



North East and North Cumbria
Local Maternity and Neonatal System

North East and North Cumbria (NENC) Local Maternity and Neonatal System (LMNS): Migrant Maternity Care Pathway



This document is designed to identify specific additional needs for migrant women using NENC maternity services and should be used as a pathway to complement standard maternity care.

1.0 My Maternity Profile

Paper document created by North Cumbria using LD and Autism passport framework, including guide for completion (see Appendix one).

2.0 Key Touch Points

See Appendix two for proposed checklist for inclusion within BadgerNet regarding the following points.

2.1 Booking:

- Early identification and contact are key therefore all women should have their pregnancies booked by 10 weeks gestation.
- On receipt of notification of pregnancy, initial contact should be within 3 working days to maximise opportunity for early booking. This can be Midwife or Service User led, depending on local booking pathway.
- Ensure the availability of interpreting services. For detailed information on best practice when using interpreting services please see [Migrant Health in a Pregnant Population NENC ICS Enhanced Maternity Professional Checklist](#)
- For detailed information on essential areas to be covered within the booking appointment, please see [Migrant Health in a Pregnant Population NENC ICS Enhanced Maternity Professional Checklist](#).
- 'Woman's Ethnic Category' and 'Primary Language' fields **must** be completed in the booking assessment template.
- Complete and provide paper version of '*My Maternity Profile*'.
- Women should be informed that they are entitled to Primary, Secondary, and Maternity care, and can apply for a HC2 certificate to enable them free prescriptions and free NHS dental care <https://www.nhsbsa.nhs.uk/nhs-low-income-scheme/hc2-certificates-full-help-health-costs> For further detailed financial information see <https://www.gov.uk/asylum-support> .



2.2 Ongoing Antenatal Care (including financial and wider community support):

- Ensure a minimum of 30 minutes for every antenatal appointment, where an interpreter will be present.
- Consider increased frequency of appointments wherever possible for women living in hotels and hotel replacement accommodation to maximise opportunity for enriched personalised maternity care.
- Revisit additional risk factors at every antenatal appointment, referring to additional services where necessary.
- An early discussion regarding parent education (for example, labour and birth, postnatal care, infant feeding, safety, safe sleeping) should take place by 16 weeks gestation and a personalised educational plan ensured.
- At every antenatal appointment communicate local support additional to maternity services. An up-to-date directory is available here: [Equity and Equality - Local Maternity Systems Northern England Local Maternity Systems Northern England \(northernlms.org\)](http://northernlms.org) This should include supporting registration with local family hubs for enhanced support.
- By 28 weeks gestation a multidisciplinary meeting should take place between Midwifery and Health Visiting Services, enhanced by GP presence where possible.
- At every antenatal appointment consider additional discussion around vaccinations, where vaccination status is unknown, presume that every woman is unvaccinated. For detailed guidance see [Migrant Health in a Pregnant Population NENC ICS Enhanced Maternity Professional Checklist](#). Clear written documentation of vaccination should be entered within 'My Maternity Profile' as well as within electronic maternity notes.
- Ensure every woman is informed of how to access local travel, including costs, to maximise appointment attendance throughout pregnancy. See Appendix three for **NHS Healthcare Travel Costs Scheme: 'Guide for Professionals'** Please note any local guidance for specific trust detail. Travel information should include awareness of what to do in an emergency and the 999/111 provision.

2.3 Intrapartum Care

- The 'My Maternity Profile' document should be reviewed, and birth wishes discussed.
- Ensure the availability of interpreting services. For detailed information on best practice when using interpreting services please see [Migrant Health in a Pregnant Population NENC ICS Enhanced Maternity Professional Checklist](#)
- Any handover of care should include migrant status and any additional risk factors identified.



2.4 Postnatal Care

- The '*My Maternity Profile*' document should be reviewed and updated prior to discharge.
- A discussion should take place around safe pregnancy spacing and contraception choices, additional to any previous discussion. Contraception choice should be provided as per local provision at the earliest opportunity. This should be prior to discharge from hospital where possible for those who have birthed in this environment.
- In line with the NENC ICS Handover SOP (2022), ensure handover of care to Health Visiting Services includes migrant status and any additional risk factors identified. Wherever possible this should be in written and verbal form, including reference to '*My Maternity Profile*'.

3.0 Antenatal and Newborn Screening

Every woman should follow the existing antenatal and newborn screening pathway, with continuing use of the family origin questionnaire. Please liaise with your trust's Antenatal and Newborn Screening Co-ordinators for specific detail regarding your locality, and for additional support and guidance.

4.0 Care beyond maternity services

This document has been created with collaboration of the 0-19 services with the recommendation that an ongoing pathway is developed following discharge from maternity services. This is currently in the development stages and the group leading this essential work will provide ongoing updates to the LMNS Equity and Equality Group.



Appendix 1: My Maternity Profile

My Maternity Profile...

Guide for completion

The aim of this document is to promote and support individualised maternity care for those who may find it difficult to do this for themselves. This in turn will support a positive experience when accessing maternity care and safer outcomes.

- This is intended to be accessed and read by professionals, therefore is in English only. This should be verbally communicated with the woman with the use of a translator where required.
- Women should be advised to bring this when attending for maternity care
- This document requires ongoing review and completion throughout the pregnancy, birth and postnatal periods
- It is important to be mindful of who may see this document. Enquiries should be made with the women as to what information they are happy to share within this.
- This document can be started with the woman at the booking appointment and revisited throughout their care.
- The midwife may wish to fill this document in and the woman is encouraged to also make notes in this document if able.
- This document should be completed with the use of a translator where required to ensure understanding.

All maternity care providers have a responsibility to review and contribute to this document



Appendix 2: Checklist for digital conversion in Badgernet

Essential checklist for vulnerable migrant women - booking	y/n
Antenatal care	
Confirm woman's preferred language for interpreting services	
'My Maternity Profile' document completed and given to woman	
Woman aware of right to free NHS care (primary/secondary/emergency) https://www.nhs.uk/nhs-low-income-scheme/hc2-certificates-full-help-health-costs	
Woman supported to access financial support https://www.gov.uk/asylum-support	
Signposting to local support groups (via LMNS directory)	
Registration with local Family Hub (with consent)	
Vaccination status determined and advice given/vaccinations arranged	
Location of appointments discussed and agreed	
Extended antenatal appointments offered (minimum 30mins)	
Signposting to parent education at 16 weeks – support to attend offered	
28 week MDT meeting arranged with Health Visitor and GP – to include ensuring provision of essential equipment	
Postnatal care	
Review and amend 'My Maternity Profile' document	
Contraception provided if agreed/safe spacing discussed	
Verbal and written handover to HV includes details of migrant status and awareness of 'My Maternity Profile'.	



Appendix 3: NHS Travel Costs Scheme – Guide for Professionals

The NHS Healthcare Travel Costs Scheme: Guide for Professionals

The NHS operates a Healthcare Travel Costs Scheme (HTCS) to enable patients to claim back reasonable costs for attending secondary care appointments, or in some instances receive help upfront.

Patients may not be aware of the scheme and may find the process too complex to navigate. This guide aims to inform professionals of the process of reclaiming travel costs through the HTCS, to support patients to have equitable access to healthcare.

Who can access the HTCS?

Patients or their partner must be in receipt of one of the qualifying benefits:

- Income support
- Income-based Jobseeker's Allowance
- Pension Credit Guarantee Credit
- A valid NHS Tax Credit Exemption Certificate – if no certificate patients can show an award notice qualifying for Child Tax Credits, Working Tax Credits with a disability element (or both) and have an income for Tax Credit purposes of £15,276 or less.
- People in receipt of support from the NHS Low Income Scheme with HC2 or HC3 certificates

What is the NHS Low Income Scheme (LIS)?

People with low incomes can apply for help with their NHS costs through the LIS. This assessment considers housing costs and council tax, so people may be awarded the NHS LIS even if their income is too high for a means-tested benefit. The NHS Business Services Authority (NHSBSA) operate the NHS LIS.

The scheme covers:

- Prescription costs
- Dental costs
- Eyecare costs



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- Healthcare travel costs via the HTCS
 - Wigs and fabric supports.

People can apply to this scheme if they have savings, investments or additional properties not exceeding £16,000 or £23,250 for people permanently resident in a care home. Any help awarded through the LIS is also available for partners and young people in the family. Help is awarded on an individual basis and people may receive full help to cover NHS costs (HC2 certificate) or partial help (HC3 certificate).

How to access the HTCS?

1. Patients must retain travel tickets/ receipts as proof of travel costs and take these along with proof of qualifying benefit/ certificate and hospital appointment letter to the Cashier's office at Hospital sites. They'll assess the claim and make the payment directly to the patient. Confirm the location of your Foundation Trust's Cashier's Office and opening times (there may not be signage at the Cashier's office displaying opening times, in this instance ensure you are able to provide opening time information to patients) and guide patients through the reclaiming process. To prevent people having to repeatedly explain their financial situation keep this information on their health record and update regularly.
2. If the patient is unable to claim travel costs when they attend their appointment they can access a form online [HC5\(T\) Refund Claim Form](#), the form will then need to be posted to NHSBSA. To prevent digital exclusion, have paper forms accessible for patients. Signpost patients to the NHS BSA on 0300 330 1343 for support completing the form or alternatively familiarise yourself with the form or give contact details for your Trust's Patient Advice and Liaison Service (PALS).
3. Travels costs can be reimbursed up to 3 months after the appointment. Remind patients of this and to keep travel tickets/ receipts as proof of travel.
4. If it would be difficult to pay for travel costs upfront provide the telephone number for the Cashier's office to enable patients to gain access to payment in advance or offer support to make the phone call on behalf of the patient, as many people may lack the confidence or ability to advocate for themselves.



Additional support available for Care Leavers

18-25 year old Care leavers in Durham, Northumberland and Tyne and Wear can access a free Pop Smart Travel Card with an Annual Network One Season Ticket, providing free travel on public transport in Tyne and Wear for further information see the North East and North Cumbria ICS Website-

<https://northeastnorthcumbria.nhs.uk/news/posts/free-travel-for-1500-more-careleavers-as-scheme-expands/>

Nexus Pop card information - <https://www.nexus.org.uk/ticket-information/pop>

Resources:

HC5(T) Refund Claim form: travel costs to receive NHS Treatment

https://assets.nhs.uk/nhsuk-cms/documents/HC5T_V9_online_-_07.2022.pdf

CQC/ Healthwatch- There and back: what people tell us about their experiences of travelling to and from NHS services (2019)

https://www.cqc.org.uk/sites/default/files/CM101908_item8_HWE_appii_patient_transport.pdf

Useful Organisations

NHS Business Services Authority - Help with Health Costs

www.nhsbsa.nhs.uk/nhs-low-income-scheme

Telephone: 0300 330 1343

The NHS BSA administers the Help with Health Costs scheme.

NHS BSA – check what help you could get to pay for NHS costs

<https://check-for-help-paying-nhs-costs.nhsbsa.nhs.uk/start>

Healthwatch England



www.healthwatch.co.uk

Telephone 03000 683 000

NHS website

www.nhs.uk

Nexus <https://www.nexus.org.uk/> Telephone: 0191 2020 747

Points to consider:

- Consider the ability of the patient to navigate the HTCS and whether they have language/ reading skills or telephone/ digital/ financial means to access the scheme. Tailor the level of support to individual circumstances.
- Don't assume everyone can afford travel costs for hospital appointments.
- Prevent stigmatising people by asking **all patients** sensitive questions gaining an understanding of how they plan to travel to hospital appointments and whether they can afford travel costs.
- Reclaiming travel costs through the HTCS is a complex process and may prevent people accessing healthcare appointments.
- The average reading age within the North East and North Cumbria is 9 to 11 years old (National Literacy Trust). Not being able to understand or complete the HC5(T) may prevent eligible people from receiving the support they are entitled to.
- You don't need to have in depth knowledge of benefits and what people are entitled to but do provide the opportunity for people to gain an understanding about the HTCS and how to claim money to support their travel costs.
- Know your local process to support patients with upfront travel costs for hospital appointments.
- The HTCS has been designed to support the cheapest means of transport for the time the patient needs to travel, considering the distance of the journey, how long the journey has taken to complete, frequency of the journey, availability, suitability, and accessibility of public transport medical condition of the patient and age. Taxis are usually an exception, if this seems the only option request the patient speaks to the hospital or Maternity professional prior to travel.
- Patients can be reimbursed for any form of transport including using a car. Travel costs for private car use will be calculated per mile on locally agreed prices.

