Leeds Clinical Commissioning Groups Partnership

Homebirth Engagement

Engagement dates: January – May 2018

Assessment of Equality Impact and Engagement Report

Version 1.

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Contents

1. Background information

The NHS Leeds CCG partnership The CCG partnership covers the three NHS bodies in Leeds responsible for planning and funding (commissioning) the majority of health services for people in Leeds. The partnership is made up of the three Leeds CCGs; NHS Leeds North CCG, NHS Leeds South and East CCG and NHS Leeds West CCG.

The CCG partnership commissions a range of services for adults and children including planned care, urgent care, NHS continuing care, mental health and learning disability services and community health services.

From 1 April 2016 the CCG partnership began co-commissioning GP primary care services with NHS England. We do not commission other primary care services such dental care, pharmacy or optometry (opticians) which is done by NHS England through their local area team more commonly referred to as NHS England (West Yorkshire). NHS England also has the responsibility for commissioning specialised services such as kidney care.

Leeds is an area of great contrasts, including a densely populated, inner city area with associated challenges of poverty and deprivation, as well as a more affluent city centre, suburban and rural areas with villages and market towns.

The most recent census (2011) indicates that Leeds has a population of 751,500 people living in 320,600 households, representing a 5% growth since the previous census of 2001. Leeds has a relatively young and dynamic population and is an increasingly diverse city with over 140 ethnic groups including Black, Asian and other ethnic-minority populations representing almost 19% of the total population compared to 11% in 2001. There are currently 105 GP practices in Leeds.

Involving people and the public in developing and evaluating health services is essential if we want to have excellent services that meet local people's needs. It is our responsibility, and one that we take very seriously, to ensure that our local communities have the opportunity to be fully engaged in the decisions we take.

b. Engagement support

Voluntary Action Leeds delivers the 'Leeds Voices' project to undertake public and community consultations on behalf of NHS Leeds Clinical Commissioning Groups (CCGs). There are three distinct elements to this project:

- Our Engaging Voices network of third sector organisations, we provide opportunities for seldom heard communities and vulnerable groups to get involved in consultation and engagement activities.

- Our Working Voices project offers opportunities for businesses to enable their employees to be involved in CCG engagement activities, by allowing working people to volunteer their time to be involved in consultations within the workplace.

- Our volunteer Leeds Health Ambassadors directly engage with the public and patients at a range of venues, public events and activities across the city.

The Maternity Strategy for Leeds

The Maternity Strategy for Leeds 2015-2020 was developed based on consultation with women and families in Leeds, using a detailed health needs assessment and the latest and best evidence of what works well in maternity services, taking into consideration national and local drivers. The strategy outlines nine priorities which aim to improve maternity services by providing safe, high quality maternity care, meeting the needs of all families in the city:

1. Personalised Care – All women will receive care that is personal to their needs, where professionals work with them to plan and deliver care throughout pregnancy, birth and after the baby is born.

2. Integrated Care – We will ensure that every woman feels that each stage of her care is coordinated, consistent and delivered in an integrated way.

3. Access – Services will be easy to access to help women have their first midwife appointment early in pregnancy and to continue to receive all the care and support that they need throughout their pregnancy.

4. Emotional Health – We will support the emotional and mental wellbeing of women who are pregnant and ensure that those who experience any emotional problems during and after their pregnancy are well supported and offered the best care.

5. Preparation for Parenthood – We will support all parents to have a healthy pregnancy and to feel well prepared and confident for the birth and subsequent care of their baby.

6. Choice – Women and their partners will have all the information that they need to make informed choices about their pregnancy and care.

7. Targeted Support – We will ensure that those families, who need it, receive targeted support during their pregnancy and after the baby is born.

8. Quality & Safety – We will strive to ensure that all women receive high quality, safe and responsive maternity care throughout their pregnancy, birth and post-natal care.

9. Staffing – We will work in partnership to provide well-prepared, trained and confident staff in all our services to meet the needs of women and families.

As part of the targeted support project, work has already been completed to improve services for women and partners using maternity services who have learning difficulties, perinatal mental health, and young parents.

The work referenced within this report focuses on homebirths. This engagement built upon national research to investigate local preferences around birthplace, perceptions of risk and understanding of existing evidence behind clinical outcomes associated with choice of birthplace.

2. About the Engagement

Aims and Objectives

The engagement aimed to capture existing opinions about the benefits of homebirth in order to inform the development of tools and guidance.

Objectives for the engagement were to:

- Explore influencing factors in regard to choice of birthplace.
- Explore perceptions of information preferences in regard to birthing choice.

Target Group

The target audience for the engagement was women, families, wider public, with a particular focus on pregnant people, partners and families. Additional but complimentary engagement work has been delivered by the CCG in terms of exploring the opinions of relevant professionals.

3. How did we engage the public?

An engagement plan was developed by the Leeds Voices team to maximise opportunities to achieve the set engagement objectives and reach pre-identified priority groups.

Using the asset-based engagement model, our network of 70+ Engaging Voices partner organisations were notified of the engagement via e-bulletin. Partner organisations working with people from priority groups were identified and targeted with additional communications.

A mixed methods approach to data collection was adopted within the consultation, providing reach and depth of enquiry.

A brief questionnaire was created to collect quantitative data from the broadest possible sample and offering indications of trends. Copies of the questionnaire were delivered to partner organisations together with brief instructions on how the questionnaires should be administered.

Questionnaires were followed up with three focus groups and 'structured conversations'[1] conducted within one partner organisation identified as working closely with priority groups. These 'conversations' offered a source of more in-depth and insightful information.

4. Analysis and reporting

Questionnaire data was inputted into an online survey tool, 'Survey Monkey' to enable analysis and reporting. Descriptive analysis was conducted to summarise data.

Recordings/notes from focus groups and 'structured conversations' were critically reviewed and summarised initially by the group facilitator and then by another member of the team. Thematic analysis was performed on summary data to identify crosscutting themes and to identify unique areas of insight. Quotations representing these points were identified from questionnaires, focus groups and facilitated conversations to aid reporting.

Findings are documented using the homebirth questionnaire as a reporting framework.

[1] 'Structured conversations' consisted of partner organisations introducing the topic and questions and following appropriate discussion, presenting participants with a note sheet to summarise their thoughts.

5. Who responded?

In total 186 people contributed to the engagement. 135 people completed the public questionnaire and 51 people provided their views across the focus groups, interviews and 'structured conversations'.

The following respondent data was provided by those who completed the questionnaires, equality monitoring data for those who participated in the focus groups and 'structured conversations' can be found in Appendix A.

Gender identity

Of the 127 people answering the question 98.4% (n=125) were female, 1.6% (n=2) were male. Of the 120 respondents providing the information 7.5% (n=9) stated that their gender identity was different to that assumed at birth.

Age of respondents

Of those answering the question (n=128), 6.3% (n=8) were within the 16-25 age bracket; 53.1% (n=68) were in the 26-35 age bracket 31.3%, (n=40) were in the 36-45 age bracket; 3.9% (n=5) were in the 46-55 age bracket; 4.7% (n=6) were in the 56-65 age bracket and a single respondent (0.8%) was in the 66-75 age bracket.

Ethnic Background

84.9 percent (n=107) of those providing information on their ethnic background stated that they were 'White British'. People who selected 'Other' stated that they were White American, White European/EU or of another White background (for a full break down see Table 1).

Table 1: Ethnic background of questionnaire respondents

Ethnic Background	Frequency (n=)	Percentage of those responding (%)
White British	107	84.9
Mixed White & Black Caribbean	1	0.8
Mixed White Asian	1	0.8
Asian/Asian British Pakistani	1	0.8
Black/Black British Caribbean	2	1.6
Black/Black British African	5	4.0
Chinese	1	0.8
Arab	2	1.6
Other	6	4.8
Total	126	

Area of residency

Of the 124 people who provided the information, the most common area of residency was LS26 with 19.4% (n=24) respondents stating this as their postcode area (see Table 2 for a full breakdown).

Table 2: Questionnaire respondent's area of residency[2]

Postcode area	Frequency (n=)	Percentage of those responding (%)
LS4	2	1.6
LS5	1	0.8
LS6	6	4.8
LS7	11	8.9
LS8	5	4.0
LS9	2	1.6

[2] Index of multiple deprivation data for Leeds can be found here

LS10	14	11.3
LS11	2	1.6
LS12	1	0.8
LS14	7	5.6
LS15	10	8.1
LS16	1	0.8
LS17	12	9.7
LS18	4	3.2
LS19	1	0.8
LS20	2	1.6
LS21	2	1.6
LS23	1	0.8
LS25	4	3.2
LS26	24	19.4
LS27	1	0.8
LS28	3	2.4
LS29	2	1.6
WF3	6	4.8
Total	124	

Disability Status

Of those who responded to the question (n=126), 1.6% (n=2) identified as being disabled people. Respondents stated disabilities were 'long standing illness', 'mental health condition', 'hearing impairment' and 'visual impairment'.

Sexual Orientation

93.0 percent of those answering the question (n=119) identified as hetero-sexual/straight, 1.6% (n=2) identified as a lesbian or a gay woman; 2.3% (n=3) identified as bisexual and 3.1% (n=4) preferred not to say.

Religion or Belief

Of the 126 people who answered the question 45.2% (n=57) stated that they had no religion, 43.7% (n=55) stated that they were Christian. 4.8% (n=6) stated that they were Muslim; 0.8 (n=1) were Buddhist and 4.0% (n=5) preferred not to say. Of the 1.6% (n=2) people who selected 'Other' one identified as a Rasta, the other identified as a Humanist.

Relationship Status

Of those responding (n=126), 54.8% (n=69) stated that they were married or in a civil partnership; 27.0% (n=34) stated that they lived with a partner; 13.5% (n=17) stated that they were single; 0.8% (n=1) stated that they were divorced and 2.4% (n=3) preferred not to say.

Pregnancy and maternity

Of the 123 respondents answering the question, 15.5% (n=19) stated that they were currently pregnant. 18.9% (n=24) of the 127 people answering the question stated that they had given birth in the past 26 weeks.

Questionnaire respondents were asked to self define themselves as an: 'expectant mother', 'new mother', 'partner of expectant' 'family of expectant or new mother' or 'other', Of the 135 people answering the question 48.9% (n=66) stated that were new mothers; 17.0% (n=23) stated that they were expectant mothers; 6.7% (n=9) stated that they were family of an expectant or new mother; 3.0% (n= 4) stated that they were the partner of a new or expectant mother. Of the people selecting the 'Other' category, people stated that they were grandparents, friends of expectant mother and child-minders.

Of the 132 people answering the question in the questionnaire, 73.5% (n=97) stated that they, their partner/family member are expecting or had recently given birth in a hospital 24.2% (n=32) had given birth at home and 2.3% (n=3) selected other.

Caring responsibilities

4.8% (n=6) of the 126 people answering the question stated that they were a carer. 1.6% (n=2) preferred not to say.

6. What did people tell us?

Choice of birthplace

A number of factors were cited in helping respondents choose a birth place (see picture 1). Key themes emerged in regard to; safety, perceptions of support, resourcing & risk, perceived levels of intervention, convenience, comfort, personal research, previous birthing experiences and experiences & thoughts of family and friends.

Picture 1: What helped decide birthplace location?

Questionnaire respondents were presented with a list of 'factors' and asked to select which informed their choice of birthplace (see question 4 in the engagement questionnaire, for the list of options presented; available in Appendix B). Of the 134 people answering the question, 79.1% (n=106) chose 'Advice from the GP, midwives or health visitors', 72.4% (n=97) chose 'Advice from family members or friends' and 64.2% (n=86) chose 'Past experience either personal or through family/friend network'.

The aforementioned three categories remained as the top choices for those who had chosen a hospital as a birthplace location however, the proportion of respondents choosing 'advice from the GP, midwives and health visitors' and 'Advice from family members' increased slightly (77.1% and 70.8% respectively) and the proportion choosing past experiences decreased (58.3%). For those choosing to give birth at home, 'past experience' was the most commonly chosen factor (87.5%, n=28), closely followed by 'advice from GP's, midwives and health professionals' (84.4%, n=27) and 'Advice from family members or friends' (81.3%, n=26).

Participants in focus groups and 'structured conversations' referenced similar factors to those noted within the questionnaire. In some instances participants also talked about their medical needs determining their choice of birthing location. In some instances participants referenced advice and guidance from medical professionals in determining/influencing this direction.

"I chose to have both my little ones at St. James' hospital due to having tests every three weeks and scans. Also, I was aware I needed to be induced with both pregnancies!

"I was consultant led, so a hospital birth was my only option"

Perceptions of safety and risk, around either option appeared to underpin some participant's decision making. This perception of risk was sometimes linked to the perceived levels of support and resources available within a particular setting.

'All the equipment is ready in hospital, there's not everything at home. Again it comes down to safety.' [Paraphrased]

For one participant the lack of awareness of what to expect during birth and a fear of the unknown appeared to influence decision making.

"I think anxiety and not knowing what to expect can contribute [to choice of birthing location]"

Previous birthing experiences emerged as a theme appearing to inform decisions in both directions, toward home and hospital births.

"[I]had a wonderful homebirth with [my] second child and would like the same this time. Also, this will be number three and frankly it's logistically easier to have baby at home than [in the hospital]"

"[I had a] bad previous pregnancy, so felt safer at hospital"

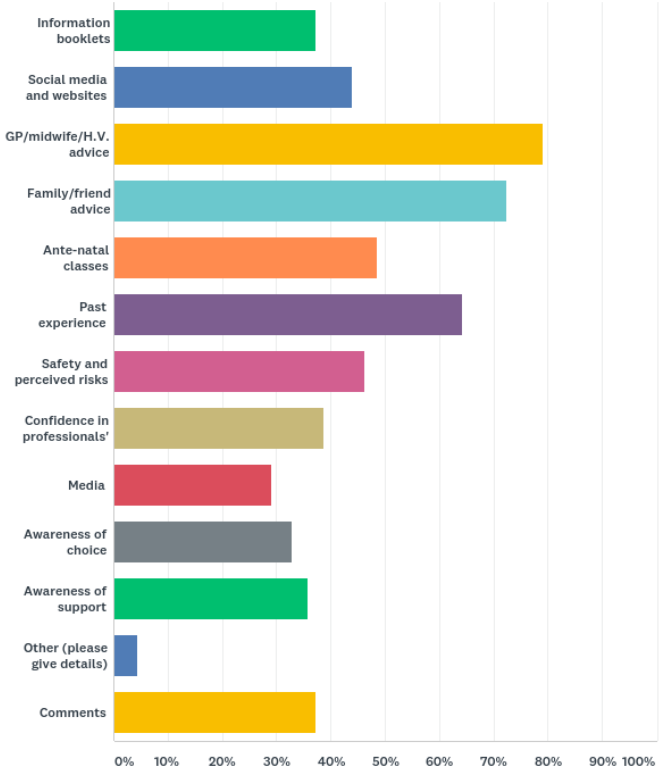
One participant referenced the influence of peers' experiences in choosing a birthing location, whilst another talked about the influencing role of her husband.

"I had considered home birth, however I know 3 people who had chosen home birth, 1 had to go into hospital as no midwives available which led almost to a resentment, and the other 2 had to have their partners deliver the babies as no one got to them in time...this terrified me."

"The biggest influence in where I had my baby was my husband. I wanted a homebirth, but my husband didn't feel comfortable doing it at home".

Other factors referenced in the focus groups and 'structured conversations' which were seen as influencing choice of birthplace included, perceptions of privacy, access to birthing facilities(e.g. birthing pool), impact on childcare.

Chart 1: Perceived influencers of birthplace choice



Perceptions of Homebirth

Awareness: Questionnaire respondents highlighted a deficit of knowledge around homebirth with 35.8% (n=48) stating suggested that they had a lack of awareness about support available for homebirths. It is however worth noting that 22.9% (n=22) of the 97 people who chose a hospital birth felt a lack of awareness of the support available for homebirth informed people's choice of homebirth.

Participants providing qualitative data portrayed differing levels of awareness around homebirth and inconsistent information provision from health professionals. Some participants suggested that there was a lack of readily available information in regards to homebirth, whilst others suggested that they were able to achieve a good understanding of homebirth through the information they had received.

"I think people's view of risk analysis is skewed towards homebirth being 'dangerous/risky,' as you're not necessarily near a hospital/ obstetric unit if emergency intervention needed. In low risk pregnancies/ births, we know it's not the case - in fact opposite- but this information isn't readily available so people discount it before even looking at it as an option."

"I had a good understanding of homebirth as it was something I was considering; my midwife explained all my options to me"

There was broad consensus amongst participants of one focus group with BME women, that they would not choose to give birth to a baby at home, this decision appeared to be informed by a lack of knowledge around homebirth.

"I don't know anything about homebirth. Most of us don't"

There was a view held by some participants that a certain groups were not eligible for homebirth. As the quote below illustrates, participants acknowledged that being given 'high risk' status resulted in information about homebirth not being offered to them. A number of participants also queried the availability of homebirth as an option, for first time mothers.

"My baby was IVF so I didn't think I would be allowed a homebirth as I was classed as high risk and their was a possibility of being induced… I didn't have access or any information given about homebirth"

"I wasn't aware homebirth was an option for my first pregnancy"
[Paraphrased]

Offering additional insight into the potential influence of culture, heritage and generational differences on perceptions of homebirth, a discussion emerged in one focus group conducted with women mostly of Asian/Asian British Bangladeshi heritage highlighting perceived differences with the support available to mothers and the resilience of mothers.

"Our time is different to our mother's; they were supported after they had given birth and had help for 40 days. We don't get that here."

"Our mothers were stronger than us. They could cope better than us"

Support and Safety: The topic of support emerged as a theme across the engagement. There was recognition that women would have the support of a midwife within the home, however some women were not clear as to the boundaries of this support.

The midwife stays, but "what if the labour is long? Do they stay the whole time?"

Whilst there was also recognition of the potential support available from friends, family members and neighbours within the home there were common concerns about risk and safety with a homebirth. One participant questioned the value of giving birth at home, seemingly preferring giving birth in a hospital setting as a precautionary measure.

'What if something goes wrong? They'll send you to hospital anyway'
[Paraphrased]

Control:

The topic of control emerged as a theme across the engagement. Control was referenced in terms of the environment, and the birth itself. A number of participants providing qualitative data highlighted the benefit of giving birth in a more comfortable environment.

"I wanted to be relaxed and comfortable so a home birth felt right. Hospitals are for unwell people. I had a healthy pregnancy and didn't need to take up a hospital bed."

Whilst the added comfort provided by the home was acknowledged as a benefit, for one participant, this was not seen as a deciding factor.

'For some they might feel more comfortable at home. I'd still go to hospital.'
[Paraphrased]

Others talked about homebirth offering greater control in terms of intervention.

"I felt I would be safer, experience a better birth and be less likely to have interventions"

The issue of privacy was referenced within the engagement. One person responding to the questionnaire expressed concerns about neighbours overhearing noises during the birth. There were also concerns expressed about the impact that labour would have on other children within the house.

"If the labour pains come and you are screaming, what about your child"

However for one respondent, the risk of spending time away from other family members as a result of going to the hospital was also a concern.

"We have an older son and were very conscious of how he would feel if we had to spend time in hospital and how that would effect his feelings for his new sibling. It was mainly because of this that we chose to have our baby at home. I wanted to have more control over my environment in which to give birth.

In addition to the above, participants from one focus group with Bangladeshi women, a theme emerged in regard to a lack of privacy at home and a sense of shame and embarrassment around family members.

Perceptions of Hospital Birth

Support and Safety: A number of participants in the engagement highlighted the benefits of having a high level of support and resources available within the hospital setting. For one questionnaire respondent this support was essential due to a 'high risk' pregnancy.

"High risk pregnancy. Access to emergency care (even if not high risk). No amount of info would convince me to give birth outside of a hospital."

A second respondent referenced the benefits of support available within the hospital for first time parents.

"I wanted a high level of support if something went wrong (first time parent so I wasn't sure what to expect) I was comforted by the presence of lots medical professionals I was determined that I wanted to breastfeed (still

am at 16 months post partum) and I wanted continuing support to be available immediately on hand for the preceding 24-48 hours to ensure that I properly established feeding."

For one focus group participant, the hospital offered a 'community of support' providing potential benefits beyond birth.

"It would help build the communities strength. Then they could extend it to breastfeeding groups in the hospital after. I don't know why they don't do more stuff like that. I met someone at a class when I was pregnant and we are still friends now."

Control: Adding additional insight to the themes emerging through the questionnaire, some participants providing qualitative data referenced a perceived lack of control within the hospital, both in terms of the environment and the birthing process.

'There's no control in hospital, at home you can turn down the lights or have things playing. I personally don't want music I want the Quran playing'

"In hospital you have to consider other people as well as yourself"

There were differing opinions around the access to pain relief within hospital settings. One person re-iterated the perceived safety benefits of giving birth within a hospital, conflating the pain relief within this discussion. For another respondent, the perceived safety benefits of giving birth in a hospital environment appeared to offer her a way of controlling anxieties.

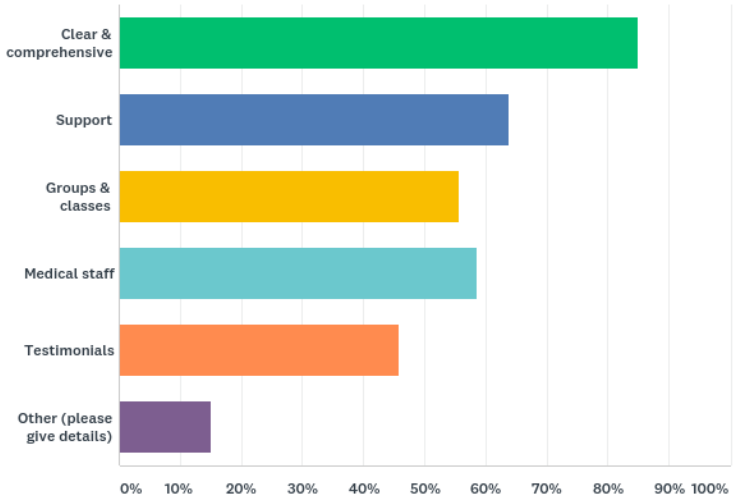
"There's not everything at home. It felt like the [hospital was the] safest place. The place where I would be least anxious."

Information and Knowledge

Questionnaire respondents were asked 'What kind of information should be available to enable parents make an informed choice about their choice of birthplace?' (see question 5 in the engagement questionnaire, for information choices; available in Appendix B). Of the 133 people answering the question, 85.0% (n=113) chose 'clear information about all the choices available to ensure parents have a choice' was required in order for parents to make an informed choice about birthplace. 63.9% (n=85) chose 'Information about the types of support that will be available for families choosing home births'. 58.7% (n=78) chose 'Medical staff offering consistent and balanced information about choices of home birth'. 55.6% (n=74) chose 'Information about support groups and classes around home birthing (see chart 2). These categories remained as the top three when excluding people who had chosen homebirth from the dataset.

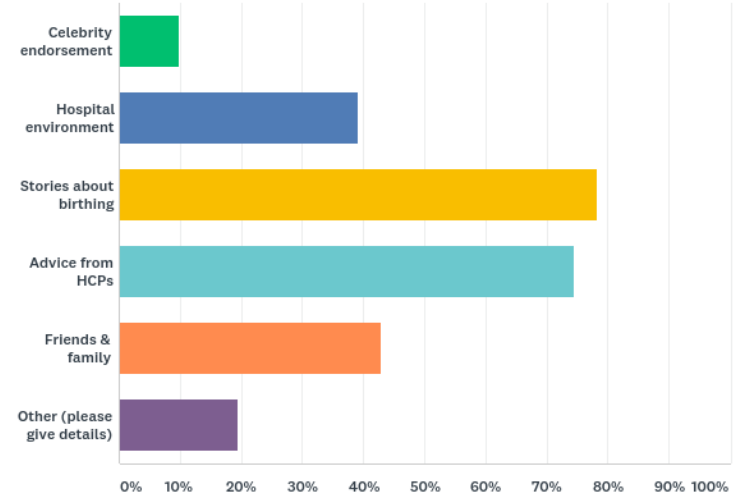
Other suggestions for information included 'access to stories', 'group discussion' and 'support for dads'.

Chart 2: Information support



Those completing the questionnaire were asked 'What kind of information may change a person's preference about choice of birthplace during and before pregnancy?' (see question 6 in the engagement questionnaire, for choices of strategies; available in Appendix B). Of the 133 people answering the question 78.2% (n=104) chose 'positive or negative stories about types of birthing' as a potential tool to change people's preferences around birthing location. 74.4% (n=99) chose 'advice from healthcare professionals' as likely information which could influence a person's decision. 'Pressure due to family/friends perceptions of best options' and 'Concerns about hospital environment' were chosen by 42.9% (n=57) and 39.1% (n=52) respectively, whilst 'Celebrity endorsement' was chosen by 9.8% of respondents (n=13) (see chart 3).

Chart 3: Strategies to support opinion change



'Positive or negative stories about types of birthing' remained the most commonly chosen factor when excluding those who chose homebirth (n=99), with 72.7% (n=72) choosing this option. 70.7% (n=70) from this group chose 'Advice given by healthcare professionals', but concerns about hospital environment became the third most common choice, with 39.4% (n=39) people choosing this factor. Other suggestions included clear evidence, information on risk and stories from other parents and families.

Qualitative data provided further insight into this issue, with participants highlighting the Importance of clear, effective and up to date information.

"They need to keep websites up to date, because some of them aren't, especially at community centres… Having up to date information on all classes, awareness sessions at local community centres would be good."

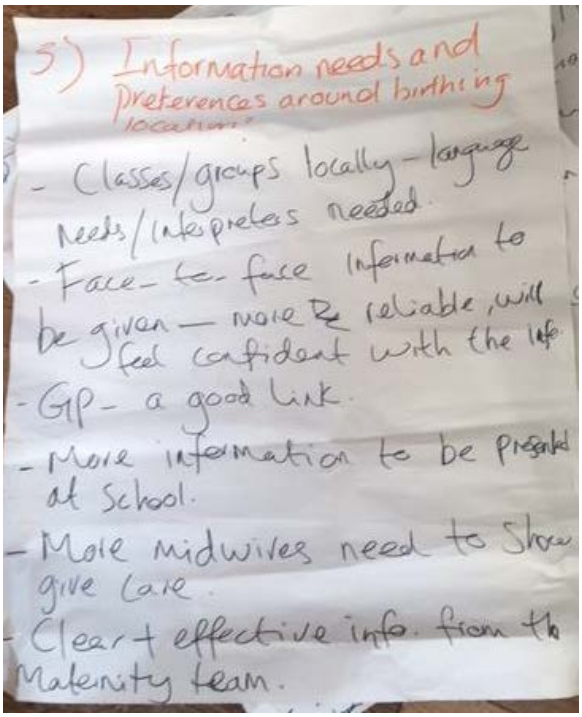
The relationship between women and the midwife was identified by one participant as a key asset in informing decision making around birthing location.

After an uncomplicated and quick first birth, I really wanted to birth at home second time around. Recovery in hospital was hard work as I was on a loud and busy ward for 4 nights learning to breastfeed. I also met a few mothers when I was a new mum who had home births which demystified the idea for me. The idea of being in my own space and with my home comforts was really appealing as it made me feel more in control."

A focus group conducted with women of Bangladeshi heritage, indicated a preference for information delivered face to face and through existing mechanisms, such as GPs and midwives. This group also highlighted the need for information to be accessible for people who do not speak English (see picture 2). A participant from another focus group suggested that first time mothers could be offered information through a video.

"It would be a good idea to invite first time mother's to the hospital, in a group, to watch a video with lots of information and support each other. "

Picture 2: Information needs as reported from a Bangladeshi women's group



7. What are the key findings from the feedback?

A number of key findings emerged across the engagement, these can be summarised as follows:

- Hospital birth was commonly framed as the default option for families, with some participants indicating that homebirth was not an option for them

- Choice of birth place was perceived to be informed by a number of factors, with advice from medical professionals, advice from family members and peers, and past experiences the most often cited, however concerns about risk and safety appeared to underpin much of the discussion.
- Awareness of homebirth across the engagement was variable. There appeared to be inconsistent provision of information around homebirth, with some participants stating that they had received little or no information about homebirth from health professionals.
- 'Advice given by health care professionals' and 'positive or negative stories about types of birthing' were seen as key mechanisms for influencing opinion change.
- Groups with different cultural and religious backgrounds may present with additional information and support needs which need to be recognised

8. Recommendations

Following the engagement the CCG are asked to receive the report and consider the following recommendations arising from the key findings:

Finding	Recommendation
Hospital birth was commonly framed as the default option for families	Explore methods which can challenge perceived norms around birthing location
Choice of birth place was perceived to be informed by a number of factors	Support health professionals to achieve a greater understanding of the unique information and support needs of each family, to enable them to make a more informed choice around birthing location.
Awareness of homebirth across the engagement was variable.	Ensure that information around homebirth is routinely delivered to all families. Ensure that additional support and information is in place for first time parents and families who may not have previously accessed information.
'Advice given by health care professionals' and 'positive or negative stories about types of birthing' were seen as key mechanisms for opinion change.	Develop and pilot a range of different, evidence based information resources which incorporate 'medical advice' with the lived experiences of families.
Groups with different cultural and religious backgrounds may present with additional information and support needs which need to be recognised.	Continue engagement and dialogue with families from different cultural and religious backgrounds to determine the specific barriers and information needs. Ensure that women and families from diverse backgrounds continue to be engaged and involved in the ongoing development of future information resources.

Additionally, and as part of the continuing development of the asset-based Leeds Voices programme, it's important that the CCG inform VAL of the outcome of this work in order to feedback to partner organisations and participants.

9. Reflections

In leading on this engagement the Leeds Voices team noted a number of points in interpreting the findings presented in this report:

- There was a notable lack of a male voice within the engagement, which should be explored further in ongoing work to design and pilot information and resources - recognising the potential influence of fathers and partners in decisions around birthing location.
- While the engagement offered a great deal of insight and knowledge, the themes presented should be viewed as indicative of some of the key issues around perceptions and barriers to homebirth for the individuals involved in the engagement. Many of the issues presented require additional engagement and dialogue with the diverse communities in the city to ensure understanding of the sometimes complex issues presented and the key barriers to homebirth are challenged.
- The equality monitoring questionnaire for participants in the qualitative element of the engagement produced some surprising results, particularly in regard to gender identity. This may illustrate a misunderstanding of the question by participants.
- Findings from the engagement must be interpreted as part of a broader dialogue with health care professionals, stakeholders and families. Evidence around 'what works' in challenging perceptions around homebirth within diverse communities should be reviewed and used to inform future developments.

Appendix A – Equality monitoring for focus groups/structured conversation participants

Age of participants

Age group	Frequency (n=)	Percentage of those responding (%)
16-25	4	11.9
26-35	14	33.3
36-45	22	52.4
46-55	1	2.4
Total	42	

Ethnic background of participants

Ethnic category	Frequency (n=)	Percentage of those responding (%)
White British	9	22.0
Asian/Asian British Pakistani	3	7.3
Black/Black British African	3	7.3
Asian/Asian British Bangladeshi	18	43.9
Arab	3	7.3
Prefer not to say	2	4.9
Other[3]	3	7.3
Total	41	

Area of residency[4]

Postcode	Frequency (n=)	Percentage of those responding (%)
LS7	2	6.3
LS8	17	53.1
LS9	4	12.5
LS10	3	9.4
LS11	5	15.6
Total	32	

Disability Status

Of the 41 people answering the question 4.8% (n=2) stated that they were disabled. 87.4% (n=35) stated that they were not disabled, 9.8% (n=4) preferred not to say.

Sexual Orientation

Of the 34 people answering the question, 91.2% of participants (n=31) stated that they were heterosexual/straight. 2.9% (n=1) stated that they were lesbian/gay woman 14.3% (n=1); 2.9% (n=1) stated that they were Bisexual; 2.9% (n=1) preferred not to say.

Gender Identity

All 40 of the participants who answered the question (100%) identified as female. Fifteen people (42.9%) stated that their gender identity was different to the sex assigned at birth, five preferred not to say whether their gender identity was different to the sex they were assigned at birth.

Pregnancy and Maternity

[3] Two participants identified as White Albanian, one as Iraqi.
[4] Index of multiple deprivation data for Leeds can be found here

Of the 39 people answering the question, 10.3% (n=4) stated that they were pregnant; 84.6% (n=33) said they weren't and 5.1% (n=3) preferred not to say.

5.4% (n=2) of the 37 people answering the question stated that they had given birth in the past 26 weeks; 86.5% (n=32) said that they had not; 8.1% (n=3) preferred not to say.

Religion or Belief

Of the 37 people who answered the question, 62.2% (n=23) stated that they were Muslim, 13.5% (n=5) stated that they were Christian; 10.8% (n=4) stated that they had no religion; 10.8% (n=4) preferred not to say.

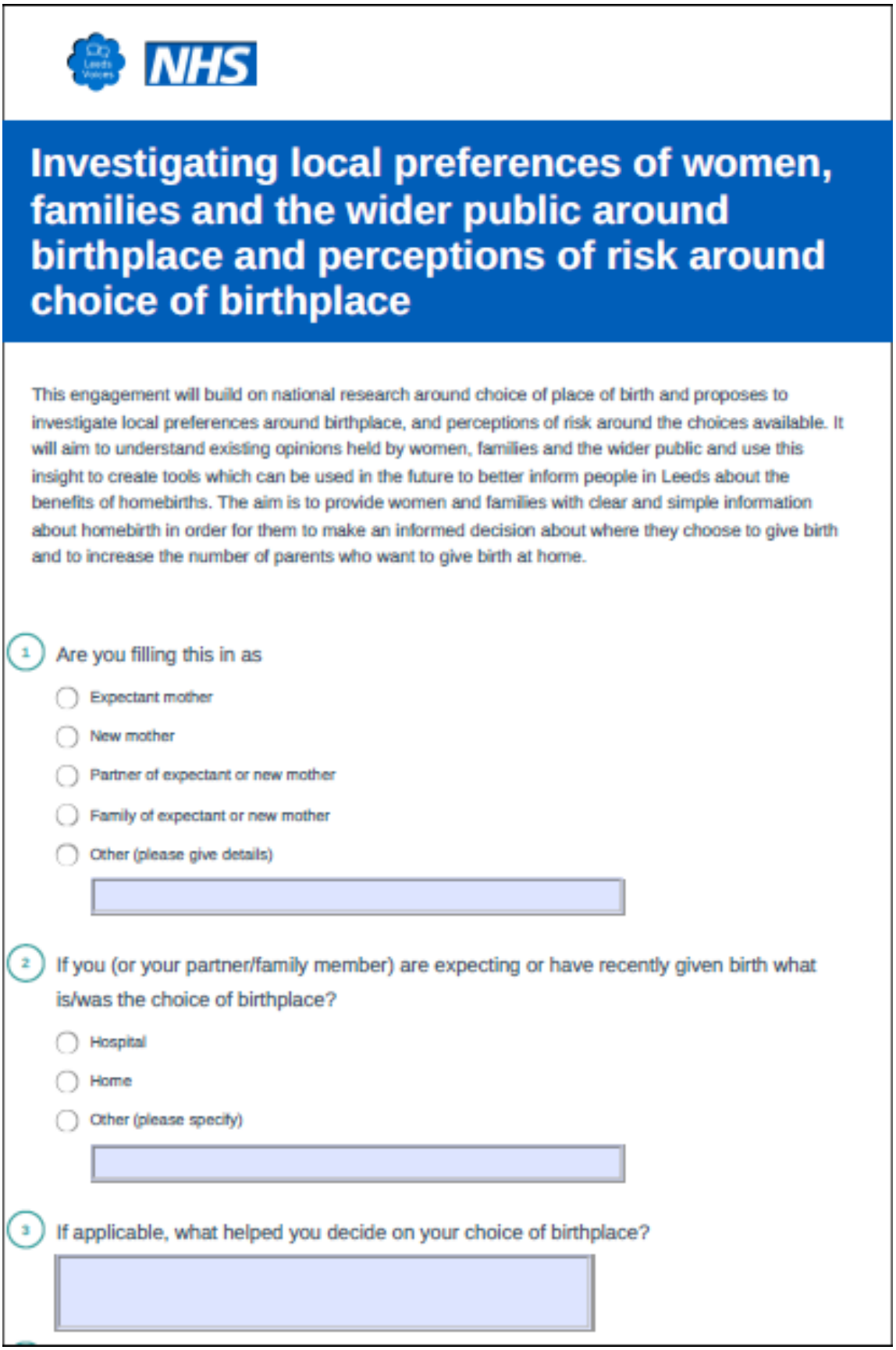
Relationship Status

Relationship status	Frequency (n=)	Percentage of those responding (%)
Marriage/Civil	21	56.8
Live with partner	5	13.5
Single	7	18.9
Divorced	1	2.7
Prefer not to say	3	37.5
Total	37	

Caring responsibilities

Of the eight people answering the question, 11.4% (n=4) stated that they had caring responsibilities, 85.7% (n=30) stated that they had no caring responsibilities; 2.9% (n=1) preferred not to say.

Appendix B – Engagement questionnaire



NHS

Investigating local preferences of women, families and the wider public around birthplace and perceptions of risk around choice of birthplace

This engagement will build on national research around choice of place of birth and proposes to investigate local preferences around birthplace, and perceptions of risk around the choices available. It will aim to understand existing opinions held by women, families and the wider public and use this insight to create tools which can be used in the future to better inform people in Leeds about the benefits of homebirths. The aim is to provide women and families with clear and simple information about homebirth in order for them to make an informed decision about where they choose to give birth and to increase the number of parents who want to give birth at home.

1 Are you filling this in as

- ○ Expectant mother
- ○ New mother
- ○ Partner of expectant or new mother
- ○ Family of expectant or new mother
- ○ Other (please give details)

2 If you (or your partner/family member) are expecting or have recently given birth what is/was the choice of birthplace?

- ○ Hospital
- ○ Home
- ○ Other (please specify)

3 If applicable, what helped you decide on your choice of birthplace?

4 What type of things do you think inform people's choice of birthplace? (Please tick all that apply)

- ◯ Information booklets
- ◯ Information from social media and websites
- ◯ Advice from GP, midwives or health visitors
- ◯ Advice from family members or friends
- ◯ Information gained at ante-natal classes
- ◯ Past experience either personal or through family/friend network
- ◯ Safety and perceived risks associated with home birth (Please give details of what you think the risks are)
- ◯ Confidence in professionals' knowledge and experience
- ◯ Media
- ◯ Not realising there was a choice
- ◯ Lack of awareness about support available for home births
- ◯ Other (please give details)

Comments

5 What kind of information do you think should be readily available to enable parents to make an informed choice about their choice of birthplace?

- ◯ Clear information about all the choices available to ensure parents have a choice
- ◯ Information about the types of support that will be available for families choosing home births
- ◯ Information about support groups and classes around home birthing
- ◯ Medical staff offering consistent and balanced information about choices of home birth
- ◯ Access to testimonials from families who have experienced home births
- ◯ Other (please give details)

6 What kind of information do you think might change a person's preference about choice of birth place during and before pregnancy?

- ◯ Celebrity endorsement
- ◯ Concerns about hospital environment (e.g. MRSA scares)
- ◯ Positive or negative stories about types of birthing
- ◯ Advice given by health care professionals
- ◯ Pressure due to family/friends perceptions of best options
- ◯ Other (please give details)