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Chapter 1 : Antenatal care | Guidance and guidelines | NICE

Results. Some women were treated respectfully and reported comprehensive, individualized care. However, some women experienced long waits and rushed visits, and perceived prenatal care as mechanistic or harsh.

Log in or create an account These are the sources and citations used to research literature review on the experiences of antenatal care for BME women. Investigating access to and use of maternity health-care services in the UK by Palestinian women - British Journal of Midwifery In-text: Investigating access to and use of maternity health-care services in the UK by Palestinian women. British Journal of Midwifery, 21 8 , pp. Pregnancy as an ideal time for intervention to address the complex needs of black and minority ethnic women: Views of British midwives - Midwifery In-text: Aquino, Edge and Smith, Your Bibliography: Views of British midwives. Midwifery, 31 3 , pp. Aveyard, Your Bibliography: Journal of Advanced Nursing, 69 9 , pp. Caseload midwifery in a multi-ethnic community: Midwifery, 29 8 , pp. Ethnic density, health care seeking behaviour and expected discrimination from health services among ethnic minority people in England. Shared Language Is Essential: Communication in a Multiethnic Obstetric Care Setting. Journal of Health Communication, 17 10 , pp. Antenatal care perceptions of pregnant African women attending maternity services in Melbourne, Australia - Midwifery In-text: Carolan and Cassar, Your Bibliography: Antenatal care perceptions of pregnant African women attending maternity services in Melbourne, Australia. Midwifery, 26 2 , pp. Cross-Sudworth, Your Bibliography: Effects of Ramadan fasting on pregnancy. British Journal of Midwifery, 15 2 , pp. Racism and discrimination in maternity services. British Journal of Midwifery, 15 6 , pp. Maternity services in multi-cultural Britain: Using Q methodology to explore the views of first- and second-generation women of Pakistani origin - Midwifery In-text: Using Q methodology to explore the views of first- and second-generation women of Pakistani origin. Midwifery, 27 4 , pp. Perinatal deaths of migrant mothers: Adverse outcomes from unrecognised risks and substandard care factors - British Journal of Midwifery In-text: Adverse outcomes from unrecognised risks and substandard care factors. British Journal of Midwifery, 23 10 , pp. Sociology for midwives In-text: Deery, Denny and Letherby, Your Bibliography: Keeping things under control: Dempsey and Peeren, Your Bibliography: Journal of Reproductive and Infant Psychology, 34 4 , pp. Dike, Your Bibliography: Birth practices of Nigerian women in the UK. British ounnal of Midwifery, 21 1 , pp. What matters to women: Women and Birth, 27 2 , pp. England and Morgan, Your Bibliography: Communication skills for midwives. Are some perinatal deaths in immigrant groups linked to suboptimal perinatal care services? Are some perinatal deaths in immigrant groups linked to suboptimal perinatal care services?. An International Journal of Obstetrics and Gynaecology, 6 , pp. Finlayson and Downe, Your Bibliography: A Meta-Synthesis of Qualitative Studies. PLoS Med, 10 1 , p. BMC Pregnancy Childbirth, 15 1. Timing of the initiation of antenatal care: An exploratory qualitative study of women and service providers in East London - Midwifery In-text: An exploratory qualitative study of women and service providers in East London. Care of the migrant obstetric population - International Journal of Obstetric Anesthesia In-text: Care of the migrant obstetric population. International Journal of Obstetric Anesthesia, 20 4 , pp. Anxiety in the perinatal period: Henderson and Redshaw, Your Bibliography: Journal of Reproductive and Infant Psychology, 31 5 , pp. Henderson, Gao and Redshaw, Your Bibliography: BMC Pregnancy Childbirth, 13 1. Increasing the early initiation of antenatal care by Black and Minority Ethnic women in the United Kingdom: Inequalities in Infant Mortality Work Programme. The hidden threads in the tapestry of maternity care - Midwifery In-text: The hidden threads in the tapestry of maternity care. Midwifery, 24 2 , pp. Jakimowicz, Stirling and Duddle, Your Bibliography: Journal of Clinical Nursing, 24 , pp. Jomeen and Redshaw, Your Bibliography:

Chapter 2 : WHO | WHO recommendations on antenatal care for a positive pregnancy experience

New guidelines on antenatal care for a positive pregnancy experience 7 NOVEMBER | GENEVA - The World Health Organization has issued a new series of recommendations to improve quality of antenatal care to reduce the risk of stillbirths and pregnancy complications and give women a positive pregnancy experience.

Poor outcomes after childbirth have commonly been associated with physical ill health, however the role of other factors requires exploration. Thus the aim of the first study was to estimate the effects of a range of clinical and care factors on positive outcome and well-being three months after childbirth. National surveys carried out in and have enabled studies to identify key individual and experiential factors contributing to different outcomes for women after childbirth. Using the data on more than 5, women from the National Maternity Survey the study looked at the factors associated with being well three months after childbirth. In the univariate analysis, several variables were significantly associated with positive outcome, including sociodemographic, antenatal, intrapartum, and postnatal factors. In the final logistic regression model, young mothers, those without physical disability and those with none or few antenatal or early postnatal problems, were most likely to have positive outcomes. Other factors contributing included a positive initial reaction to the pregnancy, not reporting antenatal depression, experiencing fewer worries about the labor and birth, and access to information about choices for care were also associated with a positive outcome. In summary positive outcomes for women after childbirth may be influenced by health, social, and care factors. Holding in mind the negative factors extra support could be targeted at those women likely to be susceptible to poor outcome. Previous work has indicated that Black and Minority Ethnic women have a poorer pregnancy outcomes and poorer experience of maternity care than White women. Concern about these more negative experiences led to a study using the Care Quality Commission survey data and comparing the experience of care of those women from eight different ethnic groups. A total of 24, women completed the survey. Ethnicity was grouped into eight categories: Compared to White women, women from BME groups were more likely to be younger, multiparous and without a partner. They tended to access antenatal care later in pregnancy, have fewer antenatal checks, fewer ultrasound scans and less screening. They were less likely to receive pain relief in labour and, Black African women in particular, were more likely to deliver by emergency caesarean section. Postnatally, women from minority ethnic groups had longer lengths of hospital stay and were more likely to breastfeed but they had fewer home visits from midwives. Throughout their maternity care, in this nationally representative sample, women from minority ethnic groups were less likely to feel spoken to so they could understand, to be treated with kindness, to be sufficiently involved in decisions and to have confidence and trust in the staff providing their care. In summary, while there were some differences between the Asian groups and the Black African and Black Caribbean groups, women in all minority ethnic groups had a poorer experience of maternity services than White women, a finding which supports those of earlier studies in this area. The data from Black and minority Ethnic women were analysed thematically. The failures of care provision described should inform the development of services.

Chapter 3 : WHO | New guidelines on antenatal care for a positive pregnancy experience

Search terms were selected to generate an overview of women's experience of PNC. The terms, used alone and in combination, were: prenatal care, antenatal care, experience, perception, personal satisfaction, attitude to health, and patient satisfaction.

By focusing on a positive pregnancy experience, these new guidelines seek to ensure not only a healthy pregnancy for mother and baby, but also an effective transition to positive labour and childbirth and ultimately to a positive experience of motherhood. In , an estimated women died from pregnancy-related causes , 2. An important feature of these guidelines is their comprehensiveness. Not only do they provide recommendations on standard maternal and foetal assessments, but also on nutrition during pregnancy, on prevention and treatment of physiological problems commonly experienced during pregnancy e. The guidelines also include recommendations on counselling and supporting women who may be experiencing intimate partner violence. Guidance on how antenatal care services can be provided more effectively and in different contexts is also included. I welcome these guidelines, which aim to put women at the centre of care, enhancing their experience of pregnancy and ensuring that babies have the best possible start in life. The new guidance increases the number of contacts a pregnant woman has with health providers throughout her pregnancy from four to eight. Recent evidence indicates that a higher frequency of antenatal contacts by women and adolescent girls with a health provider is associated with a reduced likelihood of stillbirths. This is because of the increased opportunities to detect and manage potential complications. Eight or more contacts for antenatal care can reduce perinatal deaths by up to 8 per births when compared to 4 visits. The new model increases maternal and fetal assessments to detect complications, improves communication between health providers and pregnant women, and increases the likelihood of positive pregnancy outcomes. This will determine how they use antenatal care in future pregnancies. WHO recommendations on antenatal care for a positive pregnancy experience Delivering antenatal care through the health system By recommending an increase in the amount of contact a pregnant woman has with her health provider and by changing the way in which antenatal care can be delivered, WHO is seeking to improve the quality of antenatal care and reduce maternal and perinatal mortality among all populations, including adolescent girls and those in hard-to-reach areas or conflict settings. In addition to clinical guidance, the new guidelines contain recommendations on health system interventions to improve the utilization and quality of antenatal care. The recommendations allow flexibility for countries to employ different options for the delivery of antenatal care based on their specific needs. This means, for example, care can be provided through midwives or other trained health personnel, delivered at health facilities or through community outreach services. The guidelines also incorporate recommendations on task shifting for the promotion of health-related behaviours as well as for the distribution of recommended nutritional supplements and malaria prevention. Counselling about healthy eating and keeping physically active during pregnancy. Tetanus toxoid vaccination is recommended for all pregnant women, depending on previous tetanus vaccination exposure, to prevent neonatal mortality from tetanus. Health-care providers should ask all pregnant women about their use of alcohol and other substances past and present as early as possible in the pregnancy and at every antenatal visit.

Chapter 4 : Women's experiences | NCT

Compared with women attending mainstream public antenatal care, women attending metropolitan and regional Aboriginal Family Birthing Program services had a higher likelihood of reporting positive experiences of pregnancy care (adjOR [95% CI] and adjOR [95% CI], respectively).

Chapter 5 : Maternity Surveys | NPEU

Objective: to explore and describe women's experiences of antenatal care. Design: semi-structured interviews, dialogical

interviews and non-participant observation in two phases both during and after pregnancy were analysed according to Colaizzi's phenomenological method.