

Addressing Inequalities in Maternal and Infant Health: The Bellevue Model

Socio-economic deprivation is directly linked with stillbirths and neonatal deaths, perinatal morbidity and delayed effects into adult life. It is now known that most instances of adverse maternal and perinatal outcome are potentially avoidable. Improvements need to come from a service which is designed, first and foremost, to address the needs of mothers and babies. It is frequently the case that individuals most at risk of health problems are those hardest to reach.

A new service model was established at Bellevue, a Birmingham inner city area with high socio-economic need. It encouraged integration of the maternity service with primary care, with better access to resources already available in the community, and increased support by midwives as primary care providers.

The model was independently evaluated through a longitudinal cohort study and maternal and staff satisfaction surveys. The full report is available from the Perinatal Institute as hard copy or in electronic format (www.perinate.org/pc-aims)

In summary, the system was found to be easily implemented, and showed

- earlier antenatal booking and improved continuity of care
- increased referrals to allied health professionals
- increased attendance at parent education sessions
- reduced caesarean section rates
- increased breastfeeding rates

Expectant mothers felt supported, reassured, better informed and better prepared for childbirth; members of the primary care team felt they were able to give mothers and their families a higher quality service; and the model of care was highly satisfying for the midwives involved. The latter finding is important also because this model is likely to encourage many midwives to return to work: it is an established fact that national midwife shortages are to a large extent due to widespread dissatisfaction with current methods of delivering maternity care.

