Greater Manchester and East Cheshire Black and Asian Maternity Advisory Group 2022 – End of Project Report

Contents

MEETING:	GMEC Maternity Transformation Programme Board
DATE:	January 2023
ITEM NUMBER:	
SUBJECT:	**GMEC LMS Black & Asian Maternity Workstream**
PURPOSE:	Initial aims - To co-produce and develop an action plan with all stakeholders. This included engagement, and working in partnership with health organisations, HEI's and various voluntary and community organisations and service users.
AUTHOR:	Written by Dr Faye Bruce (Co Chair, BAMAG) Supported by Dr Akila Anbazhagan Co-Chair, BAMAG) Zoe Nielson (LMS Project Manager (May 2022)

1. BLACK ASIAN MATERNITY ADVISORY GROUP (BAMAG)

The LMS established the GMEC Maternity BAME Advisory group in March 2020, bringing together experts and colleagues from across the system to work towards addressing disparities in maternity outcomes for BAME women. This Advisory group represents a partnership between NHS organisations, HEIs and community/voluntary sector organisations and has worked to develop and deliver a clear understanding of the resources and actions required to improve outcomes and address health inequalities. The work included engagement and data collection designed to bring service user and community perspectives into the system.

The Co-Chairs have led the work of the Local Maternity System (LMS) Black & Asian Maternity workstream and overseen a collection of projects and actions aimed at improving maternity outcomes for BAME women and families.

Overarching Outcomes

- Improved maternity outcomes and experience for Black and Asian women in Greater Manchester and Eastern Cheshire.
- Partnership between the VCSE sector and maternity services in designing pathways and support for Black and Asian service users.
- Clear actions and recommendations co-produced through research with staff and service users towards improving maternity outcomes for Black & Asian service users.
- Engagement with providers and support to implement actions to improve maternity outcomes for Black and Asian service users.

- A co-produced response to the national ask to improve the maternity offer to Black & Asian women and families.

Output

- A report with clear findings and recommendations for the LMS, commissioners, providers and the wider GMEC health system

The group agreed to focus on Black and Asian women in the first 12 months as these are the demographics with the worst outcomes. This was reviewed after 12 months to consider widening the scope however it was decided to continue to focus on these demographics and to share learning across other communities where appropriate.

Dr Faye Bruce and Dr Akila Anbazhagan would like to thank all participants and members that formed BAMAG to deliver on what we have stated in this report

Faye said “It has been a very eventful and fruitful 18 months from CAHN approaching the then GMHSCP for the data to forming the group”. During this process I have learnt so much from across our VCSE communities, from providers including universities and I am sure that the work in the production of the maternity standards and other recommendations at the end of this report will continue to develop so that the outcomes for Black and Asian women and their families can improve.”

Akila said “We are proud to have been able to develop a strong relationship between the maternity systems and the VCSE organisations and put in place high standards of maternity care for the most vulnerable women experiencing the highest morbidity and mortality. We believe that the work of the past 18 months with form a preamble for the ongoing improvement in care and experience that the Black and Asian women deserve.

1.1. BAMAG MEMBERS

The group consists of multidisciplinary staff across multisector organisations working together to codesign change in maternity services with Black and Asian people from across the VCSE sector. For members of the advisory group see appendix 1

1.2. TIMELINES

- ◊ CAHN commenced its initial meeting with GMEC in November 2019 to look at the way forward for the Black and Asian community to improve maternal experiences.
- ◊ The conversations paused for a period of time in March 2020 to support the response to the COVID 19 pandemic.
- ◊ May 2021, the advisory group formed and continued to meet on a bi-monthly basis to develop appropriate actions, pathways and standards for improvement.
- ◊ The format of bimonthly meetings ceased in May 2022 and CAHN facilitated further ad hoc equity and equality action meetings with VCSE groups and maternity providers

- ◊ CAHN had a planning period between June -August 2022 for the showcasing event in September 2022

1.3. CLARITY RE DEFINITIONS

Black and Asian

This advisory group started its focus on this demographic group which includes visibly Black descendants of Caribbean and African birthing people, and South Asian birthing people including Bangladeshi, Bhutan, Indian, the Maldives, Nepal, Pakistan, and Sri Lanka. Includes participants born in the United Kingdom (UK) or migrants from the Caribbean Islands or African Continent.

Intersectionality

This accounts for those intersecting identities that need to be considered where providing care for Black and Asian women to include (but not limited too) sexual orientation, gender identity, gender expression, race, ethnicity, class (past and present), religious beliefs, sexual identity and sexual expression.

Birthing People

This is not a term used in this report, however, it is recognised and important and has been used in other BAMAG documents to desexualise experiences across the perinatal journey.

1.4. ABBREVIATIONS

CAHN	Caribbean & African Health Network
MHC	Muslim Heritage Centre
MVP	Maternity Voices Partnership
MHAPP	Mama Health and Poverty Partnership
BME Network	Black Minority Ethnic Network
GMEC	Greater Manchester Eastern Cheshire
GMEC MTB	Greater Manchester Maternity Transformation Board
BAMAG	Black Asian Maternity Advisory Group
VCSE	Voluntary Community Sector Enterprise
LMS	Local Maternity System
UK	United Kingdom
MBBRACE-UK	Mothers and Babies Reducing Risk through Audits and Confidential Enquiries across the UK

2. INTRODUCTION

The Confidential Enquiries into Maternal Deaths (CEMD) have been publishing reports into maternal deaths for over 68 years. Although they did not start collecting data on ethnicity until 1994, analysts estimated that ethnic minorities would be disproportionately represented in the overall deaths. Over the last 3 decades since the data has been collected, there has been a steady and clear disparity of high mortality in pregnancy or shortly afterwards for Women of Caribbean and African descent. Between 2000 and 2002, Black Caribbean and Black African women were seven times more likely to die in pregnancy and although that number has decreased, Black Caribbean and African women are still four times more likely to die of complications related to their pregnancy. This data is not much better for Mixed race women who are three times more likely and Asian women twice more likely to die during the perinatal period. MBRRACE-UK (2020) have identified a number of causes for the mortality disparities which relate to cardiovascular, pulmonary embolism, neurological such as epileptic attacks, and mental health including suicide. Not only are Black women more likely to experience higher rates of mortality, but their babies are also at higher risk of being born prematurely, stillborn or a low birth weight, in addition Black babies are 121% times more likely to die in the first 28 days of delivery (MBRRACE-UK, 2019).

The impact of COVID-19 (C-19) has further highlighted the vulnerability of Black and Asian people. Black pregnant women at the height of the pandemic were eight times more likely to be admitted to hospital with COVID-19, while Asian women were four times as likely (NPEU, 2020). Women of all ethnicities, with risk factors such as hypertension, diabetes, aged over 35, or raised BMI continued to be at higher risk of complications of COVID-19.

This report will provide some insight into the experiences of Black and Asian women and their families and the approach BAMAG took to address some of the issues that they highlighted as influencing the poor experiences and outcomes whilst using maternity services across Greater Manchester

2.1. APPROACH TO ENGAGING BLACK AND ASIAN WOMEN AND FAMILIES

The key approach to improvement was through participatory action to create knowledge that could be coproduced with the communities affected. The engagement consisted of VCSE sector focus group consultations to establish the experiences of Black and Asian women who had babies in the last 3 years.

We adopted a version of participatory action-based approach (Kemmis & McTaggart, 2005) to enable transformative relationships to be built between the VCSE representatives and maternity providers. At the time when BAMAG was being developed, relationships between the VCSE Black and Asian led organisations and the public sector maternity services were few and therefore establishing relationships where trust was built took time. There were also considerations about the challenges experienced by Black and Asian women in maternity services and the lack of knowledge of NHS ways of working. Co-Chairs who were from the communities in focus were required to engage with research fatigued (Martikke et al., 2015) communities of women and men that already have negative attitudes to the lack of action taken in practice based on their experiential feedback. The approach we took to engage and the actions that followed was of prime importance to ensure these communities were valued for their input and how their voices could bring about solutions

2.2. VCSE FOCUS GROUPS

The first and most key part of BAMAGs activities was to arrange initial focus groups and listening exercises to set priorities and for baselining experiences. Effective and meaningful engagement with women and families commenced from the outset. Organisations were identified and commissioned to guide the listening exercise, to organise focus groups, facilitate and share a report from the groups. Ten focus groups were commissioned, many women and their families using maternity services in GM had intersecting identities that were important for the improvement of services.

Table: 1 Organisations commissioned to hold focus groups

Organisation Commissioned	**Number of Focus Groups**	**Number of women/birthing people attending focus group and from which ethnicity**
British Muslim Heritage Centre	3	10 Pakistani, 9 Bangladeshi, 10 Arab/Middle Eastern
Caribbean and African Health Network	3	10 French speaking African, 9 African, 9 Caribbean and African
MAMA Health and Poverty Partnership	2	20 African
Sangha Manchester	1	10 Indian
Maternity Voices Partnership	1	Attendance by 7 women from range of ethnicities including: Afro Caribbean x2, Pakistani x1, Bangladeshi x1, Indian x1, mixed ethnicity (Afro Caribbean and African x1, white and Afro Caribbean x1)
Totals	**10**	**94 participants**

2.3. ETHICAL ISSUES

All VCSE group activities were guided by best practice guidelines in conducting focus groups with service users. Although not academic research, the best ethical practice guidelines were adhered to throughout all engagements with services users. It was important to the co chairs that these participants were treated with respect and also there was a small token of appreciation provided for their valuable input in the listening exercise.

2.4. A BRIEF OVERVIEW OF THE KEY THEMES FROM THE FOCUS GROUPS

- Health Literacy
- Language culture, racial and religious sensitivities
- Safety, Risks and Care
- Neglect and inequitable care
- Involvement and decision making
- Communication and engagement
- Education and support
- Relationships with maternity health professionals
- Maternity system knowledge and complaints process

See appendix 2 for themes and quotes generated from the focus groups

2.4.1. ANALYSIS OF THE FOCUS GROUP DATA

A number of the themes were similar to what previous existing work/research had found (such as detailed in the Making Better Births a reality for women with multiple disadvantages, 2022, Birth rights, 2022, Five Times More, 2022).

The data collected from the women and families across all of the focus groups highlight that overall the participants and their families faced a range of disadvantages. When using maternity services across Greater Manchester, Black and Asian spoke poignantly of sometimes traumatic experiences of maternity services. They shared narratives of significantly poorer outcomes that could have been different with very little intervention such as the system working with them to address cultural differences and explaining how they could be incorporated or advised to keep them and their babies safe during the perinatal period. Women and families also stated that when care was good it was often very good like being treated with kindness and respect especially if they articulated themselves well. For Example: Manchester and St Mary Hospital were highlight by number of women experiencing good. This included consultant was “Fabulous” on her second pregnancy they were treated like a “family”. Trust plays an important role “not all professionals know better”

Dads felt excluded from care especially Black dads and assumptions made about Black women being on their own. The lack of choice in care and planning was more frequently expressed from this cohort of women.

Overall, the consensus was that there was a lot of work to be done across GM to improve the access to services, the poor experiences and outcomes for Black and Asian women. The women and their families did not see this as work that would take a long time to improve. From the focus groups we themed their experiences into standards developed for GM.

3. BAMAG STANDARDS

Using findings from the focus groups and from collaboration with stakeholders within Black and Asian maternity advisory group and findings from scoping done with maternity providers BAMAG developed standards that reflect the voicers of the women and families.
There are 12 standards overall. The purpose of these standards is to help improve the experience and outcome of Black and Asian women/birthing people accessing maternity services within Greater Manchester and Eastern Cheshire, as well as to enhance the care provided by maternity services to Black and Asian women/birthing people.
Women and men who had taken part in the initial focus groups were invited to attend a session to provide comments and feedback on the proposed standards

The maternity standards were shared with membership of the maternity steering group for comments and circulated again for request of any further comments prior to the standards being ratified electronically.

These standards fit alongside existing standards maternity services have. They are relevant along the maternity care pathway and will (see appendix 3) be embedded and implemented as an integral part of providing care for women/birthing people, their families and for staff.

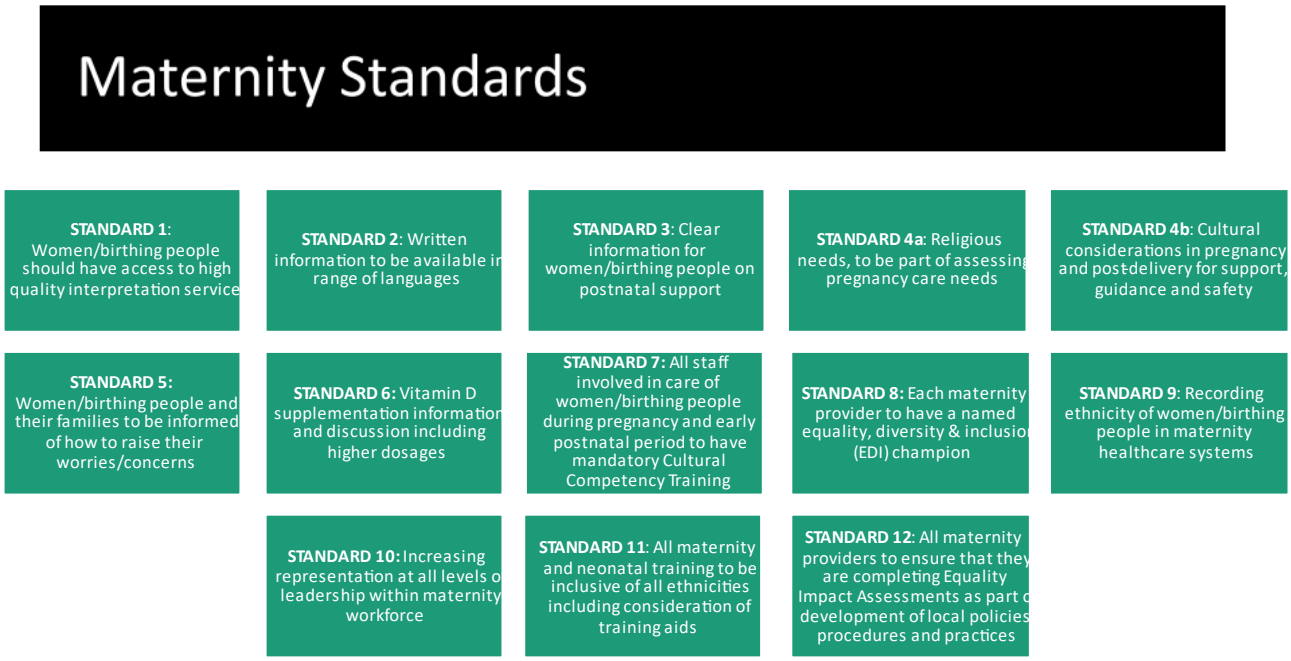
The standards have been ratified by the LMS board, presented to each GM maternity provider and rag rated. The BAMAG standards have now been incorporated in the Equity and Equality Action plan and form a subgroup to monitor, develop actions and oversee implementation of the outputs from this group.

Quote from women on seeing the standards

"I am incredibly excited to see the result of the work we had some input into, if this is implemented it will help to change the experience we have when we go to have our babies" ***(African Women)***

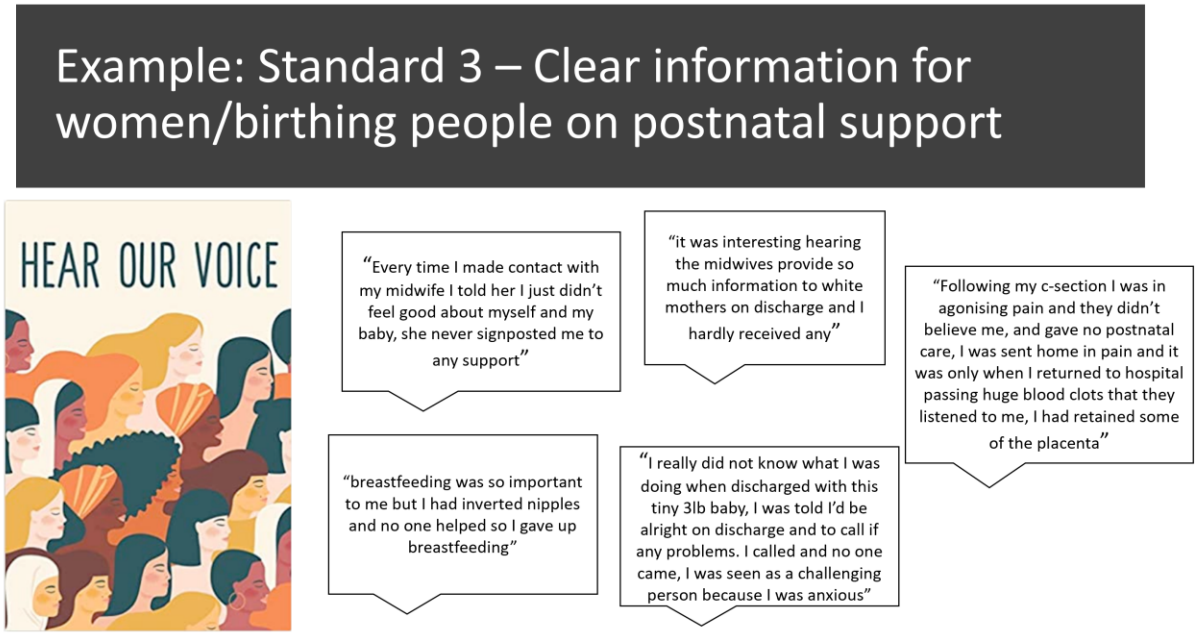
"Wow, I have been involved in many discussions outside of maternity before about how things should be done to improve care but this is really one that I can already see changes happening, well done for pushing through with this, we need more of this" ***(African, French women)***

It is great to see that our voices and experiences have been taken seriously in this way. For me I wanted to raise a complaint but was not given the information at the time and now that time of complaint has passed it is too traumatic and time consuming ***(Asian Women)***



3.1. GMEC Maternity Standards

An example of a standard using women and their families voices



4. RESOURCES DEVELOPED BY VCSE ORGANISATIONS

GMEC-LMS commissioned a number of deliverables that a number of VCSE organisations and the MVPs.

Cultural Awareness Raising project for VCSE organisations was funded through an Expression of Interest process and delivery over a 12-month period. The aim was to raise awareness among staff, community groups, women and families through the development of resources. The following organisations were commissioned

- British Muslim Heritage Centre
- Caribbean and African Health Network
- SANGHA
- Mama Health Poverty Partnership
- GMEC Maternity Voices Partnership

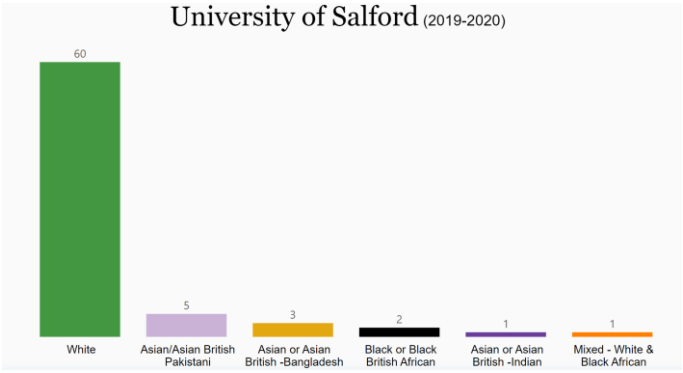
For examples of deliverables co-produced by 2 VCSE organisations see appendix 4. The suite of approved resources will be available via the GMEC portal.

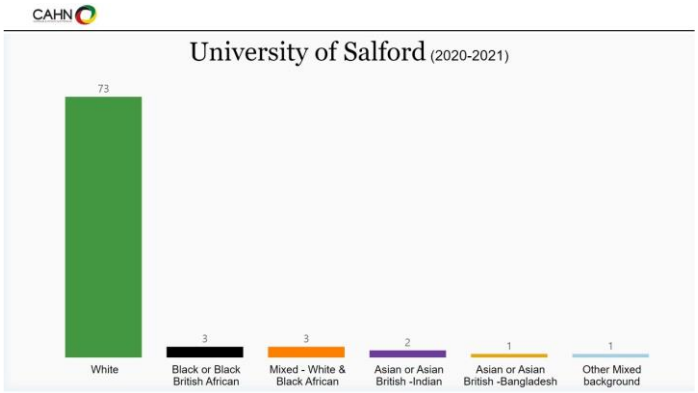
5. SPECIFIC WORK BETWEEN BLACK AND ASIAN MATERNITY ADVISORY GROUP AND HIGHER EDUCATION INSTITUTIONS

In response to the voices of women and families regarding the lack of representation of Black and Asian midwives providing maternity care a number of meetings took place outside of the Black and Asian Maternity advisory formal group meetings. These meetings included BAMAG chairs, higher education institutions and the VCSE organisations. Some of this work captured the number of student midwives from Black and Asian backgrounds to determine what work needed to be done here to identify possible ways to retain and recruit into midwifery.

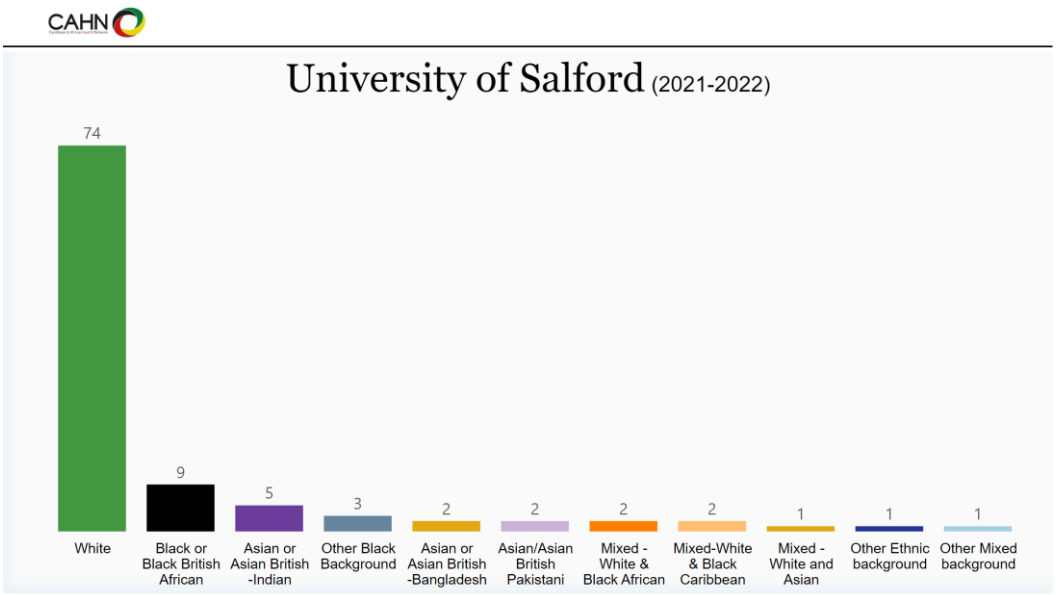
From this partnership working, HEI and BAMAG members worked with GMEC and the Co-Chairs to prepare a survey for Black and Asian student midwives across the 3 HEIs to ascertain the appetite for a peer support mentoring scheme. The feedback from the students were used to establish a useful baseline of the current picture in relation to the experience of midwifery students at universities in Greater Manchester and also to look at the ethnicity of staff teaching those courses. We were able to look at retention and completion of courses. From the initial findings the Co-Chairs presented the request to GMEC to scope out a programme of support for Black and Asian midwives. This was approved and will now go to application for a VCSE organisation to facilitate the development which would be co-produced and codesigned with the 3 HEIs. There is an expectation that the model of peer support will go to tender for a suitable external agency to deliver support to students.

5.1. Baseline of historical data of midwifery students at universities in Greater Manchester

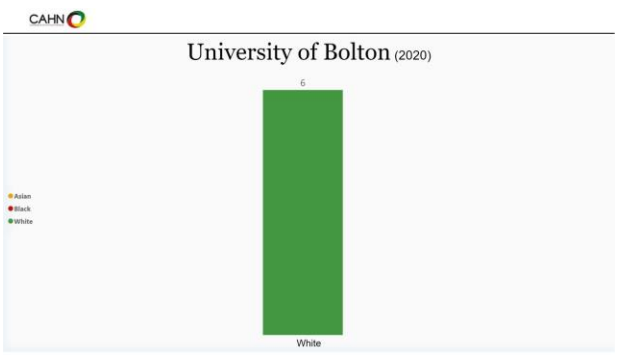


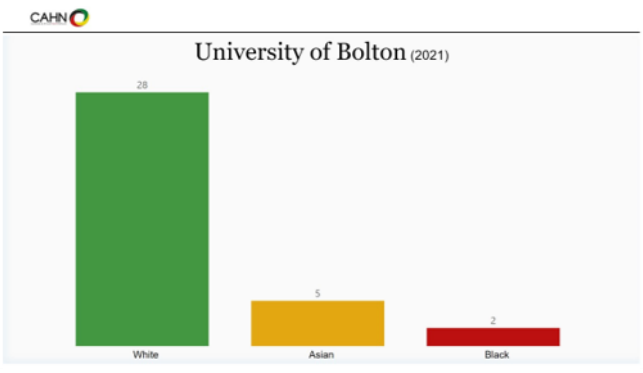


University Of Salford

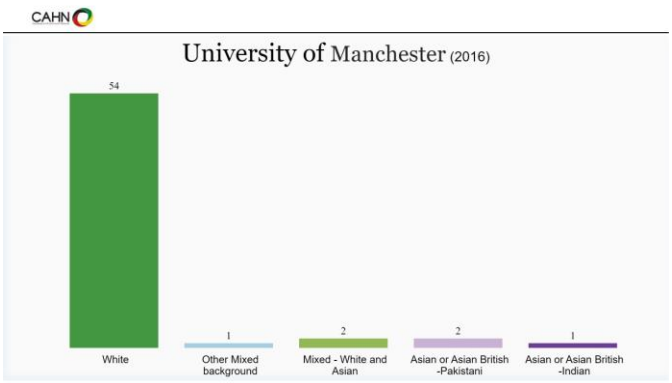


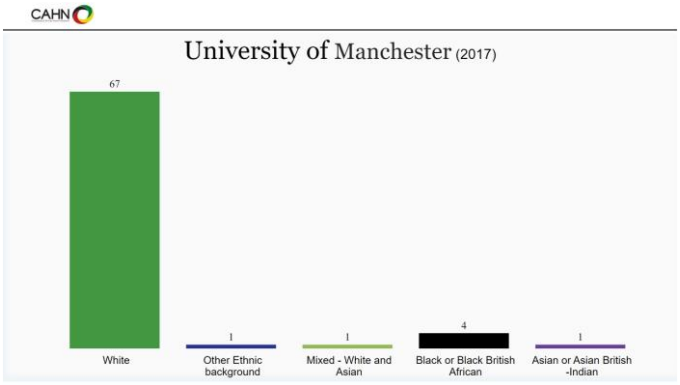
University of Bolton

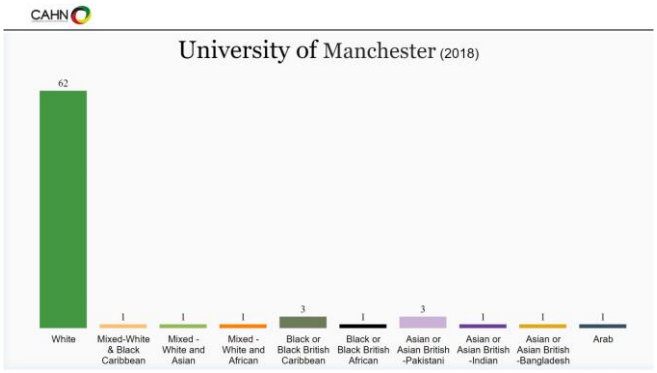


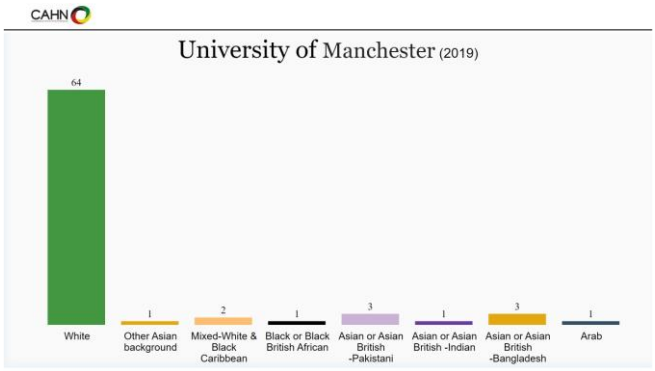


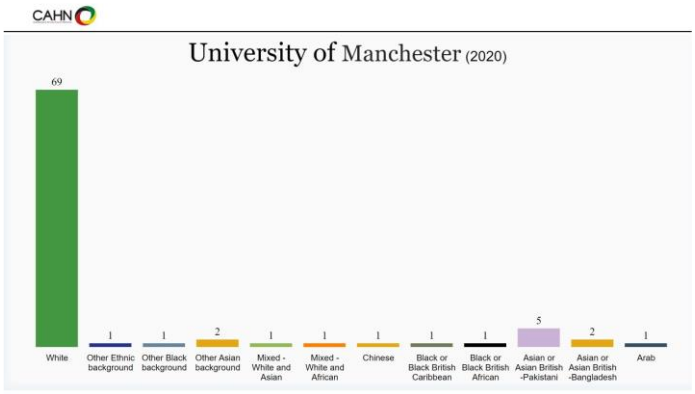
University Of Manchester

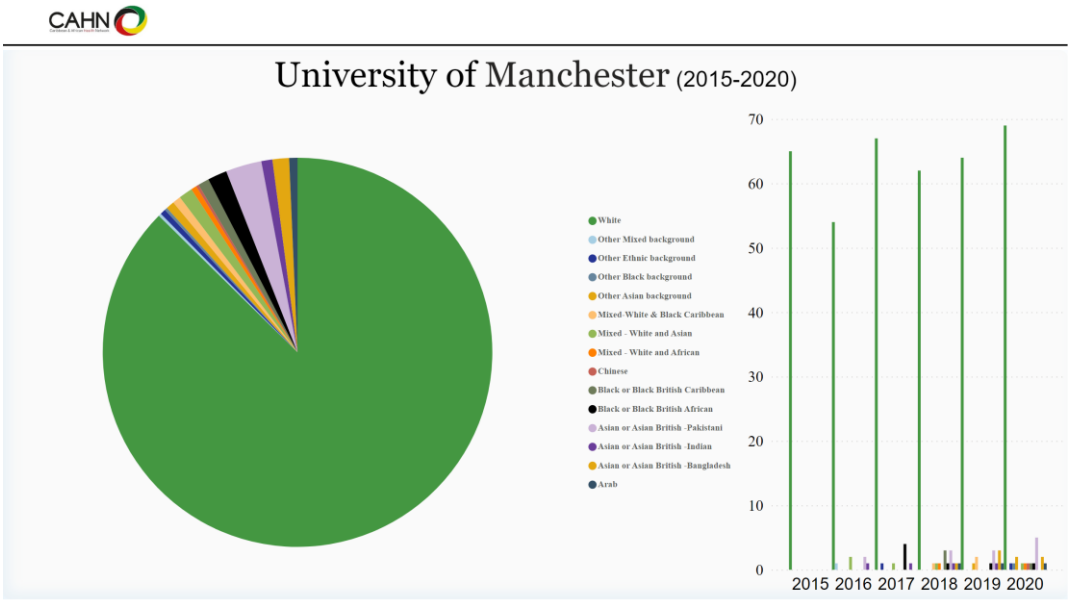












6. MEETINGS THAT HAVE TAKEN PLACE OVER THE YEAR

- The number of maternity and advisory group meetings 7 (including the 1st April 2022)
- 15 Individual meetings/calls with each VCSE and MVP at the initial outset, at review and in advance of finalisation of resources
- One meeting with women/birthing people regarding maternity standards
- The number of meetings that took place between chairs and project support: 35 meetings and additional calls and email communication throughout the course of the project.

6.1. VIEWS ABOUT THE WORK AND GROUP OVER THE 12 MONTHS

For views from the BAMAG members over the 12 months see appendix 5

The membership of the Black and Asian advisory group were asked their views on the meetings outcome as follows:

- Survey specifically for VCSE/MVP members – 5 responses received
- Survey for NHS clinicians/staff members and higher education institutions – 11 responses received

6.2. CHALLENGES ENCOUNTERED

The 12-month action plan was an ambitious list of tasks to achieve given the initial starting point.
When the project plan was produced it was in advance of COVID-19 pandemic and without the awareness of what the pandemic would bring in terms of staffing pressures within maternity, and factors affecting our VCSE organisations including sickness/self-isolation/child care/caring issues.

Working with VCSE sector many of which had not had prior experience of working relating to field of maternity, holding specific focus groups and also developing resources was a steep learning curve for all.
The VCSE sector organisations have been remarkable in their efforts and in their achievements.

Challenges encountered in obtaining a number of areas of information:

- Equality impact assessments from each maternity provider
- Information on maternity complaints
- Information on maternity outcomes by ethnicity unable to obtain meaningful information from all providers, gaps in information from MSDS, tableau GM what it can and cannot pull.
- Attendance from clinicians at the BAMAG meetings

A number of clinicians who were part of the membership of the Black and Asian maternity advisory group were not able to attend each/all advisory group meetings and there was capacity issues for those who were involved to be able to further support aspects of the work.

6.3. LESSONS LEARNT ALONG THE WAY / LEARNING LESSONS FOR FUTURE WORK

Project learning on the amount of time overall required to support/following up the VCSE organisations, to get updates, time for reviewing of the resources and time frame organisations needed to then update resources after initial feedback was provided. For future projects- further time to be planned into chairs diaries to assist with this.

We learnt that it works best to provide VCSE groups with templates for items such as: requests for updates, interim project report template and end of year report template and the importance of having several reminders for work as VCSE may require more time/many not be able to check emails as often due to the contracts they have/way they work.

Aware that it takes time to grow a group and to get to know each member of the group. There have been many positive steps taken over the course of the year that has resulted in good close working relationships between the VCSE organisations and the wider membership of the Black and Asian Maternity Advisory Group. They have helped to ensure that the service user women/birthing people voices have been heard and aired within the meetings.

BAMAG CELEBRATION EVENT

On the 6th September 2022 CAHN facilitated with GMEC, BAMAG Members and VCSE representatives an event to celebrate the achievements over the last 18 months. Over 150 people attended the event which consisted of attendees from across the VCSE communities including women and their families that had been involved in the focus groups and working to produce the deliverables. and feedback was very positive overall. To see the event details see appendix 6

7. SUMMARY OF BAMAG ACHIEVEMENTS

- 4 VCSE Black & Asian groups and MVP - over 20 plus supported deliverables
- 10 focus group with 94 Black and Asian women/birthing people's voices
- Development of LMS Operational Policy related to 4 equity actions
- Development of maternity standards with involvement from service users and based on views from women/birthing people and those that work with and support Black and Asian women/birthing people

- Review of current cultural competency training and information available
- Review of equity actions, safety SIG incident reporting & complaints processes
- Analysis and evaluation of interventions/tools/resources/information/support available for service users
- Review of data on outcomes by ethnicity
- Engagement with HEI's and a wider network of providers across perinatal services
- Initial proposal produced following survey with midwifery students, for GMEC Mentoring support scheme
- Reviewed Equality Impact Assessments utilised in maternity
- Scoped and gathered information available on outcomes by ethnicity to understand key areas of focus and where more needs to be done to gather a full picture
- Improved the visibility of VCSE organisations to maternity providers
- Empowered VCSE organisations towards providing support to Black and Asian maternity service users
- Meetings have taken place in relation to manikins of dark skin tones for maternity providers
- Showcasing event at Manchester Cathedral – see appendix for agenda and a snapshot of events

Overall Programme Recommendations and Further Areas Of Work

The progress made in the last 2 years and commitment from multiple stakeholders above means the work needs to continue to build on the initiatives started that will improve the way that Black and Asian people experience maternity care. The GMEC system needs to ensure these are actioned within the equity and equality framework and not diluted when there is a focus on other groups or 'lumping' everyone together.

1. **Development and Progression of GMEC Standards**

i) Follow-up of the implementation of the standards - these need to be fully embedded into the GMEC Maternity Equity and Equality framework, they should be monitored and developed by a representative working group.

ii) Define the role of maternity equity diversity inclusion champion across GM.

2. **Workforce Recruitment and Representation**

i) Work with HEI's to improve access to midwifery from Black & Asian communities. This will include a joined-up approach in outreach to communities that work with trusted VCSE organisations.

ii) VCSE to co-produce with HEIs a mentoring/peer support framework to help retain and progress Black & Asian student midwives through training and into their roles on qualification.

3. **Education & Training**

i) Skin colour and care in curriculum - antenatally and in first few years postnatally to identify various skin conditions and skin colours; ensuring

interventions are inclusive of all people with different skin tones and responses to care.

ii) Ensure all education maternity providers use inclusive equipment for training.

iii) Develop a GM cultural competency framework and accreditation.

4. Ongoing Targeted Engagement of Underserved Communities

i) Develop pathways that take a whole family approach to perinatal and infant care, this will mean working with a specific focus on dads/fathers from Black & Asian backgrounds.

ii) Work on follow-up appointments following interventions to ensure that there are no barriers to accessing these services.

iii) Use suggested interpretation services and imagery to facilitate communication of those with linguistic barriers.

iv) Ensure ongoing collaboration and co-production with VCSE groups and that there is always representation from underserved groups on boards and/or decision-making steering committees.

5. Ethnicity Data and Intelligence

iii) Develop the specific ethnic data capture/recording across the near misses and to use this evidence to identify commonalities and develop focused evidence-based pathways to avoid mortality and morbidity outcomes.

iv) Produce robust core data on maternal morbidity in ethnic groups and track progress.

6. Future Scoping Activity

i) Review the quality of current interpreting services provided and develop metrics for quality monitoring and improvement.

APPENDIX 1 BAMAG Group Members

Organisation/Group represented:	Current Representative
Caribbean and African Health Network Manchester	Charles Kwaku-odoi/ Gode Bolefo, Flore
Manchester BME Network	Davine Ford
GM&EC Maternity Voices Partnership	Natalie Qureshi
GM&EC Maternity Voices Partnership	Cathy Brewster
MAMA Health Poverty Partnership	Rose Ssali / Shade Alonge
British Heritage Muslim Centre	Maqsood Ahmed/Halima Kashif
Home Start HOST	Sarah Cook
Health Innovation Manchester – Patient Safety Collaborative	Wendy Stobbs
GM Patient Safety Translational Research Centre	Caroline Sanders Sudeh Cheraghi-sohi Isabel Adeyami
Obstetrics & Gynaecology	Chibuike Iruloh Hagir Mohamed Judith Kundodyiwa
Consultant Midwives – MFT and Bolton	Kylie Watson and Louise Tucker
HoM representative & Director of Midwifery & Nursing - MFT	Kathy Murphy
Specialist Cultural Liaison Midwife - Bolton	Benash Nazmeen
Neonatal representation	Fazal Ur Rahman, Consultant Neonatologist, Royal Oldham
University of Manchester	Christine Furber
University of Salford	Lisa Bacon/Sheridan Thomas/Georgia Allan
University of Bolton	Sue Tully
SCN Safety Lead	Chantal Knight
SCN Midwifery Lead	Eileen Stringer
LMS Programme Lead	Alison McGovern
LMS Project management	Madha Ayub/Jo Langton
Sangha Manchester	Nidhi Sinha
Health Visiting – Primary care	Anulika Ifezue
GP – Primary care	Gill Edmondson
SPOONS Neonatal Charity	Shahnaz Moughal
Midwives	Tomi Ayanlere, Sue McAuliffe, Bethan McEvoy, Samantha Phillis
Community Matron, Stockport	Louise Burns
Perinatal mental health services	Carla Mobear/Katie Smith
Deputy Director of Nursing, Tameside and Glossop	Kevin Parker Evans

Appendix 2 – Black & Asian Focus Group Themes/Findings

Theme	Black and Asian women and families' views
Health Literacy	Migrant women need more clinical education, and they were unfamiliar was the level of clinical interventions that may be needed pregnancy. Time not given to explain procedures in a way that was understood such as induction of labour. What was involved in an emergency section, what a catheter was for. Unpreparedness' for when things do not go as planned (premature delivery, induction of labour, caesarean sections including emergency) Being told that their babies were small and underweight and there was a lack of understanding of what this meant for their babies. Injections of vitamin K was questioned as it was not explained at booking. Clinical signs missed such as in jaundice where a mum ended up taking her baby to A & E despite repeatedly telling her health visitor that something was not right. Women did not know how to seek mental health support, one woman said she felt really strange to the point that she wanted to harm herself but did not understand what was happening. One new first time dad spoke about a lack of awareness of what his partner was going through an no-one took time to explain, he felt very much outside of the experience and felt midwives could do more to be inclusive.
Language culture, racial and religious sensitivities	This was absent in communications with midwives. Women felt that their linguistic, cultural and religious needs were ignored such as visitors from church leaders, praying by the bedside and so on. Unable to challenge assumptions about Muslim foods, homogenisation Remarks about the lack of support from husbands when it was a cultural absence Gender mix in antenatal classes didn't consider cultural practices and boundaries, women felt they were not welcomed in those spaces as the environment did not include their needs There was no guidance in the antenatal packs about culturally appropriate healthy food. All women spoke about how they culturally tend to access services later 10 – 12 weeks which related to cultural beliefs around harm to them or their babies. They also do not inform others about pregnancies early so support is an issue especially during baby loss

	Some women stated that they disengaged due to a lack of cultural and religious relevance. They misunderstood messages as they were not made relevant Women missed the support from others that looked like them and wanted to get relevant information and for that to be communicated with understanding in their cultural, religious or racial context Not catered for, accents difficult to understand. Jargon used with little explanation especially to non-English speaking users. Expected lawful consent practices or procedure not always adhered to due to language barriers. Some given medicines without informed consent Difficulty understanding the purpose of some of the tests they had during antenatal clinics, and some found the material difficult to understand such as induction of labour or forceps etc. *"The health visitor asked if I was related to my husband five times on the same visit. I can understand her checking that once, but not five times"* (woman F) *"When I was in labour, they told me that black women are not good candidates for a spinal. They made 7 or 8 attempts over a two-hour period; it was very painful. It was me that eventually said, when are you going to call this for a general?"* (woman G) Some Bangladeshi women of Muslim faith perceived that their cultural and religious needs were not met, and felt that the staff lacked insight, knowledge and understanding of their needs. They expressed dissatisfaction with antenatal classes having a gender mix, which contravened their religious beliefs.
Safety, risks and care	Women were fearful with news reporting about COVID 19 and also dying in pregnancy Women spoke about how they prayed more Scared about being left on their own without partners, some spoke of the need to involve their pastors and often prayed over the phone whilst enduring labour Some women wanted space to prayer, and this was facilitated especially through the pandemic. Women relied heavily on comfort from faith leaders and elders Some women did not want a clinical or medicinal intervention and believed God would be the cure. Some women were not aware of some of interventions and would need to consult with their faith leader

	Women spoke about how they felt unsafe in the care of midwives who did not communicate with them about what was happening during their pregnancy or when their babies were born in relation to what to do One women said that she felt that the issues facing white women were not the same for Black people and that the care was not adapted to meet their needs. She spoke about iron deficiency risks to them and their baby.
Neglect and inequitable care	Women said they were neglected and not treated with kindness and fairness More care directed to White women even though their needs appeared less. Many women spoke of being left to manage the care of themselves and their babies post emergency sections Women spoke about more care and empathy been shown to white women whilst they were ignored Women being shouted at by midwives for not pushing hard enough during labour Lack of support overall where women said they felt unsafe and left on their own to manage themselves and their babies. One woman spoke about how she was left for hours with her husband in the labour suite that when she repeatedly rung the bell she was ignored. With these assumptions made that Black women were single mums and did not include their partners in plans for their pregnancy, delivery and post delivery care Women talked about how they are seen to be aggressive and loud and some felt that they had to tame their pain A number of women felt low in mood during their pregnancy and they felt that this aspect of their care was not asked about and when mentioned they were not well advised Dads were not treated with kindness care and respect, they were often asked to leave when trying to support their partners. Limited community peer support and COVID created a lot of challenges due to the inability to access family friend and faith networks
Involvement and decision making	Some women felt that involvement and choice was not real choice and many felt their decisions were not taken on board. Some were directed away from homebirths, waterbirths or even planning a section. One woman said she was told that she is most likely to have complication if she had a homebirth even though there was no evidence of this from previous pregnancies.

	Women spoke about the many emergency sections they had and clinical interventions that they were not expecting to happen, they spoke about how frightening the thought of clinical interventions were to them as this was not common in some countries they were from. Dads wanted more involvement but were often excluded from conversations. One Black women shared that her midwife was surprised to hear that her husband was her birth partner and proceeded to tell her it was unusual. Women felt that choice is a key aspect of personalised care in maternity services. For example, where to have their baby, choice of hospital, midwife-led, consultant-led unit or home. This should be promoted more within the Asian and BAME communities.
Postnatal engagement and lack of support	Women felt breastfeeding support, caring for their tears and mental health were neglected. One women said she could see that the midwife didn't want to touch her. Some women that attended the GP postnatal check said it was a waste of time as some were done over the phone in 5 minutes and some wanted more time to ask questions. Many of the immigrant women did not know about the postnatal checks When unwell or tired back in home countries there is normally a lot of support to take baby. Health visitors do not appreciate this cultural difference Some women felt traumatised post-delivery and did not know how to seek or access support. There was limited signposting to relevant services, some mums were unaware of the support services when they needed to ask questions. Women spoke of the challenges getting their partners to bond with their babies but felt that more support for their during the whole pregnancy journey would have helped. Women said although the support was not good for them it was worst for their partners. One woman said " I don't know what happened to my husband, I couldn't understand what was happening to this outgoing man who was so excited and overjoyed to be having this baby, he became withdrawn, seemed low and I didn't know how to support him, he wouldn't talk to me" Miscommunication during the community postnatal period. Women said care in the community was generally good pre delivery however once they had the baby midwives were dismissive of complaints regarding how they were feeling, breastfeeding pain and concerns for their babies including suspicions about jaundice One mum spoke about visits from the midwife following her emergency c section and the lack of care for her scar.

	Others spoke of the poor coordination of follow-up appointments that they often missed due to the lack of communication….didn't end up attending appointments.
Relationships with midwives	Communication was poor and some women did not get to build a rapport with their midwives which was important especially given risks they were aware of Some stated that relationships were superficial, felt like midwives were just doing a job Not been listened to and taken seriously. Some women said they just wanted to get home quickly felt they were not respected. Women were told they were not in pain even when they were. Discharged without proper care advice Stereotyping, rushed, shouting, inadequate explanations re procedures or medications, inappropriate coercive language use Women did not see many midwives that looked like them which affected how they could express themselves throughout their pregnancy and build relationships where they felt safe and understood. There were times when the accents were hard to understand and felt that professionals struggled to understand some words the women said.
Maternity system knowledge and complaints process	Especially migrant women. Many women were too shy to ask questions Women were unaware about what happened at scans and postnatal checks Women were not confident to complain about poor and bias practices for fear of repercussions. Women did not know how to complain Not aware, no information, don't know procedure, don't trust the system, don't think it will benefit, frightened Poor inside and outside correspondence, many were not asked to fill in friends and family cards Women wanted more education and insight to how the services work and what their rights were when pregnant. "There was no information in order to make a complaint and now that time of complaint has passed it is too traumatic and time consuming".

Appendix 3 – GMEC Standards

GMEC Black and Asian Maternity Standards

Assurance Template for Maternity Providers to complete for bench marking

Ask for maternity providers to RAG rate on each of the standards (for month of March 2022) where: GREEN already in place and part of care AMBER: Working on/progressing, RED: Not started yet/not in place. Table allows free text to be added too, if required.

Maternity Provider: Date of Completion:

Standard	Actions for providers	Current Status Red, Amber, Green, can add free text
STANDARD 1: Women/birthing people have access to high quality interpretation services (during antenatal, intrapartum, postnatal and if on neonatal unit).	All women/birthing people are asked at booking and subsequent visits if they require interpretation services, it is documented (included what language if interpreter is required)	
	For those requiring interpreters: • We provide interpreters for all appointments (be that telephone or face to face).	
	• Face to face interpreters are arranged in advance of the appointment where possible.	
	• Where the woman/birthing person declines an interpreter, the reasons are clearly documented in the notes.	
	When interpreters are required and are not available this is incident reported.	
STANDARD 2: Written information available in range of languages (electronically and where required printed), to support antenatal, intrapartum, postnatal and if on neonatal unit.	We provide electronic links to websites/resources as well as where required printed resources, leaflets, personalised care and support plans.	
	We provide key messages in various languages for the population served	
STANDARD 3: Clear information for women/birthing people on postnatal support.	Maternity/Midwifery staff ensure Black, Asian, Minority ethnic women/birthing people receive clear information on what the postnatal offer of support is (towards end of pregnancy and/or early postnatal period). Refer to detailed standards.	
	We provide information on community support for women and birthing people (including VCSE and faith sector).	
	We are strengthening our links with services that provide support in the community	
STANDARD 4a: Religious needs, part	Personalised Care and Support Plans document faith and spiritual needs of women/birthing people	

of assessing pregnancy care needs.		
STANDARD 4b: Cultural considerations in pregnancy and post-delivery for support, guidance and safety.	Personalised Care and Support Plans include identification of cultural practices that impact upon pregnancy and post-delivery care	
	We document reasons when cultural practices could not be supported.	
STANDARD 5: Women/birthing people and their families to be informed of how to raise their worries/concerns.	We ask women/birthing people if they have any questions/concerns at every contact.	
	We provide information in written/audio form (in range of languages) to women/birthing people regarding how they can give feedback to maternity team.	
	Family and Friends card is provided to all Black and Asian women/birthing people	
	We have a specific comments box available located within maternity unit (and/or community location).	
	We encourage all Black and Asian women/birthing people to provide feedback	
	We review quarterly the comments provided by women/birthing people and refer to relevant department.	
	We provide women/birthing people contact details for joining their local Maternity Voices Partnership.	
	We provide information in written/audio form (in range of languages) regarding how to raise concerns if unhappy with care received or have ongoing worries to be addressed.	
STANDARD 6: Vitamin D Supplementation information and discussion including higher dosages.	We provide higher dose vitamin D supplementation for women/birthing people from Black or Asian background antenatally (e.g. via PGD)	
	Antenatally, we discuss vitamin D supplementation with women/birthing people and document this.	
	We provide 'What you should know' information (in the woman's language) to explain why a higher dosage of vitamin D is needed.	
	We utilise the vitamin D posters/leaflets/infographics (from NW regional team or from GMEC LMS).	
	Our website has the vitamin D posters/leaflets/infographics on	
	Women/birthing people are advised to take vitamin D postnatally too.	
	We inform women/birthing people about Healthy Start Scheme.	
	We inform women/birthing people about multi-vitamins for babies from birth.	
STANDARD 7: All staff involved in care of women/birthing people during pregnancy and early postnatal to have	All maternity workforce staff have completed mandatory basic e-Learning For Health (eLFH) on cultural competency training	
	All workforce staff attend a further mandatory virtual or in person training on cultural competency, unconscious bias (every 2 years). Please note: Work in progress on development of a bespoke training package.	

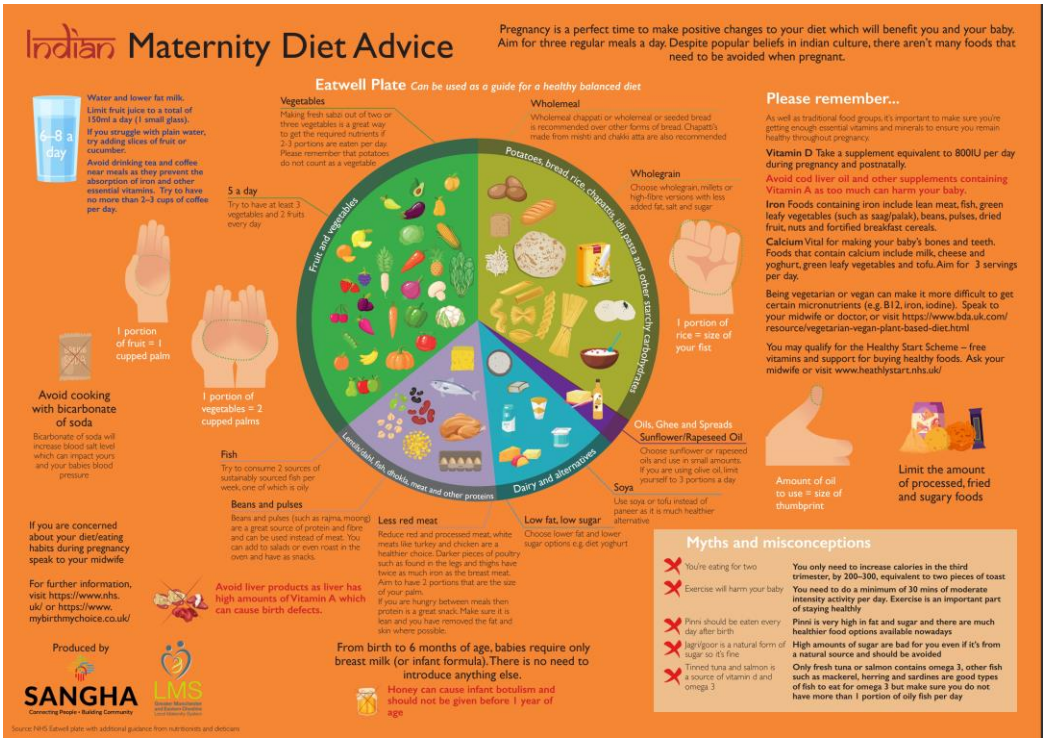
Mandatory Cultural Competency Training.		
STANDARD 8: Each maternity provider to have a named equality, diversity & inclusion (EDI) champion (midwife or clinician), in line with the LMS Operational Policy on Equity with view to develop into a dedicated role.	Maternity Providers are to state current position in relation to having in post a named equality, diversity and inclusion champion (midwife or clinician). See standards for further information.	
STANDARD 9: Recording ethnicity in maternity healthcare systems.	We provide accurate recording of ethnicity for mother/birthing person and babies for auditing and quality improvement actions.	
	Ethnicity (as well as if requiring an interpreter and if so what language) is included as part of maternity safety incident reporting.	
STANDARD 10: Increasing representation at all levels of leadership within maternity workforce (including midwives, midwifery support workers, obstetricians, neonatologist, anaesthetists and within senior leadership teams).	We know the existing numbers of staff within maternity workforce (midwives, midwifery support workers, obstetricians, anaesthetists, neonatologists) from each ethnic group.	
	We have allocated a member of workforce to link/work with universities to: • Address recruitment bias/examine factors that can act as a barrier for applicants from Black, Asian or other ethnic minorities. • Actively evidence actions that increase the number of applicants to midwifery courses of individuals from diverse range of ethnicities.	
	We actively promote leadership opportunities to staff from Black, Asian or other ethnic minorities.	
	We will develop a programme/offer of coaching for staff from Black, Asian or other ethnic minorities to improve access to leadership roles.	
STANDARD 11: All maternity and neonatal training to be inclusive of all ethnicities including consideration of training aids	We have updated training materials (including visuals and images) to be inclusive of all ethnicities	
	We have purchased (or plan to purchase) practical demonstration resources for training that represent those with different skin colour.	
STANDARD 12: All maternity providers to ensure that they are completing Equality Impact Assessments as part of development of local policies, procedures and practices.	Equality Impact Assessments are conducted for all local policies, procedures and practices, ensuring consideration made of impact on Black and/or Asian women/birthing people (prior to completion and implementation).	
	We ensure that all sections of the EIA are completed	

Appendix 4 – VCSE Group Deliverables

Organisation	Resource type, title or main topic	Audience of resource
British Muslim Heritage Centre 3 infographics (not clear which yet) will be translated into Urdu and Arabic once English version agreed).	Infographic Myths and facts around pregnancy	Planning a pregnancy or pregnant
	Infographic COVID messages re vaccination in pregnancy	For faith leaders to share with those that they have contact with. Also can be used directly with women/families
	Infographic Importance of when to call the midwife (including about importance of early booking)	Women /birthing people
	Leaflet: Mental health a message from faith leader	For faith leaders Also can be used directly with women who are planning a pregnancy or are pregnant and families
	Radio podcasts (several) on key topics in maternity	Women and families
	Maternity messages video clips (each 4 minutes duration) 1. Role of the midwife 2. COVID and importance of vaccination 3. Perinatal mental health 4. Importance of mental health directed at faith leaders to get message for partners/fathers to support women re: MH. [video 3+4 may be combined] 5. Life coach session for women	
	Webinar: 1. Maternity matters and role of the midwife, when to call the midwife, importance of attending appointments and healthy lifestyle including PNMH.	
Caribbean and African Health Network	Cultural Education and racial awareness sessions maternity specific for clinicians 1 resource 1hour duration held live 10 times	For clinicians
	Black women maternal care Iron Deficiency infographic	Black pregnant women/birthing people or those planning pregnancy
	e-postcard to promote that midwifery services are there and include link to CAHN support	Black women antenatally
	You and your baby- navigating pregnancy with faith leaders infographic (resource covers key points to note at each trimester stage)	Information designed to help faith leaders guide pregnant women through pregnancy
	Videocast	Case studies

Mama Health + Poverty Partnership	1 video produced by women for women	For women expecting or planning pregnancy
	1 video produced by women for professionals re: navigating the system and recommendations for clinicians from women	For clinicians
SANGHA	Workshop (approx. 2hours) on pre-conception, during and after pregnancy considerations	For women and families
	Webinar: What to expect during your pregnancy from maternity services-navigating services (Delivered by clinicians)	For women and families
	Infographic Healthy eating advice for South Asian/Indian women during pregnancy	For women and families
	leaflet- content: how to have your voice heard and how to inform providers when things go wrong.	Audience is to be women and families.
	Video clips on cultural and religious practice in south Asian communities for clinicians	For clinicians
MVP	3 videos on cultural awareness for clinicians	For clinicians
	Two infographics on key cultural awareness messages for clinicians	For clinicians

Example of a deliverable based upon what women and families told us they need to know to improve their culturally appropriate dietary intake during pregnancy. Women spoke about dietary advice given based on western foods and they wanted to know how to eat healthy their own cultural foods



This infographic developed with Black women was initiated due to the high level of engagement pregnant women and families had with their Pastors and church leaders. The information included here was reviewed and we received feedback from Pastors and Church leaders who confirmed that this would enable them to understand how they could support their congregants

Appendix 5 - VIEWS ABOUT THE WORK AND GROUP OVER THE 12 MONTHS

The membership of the Black and Asian advisory group were asked their views on the meetings outcome as follows:

- Survey specifically for VCSE/MVP members – 5 responses received
- Survey for NHS clinicians/staff members and higher education institutions – 11 responses received

Survey responses to questions from VCSE/MVP

Overall how do you feel about attending the Black and Asian maternity advisory group meetings:

- Proud
- they were very helpful and informative
- The meetings were interesting, necessary and productive, so I feel very good about attending the meetings.
- Very hopeful
- This was a much needed and informative group of meetings.

4 out of 5 VCSE responses said they would like to see the group/meetings continue post March 2022 with the 5th person stating they did not mind).

100% would like the work that the group has been involved in to continue to evolve and were interested in being part of this. 100% stated that their understanding of issues that Black and Asian women/birthing people experience during maternity improved through their attendance and involvement in the advisory group meetings.

Benefits to those attending of being part of this group:

- To voice the view of our women and to work in collaboration to produce material and information that will promote better maternity outcomes for women who are mostly at risk. Access to information to share with our community.
- it highlighted many inequalities that women face in the maternity services and therefore a chance for us to help with making the practice or experience better for those women who are already feeling vulnerable.
- There was no benefit to my organisation but of great benefit to the communities we serve.

- Co creation and networking
- Not of benefit to my organisation but to the people we serve in the community as we could pass information on and share their experiences.

Was there anything they would like to see be improved about the meetings?

x2 said involving patients/women with lived experience to the meetings directly

x1 said meetings were facilitated and organised very well

x2 no comments

Specific areas of work that VCSE said they would like to see a focus on post March 22 if work continuing on this were (survey respondents could select more than one area of focus):

X4 Exploration with relevant professionals/departments in GMEC around development of a resource with images to help support health care practitioners working with families antenatally and in first few years postnatally to identify various skin conditions in various skin colours.

X2 Finding out about the quality of interpreting services provided, understand interpreting services evaluation, how quality is monitored etc.

Further comments:

Thank you for the excellent effort and work put in the project
Some recent parents that have experience of the services - patient experience should be involved.
This is a much needed group in order to action the changes that need to be made in maternity services.

Views from clinician/NHS Staff and higher education institutions on the Black and Asian Maternity Advisory Group:

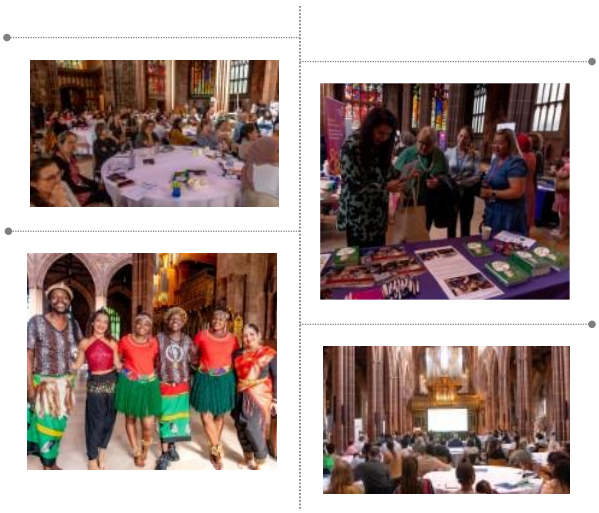
11 responses received

Appendix 6

BAMAG Celebration Event

GMICP Black and Asian Maternity Agenda 07.09.2022 .pdf

BAMAG CELEBRATION EVENT



BAMAG LAUNCH EVENT