

Ethnic health inequalities in + maternal and neonatal health in England



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7 Public Health



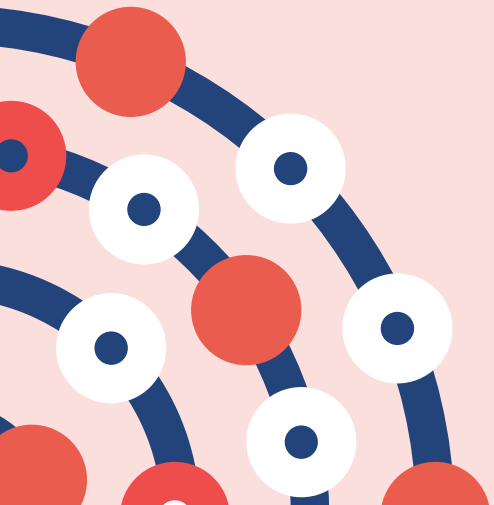
Overview

- Background
- The role of racism
- Existing interventions to tackle ethnic inequalities
- Future directions
- Conclusion



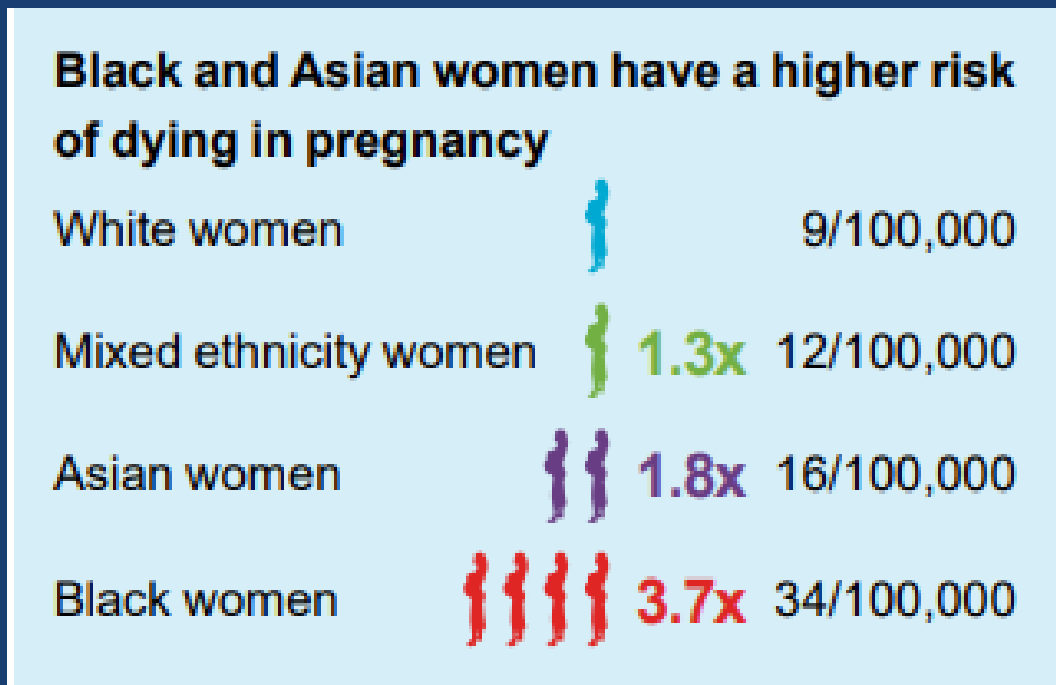


Background



Ethnic inequalities in maternal mortality

- MBRRACE-UK (Mothers and Babies: Reducing Risk through Audit and Confidential Enquiries)

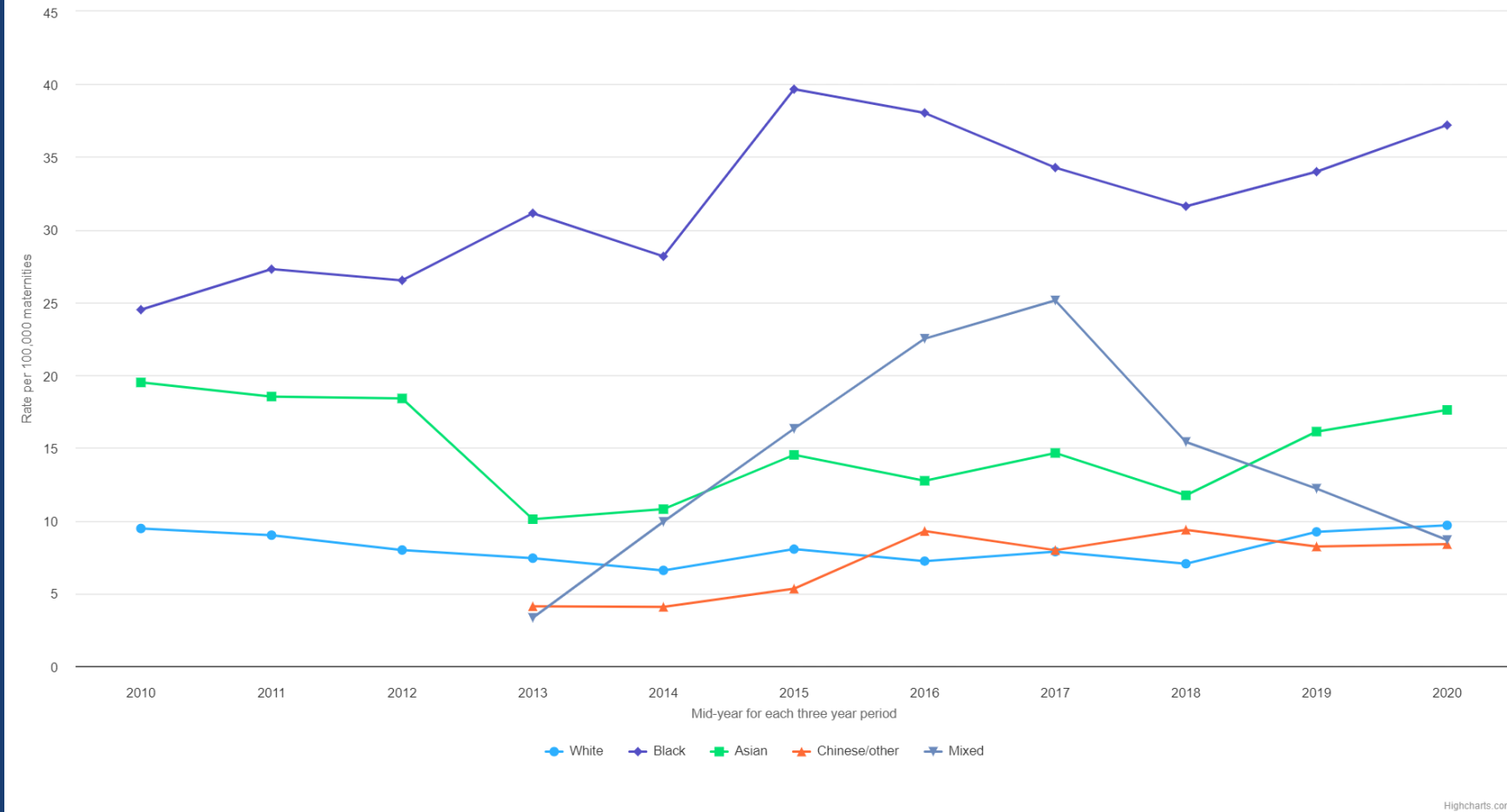


https://hubble-live-assets.s3.eu-west-1.amazonaws.com/birth-companions/file_asset/file/591/MBRRACE-UK_Maternal_Report_2022_-_Lay_Summary_v10.pdf



Trends in maternal mortality rates

Figure 3. Maternal mortality rates 2009-21 among women from different ethnic groups in England*



MBRRACE-UK 2023: <https://www.npeu.ox.ac.uk/mbrrace-uk/data-brief/maternal-mortality-2019-2021>



Known risk factors do not fully explain the inequalities

- *“Therefore, for the first time we can conclude that women of Black ethnicity remained at 3.3-fold (330%) increased risk of maternal death compared with women of white ethnicity after multiple adjustment including for smoking, body mass index, and medical comorbidities and at 2.4-fold (240%) increased risk after adjusting for demographic factors, including social deprivation.” (Vousden N., et al., 2024)*

Articles

Impact of maternal risk factors on ethnic disparities in maternal mortality: a national population-based cohort study

Nicola Vousden,^{a,*} Kathryn Bunch,^a Sara Kenyon,^b Jennifer J. Kurinczuk,^a and Marian Knight^a

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^bInstitute of Applied Health Research, University of Birmingham, UK

Summary

Background Ethnic disparities in maternal mortality are consistently reported. This study aimed to investigate the contribution of known risk factors including age, socioeconomic status, and medical comorbidities to observed ethnic disparities in the United Kingdom (UK).

Methods A cohort of all women who died during or up to six weeks after pregnancy in the UK 2009–2019 were identified through national surveillance. No single denominator population included data on all risk factors, therefore we used logistic regression modelling to compare to 1) routine population birth and demographic data (2015–19) (routine data comparator) and 2) combined control groups of four UK Obstetric Surveillance System studies (UKOSS control comparator).

Findings There were 801 maternal deaths in the UK between 2009 and 2019 (White: 70%, Asian: 13%, Black: 12%, Chinese/Other: 3%, Mixed: 2%). Using the routine data comparator (n = 3,519,931 maternities) to adjust for demographics, including social deprivation, women of Black ethnicity remained at significantly increased risk of maternal death compared with women of white ethnicity (adjusted OR 2.43 (95% Confidence Interval 1.92–3.08)). The risk was greatest in women of Caribbean ethnicity (aOR 3.55 (2.30–5.48)). Among women of White ethnicity, risk of mortality increased as deprivation increased, but women of Black ethnicity had greater risk irrespective of deprivation. Using the UKOSS control comparator (n = 2210), after multiple adjustments including smoking, body mass index, and comorbidities, women of Black and Asian ethnicity remained at increased risk (aOR 3.13 (2.21–4.43) and 1.57 (1.16–2.12) respectively).

Interpretation Known risk factors do not fully explain ethnic disparities in maternal mortality. The impact of socioeconomic deprivation appears to differ between ethnic groups.

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Keywords: Maternal mortality; Ethnicity; Inequality; Socioeconomic deprivation

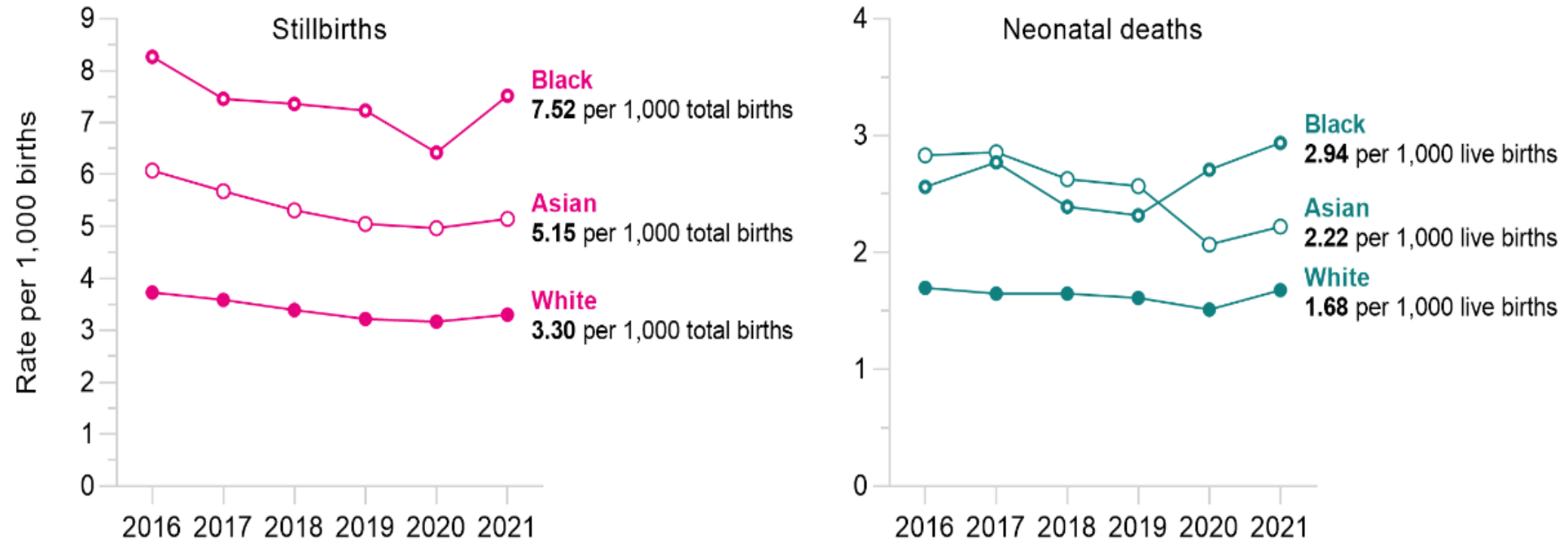
The Lancet Regional Health - Europe
2024;40: 100893
Published Online 29 March 2024
<https://doi.org/10.1016/j.lanepe.2024.100893>

[https://www.thelancet.com/journals/lanepi/article/PIIS2666-7762\(24\)00059-0/fulltext](https://www.thelancet.com/journals/lanepi/article/PIIS2666-7762(24)00059-0/fulltext)



Trends in stillbirths and neonatal mortality rates

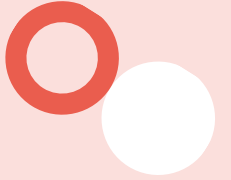
Figure 5: Stillbirth and neonatal mortality rates by babies' ethnicity: United Kingdom and Crown Dependencies, for births in 2016 to 2021



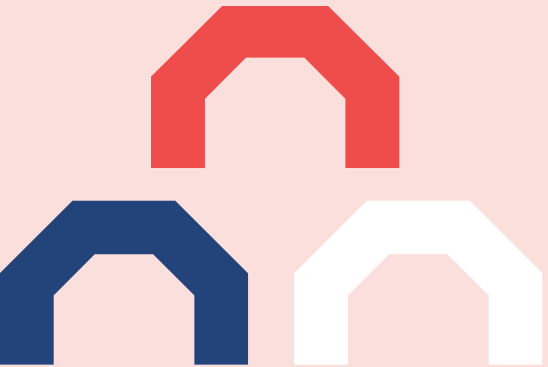
Data sources: MBRRACE-UK, PDS, ONS, NRS, PHS, NIMATS, States of Guernsey, States of Jersey.

Draper ES., et al., 2023. <https://timms.le.ac.uk/mbrance-uk-perinatal-mortality/surveillance/#recommendations>





The role of racism

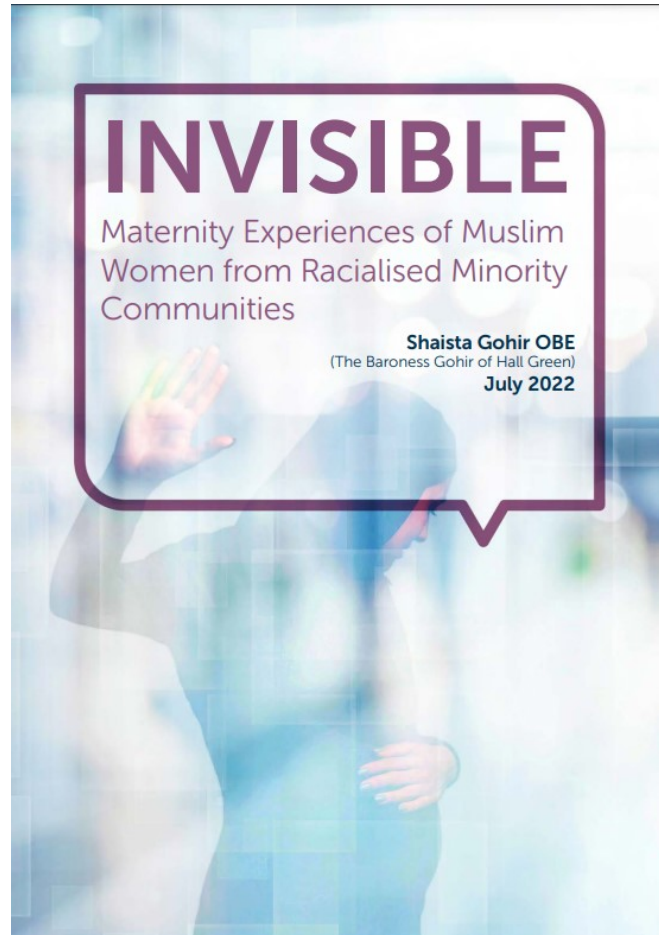


Ethnic discrimination | Ethnic disparities| Cultural bias | Racism



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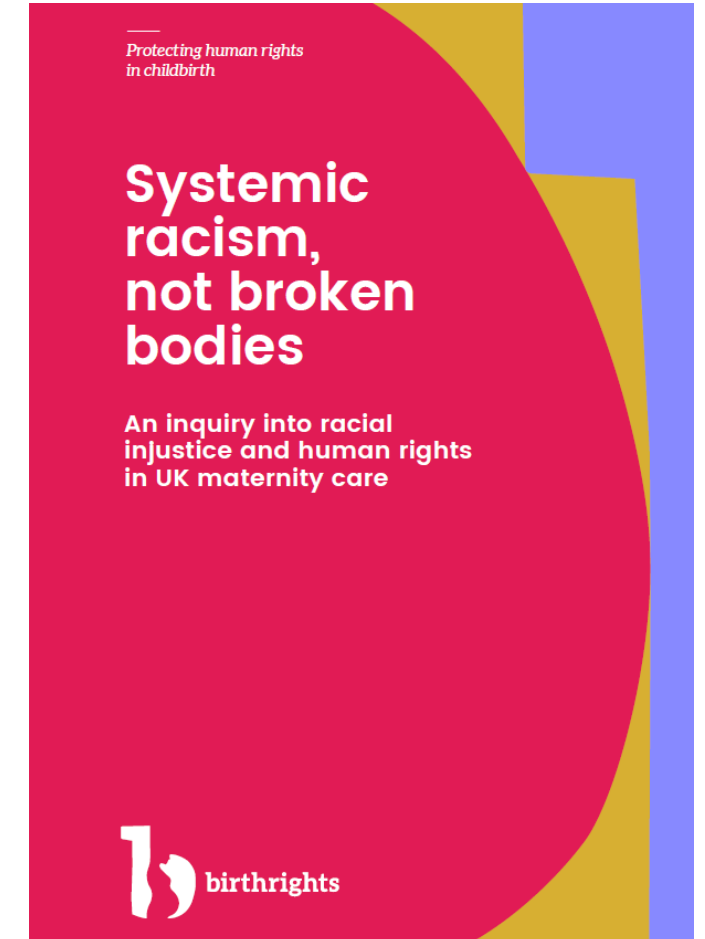
Reports from advocacy organisations



Muslim Women's Network UK. 2022.
https://www.mwnuk.co.uk/go_files/resources/maternity_report_120722.pdf



Peter M, Wheeler R. 2022. <https://www.nhsbmnetwork.org.uk/wp-content/uploads/2022/05/TheBlackMaternityExperienceReport.pdf>



<https://birthrights.org.uk/campaigns-research/racial-injustice/#full-report>



Experiences of service users and providers

"The consultant was White female doctor. The way she spoke to me was nothing less than bullying, she was very condescending, belittling, and she said 'I see five of you lot per day.' She tried to say we don't have slots to book you in, saying they were busy and booked up. I came out wanting to cry. I felt bullied, belittled and patronised. She even said 'it's not your choice whether you get a c-section.' However, when I saw a female doctor of Pakistani origin she told me that I did have a choice."



MW7 - Arab

Pregnancy experience in 2020, aged 25

Muslim Women's Network UK 2022

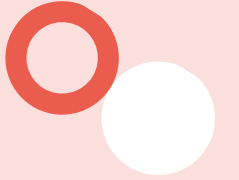
"I had an episiotomy and the stitches fell out. I am at high risk from infection due to my sickle cell. They kept refusing to have a look...By the time a doctor looked the stitches had fallen out and it was infected. This then triggered a sickle cell crisis." (Black woman).

Peter M, Wheeler R. 2022

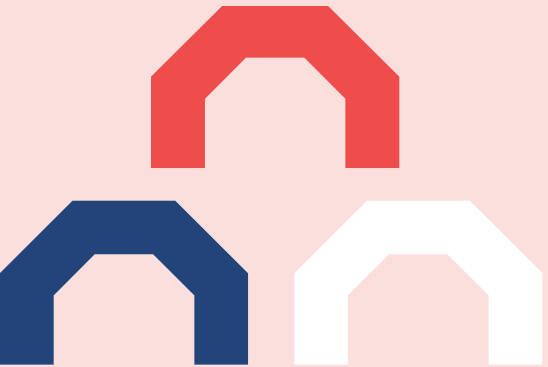
"Yes, I'm still a student midwife. I'm in my second year now and I've experienced quite a lot of overtly racist comments in the short time I've been in my Trust. And I'm finding it really challenging because it seems to always be me who reports it and often it's, because I'm a student, I'm obviously the lowest of the low in the hierarchical structure."

(Birthrights 2022)



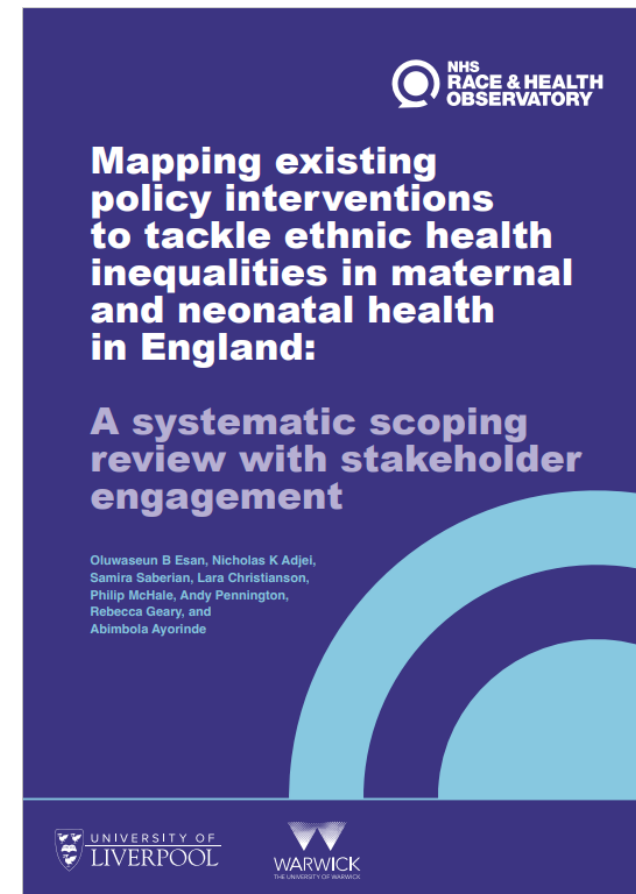


Existing interventions to tackle ethnic inequalities



Existing policy interventions

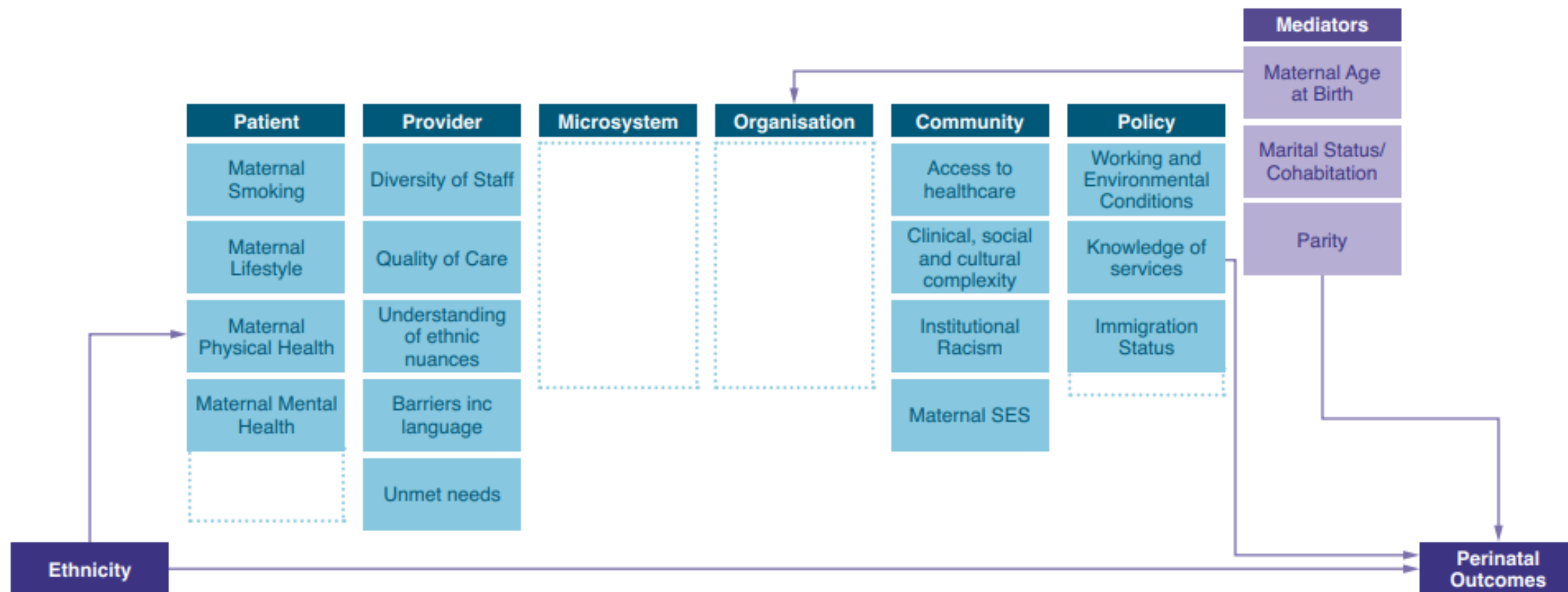
- NHS Race and Health Observatory
 - Independent expert body
 - Scoping review
 - Stakeholder engagement



<https://livrepository.liverpool.ac.uk/3166498/>



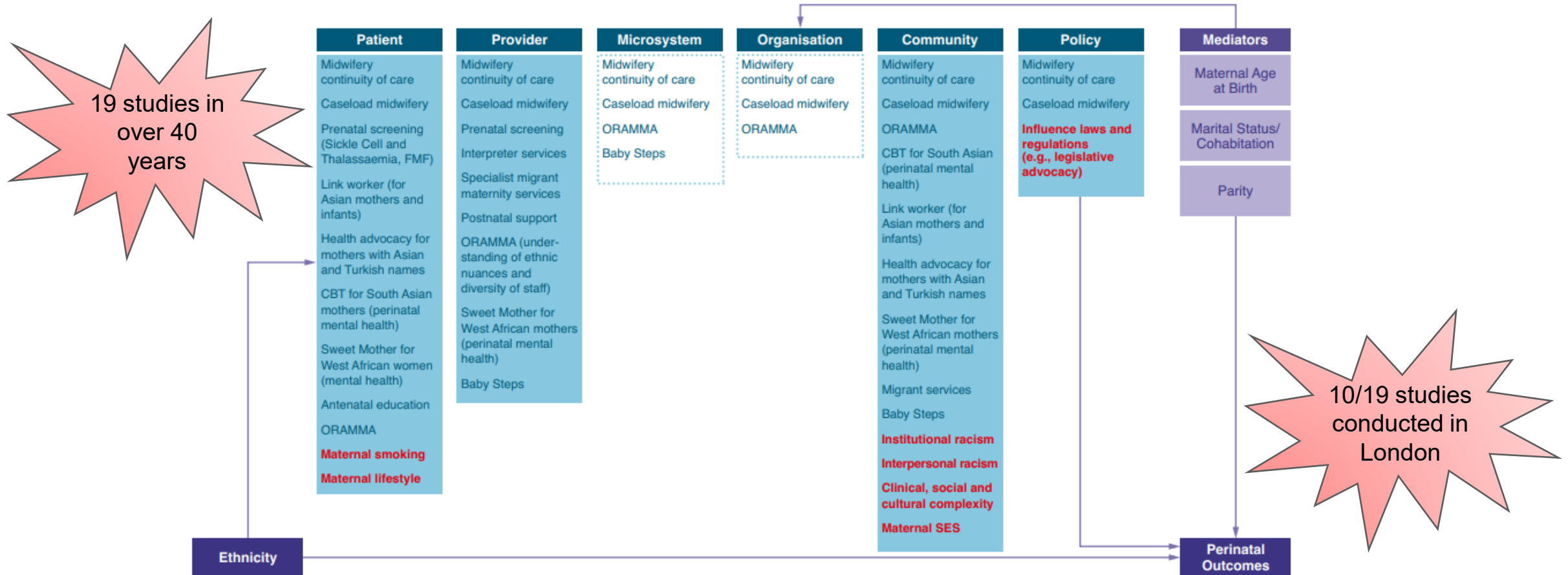
Conceptual Framework



A priori conceptual framework showing a causal pathway. This framework was informed by evidence on the levels in patient care that are amenable to interventions in reducing ethnic health inequalities in perinatal outcomes. We used this framework to guide our data extraction and synthesis. (Esan *et al.*, 2022)



Policy and healthcare interventions

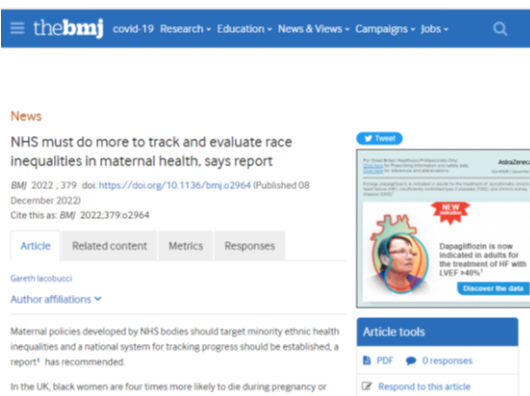


Missed potential opportunities are shown in **red** text

Abbreviations: CBT – Cognitive Behaviour Therapy; ORAMMA – Operational Refugee And Migrant Mothers Approach

(Esan *et al.*, 2022)

Report – December 2022



[NHS must do more to track and evaluate race inequalities in maternal health, says report | The BMJ](#)

8 December 2022
[The Royal College of Psychiatrists respond to publication of the Observatory's new maternity mapping review](#)



Commenting on the announcement of a new maternity mapping review, Dr Adrian James, President of the Royal College of Psychiatrists, said:

"Today's report makes for sad and very uncomfortable reading. It is essential we improve research and develop more well-evidenced programmes to support maternal and neonatal healthcare for Black, Asian and ethnic minority women.

"The leading cause of maternal mortality is death related to mental illness, yet this is the area where we have seen the least improvement, with those from minority ethnic communities disproportionately affected.

[The Royal College of Psychiatrists respond to publication of the Observatory's new maternity mapping review - NHS - Race and Health Observatory](#)
[NHS - Race and Health Observatory](#)
[\(nhsrhc.org\)](#)



[NHS Race & Health Observatory publish report on ethnic inequalities in maternal care](#)
[NHS Race & Health Observatory publish report on ethnic inequalities in maternal care – Integrated HLTH](#)



[New study finds gaps in ethnicity research in maternal care - EasternEye](#)



A recent study by the University of Liverpool emphasised that Black, Asian and ethnic minority women are facing inequalities in maternal healthcare. Dr Oluwaseun B Esan, Principal Investigator of the study, spoke with Health Europa about their findings.

[It is time to address ethnic inequalities in maternal healthcare \(health.europa.com\)](#)

New research identifies gaps in ethnicity research in maternal care



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The NHS Race and Health Observatory is calling for the development of a central data repository to map improvements around reducing poor

[New research identifies gaps in ethnicity research in maternal care | Mirage News](#)

Published: December 8, 2022

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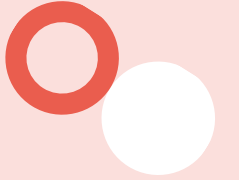
Report identifies gaps in ethnicity research in maternal care



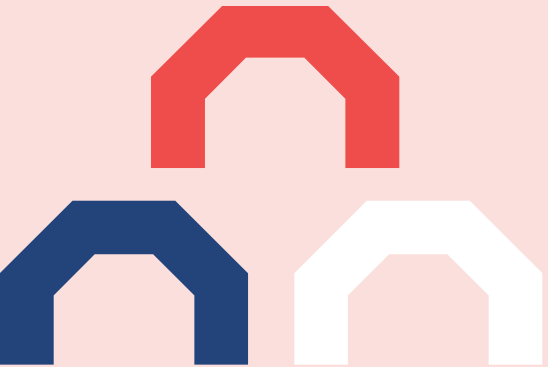
The NHS Race and Health Observatory is calling for the development of a central data repository to map improvements around reducing poor outcomes in maternal and neonatal healthcare for Black, Asian and ethnic minority women.

[Report identifies gaps in ethnicity research in maternal care - News - University of Liverpool](#)





Future directions



Parliamentary report – April 2023

- Echoed existing evidence
- Emphasised the role of racism

“...we are concerned that the Government and NHS leadership have underestimated the extent to which racism plays a role”

- House of Commons Women and Equalities Committee, 2023

EDITORIALS

Ethnic inequities in maternal health

Parliamentary report calls out racism in maternity care

Abimbola Ayorinde,¹ Oluwaseun B Esan,² Rachael Buabeng,³ Beck Taylor,¹ Sarah Salway⁴

The report on Black maternal health from the UK government's women and equalities committee, published on 18 April 2023,¹ is yet another reminder of the slow progress in tackling serious ethnic inequities in UK maternal health. The risk of maternal death remains almost four times higher for Black women and two times higher for Asian and mixed ethnicity women, than for white women.^{2,3} These inequities were the impetus for the report, which critically assessed previous improvement attempts by the government and the NHS and made recommendations for change. Although the report focused on maternal health, the recommendations covered wider ethnic inequalities and overlapping socioeconomic inequalities.

The committee acknowledged that the causes of the ethnic inequalities in mortality are complex and not fully understood. It cautioned against focusing only on physiological and demographic factors, which could erroneously place the blame on women. The report emphasised that the government and NHS leadership have underestimated the contribution of racism to these inequalities. It explicitly highlighted the role of racism in maternity care, showing how it undermines women's access to treatment and the quality of care received. Evidence comes from various sources, including advocacy organisations Five X More,⁴ Birthrights,⁵ and Muslim Women's Network.⁶

The report identified poor data quality and missing ethnicity data as limiting our understanding of the factors underlying inequalities in maternal health. This echoes previous work,^{7,8} including that

service.¹³ However, population level strategy on inequalities is now uncertain after the government abandoned its white paper on health inequalities in 2022.¹⁴

One key recommendation from the report was for a cross-government target to eliminate ethnic and socioeconomic inequalities encompassing meaningful, measurable indicators rather than a single numerical target. This approach aligns with expert evidence provided to the committee and international maternal health improvement strategy.¹⁵ This should include more upstream targets, such as increasing the number of healthcare workers with the right skillsets and implementing policies to promote non-discriminatory access to maternity services. The Maternity Disparities Taskforce will be responsible for setting targets. However, the taskforce has faced challenges fulfilling its aims so far, and it is not clear how targets will be set and monitored.

A further concern is workforce shortages, which are a major barrier to improving care. The new national three year delivery plan for maternity and neonatal services emphasises the need for safe staffing levels to reduce inequalities.¹⁶ Inadequate staffing has already resulted in the removal of the deadline for achieving continuity of maternity care for 75% of ethnic minority women.¹⁷ Any new strategy must take full account of the role of ethnicity and racism as highlighted in the Birthrights report on systemic racism.⁵ There must be emphasis on approaches to tackle racism at every level of society.¹⁸

Rachael Buabeng is a senior research fellow at the Centre for Maternal and Child Health, University of Birmingham.

<https://www.bmj.com/content/381/bmj.p1040>

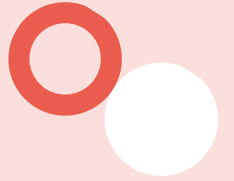


Collaborative action

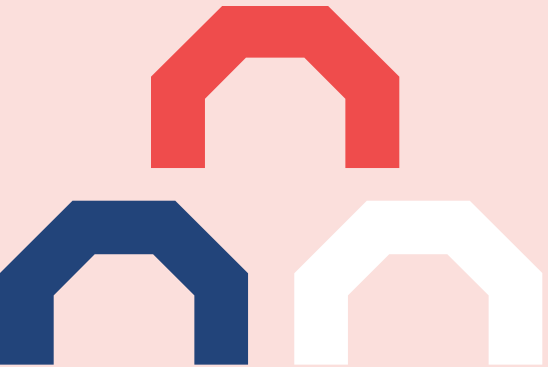
- Real co-production not tokenism
- Include all stakeholders
 - Healthcare professionals
 - Policy makers
 - Black, Asian and Minority ethnic groups
 - Community organisations
 - Researchers
- Harness community resources



“One public reviewer expressed scepticism about the necessity of culturally specific care, suggesting it could perpetuate divisions rather than promote inclusivity.”



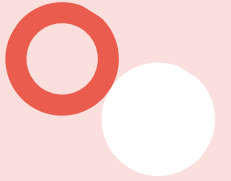
Conclusion



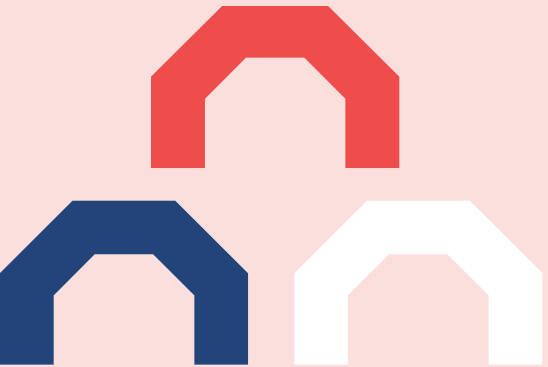
Conclusion

- Multidimensional problem requiring multidimensional approach
- Examine and tackle racism operating at various levels
- Ensure efficient and equitable implementation of existing effective interventions
- Innovate (does not have to be complicated)
- Ensure service users are adequately represented and empowered at various key stages





Thank you



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