



NHCT Maternity Poverty Proofing© Case Study with Carla Anderson

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Introduction

“I would recommend Poverty Proofing® to any maternity service, or trust. Every healthcare trust should have a look at this.”

Children North East began the Poverty Proofing audit with Northumbria Healthcare NHS Foundation Trust (NHCT) in March 2024. Carla Anderson (Public Health Matron) led the work. NHCT covers a wide geographical area including North Tyneside and Northumberland. Care is either midwife-led, or consultant-led for those who need extra care or who are high risk. The service has 250 staff, which is made up of midwives, sonographers, healthcare assistants and midwifery support workers.



Carla Anderson (Public Health Matron)

The North East has some of the highest child poverty rates in the UK. Data from the Department for Work and Pensions showed that 8,800 children under 16 in Northumberland and 5,712 in North Tyneside were living in relative poverty in the year to March 2023. Of these 2,685 in Northumberland and 1,733 in North Tyneside were below school age.

Children North East were commissioned, as part of the contract with the North East and North Cumbria Integrated Care Board, through the Healthier and Fairer work stream, to complete a Poverty Proofing audit, for the whole of Northumbria Healthcare Trust (NHCT) maternity services. This is made up of community antenatal care, three midwifery led units, obstetrics, a pregnancy assessment unit and the intra-partum and postnatal wards. The trust provides maternity care in the community and from five hospitals: Berwick Infirmary and Alnwick Infirmary; Hexham General Hospital (in Ashington) and North Tyneside General Hospital (in North Shields) both providing Obstetric care; and the Pregnancy Assessment Unit, and intrapartum and post-natal wards at Northumbria Specialist Emergency Care Hospital (NSECH) in Cramlington.

Children North East have Poverty Proofed within two other services: CAMHS and the SALT team, which were coordinated by the Public Health team that Carla is part of. On learning about these efforts, she immediately felt that a similar approach was essential within maternity services.

“I was eager to move forward without delay, as I strongly believed that this work needed to begin as soon as possible.”

Links between poverty and maternity

Given Carla's position as a Public Health matron, she felt she was already aware of poverty related issues. However, she observed that some staff initially viewed poverty as a failing of the individual rather than a systemic issue, highlighting a need for cultural change within maternity services. While the training and audit didn't significantly change Carla's personal views, she found it offered new insights and subtle nuances she hadn't previously considered. Importantly, it gave her and her team a platform to advocate for change, using women's voices and experiences as a powerful lever for improvement. Carla acknowledged that some of the feedback from training, particularly from staff and trainers, was difficult to hear, as it reflected a broader dismissive or blame-oriented culture in maternity care. Nevertheless, she emphasised the value of having this feedback documented in the published report, as it provides a foundation for meaningful action and cultural shift through the ongoing action plan.

The audit revealed several unexpected yet important findings for Carla and her team. One surprising issue was that, despite the service providing Healthy Start vitamins to all women through charitable funding, many women reported not receiving them. This prompted a deeper investigation, which uncovered a simple problem: an ordering process that some staff were unaware of. Without the audit, this gap might have gone unnoticed. Similarly, other basic issues emerged, such as women not knowing how to change their appointments, despite an existing process being in place. This led to practical changes, like introducing an answerphone system with clearly separated messages to help direct women to the right department more easily. While the team had anticipated the larger challenges, it was these smaller, day to day issues that proved most valuable to explore and resolve. Technical issues with Badger Notes also surfaced, aligning with findings from other patient surveys. In response, the team reintroduced traditional mama wallets containing printed information, which some women preferred. These insights not only helped improve communication and access but also provided crucial evidence to support funding bids, especially for items supplied through charitable means. The audit strengthened the case for investment by showing that these seemingly small changes were, in fact, highly important to the women using the service.

Poverty Proofing© process

The team at Children North East demonstrated a flexible approach to delivering training, which was essential given the challenges posed by the large geographical spread of Northumbria Trust. While face-to-face sessions are usually preferred, it wasn't feasible for all staff to attend, due to the dispersed nature of the teams. As a result, a blended approach was adopted, with core teams attending in-person training and additional mop-up sessions arranged for others. Overall, staff feedback on the training was very positive.

Barriers identified in the report:

- Badger Notes: women found using and navigating Badger Notes difficult, which led to them not using it. Digital exclusion, particularly among low-income women with fewer resources and digital skills, creates significant barriers to accessing and navigating Badger Notes, leaving many unable to benefit fully from their health records.
- Whilst NHCT maternity service has a universal offer of free vitamins, not all pregnant women were aware of it. Whilst vitamins can be inexpensive, those facing financial hardship may choose not to buy the due to a lack of funds.
- There was a lack of awareness around the Healthy Start scheme. Informing all women about the scheme promotes inclusivity and ensures that no one is left out due to assumptions about their eligibility.
- When it came to claiming free prescriptions, some women were unaware they needed to have an exemption certificate, resulting in an unnecessary fine.
- Children are not allowed to attend scan appointments, making attendance difficult for those without a support network.
- Hidden cost of food in hospital for partners.

Addressing barriers

In the short term, the service has focused on addressing awareness gaps around the NHS Healthcare Travel Cost Scheme (HTCS), which had already been implemented but was not widely known about by women accessing maternity care. To tackle this, the team has strengthened staff engagement through initiatives such as a “theme of the month,” with travel as a current focus, alongside other maternity themes designed to guide staff on what information to highlight to patients. Additional communication efforts have included patient-facing resources, videos, and broader staff briefings, recognising that the scheme itself can be complex to explain. Looking longer term, the work is being shared more widely within the service, including a presentation of the Poverty Proofing project to the Health Inequalities Programme Board, which will extend its visibility across the trust. Furthermore, the women’s health physiotherapy team has invited collaboration to explore how key learnings and recommendations from the Poverty Proofing© work might be adapted and implemented within their service, ensuring ongoing development and sustained impact across maternity and related areas.

In the long term, the service is expecting to see meaningful changes, beginning with simple but impactful adjustments that were easier to implement than anticipated. For example, introducing free parking for partners and significant others, along with providing free or reduced-cost food, directly addressed concerns raised about the high expenses families faced. These measures were straightforward to put in place, as the estates team quickly provided vouchers, and it became clear that other departments, such as paediatrics, were already offering similar support. This experience highlighted how good practices were happening in silos across the trust without wider awareness. By aligning their offer with paediatrics, the service is now creating greater consistency, which will help families better understand what to expect.

The team also addressed challenges around appointment coding in the Badger Notes system.

“Patients told us the codes meant nothing, ‘Mat Con One’ doesn’t explain anything. So we’re working on clearer communications, maybe via SMS like other outpatient services.”

In addition, a short film has since been developed with the digital midwife explaining Badger Notes, how to use it and its limitations. This is now on the maternity YouTube and the NHCT Maternity page. The service has also recently introduced a Badger Notes check in during 16-week midwife appointment. This is an opportunity to support women with any issues they have relating to Badger Notes.

Another important initiative in progress is the creation of a padlet for different languages, supported by the communications team, which will provide accessible resources for families. This innovative idea, new to the team, will be followed by a second padlet, focused on maternity rights and finances, once the language resource is complete. Together, these changes reflect a commitment to inclusivity, staff engagement, and improved support for families.

“The padlet was a great suggestion I’d never seen before. Comms are now helping us bring it to life. We have taken this to our regional Equity and Equality group to suggest this is standardised across all trusts in our LMNS.”

One unexpected finding from the audit was that women were being turned away from pregnancy assessment if they brought children. Carla commented that no one in management knew that was happening but that practice has now been unpicked. New guidance now allows children to accompany their mothers, with a healthcare assistant available if needed.

“We’re being sensible. There’s no hard and fast rule, just flexibility and personalised care for every family.”

Wider Reach

The trust has also taken their travel access work to the regional Equity and Equality Group.

“Every trust is trying to do something about travel. We want a regional steer; women shouldn’t have to know how complex the scheme is. Women need one point of contact who can support them.”

The service has also initiated cultural training sessions, using real patient comments, to drive reflective discussions with staff, aiming to embed a more empathetic and equitable culture.

The service strongly endorses the Poverty Proofing process as a critical tool for service improvement.

“Definitely do it. It’s been so worthwhile.”

While the process can be challenging, particularly when receiving candid feedback, Carla emphasised its importance.

“Sometimes it’s difficult to have detailed feedback about your service, but it’s really important to hear it from a completely neutral party.”

The process highlighted barriers the team hadn’t fully seen, and the anonymous nature of the feedback encouraged honesty.

“That independent voice matters. It helped us hear what staff and patients might not otherwise say.”

Conclusion

The Poverty Proofing audit has been a valuable catalyst for change within Northumbria Healthcare NHS Foundation Trust’s maternity services. By uncovering both systemic barriers and everyday challenges, the process has not only improved practical support for women and families, but also fostered a cultural shift towards greater empathy, inclusivity, and equity in care. Simple yet impactful changes, such as free parking, affordable food options, clearer communication tools, and the introduction of multilingual resources have already begun to make a tangible difference. Just as importantly, the audit has encouraged collaboration across departments and highlighted the importance of breaking down silos to share good practice. While some feedback was challenging to hear, its independence gave it weight and credibility, helping the team to reflect honestly and act decisively.

“The changes suggested are doable. They’re within the power of maternity services to improve.”

With strong leadership, staff engagement, and a growing commitment to cultural transformation, the maternity service is well-positioned to continue building on these foundations, ensuring that poverty is no longer a hidden barrier to receiving compassionate, accessible, and equitable maternity care.

References

[Children in low income families: local area statistics, financial year ending 2023 - GOV.UK](#)