# SHORT REPORTS

## Attendance for antenatal care

Some calls to improve uptake of antenatal care focus on patient behaviour and presuppose that it is patients rather than services that need to change. It is also assumed that more antenatal care will further improve perinatal health, though little evaluation of this has been undertaken.[1] A study was conducted in south London to investigate poor attendance for antenatal care, the reasons for it, and any association with birth weight.

### Population, methods, and results

In the first quarter of 1980 primparae resident in Wandsworth and delivered of a singleton baby were identified by the hospital of delivery. Case records were reviewed to identify attendance problems, medical and social factors, and birth weight. Poor attenders for antenatal care were defined as women attending their first antenatal appointment at 18 or more weeks' gestation (late bookers) or missing two or more appointments without notifying the hospital (irregular attenders), or both.

*Relation between use of antenatal services, various social characteristics, and hospital of attendance*

| | No of attenders | | Poor attenders as % of: | | $\chi^2$ for distribution of characteristic among poor and satisfactory attenders |
|---|---|---|---|---|---|
| | All attenders | Poor attenders | All attenders | Each category | |
| Age (years): | | | | | |
| <20 | 61 | 33 | 54 | 35 | |
| 20–24 | 112 | 31 | 28 | 33 | 20·58 (3 df) |
| 25+ | 124 | 30 | 24 | 32 | |
| Not recorded | 2 | | | | p<0·001 |
| Totals | 299 | 94 | | 100 | |
| Marital state: | | | | | |
| Married | 198 | 47 | 24 | 50 | |
| Single | 101 | 47 | 47 | 50 | 17·19 (1 df) |
| Not recorded | | | | | |
| Totals | 299 | 94 | | 100 | p<0·001 |
| Social class (classified by woman's occupation): | | | | | |
| Non-manual and housewives | 205 | 53 | 26 | 56 | |
| Manual and unemployed | 78 | 39 | 50 | 42 | 15·01 (1 df) |
| Not recorded | 16 | 2 | 13 | 2 | |
| Totals | 299 | 94 | | 100 | p<0·001 |
| Ethnic group: | | | | | |
| Caribbean African (West Indian) | 38 | 19 | 50 | 20 | |
| African African | 24 | 10 | 42 | 11 | |
| Asian | 35 | 12 | 34 | 13 | 10·43 (4 df) |
| Other immigrant | 24 | 8 | 33 | 9 | |
| UK/Irish | 170 | 44 | 26 | 47 | p<0·05 |
| Not recorded | 8 | 1 | 13 | 1 | |
| Totals | 299 | 94 | | 100 | |
| Hospital of attendance: | | | | | |
| Teaching/Women's: Within health district | 65 | 13 | 20 | 14 | |
| | 102 | 46 | 45 | 49 | 15·93 (3 df) |
| Teaching/Other: Outside district | 70 | 22 | 31 | 23 | |
| | 62 | 13 | 21 | 14 | p<0·001 |
| Not recorded | | | | | |
| Totals | 299 | 94 | | 100 | |

Of 299 mothers studied, 167 (56%) attended one of two hospitals within the health district, one of which had an intensive neonatal care unit; 132 (44%) went to hospitals outside. There were 94 (31%) poor attenders: 56 (19%) were late bookers, 21 (7%) were irregular attenders, and 17 (6%) were both.

Analysis of case records showed that poor attenders were significantly more likely to be young, single, from the manual classes or unemployed (lower class), and of West Indian origin (table). Of those attending within the health district, lower-class women were more likely to attend the hospital without an intensive neonatal care unit ($p<0·05$).

Mean birth weights of babies born to poor attenders (3041 g) and lower-class women (2953 g) were lower than those of babies born to satisfactory attenders (3105 g) and women in non-manual classes and housewives (3128 g). Only the difference between social classes was significant ($p<0·05$). Within social class, however, the mean birth weight of babies born to lower-class poor attenders (2733 g) was significantly lower ($p<0·002$) than that of satisfactory attenders (3224 g). In contrast, the mean birth weight of babies born to poor attenders of higher social class (3222 g) was greater, though not significantly so, than that of babies of satisfactory attenders (3094 g).

A sample of 73 poor attenders and a control group of satisfactory attenders delivered after the poor attenders in the same hospital were interviewed. The interview showed that of 58 women booking late, 17 (compared with four among all satisfactory attenders ($p<0·001$)) had not been referred to hospital until between six and 14 weeks after their first visit to a general practitioner. Only four of the 17 had received antenatal care from their general practitioner in the interim. Similar proportions of late bookers and satisfactory attenders (43% and 39%) were given some kind of examination by their general practitioner before referral, and similar proportions (53% and 52%) waited four or more weeks for their first hospital appointment.

### Comment

The proportions of poor and satisfactory attenders were similar to those found in other, comparable studies.[2] Many showed similar social characteristics to those found previously[3 4]: for these, provision of more acceptable antenatal facilities might be more realistic than campaigns to change their use of services.

In a substantial proportion of the late bookers delayed referral by general practitioners was responsible for the late booking. Priority hospital appointments for women reporting late to their doctors would be facilitated if more general practitioners examined their patients to estimate gestation.

Overall, antenatal attendance made no significant difference to birth weight. Poor attendance among the lower social classes was, however, associated with significantly lower birth weight, whereas in the higher classes it was not. Possible explanations are that antenatal attendance has no great effect on birth weight; that it affects birth weight in the lower but not higher social classes; or that there are compensating biases among factors preselecting women into user groups in the higher and lower social classes.

Whatever the explanation, poor attenders from the lower classes, who were at higher risk (indicated by birth weight),[5] tended to go to the hospital with fewer neonatal facilities. Thus there is a case for organising services so that these women are given preference in attending the hospital offering the best neonatal facilities.


[1] Holland WW. Taking stock. *Lancet* 1974;ii:1494-7.

[2] Scott-Samuel A. Delayed booking for antenatal care. *J Public Health* 1979;**93**:246-51.

[3] Robertson J, Carr G. Late bookers for antenatal care. In: McLachlan G. Shegog R, eds. *In the beginning: studies of maternity services.* Oxford: Oxford University Press, 1970.

[4] McKinlay J. The new late comers for antenatal care. *Br J Prev Soc Med* 1970;**24**:52-7.

[5] Hellier J, Goldstein H. The use of birth weight and gestation to assess perinatal mortality risk. *J Epidemiol Community Health* 1979;**33**:183-5.


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