



Supporting women facing multiple disadvantage during COVID-19: Guidance for midwives

This guidance for midwives working with women experiencing multiple disadvantage during the COVID-19 pandemic has been developed by Birth Companions and Consultant Midwife Tamsin Bicknell. It draws on recent research to offer insights into women's needs, and key considerations for their maternity care in these challenging times.

About Birth Companions

Birth Companions is an award-winning charity working to improve the lives of mothers and babies facing severe disadvantage. We aim to:

- improve the physical and emotional wellbeing of pregnant women and new mothers
- enable new mothers to give their babies the best possible start in life
- shape the local and national policy and practice that impacts on mothers and their babies.

What is multiple disadvantage?

Birth Companions defines multiple disadvantage as the experience of three or more complex health or social factors at the same time. Midwives should be aware of a range of factors that include:

- Housing issues and homelessness
- Historic or ongoing domestic or sexual violence or abuse
- Financial difficulty
- Mental ill health
- Physical health conditions
- Substance misuse
- Criminal justice involvement
- Learning disabilities
- Experience of recent migration or asylum seeking
- Trafficking
- Social services involvement, as a child or an adult.

How do I know if a woman is experiencing multiple disadvantage?

Building a strong, trusting relationship with a woman experiencing multiple disadvantage is key. Establishing these relationships can help women engage better with services, and disclose more about the issues they experience. This will help you shape their care to respond to their needs.

Women's disadvantages may not be clear straight away, and factors often emerge over time. By being alert to the factors listed above, and by building trust, you will increase the likelihood that women will talk about their concerns and disclose the things they are dealing with.

Women may not disclose the issues they are facing until they feel safe and supported. Asking direct questions can alienate and overwhelm women, so adopting a sensitive approach is very important. Helping women feel safe, acknowledging the complexities of their lives, asking open ended questions and using core counselling skills will help practitioners build a clearer picture of a woman's experiences and needs.

What is the impact of multiple disadvantage during pregnancy and early motherhood?

Women facing severe and multiple disadvantage are more likely to die during pregnancy or after childbirth[1] and their babies are also more likely to die[2]. They experience poorer maternity care and worse birth outcomes[3], and need extra support and trusted relationships to navigate their care[4]. They are more likely to experience mental ill health during pregnancy, but less likely to be offered support[5]. Support available can vary widely between different areas.

What effect is the COVID-19 pandemic having on women facing multiple disadvantage?

As well as the stress and anxiety associated with the pandemic, women we support are experiencing:

- Increased isolation
- Inappropriate and unsafe housing, including shared housing and situations of abuse
- Issues accessing essentials such as nappies and infant toiletries, appropriate clothing, safe sleeping equipment, baby slings and other provisions
- Problems with safe transport to hospital appointments including during labour
- Accessing support during and after birth, where limitations on the number of visitors to hospital units are introduced and staffing levels are reduced
- Difficulties accessing wider health services, particularly ongoing postnatal support
- Financial hardship and digital access issues making reliance on phone and web-based services or video consultations problematic.

[1] Knight M, Bunch K, Tuffnell D, Jayakody H, Shakespeare J, Kotnis R, Kenyon S, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK (2018). Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2014-16

[2] Draper, E, Gallimore, I, Kurinczuk, J, Smith, P, Boby, T, Smith, L & Manktelow, B (2018). MBRRACE-UK Perinatal Mortality Surveillance Report, UK Perinatal Deaths for Births from January to December 2016

[3] Thomson, G and Balaam, M (2016). Birth Companions Research Project: Experiences and Birth Outcomes of Vulnerable Women. University of Central Lancashire

[4] McLeish, J and Redshaw M (2019). 'Maternity Experiences of mothers with multiple disadvantages in England: A qualitative study'. Women and Birth, 32(2), 178-184; Birth Companions and Revolving Doors Agency (2018) Making Better Births a reality for women with multiple disadvantages; Thomson, G and Balaam, M (2016). Birth Companions Research Project: Experiences and Birth Outcomes of Vulnerable Women. University of Central Lancashire

[5] Redshaw, M and Henderson, J (2016). 'Who is actually asked about their mental health in pregnancy and the postnatal period? Findings from a national survey' BMC Psychiatry, 15(1), 322.

What can I do to help?

Continuity of carer models may be harder to deliver as the impact of COVID-19 is felt across maternity teams, and appointments may be even more pressured. Despite these pressures, midwives should, wherever possible::

- Communicate a sense of safety, respect and acceptance
- Demonstrate compassion, empathy and understanding
- Establish a basis for trust
- Recognise the impact of trauma
- Reduce the risk of re-traumatisation
- Build on women's strengths and unique ways of coping
- Enable choice and control, which in turn builds self-efficacy
- Create a sense of collaboration
- Connect with other agencies
- Minimise the number of times women need to re-tell their story
- Understand that women's inter-related needs require personalised, holistic care.

What can I do to help women feel safe?

Finding ways to minimise the things that make a woman feel uncomfortable and help her feel more supported will be valuable, particularly at this time of heightened stress and anxiety. We should think about how to ensure women feel physically and emotionally safe, and their dignity and wellbeing are actively protected.

In practice - helping women feel physically safe

- Make time for preparation for any physical examination she has consented to, particularly intimate ones. Go at her pace and ask if there is anything you can do differently in order to make her feel safer.
- During telephone appointments, ensure the woman is alone before undertaking routine enquiry for domestic abuse
- Screen for safeguarding concerns at every opportunity, and seek support to deal safely with any disclosures.
- Support women's requests for female clinicians where possible.
- Ensure privacy during appointments, procedures and admissions.
- Make sure translation services are available and used where needed.

In practice - helping women feel emotionally safe

- Create a 'sense of time' for the woman, even when you are busy or stressed. This involves being fully present with the woman for the duration of the contact; for example, not thinking about the previous or next appointment.
- Use appropriate body language and eye contact, focus on the woman's needs and provide her with space to talk.
- Advise the woman that it is safe for her to come to the hospital and/or have contact with you but acknowledge any concerns she has.
- Signpost to your local emotional or mental health support services and familiarise yourself with referral routes and pathways.
- Avoid pressing a woman to provide more detail about any disclosures of abuse unless this is absolutely necessary for the purposes of appropriate referrals for support or safeguarding.
- Make a birth plan together.

In practice - helping women feel that their dignity, self-respect and wellbeing are being actively protected

- Ensure privacy for confidential conversations, handovers, procedures and examinations.
- Make a conscious effort to maintain a respectful tone, volume and phrasing when speaking to a woman and her family, even in the face of your own fatigue, stress or frustration.
- Fulfil your role as an advocate, even when this means challenging colleagues or those more senior than you where they are compromising the woman's dignity, autonomy or wellbeing.
- Ask colleagues or services to work 'outside the box' to meet a woman's specific needs.

What can I do if there's a language barrier?

It's vital that you have interpretation services where needed. Without adequate interpretation, women are unable to make truly informed choices and to give full consent. Women who speak limited English are less likely to be provided with interpretation, but still may not understand what is being said or the options they are being offered.

At present it may be easier to use telephone interpretation services, although in-person services are best. There are translated resources, including those specific to COVID-19, available from a number of organisations online.

It is important to remain mindful that trying to 'make do' without appropriate translation poses a significant risk to women's safety and wellbeing. If there are issues with the provision of interpretation services at your Trust, raise this with your risk manager and senior management team.

'Trauma can cause deep emotional distress in the perinatal period and experiences can trigger flashbacks. Women access maternity care despite fears of having the baby taken away, lack of confidentiality and concerns for safety. There is significant opportunity to offer women help with issues they face in relation to trauma and other complex social needs, if these are identified.'

Making Better Births a reality for women with multiple disadvantages
Birth Companions, 2018

Who else can help?

You should have access to a senior midwife with safeguarding expertise who you can ask for advice and who can provide you with supervision whilst caring for women with severe and multiple disadvantage.

Ensure you are familiar with your local services, including your Local Authority's 'Early Help' services, and how to refer. It is also worth being aware of how to contact the NHS volunteer service, which may be able to offer immediate practical support to those in need.

Ask your senior midwifery team or Trust if there is any capacity to provide safe transport to or from hospital for women facing severe financial hardship. Many will be able to facilitate this at present.

It can be emotionally distressing to care for families facing severe and multiple disadvantage. Make sure you seek support from your colleagues, supervisors and PMAs. You will need to recognise that you will not be able to 'solve' all the problems women face; however, providing positive, compassionate and respectful care goes a very long way.

"You don't have to be a therapist to be therapeutic"

Karen Treisman, 2019

Further resources

Birth Companions has published two research reports on maternity care for women experience multiple disadvantage:

- Making Better Births a reality for women with multiple disadvantages (with Revolving Doors Agency)
- Holding it all Together: Understanding how far the human rights of women facing multiple disadvantage are respected during pregnancy, birth and postnatal care (with Birthrights)

These reports and other useful reading can be downloaded from our website www.birthcompanions.org.uk/resources

If you would like to discuss approaches to the care of women facing multiple disadvantage, please contact us at info@birthcompanions.org.uk

With thanks to Tamsin Bicknell, Consultant Midwife – Public Health and Safeguarding, Homerton University Hospital

