

# Pregnancy and complex social factors: service provision overview

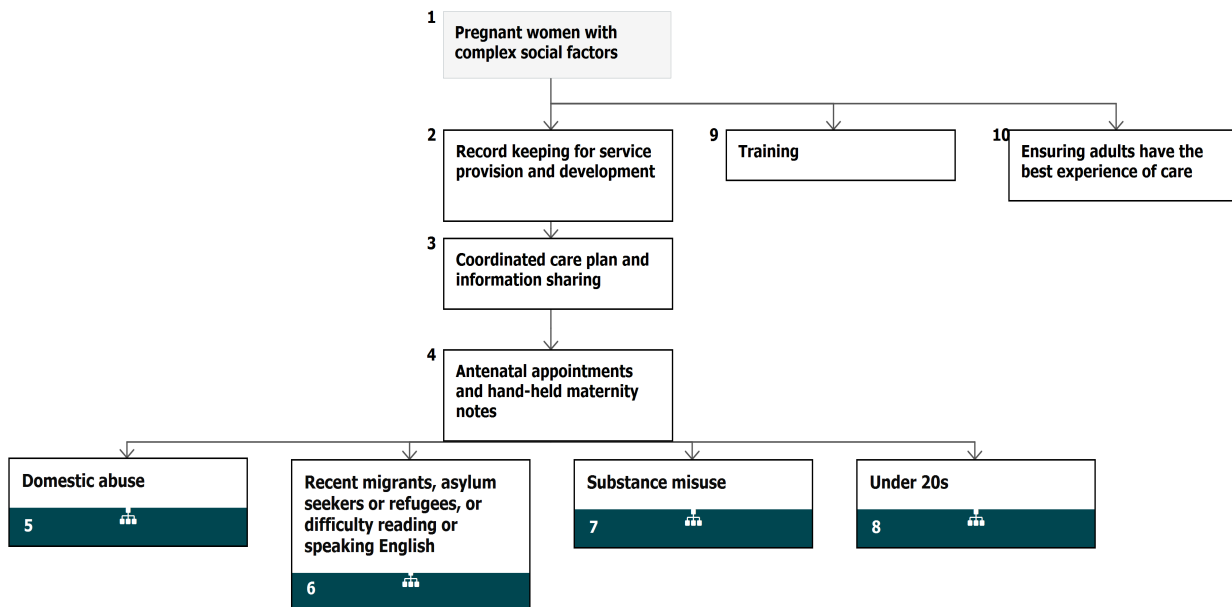
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/pregnancy-and-complex-social-factors-service-provision>

NICE Pathway last updated: 09 October 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



## 1 Pregnant women with complex social factors

No additional information

## 2 Record keeping for service provision and development

In order to inform mapping of their local population to guide service provision, commissioners should ensure that the following are recorded:

- The number of women presenting for antenatal care with any complex social factor.
- The number of women within each complex social factor grouping identified locally.

Commissioners should ensure that the following are recorded separately for each complex social factor grouping:

- The number of women who:
  - attend for booking by 10, 12<sup>+6</sup> and 20 weeks.
  - attend for the recommended number of antenatal appointments, in line with national guidance (see NICE's recommendations on [antenatal care for uncomplicated pregnancies: schedule of appointments](#))
  - experience, or have babies who experience, mortality or significant morbidity.
- The number of appointments each woman attends.
- The number of scheduled appointments each woman does not attend.

Commissioners should ensure that women with complex social factors presenting for antenatal care are asked about their satisfaction with the services provided; and the women's responses are:

- recorded and monitored
- used to guide service development.

Commissioners should involve women and their families in determining local needs and how these might be met.

## 3 Coordinated care plan and information sharing

Consider initiating a multi-agency needs assessment, including safeguarding issues, so that the

woman has a coordinated care plan. (See [Information sharing for safeguarding practitioners](#), [Information sharing to protect vulnerable children and families](#) and [Multi Agency Risk Assessment Conference \[MARAC\]](#).)

Respect the woman's right to confidentiality and sensitively discuss her fears in a non-judgemental manner.

Tell the woman why and when information about her pregnancy may need to be shared with other agencies.

## 4 Antenatal appointments and hand-held maternity notes

### First contact, booking appointment and one-to-one consultation

For women who do not have a booking appointment at the first contact with any healthcare professional:

- discuss the need for antenatal care
- offer the woman a booking appointment in the first trimester, ideally before 10 weeks if she wishes to continue the pregnancy, **or** offer referral to sexual health services if she is considering termination of the pregnancy.

At the first contact and at the booking appointment, ask the woman to tell her healthcare professional if her address changes, and ensure that she has a telephone number for this purpose.

At the booking appointment, give the woman a telephone number to enable her to contact a healthcare professional outside of normal working hours, for example the telephone number of the hospital triage contact, the labour ward or the birth centre.

In order to facilitate discussion of sensitive issues, provide each woman with a one-to-one consultation, without her partner, a family member or a legal guardian present, on at least one occasion.

See also NICE's recommendations on [antenatal care for uncomplicated pregnancies: schedule of appointments](#).

### Hand-held maternity notes

Those responsible for the organisation of local maternity services should enable women to take

a copy of their hand-held maternity notes when moving from one area or hospital to another.

Ensure that the hand-held maternity notes contain a full record of care received and the results of all antenatal tests.

NICE has written information for the public on [pregnancy and complex social factors](#).

## 5 Domestic abuse

See [Pregnancy and complex social factors: service provision / Pregnant women who experience domestic abuse: service provision](#)

## 6 Recent migrants, asylum seekers or refugees, or difficulty reading or speaking English

See [Pregnancy and complex social factors: service provision / Pregnant women who are recent migrants, asylum seekers or refugees, or have difficulty reading or speaking English: service provision](#)

## 7 Substance misuse

See [Pregnancy and complex social factors: service provision / Pregnant women who misuse substances: service provision](#)

## 8 Under 20s

See [Pregnancy and complex social factors: service provision / Pregnant women under 20: service provision](#)

## 9 Training

### Multi-agency needs assessment and information sharing

Healthcare professionals should be given training on multi-agency needs assessment and national guidelines on [information sharing](#).

## Domestic abuse

Commissioners of healthcare services and social care services should consider commissioning joint training for health and social care professionals to facilitate greater understanding between the two agencies of each other's roles, and enable healthcare professionals to inform and reassure women who are apprehensive about the involvement of social services.

Healthcare professionals need to be alert to features suggesting domestic abuse and offer women the opportunity to disclose it in an environment in which the woman feels secure. Healthcare professionals should be given training on the care of women known or suspected to be experiencing domestic abuse that includes:

- local protocols
- local resources for both the woman and the healthcare professional
- features suggesting domestic abuse
- how to discuss domestic abuse with women experiencing it
- how to respond to disclosure of domestic abuse.

## Recent migrants, asylum seekers and refugees

Healthcare professionals should be given training on:

- the specific health needs of women who are recent migrants, asylum seekers or refugees, such as needs arising from female genital mutilation or HIV
- the specific social, religious and psychological needs of women in these groups
- the most recent government policies on access and entitlement to care for recent migrants, asylum seekers and refugees. (See the [Department of Health](#) and [Maternity Action](#) websites for more information.)

## Substance misuse

Healthcare professionals should be given training on the social and psychological needs of women who misuse substances.

Healthcare staff and non-clinical staff such as receptionists should be given training on how to communicate sensitively with women who misuse substances.

## Under 20s

Healthcare professionals should be given training to ensure they are knowledgeable about safeguarding responsibilities for both the young woman and her unborn baby, and the most

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recent government guidance on consent for examination or treatment. (See the [Department of Health](#) website.)

## 10 Experience of care

Use these recommendations with NICE's recommendations on:

- [patient experience in adult NHS services](#)
- [people's experience in adult social care services](#).

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## Glossary

### Complex social factor

(examples of complex social factors in pregnancy include poverty, homelessness, substance misuse, recent arrival as a migrant, asylum seeker or refugee status, difficulty speaking or understanding English, age under 20 and domestic abuse; complex social factors may vary, in both type and prevalence, across different local populations)

### Domestic abuse

(an incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality; it can also include forced marriage, female genital mutilation and 'honour violence')

### Recent migrants

(women who moved to the UK within the previous 12 months)

### Significant morbidity

(morbidity that has a lasting impact on either the woman or the child)

### Substance misuse (alcohol and/or drugs)

(regular use of recreational drugs, misuse of over-the-counter medications, misuse of prescription medications, misuse of alcohol or misuse of volatile substances (such as solvents or inhalants) to an extent where physical dependence or harm is a risk (to the woman and/or her unborn baby))

## Sources

Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors (2010) NICE guideline CG110



## Your responsibility

### Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

### Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to

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have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

### **Medical technologies guidance, diagnostics guidance and interventional procedures guidance**

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.