $P<0.001$

[a] Totals vary because not all mothers answered every question and when analysing the data the category 'other' was discarded. [b] Sum of two categories — 'Strongly agree' and 'Agree' — on a five-point scale. [c] Sum of two categories — 'Strongly disagree' and 'Disagree'. Middle category was 'Undecided'.

working-class women who attended consultant clinics complained of not being allowed to share in decisions that were made on their behalf by doctors. This compared with 12% (n=25) of those 209 attending general practitioner clinics ($\chi^2=20.96$; 4 degrees of freedom; $P<0.001$). Almost a quarter of working-class mothers (n=17) stated that they did not understand everything that was said to them by doctors at consultant clinics compared with 9% (n=18) for those attending general practitioner clinics ($\chi^2=13.65$; 4 df; $P<0.01$).

Excessive waiting periods were criticized as among the worst aspects of the service by only one-quarter (n=99) of all the mothers attending general practitioner clinics, but by 70% (n=109) of women attending consultant clinics. The cumulative effect of negative factors in the central consultant clinics was to produce feelings of depersonalization in a number of mothers, similar to those noted elsewhere[6,7] and characterized by one mother as: 'I felt as if I was part of a continuous conveyor belt.' Almost three-fifths of mothers (n=237) attending general practition clinics described their visits as 'very helpful', compared with one-third of mothers (n=54) attending consultant clinics ($\chi^2=45.67$; 2 df; $P<0.001$).

A comparison based on the number of suggestions for improvements shows that the antenatal services provided by general practitioners were rated more highly than those provided by obstetricians; while inpatient care given in neighbourhood hospitals was preferred to that given in central units.

Labour and delivery

Just over two-fifths of 555 mothers (n = 239) were delivered in the peripheral hospitals, while the remainder (n = 316) were delivered in the central maternity units; 136 of those in the latter group were 11 miles or more from their home. Five mothers in the survey gave birth in hospitals outside the health district, while two gave birth at home before an ambulance could take them to hospital: they have not been included in this part of the analysis.

The ratings given to all hospitals for care during labour and delivery were broadly similar (Table 2). Fewer suggestions for improvements, however, were made in respect of the neighbourhood hospitals. Comments on services were generally very positive. In particular, almost all the mothers agreed that staff at both types of hospital were helpful and informative.

One factor which made a major contribution to favourable perception of the birth for mothers was the presence of their partner; 85% (n=464) of fathers were present for at least part of the time and this was said by many mothers to be the best aspect of the birth.

Although more than three-quarters of mothers reported experiencing either a 'great deal' (n=230) or a 'fair amount' (n=199) of pain, and only two-thirds (n=375) described the birth as 'a really good experience', few of them attributed the blame for this to the services provided and the number of suggestions for improvements was comparatively small. The improvements suggested were principally for better management of labour and delivery, including less reliance on procedures such as induction, and for better management of pain relief; for example, while some mothers would have liked more analgesia, others would have preferred less.

Postnatal care

In general, the mothers were much more satisfied with the services provided by the neighbourhood hospitals in the postnatal period than with those provided by the central units. The main exception concerned the use of demand feeding which attracted more favourable comments than the fixed-schedule feeding practised in a number of neighbourhood hospitals; 42 mothers criticized fixed-schedule feeding and none made positive

Table 2. Labour and delivery: comparison of responses of women in central maternity units and those in neighbourhood hospitals (total n = 555).

	Central units			Neighbourhood hospitals			
	Total no. of responses	No. (%) agreeing[a]	No. (%) disagreeing[b]	Total no. of responses	No. (%) agreeing[a]	No. (%) disagreeing[b]	
Adequate information	295	238 *(81)*	31 *(11)*	236	198 *(84)*	17 *(7)*	$\chi^2=9.03$, 4 df, NS
Staff helpful	301	287 *(95)*	7 *(2)*	242	234 *(97)*	4 *(2)*	$\chi^2=1.75$, 4 df, NS
Felt frightened	284	69 *(24)*	190 *(67)*	237	47 *(20)*	178 *(75)*	$\chi^2=9.03$, 4 df, NS
Birth a really good experience	286	188 *(66)*	55 *(19)*	239	187 *(78)*	30 *(12)*	$\chi^2=10.04$, 4 df, $P<0.05$[c]

NS = not significant [a] Sum of two categories — 'Strongly agree' and 'Agree' — on a five-point scale. [b] Sum of two categories — 'Strongly disagree'and 'Disagree'. [c] A larger proportion of women in central units had a 'complex' delivery (Caesarean section or forceps).

Table 3. Postnatal care: comparison of responses of women in central maternity units and those in neighbourhood hospitals (total n = 562).

	Central units			Neighbourhood hospitals			
	Total no. of responses	No. (%) agreeing[a]	No. (%) disagreeing[b]	Total no. of responses	No. (%) agreeing[a]	No. (%) disagreeing[b]	
Good quality food	307	123 *(40)*	141 *(46)*	246	168 *(68)*	43 *(18)*	$\chi^2 = 85.46$, 4 df, $P<0.001$
Felt bored	304	73 *(24)*	216 *(71)*	245	36 *(15)*	194 *(79)*	$\chi^2 = 14.74$, 4 df, $P<0.01$
Not enough personal attention	305	95 *(31)*	182 *(60)*	245	32 *(13)*	203 *(83)*	$\chi^2 = 54.74$, 4 df, $P<0.001$

[a] Sum of two categories — 'Strongly agree' and 'Agree' — on a five-point scale. [b] Sum of two categories — 'Strongly disagree' and 'Disagree'.

Table 4. Postnatal care: comparison of responses of women in central maternity units and those in neighbourhood hospitals (total n = 562).

	Central units	Neighbourhood hospitals
	No. (%) of responses	No. (%) of responses
The help staff gave with feeding the baby was:		
Not very helpful	46 *(15)*	17 *(7)*
Fairly helpful	110 *(36)*	56 *(23)*
Very helpful	147 *(49)*	167 *(70)*
Total	303	240
	$\chi^2 = 25.22$, 2 df, $P<0.001$	
Enough rest and sleep?		
Yes	143 *(46)*	192 *(78)*
No	143 *(46)*	45 *(18)*
Undecided	22 *(7)*	10 *(4)*
Total	308	247
	$\chi^2 = 56.73$, 2 df, $P<0.001$	
Visiting hours were:		
Too short	79 *(26)*	22 *(9)*
About right	218 *(71)*	211 *(86)*
Too long	9 *(3)*	12 *(5)*
Total	306	245
	$\chi^2 = 26.28$, 2 df, $P<0.001$	

comments about it, yet 58 mothers commented positively on demand feeding and only six criticized it.

Mothers in the neighbourhood hospitals were more satisfied with the help given them by staff, with the standard of food, and with the amount of rest and sleep they obtained and they were less likely to feel bored or to think visiting times too restricted (Tables 3 and 4).

A concerning feature of postnatal care in the central units was that 22% (n=30) of first mothers reported feeling depressed 'for most of the time', compared with 10.5% (n=10) of those in general practitioner units (χ^2=13.7; 4 df; $P<0.01$).

Comments made by mothers in response to open-ended questions concerning the best and worst aspects of care suggested that the neighbourhood hospitals were seen as providing a more homely, welcoming and 'personalized' environment, whereas the central units were often seen as frantically busy, more clinical and less interested in postnatal care. One mother commented:

> 'During labour the care I received was fantastic ... but after the birth I felt you were left to get on with it ... the baby didn't seem important in their scheme of things.'

While no differences were noted in the mothers' opinions of the two central units at the time of birth, several were observed in the postnatal period. In particular staff at one hospital were said to have given more assistance with feeding (χ^2=9.6; 2 df; $P<0.01$) and to have treated mothers in a less clinical manner (χ^2=15.9; 2 df; $P<0.001$) than the other.

Future plans

Mothers were asked what place of birth and what type of medical care they would choose if they were planning to have another child and knew that 'everything was completely normal'. Approximately three-quarters (n=413) said they would opt for a birth under the care of their general practitioner and of these 63 said they would prefer a home birth (Table 5).

All those mothers who had given birth in a neighbourhood hospital said they would choose either this type of delivery or a home birth, while 85 mothers who had delivered in a central unit, and who lived in an appropriate catchment area said they would choose a neighbourhood hospital.

Asked what would be their choice if there was a 'slight risk of something going wrong' more than one-third of mothers (n = 207) said they would prefer general practitioner care and eight of them said they would opt for a home delivery (Table 5). Almost half of those mothers who had given birth in a neighbourhood hospital (n = 113) said they would choose this type of care again, as did 13 mothers who had delivered in the central units.

Discussion

Identifying characteristics of the services preferred by mothers

Is it possible to identify characteristics of services which account for the preferences of the mothers shown in this study? It is suggested that the services favoured by mothers were more likely to offer a combination of the following factors: personalized care, small-scale care, continuity of care and accessibility. Personalized care involved staff who were friendly and interested

Table 5. Future plans: type of care that mothers would prefer according to safety considerations if they were going to have another baby (total n = 562).

	Number (%) of responses
If everything was completely normal would prefer:	
General practitioner care with home delivery	63 *(12)*
General practitioner care with hospital delivery	350 *(64)*
Consultant care	136 *(25)*
Total	549
If there was a slight risk of something going would prefer:	
General practitioner care with home delivery	8 *(2)*
General practitioner care with hospital delivery	199 *(37)*
Consultant care	338 *(62)*
Total	545

and who treated the mother as a person rather than a case.[8] The provision of adequate help and good quality information was consistently referred to as of major importance by mothers. While large-scale environments were often perceived as clinical and impersonal, and could make mothers feel 'one of thousands', small-scale environments were seen as being homely and friendly and as diminishing the social distance between staff and patients. In the area of continuity of care mothers for example contrasted consultant clinics and their changing personnel — 'never seeing the same doctor twice' — with general practitioner clinics in which continuity of care contributed to a more personalized service — 'my own doctor treated me as a person, knowing and remembering things about me'. Accessibility was important both in the sense of short waiting periods in antenatal clinics and of proximity to home. Local services allowed mothers to be cared for in familiar surroundings and, in the postnatal period, facilitated contact with family and friends — an issue of particular importance to working-class mothers.

Finally, the finding that the majority of mothers would prefer a delivery under the care of their general practitioner reinforces the value of recognizing childbirth as a life event rather than a medical procedure.[9] General practitioners are part of the fabric of everyday life and have a responsibility for families which is likely to encourage a concern with the total process of pregnancy, birth and parenthood,[10] rather than a focus upon the birth and possible pathological complications attendant upon it.

Reconciling mothers' preferences and official policy

The desirability of transferring more responsibility for care during pregnancy to general practitioners has now been recognized.[7,11] With regard to the place of birth, however, there is no such congruence between the preferences expressed by mothers in this study and official policy. On the contrary, as a result of the policy of centralization of maternity services pursued by the DHSS,[12] the years between 1970 and 1980 saw a three-fold decrease in the number of general practitioner maternity units[13] and a fall in the proportion of home deliveries from 13% to under 2%,[14] while by 1981 less than one in three general practitioners were reported to be involved in intrapartum care.[10] This process is likely to be continued, for in 1980 the Short Committee[7] recommended further centralization of care in the interests of 'the lowering of perinatal and neonatal mortality'.

Obviously the safety of mother and child must be a prime consideration. But there has been dispute as to the risks involved in childbirth outside specialist units.[15-18] We have now arrived at the situation whereby 'specialist' obstetric care is the norm, while the 'low risk' mother is a rarity, who must prove her eligibility to be cared for by a general practitioner. A response to the views of the mothers in this study would involve redressing the balance in favour of giving more responsibility for intrapartum care to general practitioners. In rural areas this would mean the retention of neighbourhood hospitals; while in urban areas with shared site facilities the majority of mothers could be delivered under the care of their general practitioner.

On closing we might consider the warning given by Chalmers and colleagues[19] who argue that the majority of child-bearing women should be protected from 'the adverse effects of policies that are formulated through concern for the minority who experience problems'.

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Exposure to AIDS virus by health care staff

During the first year of surveillance 89 exposures to body fluids of patients infected with HTLV-3, have been reported. Forty-three (48%) occurred in doctors, nurses and laboratory workers with accidental needle-stick or other sharp injuries. The remaining 52% occurred in all categories of health care staff who sustained splashes to mucosae and broken skin, were exposed to potential aerosols or had other injuries which in the opinion of the reporting microbiologists constituted definite exposures. Follow-up has ranged from one to 11 months and the median length of follow-up is four months. No seroconversions were observed in the exposed group.

Source: Office of Population Censuses and Surveys. Surveillance of health care workers with accidental parenteral or mucosal exposure to blood or body fluids of patients infected with HTLV-3. *Communicable Disease Report* 85/52, 1985: **3.**