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Women's views on the impact of the Sláintecare consultant contract on private obstetric care

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Abstract

Aim

To assess the awareness of women regarding the changes in obstetric care that will come with the new Sláintecare consultant contract and assess the factors influencing their choice of maternity care.

Methods

A questionnaire was made available to all women attending antenatal appointments in The Coombe Hospital between May and June 2023. All data was anonymous and collected using Survey Monkey, analysed using SPSS (IBM, Armonk,USA) software and IcalcU.com.

Results

251 women responded to the survey of which 46.8% (n=117) chose public care, 46.4% (n=116) private care, and 6.8% (n=17) semi-private care. The most important factors in choosing care were seeing the same consultant at every visit n=173 (70.4%), and having an obstetrician known to the patient present at delivery n=162 (66.2%). Women who chose private care felt that their birth choices, including requests for elective caesarean section would be better respected in private care. 80.3% (n=94) of public patients and all private patients felt it is good that there is currently the different options of public, semi-private and private care available. 47.4% (n=55) of private patients and 29.1% (n=34) of public patients were aware that with the new changes in the consultant contract this choice will no longer be available.

Conclusion

Women value the option of private obstetric care. The factors most important in choosing their care are continuity of care and a private room. Many respondents were not aware of the changes in obstetric care with the new consultant contract.

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Introduction

The past decade has been a pivotal time for women's choice in Ireland, highlighted by public campaigns including the gay marriage referendum and the repeal of the eighth amendment to allow the introduction of termination of pregnancy. In 2021 the Department of Health and the HSE launched Sláintecare- a reform of the Irish healthcare system with a vision to put people at its centre.[1] The Consultant contract has been modified as part of this reform to end the provision of private care in public hospitals. The absence of private maternity hospitals in Ireland will therefore disproportionately affect women as they will not be able to seek hospital-based private care for their pregnancy but will be able to access private midwifery care under the governance of the HSE in the community. As it stands when consultants on the pre-Sláintecare contract retire, so will women's choice to opt for private maternity care.

The aim of this study was to assess the awareness of women attending our antenatal services regarding the changes in obstetric care that will come with the introduction of the new Sláintecare consultant contract. In addition, we assessed the factors that influenced their choice of care, and whether they felt their choices would be better respected in private care.

Methods

A peer-reviewed, validated questionnaire was made available to all women attending antenatal appointments (public and private) in The Coombe Hospital for a 30-day period between May and June 2023. Questionnaires were made available by QR codes displayed in waiting areas, and paper copies of the questionnaire were also made available in these areas during the study period. Participation in the study was voluntary and participants were able to withdraw at any time. All data collected was anonymous. Data was collected using an online survey tool Survey Monkey, analysed using SPSS (IBM, Armonk,USA) software and IcalcU.com.

Results

251 women responded to the survey of which 12.4% (n=31) of the respondents were between 20-29 years of age, 78.0% (n=195) were between 30-39, 9.6% (n=24) were over 40 and there were no respondents less than 20 years old. 54.6% (n=137) of the respondents had at least one previous delivery after 24 weeks gestation and 36.6% (n= 92) of the respondents had at least one previous pregnancy ending before 24 weeks gestation. In our study population 48.6% (n=122) of the women had at least one previous vaginal delivery and 21.8% (n=54) had a previous caesarean section. 15.6% (n=39) of respondents became pregnant through fertility treatment and 27.4% (n=68) of the respondents reported they had a medical condition which may impact their pregnancy.

46.8% (n=117) of respondents chose public care, 46.4% (n=116) chose private care, and 6.8% (n=17) chose semi-private care. Women were asked about the importance of a variety of different factors in choosing public, semi-private or private care. They were asked to rate these

factors from 1 (not important at all) to 9 (vitally important). The results are shown in Figure 1 and Table 1. The most important factors across the whole group were continuity of care and a private room. Women were asked about the factors that contributed to the type of care they chose. Table 2 shows the factors that contributed to the choice of care. Women who chose public care were significantly more likely to have financial factors contribute to the type of care they had chosen ($p<0.001$). For women choosing private care continuity and choice of consultant were the most important factors.

Respondents were asked whether they felt a variety of choices would be better respected in private care. The results are shown in Table 3. Women who chose private care felt that their birth choices, including requests for elective caesarean section would be better respected in private care. 80.3% (n=94) of public patients and all private patients felt it is good that there is currently the different options of public, semi-private and private care available. 47.4% (n=55) of private patients and 29.1% (n=34) of public patients were aware that with the new changes in the consultant contract this choice will no longer be available.

Discussion

Most public patients (80.3%) and all private patients (100%) believe it is good that public, semi-private and private care is available in the Coombe Hospital. Women who chose private care were more likely to think it was good that these different options were available to them than patients in public care ($p<0.001$). This is supported by previous studies showing that women are likely to make choices of care based on previous experience and on models of care currently available.[2] One key finding of the consultation for the development of the National Maternity Strategy was that 60% of respondents found the choice of services available poor or very poor and respondents stated there was a lack of choice, and no continuity of care.[3] For many respondents the need to place women and their wishes at the center of care was paramount.

Graham et al write about the influence of policy on women's reproductive choices, and the entitlement "to recognition of one's capacity as a human being, to exercise choice in the shaping of one's life".[4] Issues surrounding women's reproductive rights are often at the forefront of political campaigns, and feminist theories lend to the private choices of women's reproductive rights a public issue. The Sláintecare model is focused on delivering patient-centered care, defined as care that respectful of, and responsive to, individual patient preferences, needs and values, and this should be reflected in providing different care options to suit different women.[1,5] This should include involving women in the development of maternity services.[6] While many women will value the move to community-based and midwifery led care, consultant-led care under Sláintecare will be decided based on pregnancy risk, and it is unclear whether women will be able to self-select for consultant-led care for their pregnancy. Women will continue to be able to access private midwifery-led care,

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provided under the governance of the HSE in the community, but not the option to seek private hospital-based care provided by a consultant. Our data shows that most women value the option of private care, and the new consultant contract removes this option.

Studies to assess what women value in obstetric care have found that women value continuity.[2] Our study highlights this too. Women currently seeking obstetric care value seeing the same obstetrician at each visit and having someone they know present at their delivery. In public care although women are under the care of a named consultant, they have no guarantee to see their consultant at their visits and are likely to see several different doctors during their antenatal care. Opting for private care is viewed as a way in which to achieve continuity. Although midwifery-led care delivers continuity in addition to less intervention compared to consultant-led care not all women will be able to avail of that based on pregnancy risk. [7–9]

Women that chose private care felt their birth choices or preferences including the choice to opt for elective caesarean section would be better respected than in public care. In those that chose public care 49.6% felt their birth preferences would be better respected in private care, and 59.0% felt their choice to opt for elective caesarean section would be better respected in private care. Studies have shown women in private care are almost twice as likely to have a caesarean section than public patients, a difference that cannot be explained by baseline obstetric characteristics. [7,10] While caesarean section rates were previously used as a performance indicator for obstetric units, ethical and legal literature now respect the need for maternal choice.[11,12] Without other explanation for such a difference in caesarean section rates between two similar populations, the women in our study may be well founded in believing their preference to opt for elective caesarean section would be better respected in private care.

The private population is over-represented in our data. Private patients account for 28.0% of all obstetric patients in the Coombe Hospital but make up 46.6% of respondents to our survey. While data has been separated in some cases for those choosing public versus private care, the overall data may be affected by self-selection bias.

Declarations of Conflicts of Interest:

None declared.

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Figure 1. In making your choice of care, please rate the importance of each of these issues

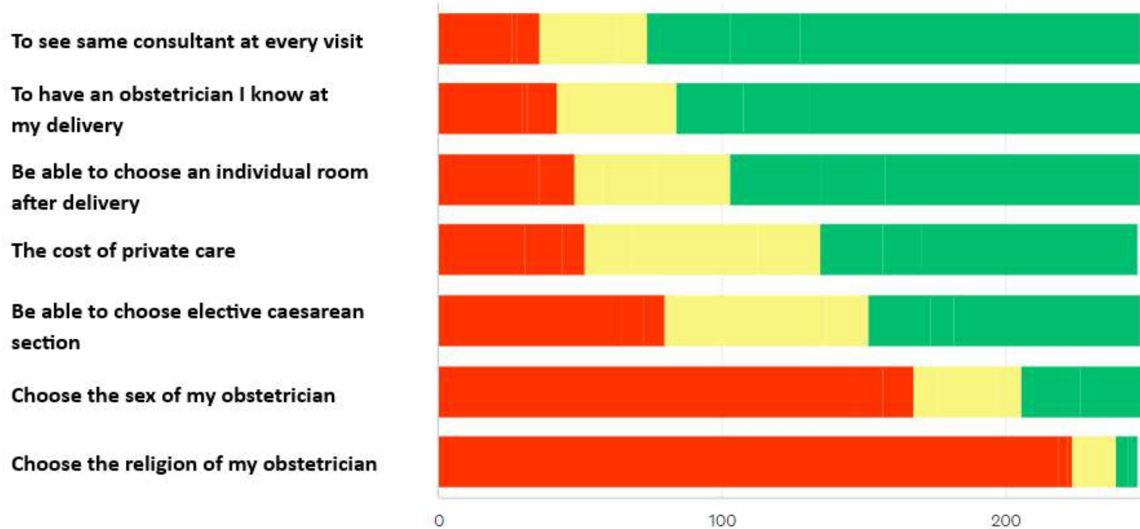

Table 1 below shows the relative importance of these compared between women who elected for private care (n=117) semiprivate care (n=17) and public care (n=117).

Table 1: relative importance in factors leading to choice of care

	Not Important (answers 1,2 and 3 on the scale)	Neutral (answers 4,5 and 6 on the scale)	Important (answers 7,8 and 9 on the scale)	Difference between public, private and semi private groups (chi-sq)
Same Obstetrician n(%)	36 (14.7%)	37 (15%)	173 (70.4%)	93.7, p<0.001
Consultant Obstetrician at delivery n(%)	42 (17.1%)	41 (16.7%)	162 (66.2%)	85.6, p<0.001
Private room n (%)	48 (19.5%)	55 (22.4%)	143 (58.1%)	49.9, p<0.001
Financial n (%)	52(21.3%)	82 (33.5%)	111 (45.3%)	42.7, p<0.001
To access an Elective Caesarean n(%)	80 (32.8%)	69 (28.3%)	95 (38.9%)	16.6, p=0.41, NS

Sex of Obstetrician n(%)	165 (67.4%)	38 (15.6%)	42 (17.1%)	19.4, p=0.25 NS
Religion of obstetrician n(%)	224(91%)	14(5.6%)	13 (3.2%)	11.4, p=0.78, NS

Table 2: What were the factors that contributed to your choice of care in this pregnancy?

Numbers of responses (each woman could choose up to 3 answers)

	Public N=117	Private N=116	
Financial	88 (65.6%)	13 (4.9%)	Chi-sq 198, p<0.001
Continuity of care	27 (20.2%)	93 (35.4%)	
Room Availability	3 (2.2%)	53 (20.2%)	
Choice of consultant	3 (2.2%)	91 (34.6%)	
Other	13 (9.7%)	13 (4.9%)	
Total	134	263	

Table 3 : Answers to questions about perceptions of private care

	Public N=117	Private N=116	Chi-sq (sig)
Do you think your birth choices or preferences would be better respected in private Care	58 (49.6%)	103 (88.8%)	42.0 P<0.001
Do you think a choice for elective caesarean section would be better respected in private care	69 (59%)	103 (88.8%)	26.8 P<0.001
Do you think that with private care it is easier to select the sex of your HCP	64 (54.7%)	103 (88.8%)	33.4 P<0.001

Do you think in private care it is easier to select the religion of your HCP	38 (32.8%)	50 (43.1%)	2.8 P=0.09 (NS)

References:

1. Department of Health, HSE. Sláintecare Implementation Strategy and Action Plan [Internet]. Gov.ie; 2020. Available from: https://www.gov.ie/pdf/?file=https://assets.gov.ie/134746/9b3b6ae9-2d64-4f87-8748-cda27d3193f3.pdf#page=null

2. Hundley V, Ryan M. Are women's expectations and preferences for intrapartum care affected by the model of care on offer? BJOG: An International Journal of Obstetrics & Gynaecology. 2004;111(6):550–60.

3. Keilthy, P., McAvoy, H. and Keating, T. Consultation on the development of a National Maternity Strategy [Internet]. Dublin: Institute of Public Health in Ireland; 2015. Available from: https://www.gov.ie/pdf/?file=https://assets.gov.ie/18838/eb7036e9223445449fd15e647723b6c2.pdf#page=null

4. Graham M, Haintz GL, McKenzie H, Lippi K, Bugden M. "That's a woman's body, that's a woman's choice": The influence of policy on women's reproductive choices. Women's Studies International Forum. 2022 Jan 1;90:102559.

5. NEJM Catalyst. What Is Patient-Centered Care? Catalyst Carryover [Internet]. 2017 Jan [cited 2023 Aug 17];3(1). Available from: https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0559

6. Green JM. Integrating Women's Views into Maternity Care Research and Practice. Birth. 2012;39(4):291–5.

7. Craven S, Byrne F, Mahony R, Walsh JM. Do you pay to go private?: a single centre comparison of induction of labour and caesarean section rates in private versus public patients. BMC Pregnancy and Childbirth. 2020 Dec 1;20(1):746.

8. Hunter A, Devane D, Houghton C, Grealish A, Tully A, Smith V. Woman-centred care during pregnancy and birth in Ireland: thematic analysis of women's and clinicians' experiences. BMC Pregnancy Childbirth. 2017 Sep 25;17(1):322.

9. Soltani H, Sandall J. Organisation of maternity care and choices of mode of birth: A worldwide view. Midwifery. 2012 Apr 1;28(2):146–9.

10. Moran PS, Daly D, Wuytack F, Carroll M, Turner M, Normand C, et al. Predictors of choice of public and private maternity care among nulliparous women in Ireland, and implications for maternity care and birth experience. Health Policy. 2020 May 1;124(5):556–62.

11. Singh R, Nath Trivedi A. Is the caesarean section rate a performance indicator of an obstetric unit? J Matern Fetal Neonatal Med. 2011 Feb;24(2):204–7.

12. Wax JR, Cartin A, Pinette MG, Blackstone J. Patient choice cesarean: an evidence-based review. Obstet Gynecol Surv. 2004 Aug;59(8):601–16.