



Position Paper Racial Inequalities in Maternity Services

AIMS position

AIMS recognises that people may suffer discrimination in the maternity services based on factors including their ethnicity, culture, language and immigration status.

AIMS recognises that there has long been a systemic failure in the maternity services to address the issues of discrimination and disparity of outcomes. Research shows that the experience and outcomes for UK maternity service users of Black, Asian and mixed ethnicity is significantly worse compared with that of white people so that is the focus of this paper.

AIMS commits to bringing these issues to the attention of those responsible for assuring high quality maternity services, including the maternity services themselves, and to service users, and to call for improvements.

What is the issue?

There are significantly higher rates of maternal and perinatal mortality^{1,2}, and poorer health outcomes^{3,4,5,6} for people of Black, Asian and mixed ethnicity in the UK.

Women in these ethnic groups are “less likely to feel spoken to so they could understand, to be treated with kindness, to be sufficiently involved in decisions and to have confidence and trust in the staff” compared with white women.⁷

There is evidence of differences in the care that is offered based on race, for example, women of Black, Asian and mixed ethnicity are less likely to receive pain relief in labour.⁷

First-hand reports suggest that maternity staff frequently fail to offer culturally competent care that respects cultural differences and religious practices. For example:

- They may make assumptions about the ‘normal’ female body based on the standardised white western woman featured in their training, without recognition of human variation.
- They may base clinical decisions on measurements of fetal growth against standardised growth curves which predominantly reflect the white population.
- Institutional racism and/or unconscious bias may cause maternity staff to act in ways which are racist, and/or to take an authoritarian attitude that undermines decision making and bodily autonomy.
- They may vary the care that they offer based on assumptions about race.
- They may lack awareness of different cultural values and perinatal practices.

What is needed?

- Acknowledgement by leaders and decision-makers in the maternity services throughout the UK of the problem of institutional racism and unconscious bias, and a commitment to anti-racism.
- Development of specific national targets for eliminating the observed racial inequalities of outcome, together with transparent systems for monitoring progress against these targets.
- Co-production, with the relevant communities, of local action plans to improve the equity of outcomes and experience of maternity service users. These plans should include specific targets and robust, transparent mechanisms to monitor progress, including regular audit and evaluation of impact. Targets should be reflected in organisational strategy and individual employees' objectives.
- Further research into the role different factors play in driving the observed racial inequalities in maternity services. This should include individual health and socioeconomic characteristics, and the role of racial discrimination, bias, stereotyping and culturally-insensitive care.
- Education and training of current and future maternity services staff, in university and workplace settings, to respect individuals, take account of cultural differences and acknowledge human diversity. This should include effective mandatory anti-racism training for all staff, including skills to develop cultural competency⁸ and address unconscious bias.
- A review of guidelines, protocols and clinical practices, updating those which regard white women and babies as the default, so that deviations from these standards are no longer pathologised.
- Implementation of models of relational care (continuity of carer) to establish positive relationships, and the delivery of personalised, culturally competent care that is tailored to individual needs.

Why does AIMS believe this?

- Race inequalities, in maternity care and outcomes, are long-standing issues which persist in the UK despite the existence of laws⁹ and professional codes of conduct^{10,11} which prohibit discriminatory treatment.
- These issues have a significant and unacceptable impact on the mental, physical and emotional health of many families, including stillbirths and maternal deaths, and other outcomes as highlighted by MBRRACE reports^{1,2} and other recent research^{3,4}.

What is AIMS doing to influence change?

- AIMS campaigns for improvements in the maternity services based on a principle of proportionate universalism, to ensure that we have both high-quality services for all and services that are equitable/address inequity including racial inequalities.
- We raise awareness of racial inequalities in maternity services through Journal articles, our campaigns webpage and our social media www.aims.org.uk/campaigning
- We support organisations who campaign specifically against racial inequalities and help them to inform pregnant women and people of their rights e.g. Do You Know Your Rights? - FIVEXMORE and Birthrights Inquiry into racial injustice in UK maternity services.
- We lobby key stakeholders to recognise and take actions to address racial inequalities in the maternity services, e.g. as part of our role as a member of England's Maternity Transformation Programme Stakeholder Council.
- We seek to hold to account the maternity services to develop and implement robust plans to address this issue e.g. NHS England's pledges to improve equity in maternity care¹².

Call to action: what can you do?

- Support AIMS and/or other organisations who are actively campaigning and raising awareness of these issues.
- Share your feedback or make a complaint to your NHS Trust/Board if your care is or was adversely affected because of your ethnicity, or if you see, are party to, or aware of, adverse care based on race.
- If you are in England, find out how your Local Maternity System (LMS) is co-producing their action plan and involving different groups from your local community. Ask for details of where they will publish the plans and monitoring data.¹³
- Ask the Directory/Head of Midwifery at your NHS Trust what progress they have made and how they will ensure that the target of "75% of women of Black, Asian and Mixed ethnicity" receiving Continuity of Carer by 2024 is met.
- If you work for a key decision maker or maternity services provider, (eg RCOG, NMC, NHS) lobby for a commitment to anti-racism within your organisation and speak up where care falls short.

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