Maternity services in West Birmingham: The experiences of Black African and Black Caribbean women.

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healthwatch Birmingham

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Executive summary

Objectives

We sought to understand Black African and Black Caribbean women's views of antenatal care, labour and birth, and postnatal care in West Birmingham. We also sought to identify and understand barriers (e.g. real or anticipated discrimination, challenges around language, knowledge about service availability and uptake, or faith and cultural needs not accommodated) that women experience/d when accessing maternity services in West Birmingham.

Findings

We heard about variability and inequality in the maternity care that Black African and Black Caribbean women receive in West Birmingham. Women experienced inequalities throughout antenatal care, labour and birth, and postnatal care. These include experiences of discrimination, stereotypes, lack of access to information and interpreters, and not being listened to. The findings also show that although women experience challenges at various stages of the maternity pathway, these challenges seem more significant in the postnatal period. Women new to the country seem to experience significant challenges due to language barriers and lack of understanding of how the healthcare system works.

Many of the experiences we heard are not unique to Black African and Black Caribbean women. Reports such as the Ockenden report (2022) have shown evidence of poor experiences of maternity care for women from all ethnic backgrounds. However, as a recent report by Birthright (2022) argues, these experiences have a bigger impact on women from minority ethnic groups as they combine with systemic racism.

Some women told us about positive experiences of the care they received during their pregnancy, either during antenatal care, labour and birth, and postnatal care. These women may have had a positive experience in one area but not in another (e.g. in antenatal care but not in postnatal care). Examples of good practice included:

- Quick referrals to midwife or community care by GPs in the early stages of pregnancy, which aids screening and the support that a woman will receive.
- Consistent antenatal appointments and continuity of care.
- Good communication and adequate information about services and how to access support in between appointments, antenatal classes and complaints process and contact details of key staff.
- Access and quality of antenatal classes - varied ways to access classes (in person or online) and the topics discussed were useful.
- Staff that support women throughout the process, showing compassion and empathy – asking the right questions and acting accordingly.
- Their needs being listened to by staff and support that is person-centred.

Some women told us about the following experiences of things not going well:

- Lack of continuity of carer leading to anxiety and inability to discuss issues such as mental health. This also meant they could not discuss concerns they had and options available to them.
- Failure to be referred to midwives by GPs, which delayed screening and scans. This was particularly difficult for women new to the country and those with a health condition as it delayed monitoring and support.
- Poor staff attitudes and behaviour, more so for hospital staff as compared to community midwives – rudeness, lack of empathy and compassion, poor support for women post labour and birth. Some women felt that their treatment was because they were black. Also of note is that in some cases poor staff attitudes and behaviour came from black staff.
- Lack of access to interpreters or translators meant that those women who need these services are unable to engage during various parts of the maternity journey, especially when giving birth, and their needs are not heard.
- Not feeling they had real choice around where to give birth, and what type of birth to have. Some women felt pressured to have a c-section. They felt that the moment staff see black women, things that are happening to them in the maternity process or procedures are not explained to them. They felt that they are told what to do and not asked, neither do they explain.
- Feeling they were not treated with dignity and respect, with some being asked whether they will have another child soon, use of statements that generalise (e.g. all you people are the same, you guys are difficult).
- Lack of awareness of what support is available, including antenatal classes, even for those having their first baby.
- Feeling ignored and disbelieved about level of pain, or being in labour – with some sent back home many times without checking whether they are in active labour. Some women felt that being dismissed had an impact on outcomes, with one woman feeling that the dismissal of her concerns about the impact medicine was having on her pregnancy directly led to miscarriage.
- Experiencing discrimination and racism from those providing maternity care.
- Failure to identify instances needing mental health support and addressing appropriately.
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- Poor postnatal support from midwives and healthcare professionals, both in hospital and when at home. Indeed, only one of the women spoke about being invited for a six week check by their GP.
- Poor handling of complaints – failing to take an organisational view when addressing complaints about maternal care and missing opportunities for institutional learning.

Improvements women would like to see in maternity care and services

- Improve access to information and information shared with women.
- Ensure continuity of care/r for all women.
- Improved support for those with underlying condition/s or comorbidities and concerns.
- Remove assumptions made about black women and pain, stop dismissing or disbelieving women when they say they are in pain.
- Improve discharge processes and consider the needs of women (including medical needs).
- Improve support for mental health.
- Improve access to antenatal classes for all women.
- Improve support for women who have experienced trauma or have other difficulties.
- Improve staff attitudes and behaviours.
- Ensure improved access to interpreters.
- Staff need to be aware that their actions can have an impact on outcomes.
- Take action to improve structural and interpersonal discrimination, bias and racism.
- Provide maternity care with dignity and respect.
- Make maternity care personal and individualised, ensuring staff are listening to the needs of women and taking them into account in their maternity care.
- Improve care throughout the maternity pathway.
- Improve how the Trust works with other healthcare organisations providing maternity care.
- Improve the environment in which maternity care is provided.
- Increase the number of staff providing maternity care.

Next steps

We have shared this report and its findings with Sandwell and West Birmingham NHS Hospital Trust. The Trust's written statement outlining the actions they will take to address the findings of the report can be found on the next page. The report, including the Trust's response, will be shared on our website, and sent to service users who shared their contact details. It will also be shared with relevant stakeholders.

Six months following the publication of this report Healthwatch Birmingham will publish a follow-up report showcasing evidence of actions that have been committed to by Sandwell and West Birmingham Trust. We will require the Trust to provide evidence to demonstrate that those changes have been made alongside an indication of targets met and how these have been achieved.

The improvements the Trust has committed to implementing include:

- Enhancing its interpreting service – the Trust have designed a new service to provide 'on the spot' interpreting for women to be introduced in mid-March.
- Badgernet – enhancing the facility to share information in a more accessible way.
- GP engagement resulting in enhanced communication on care during pregnancy through provision to access to pregnancy electronic records.
- Extensive community engagement, working with numerous voluntary sector organisations and groups in West Birmingham such as Saathi House, Nechells pod, Nishkam and Maternity Engagement Action.
- Supported access into maternity services via training Children's Centres and voluntary sector organisations to support families to access early maternity care and give brief pregnancy health information. Project scope has included the production of multi-language animations and posters to publicise services.
- Creation of multi-language videos which detail the pathway to accessing maternity care – You're Pregnant So What Happens Next? (YouTube)
- Reaching out to audiences across a wide variety of social media platforms to ensure we maximum visibility and sign pointing to services. Particularly used TikTok/Facebook/Twitter/Instagram. (Example viewing statistics - videos: Pregnant What Happens Next? (319k views TikTok)/Signs of Labour (41k views TikTok).
- Improving the way families access antenatal classes offer by proactively targeting families who have not previously accessed classes and also offering interpreting support.
- Working with service users and Maternity Voices Partnership to co-produce health information and services.
- Improving engagement and co-production with service users.
- Ensuring that the Trust's workforce is equipped to provide culturally competent care.

For the full response, see appendix 4 on page 42.

Acknowledgements

We would like to thank all the women who spoke to us about their experiences and for going over issues that were at times distressing. We would like to thank all organisations that have assisted us to gain access to users of maternity services in West Birmingham. We particularly thank the Garrison Centre, Ladywood and Aston Sure Start, Flourish, Gateway Family Services, and the West Birmingham Development Lead (ICS) for their support. We would also like to thank Sandwell and West Birmingham Trust, in particular the Equality, Diversity and Inclusion Lead Midwife.

Introduction

This study was undertaken following the recognition that the feedback that we were receiving about maternity services in West Birmingham indicated variability in the care that women receive. Feedback also showed that these experiences were affecting women from minority ethnic backgrounds. In addition, local data (SWBH) and the Blachir report (Birmingham City Council and Lewisham Council, 2022) and national data (CQC, 2022; MBRRACE, 2022; NHS 2021) shows that black women are more likely to have poorer outcomes when accessing maternity services. It is therefore important to understand what might be influencing the variable experiences of maternal services in West Birmingham.

Therefore, the purpose of this project is to report the key issues experienced by Black African and Black Caribbean women of using maternity services in West Birmingham and their insights of care. Healthwatch Birmingham will subsequently help to support SWBH to improve the provision of maternity services to women from these backgrounds.

Background

Improving access and the quality of maternity care has been a focus of various plans such as the Long Term Plan and Better Births – A Five Year Forward View of Maternity Care (2016). They set a vision for improvement that ensures personalised care responsive to individual needs, continuity of care, safer care, better postnatal and perinatal mental health care, multi-professional working, working across boundaries, and a reduction in the rate of infant and maternal mortality across England. A key recommendation of Better Births for improving outcomes for maternity services is understanding the experiences of seldom heard groups (Office of National Statistics, 2021).

Despite the implementation of many policies to address maternal outcomes, there has been no significant impact on inequalities. According to the Office of National Statistics (ONS) stillbirths and infant mortality remain higher amongst ethnic minority groups despite a fall in rates across all ethnic groups since 2007. Black women in the UK are five times more likely to die in pregnancy or childbirth (MBRRACE-UK, 2020,2022).

In 2014, an MBRRACE-UK report found that at least 34% of maternal deaths were women born outside of the UK, mainly from South Asia and Africa (Nigeria, Somalia and Ghana). The situation has not improved and the 2020 MBRRACE-UK report notes similar trends. In addition, research has found that black women are more likely to experience birth without interventions such as an epidural than white women. Babies born to black women had higher rates of preterm birth before 32 weeks gestation than white women (MBRRACE-UK, 2020 and 2022; Gohir, 2022).

In addition, three quarters of the women who died during pregnancy or up to six weeks after pregnancy had a pre-existing physical or mental health condition (MBRRACE, 2016; 2018). In response, support for women with perinatal mental health problems has increased as the number of specialist staff has increased. The continuity of carer service model has been rolled out to 75% of women from Black, Asian and ethnic minority families and those from the most deprived areas in order to reduce inequalities in stillbirth and preterm birth rates.

There are factors that have been shown to contribute to these statistics, such as age, obesity, diabetes, smoking, use of antenatal care, spacing between pregnancies, female genital mutilation, wealth, income, occupation, deprivation and English language proficiency. Indeed, the Better Births report has shown that a majority of stillbirths occur in deprived areas in the UK (HQIP, 2019, Better Births 2020) .

However, as Gohir (2022) argues, these factors are not enough to explain the differences in maternal outcomes. She notes that ***"the role of interpersonal discrimination and discriminatory policies and practices within maternity services must be considered in how they contribute to the adverse mother and baby outcomes, including any variations in treatment within minority ethnic***

communities which could result in a hierarchy of bias" (p16). This study aims to understand how Black African and Black Caribbean women experience maternity care, and their insights into the issues and challenges they face when accessing maternity services in West Birmingham.

The West Birmingham context

According to SWBH's internal data, between 2020 -2022 12.8% of women booking into maternity services in Sandwell and West Birmingham were black. Sandwell and West Birmingham had the highest percentage (22.3%) of late bookers for maternity services compared to the national (13.5%) and West Midlands (17.3%) average. The majority of late bookers were non-English speakers, not born in the UK or had resided in the UK less than five years. Black Africans (18.1%), Pakistani (16.9%) and Black Caribbean(13.2%) women have the highest percentage of stillbirths across Sandwell and West Birmingham. The highest number of stillbirths were found in the following postcodes: B66 and B67 (16%); B70 and B71 (15%); B20 and B21 (13%) and B19 (12%). These areas contain some of the most deprived neighbourhoods in the UK.

SWBH data shows 52% of stillbirths were for women not born in the UK, 25% were non-English speakers and 56% were those who had experienced decreased foetal movement (DfM) and delayed contact. In response to these challenges in maternity care, the Trust has implemented a number of actions including booking before 10 weeks gestation and offering early pregnancy health and wellbeing information.

The Blachir report (2022), co-authored by Birmingham City Council and Lewisham City Council, notes that infant death and low birth weights are poorer in Birmingham compared to the rest of England. The report finds that the highest infant mortality rates are among mothers born in the Caribbean (9.0 deaths per 1000 live births) and central Africa (8.3 deaths per 1000 live births). Preterm birth rates were higher in Black Caribbean and other Black African women in 2020 compared to White British women. Emergency caesarean rates, from 2019 to 2020 for black women, show an increase across all groups with higher rates seen in Black African women.

The report identifies the following as driving inequalities in early years outcomes for Black Caribbean and Black African communities: socio-economic factors, barriers to accessing prenatal, postnatal, and maternity services, poor perinatal mental health support, lack of culturally competent and sensitive approaches (p36). What is clear from these statistics is that maternity services are failing to provide appropriate care that meet the needs of women from diverse backgrounds.

Methodology

Individual, semi-structured interviews with 26 women from Black African and Black Caribbean backgrounds were held. Interviews were conducted over Zoom, WhatsApp, telephone or in person. Interviews explored the key issues experienced by Black African and Black Caribbean women using maternity services provided by Sandwell and West Birmingham NHS Hospital Trust (SWBH) in West Birmingham. These included negative experiences of racism, discrimination and bias, communication and engagement. They also included participants' views on how these issues can be improved.

We faced challenges with recruiting participants, especially in the initial stages of the project. The third sector and community organisations that support these women were either reluctant to support the project or did not have the capacity to do so. We did receive support from NHS centres such as Ladywood and Aston Sure Start centres and Garisson Centre, who are funded by Birmingham City Council.

Of the 20 community organisations we identified, whose work focused on Black and Minority Ethnic (BME), we contacted 11, either by email or telephone. The work of Healthwatch Birmingham, the nature and process of the study we were undertaking was explained to a lead contact within each community organisation. Their role in helping to facilitate access to eligible members and the potential value of the research to their organisation and Black African/Black Caribbean women were also clarified to the community organisations. The lead person or an identified gatekeeper at each support group was asked how best to access and recruit any eligible members for the study.

Unfortunately none of these organisations decided to collaborate with the investigation. Reasons given were lack of capacity, women being inundated by research requests, payments for participants, requests to use their own organisations volunteers as researchers for the project and payment for this.

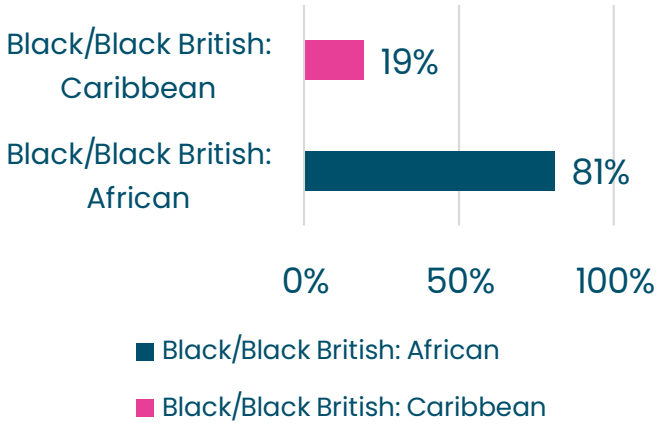
We therefore tried to recruit participants by going into spaces where we could find women from these two ethnic backgrounds. We walked along Dudley Road (where City Hospital is located) and visited: City Hospital's maternity unit, GP surgeries, supermarkets and day nurseries around City Hospital, Sure Start centres, leisure centres and churches across the catchment area. We invited current participants to help us recruit future participants, but despite promises (where participants mentioned friends or family who had delivered at City Hospital and were eligible to participate), we did not recruit participants in this way.

We offered a £20 voucher to all participants that took part. However, a majority were unaware that we were offering this unless they had read the recruitment poster in detail which we shared with all participants. We also displayed the recruitment poster at City Hospitals maternity wing, GP surgeries, and the Caribbean Centre on Dudley road. Therefore, for most of our participants, the voucher was not a motivating factor to participate.

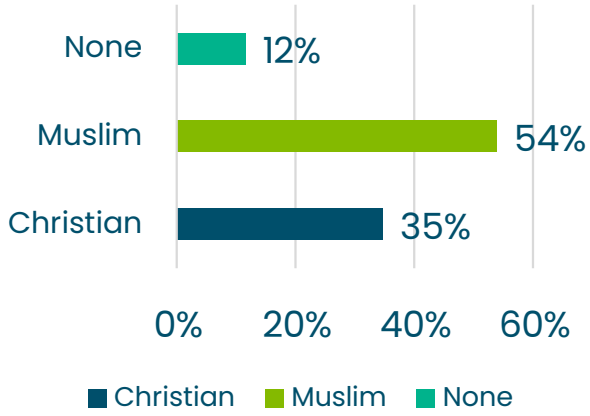
As a researcher in this study, I found that although the challenges faced accessing Black African and Black Caribbean women seemed to almost make them invisible and/or hard to reach, they are not out of reach. The use of flexible, strategic, and culturally sensitive approaches to recruitment can make what seems invisible, visible (Bamidele et al, 2018).

Information and demographics of participants

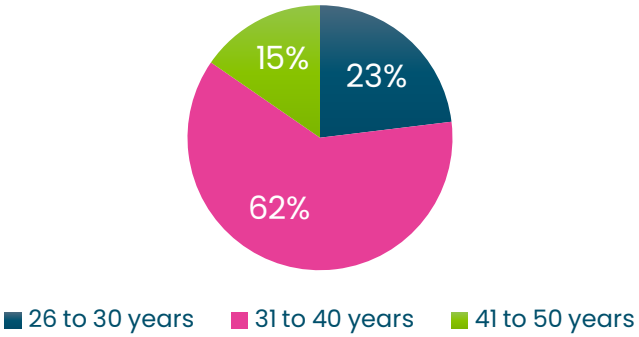
Ethnicity



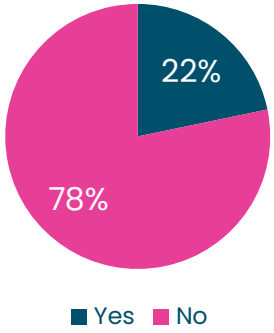
Religion



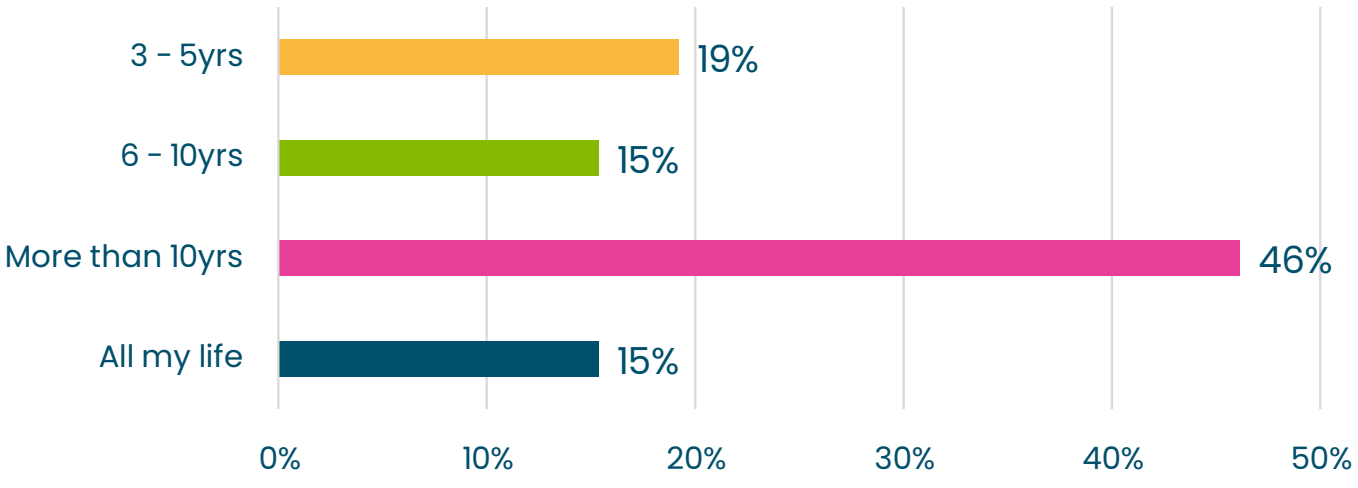
Age



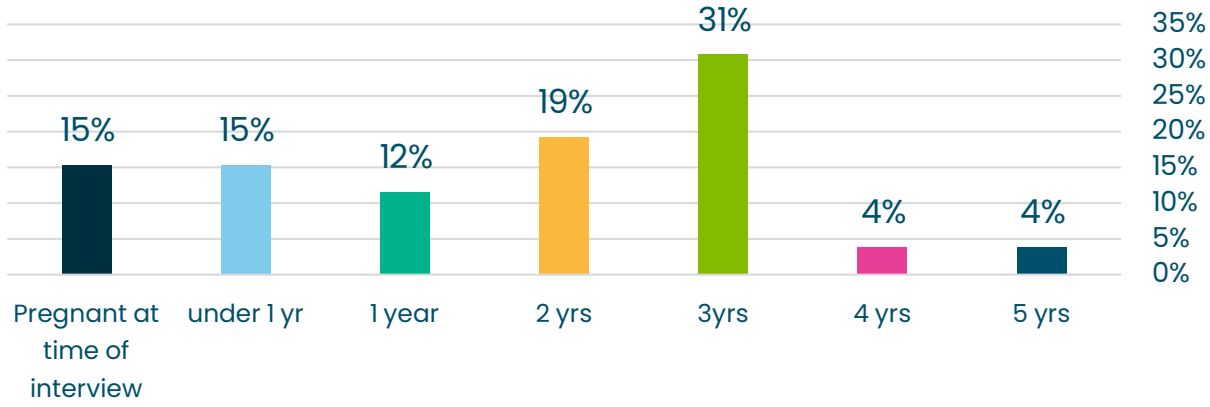
Was this your first experience of giving birth?



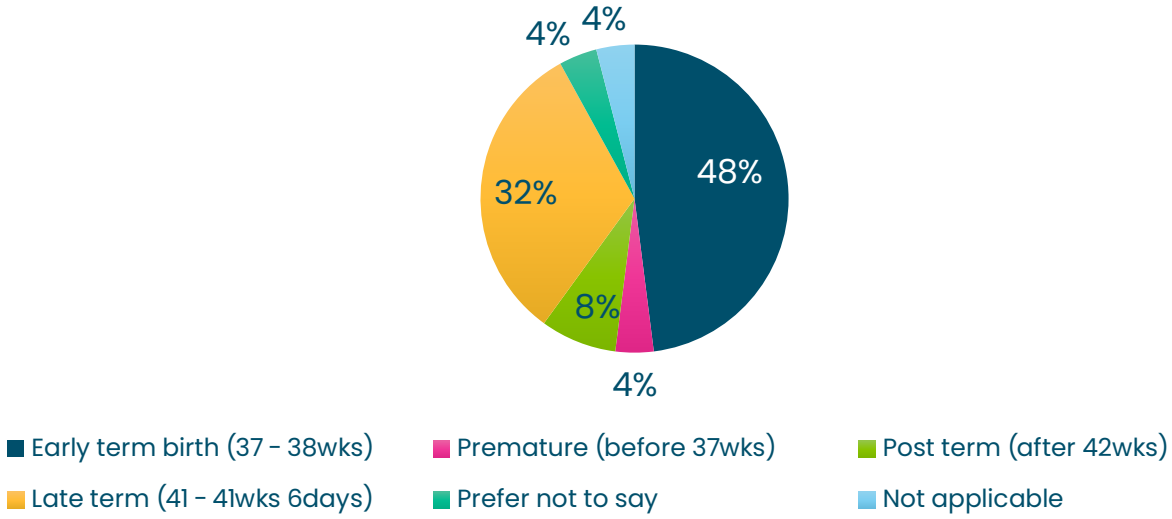
Time period living in the UK



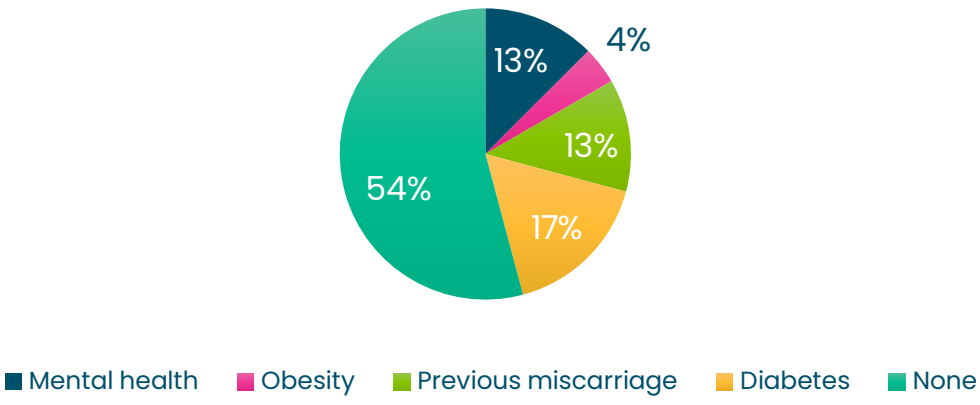
When did your pregnancy experience occur?



Gestation at birth



Underlying condition/s or concern prior to or during the pregnancy?



Other participants (46%) also mentioned other conditions such as multiple sclerosis, high blood pressure, rhesus disease and postnatal depression. They also indicated that they had experiences of complications with previous pregnancies, low birth weight, post-partum hemorrhage, previous baby loss and pre-eclampsia.

Findings

The experiences that participants told us about indicate variability and inequality in the maternity care that Black African and Black Caribbean women receive in West Birmingham. Inequalities are experienced throughout antenatal, labour and birth, and postnatal care. These include experiences of discrimination, stereotypes, lack of access to information and interpreters, and not being listened to. The findings also show that, although women experience challenges at various stages of the maternity pathway, these challenges seem more significant in the postnatal period. Women new to the country[1] seem to experience significant challenges due to language barriers and lack of understanding of how the healthcare system works.

Many of the experiences we heard are not unique to Black African and Black Caribbean women. Reports such as the Ockenden report have shown evidence of poor experiences of maternity care for women from all ethnic backgrounds. However, as a recent report by Birthright (2022) argues, these experiences have a bigger impact on women from minority ethnic groups as they combine with systemic racism. Below we discuss our findings.

Delays in screening

A new service specification for the maternal medicine network, launched in 2021, recognises the key role of GPs in the maternity journey from pre-pregnancy to post pregnancy. They ensure that first trimester screening occurs, especially foetal testing for risks such as pre-eclampsia, which has the potential to reduce ethnic health inequalities. This can reduce pre-term and stillbirths, which MBRRACE-UK notes can be avoidable by improving early screening.

Delays in being referred to secondary or community care was one of the issues women told us about. This included women with underlying concerns or conditions.

> ***I spoke to my GP when I realised I was pregnant, and it was when I was about ten weeks pregnant. I remember that someone called and set me up to go to the clinic and told me that I would get like another call back soon when it was time for me to have an appointment but then I didn't get any call backs after that and I didn't get any correspondence. I actually had to call them to get the first screening and stuff done. I remember being far along and I hadn't had any bloods taken. I was seen quite quickly then coz they realised I hadn't been seen by a midwife. I hadn't had any bloods taken. I am rhesus negative as well and have a risk of having low birth babies. I was probably about 20 or more weeks that I actually had my checks.***

> ***I called my GP because I was really sick, I was vomiting, I lost weight. I saw the GP when I was six weeks pregnant and he said he would refer me to the midwife. Both of my pregnancies only saw the midwife at 17 weeks. I called the GP three times and I kept asking for my midwife.***

Referral to secondary or community care is particularly difficult for people new to the country who do not understand the system very well.

> ***First contact with the service was through GP with the first born. It was at the time Covid had just hit and I had just moved to Birmingham. The Dr next to me was not taking on new patients, had to go to another one who sent me to the midwife. The GP didn't explain anything to me about the process, I didn't understand the system and they just assumed I understood. So, I waited for a long time before anyone got in touch with me. I was contacted after 15 weeks. After the initial meeting, the midwife booked me for the next appointment so I knew a little bit what was happening.***

1 This included women who had lived in the UK for less than 3 years

Inaccessibility of antenatal classes

Lack of awareness of the existence of antenatal classes was the main reason given for not attending them. Others did not attend the classes due to language barriers, timing of classes and because classes were mostly online. For one of our participants who had been referred for classes, a lack of information about antenatal classes (e.g. at what stage of pregnancy the classes start, how long one has to wait following a referral) meant that they were unsure whether they would access classes.

> ***Nothing was told to me about those antenatal classes. I was not aware they existed.***
>
> ***Antenatal classes, I was not offered one, neither did they offer for my 7-year-old. So, I have never had these classes.***
>
> ***I did not attend any antenatal classes, they did not offer me these. They did not offer these even with my other two children.***
>
> ***They mentioned the antenatal classes and they said they will make a referral so will wait for that. I am quite far along (over six months) so not sure at what stage you have them.***
>
> ***I never attended one and I did not know about them. It would have been good to have the classes.***
>
> ***I was offered antenatal classes, but I did not attend because of language.***

Having difficulties during birth and caring for baby once born, were attributed by our participants to lack of access to antenatal classes.

> ***I was never offered antenatal classes, that's why my birth was quite horrible coz am a first time mom with no one to talk to. It doesn't matter if you are new to the country, that just makes it worse, but if you have no experience of siblings having their own children – you know nothing. So I needed this information which is important for new moms.***
>
> ***It was my first child but I did not have any antenatal classes. I saw a poster, but I was not offered. I feel I needed it with my first baby but was not offered. So, the first two weeks after giving birth were hard. I could not even bath the baby.***

Apart from two of the participants, most of the women who already had previous births told us they were not offered antenatal classes.

> ***I was not offered antenatal classes because they said am an experienced mom. I had some classes with my son and I found these so useful. Coz my kids are far apart, I would have loved to have these again. I think they should open them up to everyone whether you are experienced or not because each pregnancy is different. Stop telling me am an experienced mom, leave it open so everyone can access if they wish to. I had to do a lot of research – my two pregnancies were different.I was a bit more experienced so did not attend antenatal classes. But they did not discuss with me about classes or if I wanted to attend.***

Some of the participants noted that the content of the antenatal classes needs to be widened to include information about the complaints process, rights and how to raise concerns, miscarriage and c-section - noting that there a higher number of women are having c-sections.

> ***Antenatal classes don't give you information about the complaints process. I never came across info about complaints until my encounter with the midwife started concerning me too much. I then started to search for information on how to make a complaint.***
>
> ***They gave no information about your rights or how you can raise concerns. They didn't really give me an option or information about the options available to me re giving birth. They didn't really explain to me what would happen at various stages of the pregnancy. The antenatal classes only spoke about breastfeeding, bathing – I loved the session about the love language. But need to add more topics around c-sections, induction, miscarriage...there is a high number of black women that are having c-sections.I was told about antenatal classes but I didn't attend because I had another child so was not interested. In my first one we discussed about how birth works, pain relief and side effects, position to ease pain. But they could add things like having children with abnormalities – to know what to do. Also need to discuss emergency c-section as you don't know what to expect and how to look after yourself afterwards.***

Continuity of carer

Participants reported seeing different midwives during their maternity journey. Continuity of carer has been implemented (see Better Births, 2016) to ensure safe care based on a relationship of mutual trust and respect in line with the woman's decisions. It has been identified as key to reducing some of the inequalities faced by black women.

Failure to see the same midwife acted as a barrier for our participants in terms of how much information they shared that could then facilitate support. By seeing different midwives, women felt they were unable to get adequate support to manage their conditions, they were left anxious before each antenatal care appointment, and found it difficult to discuss key issues affecting them. Women felt that having the same midwife throughout their pregnancy was important

> "***because they know your issues which is very important especially at the end of pregnancy***" and it is "***easier to discuss some issues with the same person. Different person, you don't have the confidence***".

Seeing different midwives during their pregnancy left women anxious prior to each visit, they were unable to discuss issues such as mental health or get support to manage conditions. Women found that with each midwife, they had to repeat themselves and they could not follow up on issues they had discussed in a previous appointment.

> ***I did not really like the antenatal care as I saw a different midwife each time – I never saw a midwife twice and I went to a different clinic, saw them at multiple clinics. I didn't really think I could share how I was feeling because I saw a different person each time. I went to about to 3 different clinics, didn't see the same person each time and I was really apprehensive during each visit.***

> ***The support with my other condition was inadequate, I feel like I should have seen the same person, there should have been more communication and there should have been more regular appointments. It was shocking really, because I needed to know how to manage these conditions whilst pregnant.***

> ***During my pregnancy I saw different midwives all the time. When I had my miscarriage I was so down, they asked me if I wanted support with miscarriage but I said no, I talk to my friend and that helps. Better than different people all the time. I am also starting work soon so that should keep my mind busy.***

> ***I had a different midwife each time I visited dependent on appointment, day and time of appointment. I questioned it as every time I had to repeat myself and if you forgot to ask a question in the last appointment you could not ask at the next appointment as it was a different person. It's harder to have different midwives each time coz had to repeat myself all the time. Although sometimes the new person gives a different perspective, it's nice to have someone you have built rapport with.***

Not seeing the same person meant that some women could not discuss concerns and options.

> ***I had an underlying condition – had a lot of bleeding in my previous pregnancies so they told me that I wouldn't have the birth that I wanted anyway like a water birth coz I had postpartum hemorrhaging. Because I was not seeing the same person I could not discuss my concerns with anyone or discuss what my options were. I wanted a home birth coz I didn't feel confident to go back into hospital but could not speak to anyone.***

The consequence is that some of the women only discuss the issues that they feel the midwife wants to hear as they see the whole process as a tick box exercise.

> ***You have different ones (midwife) all the time. Even yesterday there was a new lady who came to do the two year check (which was late) she was asking me a lot of questions and I wasn't comfortable to tell her coz I had just met her. So with my midwives I would say am okay am okay coz you can't tell them issues coz you know the next one will be different. You just tell them to tick a box on the paper so they can go. The other one said to me, you seem you are fine so will write that down.***

Choice, consent, and coercion

Most of the women we spoke to felt that the discussion about the hospital they would like to deliver at was not presented as a real choice. They felt compelled to choose City Hospital over other hospitals. In cases where a woman chose another hospital, such as Birmingham Women's Hospital, they were coerced out of that decision and told that they are unlikely to be accepted as there is a long waiting list. Choice was also impeded by the lack of information on the standards of care of the options available.

> ***Am not from Birmingham so spoke to my friend about the hospitals in Birmingham. I didn't really delve into researching the hospitals a lot actually. Looking back maybe I should have asked more questions, but I just chose the one that was closest to me. After I chose the hospital, I did my own research. I was just given a choice between City and Birmingham Women's. There was no real information on the standards of care. It would be nice to be given some information about the hospitals, quality of care or where to find that information before I choose a hospital. However, the way it was said to me wasn't much of a choice – it was just city or women's but more emphasis on city.***

> ***During the first appointment, I was checked over, told me who to call in an emergency, asked me about which hospital I wanted, and I said Birmingham Women's but they told me no spaces there better to choose another one closer, so chose City.***

> ***In terms of hospital, I chose the one that was closest to me. They did not give me any information about the hospitals available. I was new to the country so was not aware I could choose any hospital.***

> ***I saw my midwife at the children's centre, we spoke about a lot of things. When it came to the hospital where to give birth, I was not given a choice – no options were given, they just said you will give birth at City. I think because my first birth was at City, they just chose for me. I feel options should come with information about the different hospitals. I feel like I was forced to go to City even though I had had a traumatic experience with my first child there. So, I wish I had a real option.***

A minority of our participants had been given a choice over the type of birth they wanted to have. However, most women told us they were not aware that they could decide the birth they wanted to have - noting that they had wanted to have a home birth but did not feel this was an option.

> ***No one went through the birth plan with me. I was quite far gone by the time I went to the clinic and then I saw the midwife at least three times. I spoke to her then and she told me I could not have a home birth and that was that.***

> ***In terms of choice of birth – they just assumed I wanted to be in a hospital. I was thinking it (giving birth at home), but I did not feel I could share it. I did not know there was a choice.***

> ***On choice of delivery – they kind of say you have a choice but then they take the choice away. They put you off by saying it's not guaranteed. Depending on your weight or conditions you might have, they take you off serenity and the only option is delivery suite. Sometimes your BMI might just be slightly high – they must assess differently and give an opportunity for serenity. For my first daughter, they didn't give me options either, they didn't explain to me about serenity. I didn't know about it until I did antenatal classes. I went to the midwife to speak to her because I wanted serenity and I needed her to book a visit. She was very rude and said I was too big for serenity.***

Some women told us that they were not listened to regarding the type of birth they wanted and their needs were not taken into account. They felt under pressure to have a c-section.

I feel like I was not supported properly to have a normal delivery. When I was 9cm they checked everything, my blood pressure was fine, baby's heartbeat was fine, the only thing was that they kept saying it is taking too long. In my opinion, I feel like if I was given more time I could have had a normal delivery. I actually asked them to give me more time to try normal – they coaxed and told me you could lose the baby. There are things you shouldn't tell a pregnant lady but they scare you into making the decision. They came with papers for me to sign and I was crying. My partner also kept saying they know what they are saying. So I was surrounded by people telling me what was good for me. Because health wise and the baby' health was fine, everything was alright.

They could see the head, they even came with the mirror to show me the head – so he was already there. When they cut me open they had to push him back in. What also annoyed me was that there were so many students that day. They asked me if the student could examine me and I agreed but I tell you it was like ten people – everyone was just coming and dipping their hands, different sizes of hands then they would debate about how dilated I was. I felt violated. So many hands went in there and I felt so violated. Some were going more than one time just to confirm whether I was eight and half or nine cm. They all had different opinions, so it was consultant, midwife, nurse, head of nursing and the students. I had to have a debrief about that coz I felt I was coaxed to have a c-section and I felt violated. It wasn't even important anymore because they had decided to do a c-section.

They kept saying I should have a c-section because I had one before – there was not any other reason. We argued the whole time, but I refused. At 39 wks I had a meeting with a consultant to discuss my decision to have a vaginal birth (VBAC). The consultant said I should reconsider and have a c-section. The Dr said, 'the baby could die, my staff are traumatised from a previous similar experience and you should have a c-section'. They didn't ask me why I wanted a VBAC.

In some cases where women asked for a c-section, this was often refused. However, for some women, they still conducted a c-section following a very long labour.

They induced because they said the child was small – not growing well. I was in hospital for 5 days – they took 3 days to induce and then 2 days in labour. I asked for a c-section, but they refused. They said because baby was okay, and I had had normal birth before. We ended up with a c-section anyway.

I said from very early on that I did not want to give birth naturally due to FGM when I was back home. They insisted that I give birth naturally and said I can sit on my knees and give birth that way. I said I was in a lot of pain and wanted a caesarean but they said the head was coming and I had to give birth naturally. I felt I was not listened to and they did not listen to my worries.

The experiences we heard show that most of the women felt almost invisible in their maternity care. They felt told or spoken down to, not consulted, medical procedures or conditions were not explained to them and there was no or very poor explanation of what was happening during their maternity care. Most women felt that they were treated this way because they are black, as the experiences of the three women below demonstrate:

I feel that the moment they see a black woman they don't feel the need to explain things. They tell you, they don't ask you, they do not explain.

One thing I have noticed is that when they see a black woman, they just assume you won't understand things so no one explains anything to you.

Some staff treated you differently because of who you are – not explaining fully, not speaking to you rightly, maybe coz am black. Don't know.

Some women told us that there was a failure to explain conditions to women and how they impact the woman's pregnancy and their unborn child.

My first born had jaundice. The midwives did home visits almost every day coz the threshold was very high. They were good and kept me informed but they didn't explain the reasons why he had jaundice and what the concerns were. It was when the value was going down but was not going down enough that they sent me to Sandwell Hospital. The pediatrician asked if he was taking enough milk. But no one really discussed the concerns with the jaundice or told me what I could be doing to support improvement.

When I went over there (City Hospital/ Midwife appointment) they gave me an injection because I was swollen. But no one told me that I was having preeclampsia. They just said, 'mom you are swollen' and said you should take this tablet, this tablet and this tablet. No one explained to me properly.

Information throughout the pregnancy – I did my own research, I don't think I was given any information to help me. Especially with the anti-D injections, they just said you need these injections and didn't explain why. So, I just did my own research. Some of the stuff I already knew but I might not have known and they just assume you do.

Dignity and respect

Feelings of being treated with lack of respect were demonstrated by rudeness, being treated differently, use of stereotypes, patronising language, and a lack of compassion.

I was asked if I was going to have another child whilst I was on the delivery bed. I didn't know what to say to that.

I did feel that sometimes I was treated differently coz I am black – some of the questions I was asked when in hospital. I was asked about my husband, how many kids I have, if I will have some more kids.

She turned to me and said, all you people are the same and I was like what do you mean, I have just been admitted.

At the time, I was being monitored every day. One of the midwives said to me, you guys are so difficult. I wondered what she meant.

After giving birth, the experience was really awful, they were not nice really. You are obviously in pain, tired you can just about walk, and you are feeling quite dizzy and stuff – and one of the staff that was asking us to go and get our food said something to me, she said 'you always do this'. I was like what do you mean, I haven't been here before. She made it out like I was being too lazy to get up to get some food. But at the time my daughter was breastfeeding. She kept coming back to tell me I should go get some food and I kept telling her, I will go but my baby was breastfeeding first.

It's at this point that she said 'you always do this'. I was like this is the first day I have seen you, what do you mean I always do this. I felt like she was generalising me to someone else that might be black or a young mum. I was quite upset about that because I was not trying to be lazy, I was breastfeeding my child, she was being a bit mean at that point.

I think they don't have enough staff – maybe that's why they don't do their job right. When I went to the hospital the 1st midwife was very nice. The second midwife was stressed, she was white – very rude. She asked me where is your husband and I said at home taking care of the other kids. She said, why can't you have a nanny.

After speaking to my GP about my pregnancy, the second call I had was from my midwife and that was negative. She was really rude. She was an hour late so I texted her to check if she will still call – she called right back. She kept interrupting me and didn't listen to me, very rude. I told her about my anxiety about my MS but because I don't have an official diagnosis, I didn't mention it until the end and she was like, you should have mentioned that earlier. But I did not know what I could tell her . I was just glad when the phone call was over.

Being ignored, dismissed, and disbelieved.

Some women told us that during labour and birth, and postnatal care, staff either refused to take their pain seriously, disbelieved they were in pain or dismissed/minimised their pain. Some women were sent home without checking if they were dilated, relying more on the spacing between contractions. Some women's concerns were dismissed resulting in poor outcomes.

Labour pains not being believed or dismissed leading to poor outcomes for some of the women.

Every time I went to the hospital they sent me back home, no one checked me to see how far along I was. I ended up giving birth in an ambulance.

I said to her [midwife] the baby is coming – she said wait there and walked off. I waited for a long time I had to go to the door to scream for someone to come and help me. I told them that I didn't want that midwife because I told her many times that my baby is coming but she did not listen. I think she was racist – she even asked me if I will have another baby. My baby was not breathing when he was born as a result. I told this woman 100 times that the baby was coming.

Request for painkillers denied or dismissed.

When I went into the hospital, I was 5cm, but I know that my contractions take time. When I told them and asked for painkillers, they said no you will give birth soon – they didn't listen to me. I asked for pain relief and they gave me gas and air. It didn't work very well. I asked for something more and they said because contractions are slow, painkillers will slow them further. So was in pain for 72hrs with my daughter.

With my 6months old baby – I was on gas and air – there was a nurse that was so rude. She was putting stitches after birth, and I kept telling her that I was in pain and could feel everything and she kept saying she has already injected me. She was shouting at me, no sympathy – I could feel everything. Even now as am talking to you I can remember the pain. Afterwards I wanted to complain but I just didn't have the energy. I didn't know how to complain but I was going to find out from friends.

They were less helpful when I had my daughter here as I asked for pain relief and they wouldn't give me it, only gas and air. It felt like some nurses help you and others argue with you. I feel they do not understand FGM much or listened to my worries when I give birth naturally, I am worried the scar will break and it is very painful.

Dismissing concerns about medication being taken for high blood pressure during pregnancy

Every time I said am sick and I told them I thought it was the medication I was taking – they will just say no don't worry, everything is fine. I am scared of pregnancy because of the experiences I have had. Because of my condition, I was doing scans every two weeks, but they did not pick up that there was something wrong, that the medication was not right and I had a miscarriage at 33wks. I am not a medical person, but I can google and I knew the medication was wrong. I can complain and say they killed my baby but I don't want problems. You know in my religion we believe that everything happens for a reason and this was meant to happen

When they checked the baby and saw it was fine, they did a sweep and sent me back home. But that sweep was like worst thing ever. They asked me to get my bags and that they will book me in. So, I went home and packed up everything, went there and the sister that was in charge said am so sorry I gotta send you back home, I haven't got any beds. And I was in so much pain, but she sent me back home in pain. When I went to the hospital and they kept sending me back, they just checked how far apart the contractions were. They didn't check how far dilated I was. Coz they did two sweeps and that should start it, and I kept going in because the baby was not moving but they kept sending me back, so this time I waited for some time.

I was reluctant to go back there coz I was worried that they will tell me 'we haven't got this and we haven't got that space'. I know if it was somebody else, they would have passed out. By the time I called the ambulance, I was not keen to go – I said to the ambulance will they just send me back. But he said because my contractions were 10 minutes apart they wouldn't send me back. When I got through to triage, they checked and said I was 5cm dilated. I panicked then and told them the baby is gonna come now and they said we are taking you to your bed. I kept telling them the baby is coming and they wouldn't even listen.

They put the monitor and the baby's heartbeat had dropped. All I remember is opening my eyes and seeing a ton of people round me. Then I says I need to push and they said that I should, then my waters broke and I could hear them saying the water is green. I didn't know that the baby' heart had stopped beating and she had absorbed some of the green water. My daughter was born 7.50, I started contractions that were 10 mins apart at 7 and had given birth 50 minutes later. The pain between the couple of hours was so bad. They were not listening, when I told them my labor progresses very fast – only when they could not get the baby's heartbeat that everyone surrounded me.

Poor postnatal support

A majority of our participants expressed dissatisfaction with the postnatal care they received, both in hospital and when they were at home. We heard from women who were discharged a day after a c-section having little or no support when they got home. We first thought this was historical as most women who mentioned this had given birth in the past 2-3 years. However, one of the participants who was pregnant during the interview gave birth to her first child during the course of the study. She and her husband told us:

Even though I was always low risk, and they had no concerns, I ended up having a c-section, and I was discharged after a day. I did not see anyone until a week later when I went into the hospital. I was struggling with the wound, felt it was infected. I am not happy with the aftercare. No one came out for five days. We had to go to the hospital as my wife's wound seemed infected. When I got there I asked why no one had come to see us. They told me that they were short- staffed and that they were prioritising who they saw. I asked what makes you think my wife, who has just had a c-section and was discharged within a day is not a priority. In addition, my child was quite small when she was born so needed support on how to take care of her. They continued to say they were really short staffed, the policy is different but have had to change it coz of staffing issues. They finally came out to see us after two weeks.

Immediate care after leaving hospital was not good either. I had to do my own research and as I said, I already have two children so I knew some things that are supposed to happen. For instance, I knew that they are supposed to come and do a heel prick after some days (5 days I think). So when no one came and it was day seven, I called them and told them no one has come to do a heel prick on my child and they were like, no one has come in, okay we will send someone over to do it. So I literally had to call to get help or support.

I knew because am not a first time mom, but if you are a first time mom, then you wouldn't be asking for it because you wouldn't know someone is supposed to come for these tests and measurements.

When I was on the machine and had to monitor the baby, they didn't pay me no mind because am on older mom. Because I had been injecting myself, I was bleeding extra so lost a lot of blood. After coming back from hospital the next day, I did not see anyone. A lady called me and said 'if you are okay with everything, I won't bother to come and check you'. But I had a tear and had never had that before. The aftercare was not about me at all, it was more about the baby. So no one ever spoke to me about managing my tear or anything else.

It was very quick. They took my catheter out very early, not so long after I gave birth. Someone came to me the same day and said I had to leave. I called my family to come, and the hospital staff quickly moved my things. After being discharged my c-section got infected twice, didn't really see anyone. Someone came out twice. It took a long time to recover. In terms of baby care, they came once after I was discharged then the health visitor came the following week.

Structural barriers

Birthright (2022) identifies access to a translation or interpreting service as one of the main structural barriers to safe, respectful and non-discriminatory maternity care. We found that lack of access to interpreting services was a big barrier for women who had difficulties speaking and understanding English, including women new to the UK. As this woman notes "***translators are not available, make more available. The time I was in hospital I saw many mistakes but could not express myself or explain it".*** Except for a few of our participants, some women needing language support were not offered an interpreter.

Some women found that they could not express themselves effectively and could not express their needs during their maternity care

> ***I was very emotional after giving birth, anxious and depressed – I said I will never have another child. I had problems to communicate. I don't understand English very well. Can't express my problem - its stressful.***

> ***I was in so much pain, but they only give me gas and air. I also told them that I felt the child was too big as I normally have big children. They really did not listen. It was difficult to really express myself and tell them what I wanted. I have learnt some English now but then it was worse. No one understood me.***

Failure to provide translation or interpreting services has the potential to put women at risk

> ***I did not have an issue with English so I could understand the information being shared with me. But there was a Senegalese lady when I was there who is also from Italy like me. So, they were having problems with consultant as she could not understand. So, I offered to translate. I had to but that put the patient at risk because if I have not translated clearly and privacy becomes a problem as am listening to issues that are personal to her. I was able to translate coz I had already done 2 years of nursing at the time. If someone does not speak English, it is hard for them.***

> ***Drs also need to improve - make sure that women understand what you are saying. Book an interpreter. It's difficult for a woman to understand instructions when in labour if they do not speak English.***

Racism and discrimination in maternity care

Although some women told us they did not feel treated in a discriminatory or racist way, most told us they did. They told us they felt treated differently to white women during their maternity stay in hospital, felt stereotyped and that assumptions were made about them. In some cases, they experienced negative verbal and other more subtle behaviours. We also found some experiences of discrimination at the structural or institutional level. As Birthright (2022) notes, this is expressed through policy or practices, for instance not addressing risk factors such as underlying health conditions or comorbidities and ignoring pain and symptoms.

> ***In my second pregnancy I felt that the behaviour of staff was prejudicial. In my second pregnancy when I had given birth – it was a water birth, I sat in the water waiting for the placenta to pass, I told them that I didn't feel very well. They were not listening. They had a student nurse and she did not listen. The midwife asked me to stand up to see if the placenta would come out that way, I did, something did come out and the water went red and I fainted. So then they took me over to the bed, but I was feeling hot and sweaty and I kept telling them that I really don't feel well.***

> ***They kept telling me you just need to get dressed now and go into the ward. I said to her, I don't feel very well. She turned to my husband and said tell her to get dressed. I was looking at him like 'you know me, you know I wouldn't make out that am sick'. The minute that happened, I started to throw up and at the same time, I passed really big clots so they had to take me upstairs to have the placenta manually removed. So she was prepared to take me to the ward knowing that I was really sick. I don't know what she was thinking but she just kept refusing that I was sick and I feel like if it was somebody else who was white, they would have taken their concerns seriously.***

> ***I felt that some of the treatment was prejudicial, that is why I wanted to complain. When I was in pain with both my pregnancies, I felt like they treated me as a strong black woman. With my first born I was in a lot of pain but they kept giving me paracetamol. With my twins, I asked for an epidural but that didn't happen either. I had no birth plan where I could say what I wanted to happen when I give birth.***

Experiences of discrimination resulted in harm to women's mental health leading to women accessing mental health support

The experience I had at City hospital was horrible. It was the first time I had a child. When you have a baby, the nurse walks around the ward to check on you. She came to me and says change the nappy. I said I didn't know how and she says you are alright to give birth but you can't change the nappy – her tone of voice was so harsh and then she walked off. It was a very long pregnancy and I was in labour for 10 hours – you come out of that ordeal and you ask for support and that's the attitude you get. Her tone of voice and body language was really bad. I closed the curtains and cried, and I said to myself, who is gonna help me. When I drew those curtains, I was isolated and I stopped asking for help. That's how my depression started. She was an English lady and the behaviour felt like it was because of who you are.

My maternity care up until after care everything was fine. Had this midwife who helped me induce labour naturally and I really liked that. At 8 and half centimeters they just decided to do a c-section. The baby was born, good weight and we were transferred to M2. I will never forget. I had no issue until then. You know when you have the baby and have had a c-section, they give you a catheter, the nurse on that night removed the catheter and encouraged me to go to the toilet. You know I was in pain down there, I had dilated 8 and half cm and the cut they made was on top of another scar, so I was in pain. This was the same night that I came on the ward after the c-section. So I did try to go to the toilet, holding my stomach and in a lot of pain. So the following morning they encouraged me to go and have a wash, I had a wash. This is when the problem started. It was around 11ish, I remember because the midwife that was looking after me was having her salad in the nurse's station. So they had told me, the catheter is out so you should be going to the toilet.

Obviously the morphine they had given me last night was worn out. So the way it is made in that hospital, is that the nursing station is next to the toilet so it means you pass by the station to get to the toilet. So I went to the toilet and on the way back I stopped and spoke to the midwife – I asked her if it is possible to give me my pain killers and I mentioned the morphine.

She was eating salad, and she just lifted her head like this (demonstrating) and said that 'if you are in so much pain, you wouldn't be able to walk all the way from there – I think I was in bed 11 at the very end'. Those were her exact remarks and I could see her friends in the back smirking. I started crying because I was in so much pain and I could not tolerate the attitude of the midwife. So I pressed the buzzer, the head CN came, turned off the buzzer and I told her what I wanted. So the midwife came coz I asked to speak to the midwife and exactly what she told me at the nursing station – if you was in so much pain you wouldn't be able to walk from the bed space to the toilet. Remember that this is medication I have been prescribed, I only delivered yesterday, had a wound from one side to the other. I don't know what was wrong with her because she continued 'women that walk through those doors are not sick, they just come here to give birth'.

No compassion whatsoever. Having an open wound, you have stitches that are pulling on you, you are walking holding your stomach, you are scared to even cough and I felt like I had two deliveries because we could see the head of the baby before having the c-section. For her to say people that come through those doors are not sick, it's like saying giving birth is nothing. The pain for everybody is different. If she was in my shoe, I don't think she would appreciate me saying something like that to her. And it's her job to dispense the medication. She started arguing that I don't need the morphine.

Funny enough, she went to the chart, and she could see that I was prescribed more than the morphine, I also had another pill that is a painkiller. I also had ibuprofen and paracetamol – so I was prescribed every painkiller. It's like I had given birth during the day, the day before and I was only in that ward for a night, it wasn't like I had been there a week or something. I feel like she treated me like that because I was black coz I could see other women calling her and she was giving them their medication.

Negative attitude and behaviour of some staff seems accepted by others, and discriminatory and racist behaviour sometimes came from black staff

When this nurse spoke to me so rudely, she was around other midwives, who could have as well acted. Sometimes as nurses we give each other a nudge to say– don't be like that. We remind each other of why we are there but in this case nobody did it. The other nurses were actually smirking.

Sometimes when the baby comes – coz I had a c-section, they don't come when you call them, and I was in pain. Some staff scream at you. The night staff were worse than the day staff. Some of the staff who did this to me were black also, only difference between me and them is that I am Muslim. People are good whether African or not and some are just as bad.

Sometimes we say there are not many black staff but at City there are many but the way they speak to the women is bad.

I would say the attitudes of the staff outside the hospital are much better than the staff in the hospital. They are miserable and don't tend to listen to you as much. But the ones outside the hospital are a little patient with you.

Everyone is different, sometimes there were staff that would just pass you even when you are trying to talk to them.

Some staff are nice but most are not giving good service. I feel they want to give you a good service, but they can't because of the system they work in. It is so busy and not enough staff.

Failure to identify opportunities to support women needing mental health support

According to Nice Guidance on antenatal and postnatal mental health (2020), depression and anxiety are the most common mental health problems during pregnancy and in the first year after birth. They note that these problems frequently go unrecognised and untreated in pregnancy and the postnatal period. If untreated, women can continue to have symptoms, sometimes for many years, and these can also affect their babies and other family members.

The experiences women shared with us show areas where further assessments and support should have been given but symptoms were either missed or ignored. In some cases postnatal conversations focused on the baby and did not do enough to assess the mother. Except for one woman, we did not hear of any other mother being called for a 6 week check by the GP which would aid discussion around mental health and general wellbeing.

Each time I spoke to the midwife and health visitor, I would be crying and I did tell them that the whole experience affected me mentally. Coz I felt so hurt by the midwifes remarks, she is a professional and she should know better. At no point did they offer me support. I feel like if they had offered me support – mentally then I would have been okay.

Working in the hospital I feel like sometimes we try to cover for our colleagues. For me it was very important to speak to an independent person. That's why I went for therapy through my work.

I had postnatal depression – was crying all the time – it was a struggle. I had to call my friend and she helped me through it. She had also had depression before and she helped me. I needed to sleep, and I needed support. I was on my own and everything was just too much. The health visitor came after a while but they were no help. The midwife came five days later I told her how I was struggling and she said why didn't you tell me. She said today is our last day to see you and then referred me to City Hospital. When I went there, they just said baby is fine and you look fine. No need for further help so continued to get help from friend and ex-husband.

When I had my child, I just hated her so much – it was in my head not that I would harm her. Then my daughter became ill, and I thought God was punishing me coz I hated her. I never spoke to the midwife about my mental health, about the hate I had towards my child. I didn't feel like I could talk to anyone and because they never really saw me after birth, no one asked how I was doing. It was more about the baby.

Poor handling of complaints

Failure to take an organisational view to addressing complaints about maternal care missed opportunities for learning to take place.

> ***They told me I can make the complaint and me and the lady will sit to discuss but then they called me and told me the lady had moved on. They never wrote to me, just called. I was not satisfied with the way they handled my complaint because I do not think there was any accountability. It seemed to me that they blamed only one person – the midwife I had the issue with. This lady failed and all the guns were aimed at her and then they said she has left and that was the end of it. I made a complaint coz I had heard people tell me about their bad experiences there and also there could come a lady who is not strong mentally and they talk to her like that. When she goes back home they have destroyed her self-esteem. This lady is expected to cater for her children but diminished that little humanity she has. I don't want this to happen to someone else.***

One woman felt that when she made a complaint, the Trust was trying to shift blame

> ***Then she (Trust complaints lead) came back and told me that this nurse had moved out of the midlands and there was no way to reach her. Then that was the end of my case. When I actually complained, even though I mentioned who it was – they were like was it the black one, and I was like, I know who spoke to me like that. It was the white one and I remembered her name. They tried to put another name down. But in the end, they said she had left and because of confidentiality and all those GDPR things they cannot reach her. So that was it.***

In some cases women told us that their calls to the complaints service were not picked up so they gave up with their complaint.

> ***I wanted to put in a complaint about the first midwife, I was given a number and no one answered. I called them once or twice and no one got back to me. It just seemed like hard work so I left it.***

Environment and food

A few of the women found the food inadequate and that it did not meet their needs as a breastfeeding mother.

> ***The food was not good for me, especially as an African. They gave you toast, jacket potato – not nice at all. I need to breastfeed my child and the food was not great for breastfeeding.***
>
> ***The food was not adequate for breastfeeding mothers, some women have been vomiting all though 9 months and that's that they can keep down and its inadequate.***

A majority of the women expressed concern about the cleanliness of the hospital post birth. One woman noted that the lack of cleanliness affected her blood pressure as she was worried about infection control.

> ***The only issue I had is with the hygiene of the toilets. There was blood on seats, drops of blood on the floor. There was no tissues to clean yourself.***
>
> ***Being Muslim, I couldn't clean myself in the way I wanted so it's harder to not use tissue.***
>
> ***For the two weeks I was there, everything is okay but the place is not neat and its smelly. Toilets are really bad.***
>
> ***Infection control is bad – there is only one toilet area for the whole section and the toilet is very dirty. My son developed an infection, I mean one room divided into six sections – only one toilet, one sink – the cleaner did not come for 4 days. The toilet was full of blood and afterbirth on the floor. When the cleaner came, she only cleaned our rooms. It really impacted my health – my blood pressure was high because I was constantly nervous.***
>
> ***With my first child, I did not stay in hospital for long but with the second one I stayed in hospital for 12 days. I found the place so dirty – there was blood in the toilets.***

When things worked well and good practice

Good practice included quick referrals to secondary or community care by GPs, good communication and information sharing, good and consistent support from midwives, access to antenatal classes, staff attitudes and behaviours.

GP contact and referral to midwife

I called my GP when I was about five weeks pregnant as soon as I missed my period. The GP then advised me that they would then refer me to the midwife and that a midwife would contact me between 10 to 12 weeks . Also asked me which hospital between City and Women's and once I told them which hospital then the midwife contacted me to invite me to my first appointment. The Dr said the midwife would contact me at 10 weeks and someone did actually contact me at 10 weeks. Initially I had a telephone appointment just to go through screening just to find out if there are any underlying issues or conditions they needed to be aware of. They also asked about my partner, whether he had any issues, and his family history.

So my first appointment was to early screening which was a 10 week screening where they did some tests and my blood tests. After that they booked me in for my first scan, so that would be the 12 week scan then they booked me in for my 20 week scan. Before my 20 week scan, I met my midwife and we went over the blood test results. My appointments have been consistent.

I saw the GP first and then the midwife. With the midwife we spoke about antenatal clinics, how often they are and asked me which hospital I wanted to give birth. I was just asked which hospital and I chose – had my son at City as well so was easy to choose the hospital. Also did some scans and blood tests.

Information

In terms of getting information about access and the services I could access, who could support me – I felt that went really well. They actually provided me with a number for antenatal appointments and also a number I could call if I had any issues in between appointments. I haven't had a need to call that number so not sure how well the support works.

Access and quality of antenatal classes

They sent me a list of classes which were virtual on MS teams. I attended two of them online. Most of them have been virtual although they did say there were some that were in person. But I could not attend those due to other commitments (I was still working). I think the antenatal classes are for four weeks, so they are finished now.

I got information about the classes from the information, diversity and inclusion midwife. She was the one running the classes. The titles were – preparing for your birth, week 2 – labour and birth, WK3 – bonding and infant feeding, WK4 – caring for mother/expecting parent. The two I attended were good and I learnt a lot. She encouraged us to be vocal and express ourselves - coz people from our ethnic background tend to be shy so we need to be clear. She was quite frank about it and I found that helpful.

Staff attitudes and behaviours

In terms of the attitudes and behaviour of staff, It has been a comfortable experience for me. They have probed and asked me questions , asked if things are okay at home and how am feeling. I have been feeling very comfortable with the midwives. They are not cold or robotic.

The way that I have been supported, the way they have shared information and the way (written information – I can look back on that; feeling baby move and a number of who to contact) of communicating has met my needs. My midwife has referred me to the breast-feeding team and that has been really useful. They text me with links to read information. This suits me but am aware it might not suit some people.

I was blessed to have really good midwives for my first and second pregnancy. I had the same midwife throughout – they were lovely, remembered me and I was confident to share any concerns with them. I did not feel any prejudice.

There are great midwives there and I was lucky to have the good ones. It depends on who looks after you. The midwives checked stitches, gave me leaflets, gave me an opportunity to speak about any concerns.

I had a special midwife to discuss FGM and she was really helpful, she made sure that my needs were met. They were happy to put anything I raised on the system.

Midwives outside of hospital better than the ones at the hospital. They visited me often and supported me really well. I still have issues with my blood pressure, and they would refer me for checks at the hospital. We also discussed postpartum depression, breast and bottle feeding, wound maintenance. They also gave me contact number for referral if anything changed. On depression – they educated me on how it starts, signs and symptoms such as feeling low.

Labour and childbirth

I actually had a decent labour experience compared to the antenatal experience. Of course, I had to go in by myself because of covid but they were really supportive. Because of my previous experience, I made it very clear what I wanted and what I didn't want. I spoke up a bit more. They did actually listen, they really listened to my needs, they were really attentive, and they did not do anything that I did not want. The pain management and everything around labour, I can't fault them, they were really good.

Support with managing conditions that women have prior to or develop during pregnancy

I developed pregnancy diabetes and there were vitamins I had to take, I had to test myself every day and tell the midwife if there were changes every two weeks. I was also put on a diet plan. There were some complications, so they measured the baby frequently.

Midwife came to visit for 3 to four days – checked the baby and checked my BP. Afterwards I was under the care of my GP. The midwives helped me with managing my BP.

I had more scans than other moms due to my BMI. During my first meeting with the midwives, we discussed my medication that I had been given to prevent miscarriage. They reassured me. They did not have knowledge of the medication I was taking so they directed me to info and the GP for support.

They monitored me very well because of the high BP and even when I came home it was so high. Sometimes, they would refer me to the hospital, so they took care of me.

Improvements participants would like to see

We asked participants what changes they would like to see, and they told us about improvements they would like to see in antenatal care, during labour and birth, and postnatal care. In particular, improvements to the information available about what is available to women and how they can raise concerns, support for women with comorbidities, and how to access interpreters. Improvement to the experience of women whilst they are in the Trust's care includes improvement to policy and practice, attitudes and behaviour of staff, and structural and interpersonal bias and racism. Women also highlighted changes to postnatal care, including improvement to discharge processes and support after leaving hospital. Overall, women want a return to personalised and compassionate care.

Improve access to information and advice shared with women

I would have liked more information about the hospitals before I made a choice. There are things I hear about, and I go like oh I didn't know that so it would have been nice to know more about the hospital and quality of care then I would have made a wholesome decision

Need more sources of information on maternity.

Do more awareness sessions for women.

Provide leaflets explaining things like pre-eclampsia the symptoms and so on.

If you are new to the country (which I told the staff) they should give you more information about the hospitals and the type of birth you can have.

We need leaflets in other languages. For me it's okay coz I speak the language, but other women don't speak English.

Because I had previous c-section I would have liked more information into what to expect with a normal birth, what to look out for. They were just focused on c-section.

Midwife should tell patients how to complain or raise issues when things go wrong. For example when I was pregnant and had my first scan, the nurse asked if I needed an interpreter and I said no. She spoke to me and asked me questions and told me where to go.

When you are new to this country, you don't know where to go. Midwives should provide this information first hand.

Ensure continuity of care for all women

I would want to be able to see the same midwife so I can build trust and familiarity.

Consistency – even though midwives have been lovely, it's important to have one midwife who understands your story.

Improved support for those with underlying conditions or comorbidities and concerns

Better support for people who are managing a condition whilst pregnant.

They should be explaining conditions women have when pregnant, how to manage and how they impact their baby's health.

Explain to women what is happening, for instance when they say we have to induce coz your child is not growing or too big.

More support for women with MS or mental health and other conditions. When I spoke to the MS DR/nurse that I was pregnant, he said it was good that symptoms hadn't progressed, but to know that it would get worse after delivery – that was it. No other information or support.

For people with other conditions, it would be good to have a plan for after birth coz that's stressful to think about.

Stop dismissing or disbelieving women when they say they are in pain

They should stop thinking that we are playing up with pain, that we are exaggerating or we are not in pain. They are not in my system (body) to know how much pain am in. Some people's pain levels are different to others. They are in a place of authority because in that moment this woman is vulnerable. They need to be compassionate at that point. For me, I was prescribed that medication – there was no single reason why I should have been denied the medication. This medication is for the patient, why are we dragging (arguing with) each other over medication. I was due for that medication. The Drs often review your medication and they had not reviewed and told them to stop the meds. As I said, I had just given birth the day before, barely 24hrs and they just inflicted more mental pain on me. So, they should stop putting us all in one basket – if they have met patients that exaggerate their pain or are addicted to analgesia, it's not everybody. It's not their job to make those assumptions and remove the assumption that black women don't feel as much pain.

Improve discharge processes and consider the needs of women (including medical needs)

Another thing that needs to change is that there was this rush to discharge me. I gave birth yesterday and the following day when I was having issues with this woman, I was discharged. Barely a day and half. I asked why they were sending me home as I was not ready. But many people came and made me sign some stuff one after the other. Then I was discharged.

Listen to the needs of patient and take them into account. My needs were not definitely taken into consideration. I left the hospital around 4pm after giving birth the day before in the afternoon. I was still in so much pain. Previously, they used to show you how to wash the baby but this time this was not in place. They just said you know this coz you have another child. I didn't mind this, but I was worried about my pain.

Improve support for mental health

Improve support for mental health especially for women who have had traumatic experiences whilst in hospital to give birth. Each time I spoke to the midwife and health visitor about the experience I had in the hospital I was crying all the time, but I was never offered any mental health support. I used to sit at home just crying about that experience. If I didn't have access to the work mental health support, I don't know what would have happened.

Improve access to antenatal classes for all women

Stop telling me I am an experienced mom coz am not. Each pregnancy is different so I want you to treat me like am a new mom. Let me be the one to tell that am okay coz I have done this before.

Open up antenatal classes to all moms not just first-time moms or can have classes for mature moms. But don't just think just because I have another child doesn't mean am experienced.

Classes should include c-section.

There should be a space for women to know what their rights are, for example around c-sections and the choices available to them.

Women should be educated to understand the birth process and their rights.

The midwives need to share info about antenatal classes especially for first time moms.

Antenatal classes should be aligned to circumstance – second time moms should have classes but with different subjects.

Improve support for women who have experienced trauma and have other difficulties

Set up wellbeing support groups – some women don't have support groups, have household issues, difficult pregnancies, language barriers. We need group sessions, so people are not isolated.

Provide more support for loss. There is no emotional support offered.

Improve staff attitudes and behaviours

Bedside manner is not pleasant, so improve that.

When pregnant look after mother very well. Don't know if they have depression but some don't know how to speak.

Compassion throughout the maternity pathway.

Improve access to interpreters

They need a translator in there because many black women cannot communicate in English. You end up getting depressed because you cannot communicate very well.

Drs also need to improve – make sure that women understand what you are saying. Book an interpreter. It's difficult for a woman to understand instructions when in labour if they do not speak English.

Find a way of supporting women with language problems during labour so they can understand instructions and also express what is happening to them.

When someone who doesn't speak English is there the staff midwife tend to shout at women when they don't speak English. Instead of shouting (she is not deaf) get an interpreter.

Staff need to be aware that their actions can have an impact on outcomes

(Be aware that) Simple actions can make you lose a child.

Take action to improve structural and interpersonal discrimination, bias and racism

Don't treat people a certain way because they are black – telling us we have many babies

When I lost my baby I felt that I was sent home coz am black. She could see I was not well but sent me home and I lost my child (This was an Asian Dr)

Provide maternity care with dignity and respect

From a dignity perspective, one thing they could do differently - from the room, you walk into the theatre and they ask you to take off your knickers at the door. That could be done in the room.

Make maternity care personal and individualised, ensuring you are listening to the needs of women and taking them into account in their maternity care

Midwives need to go back to individualised care. The woman in front of you is not the same as the woman you saw before.

Need to let people tell you what their needs are – need to change their approach. Know people's needs and ensure those needs are met.

They ask you questions which are never applied in follow up – for example about your mental health state.

Improve care throughout the maternity pathway

Aftercare is atrocious, needs to be more of it not just twice, they visit you and then nothing.

If you are functional then you fall though the gap – you need to see them more coz you miss the signs that something could be going wrong (e.g., mental health)

They need to change how they look after women during pregnancy especially from 20wks – you have come a long and you are only seen if you have an issue. Only if you have complications that they see you more after 20wk scan

Knowing who is doing that first call is important and also make sure it issomeone who is knowledgeable and compassionate.

Have more prep around six months for a birthing plan – midwife should prompt women to think about things like these.

Improve how the Trust works with other healthcare organisations providing maternity care

West Midlands ambulance I felt should have a direct line to the midwife if a woman is giving birth on the ambulance. They can have guidance- coz there was a time I was being asked to push when I should take my time. I ended up with a bad tear.

Improve the environment in which maternity care is provided

Cleanliness can be improved because people can contract things from there. Maybe things will improve when they move to the new hospital.

If women can have their own private room, it's annoying to hear other women in pain when you are also in pain.

Increase the number of staff providing maternity care

They need to recruit more staff, there are too many women to look after but a small number of staff.

Conclusion

The experiences that we heard throughout this research make it clear that Black African and Black Caribbean women have poor experiences of maternity care in West Birmingham. The key issues that became apparent as a contributory factor to poor experiences were:

Racism and discrimination in maternity care

Black African and Black Caribbean women felt they were treated differently to white women during their maternity stay in hospital. They felt stereotyped and that assumptions were made about them. They experienced negative verbal and other more subtle behaviours from staff. Some experiences of discrimination were at the structural or institutional level, expressed through policy or practices. For instance, failure to identify, understand and address risk factors for inequalities in maternity care (e.g. underlying health conditions or comorbidities, ignoring pain and symptoms and not addressing symptoms of mental health).

Continuity of carer

Seeing different midwives during their pregnancy meant that needs were not identified. Also options available in maternity care were not discussed as women lacked the familiarity with the staff to really discuss their concerns (e.g. mental health) or get support to manage emerging or existing conditions. Seeing different midwives and having to repeat issues discussed in a previous appointment left some women anxious. Consequently, women only discussed issues that they felt the midwife wanted to hear. This misses real opportunities for staff to understand these patients' needs and make maternity care more personal.

Communication and information Gap

Lack of awareness of the existence of antenatal classes meant that women could not access much needed information and support throughout their maternity journey. Indeed, the difficulties some women faced during birth and challenges in caring for baby were attributed by these women to lack of access to antenatal classes.

Women lacked information about risk factors, including the risk of complications or pregnancy related conditions and hence how to recognise or manage symptoms. Information about the standards of maternity care at different hospitals, and options available in regards to giving birth meant women made uninformed choices.

Women felt that they could not communicate effectively with healthcare professionals and express their needs due to a lack of access to interpreters or not being offered an interpreter during their maternity journey. This increases the potential risk to women and can impact outcomes as women cannot understand instructions (especially during labour).

Being ignored, dismissed and disbelieved

Women felt that they were not listened to and were often dismissed when they raised concerns, such as the impact of medication on their pregnancy, symptoms they were experiencing during their pregnancy and following birth or labour pains, and when their requests for pain relief were disbelieved, ignored or denied. Lack of real choice in selecting a hospital as well as type of birth they could have with some feeling forced to have a c-section. Women said they felt invisible when receiving care. They felt that the moment staff see a black woman they do not explain to the woman the things that are happening to them in the maternity process or procedures before carrying them out.

Lack of dignity and respect

Feelings of being treated with lack of respect were demonstrated by rudeness by staff, treating the women differently, use of stereotypes, patronising language and a lack of compassion.

Complaints and learning

Women felt that the complaints handling was poor when they shared negative experiences of maternity care with the hospital. There was a focus on finding individual fault and a failure to take an organisational view thereby missing opportunities for institutional learning.

Poor postnatal support

Postnatal support from midwives and healthcare professionals is poor, both in hospital and when at home. There is inadequate support for women when they reach home and only one of the women spoke about being invited for a six week check by their GP.

The experiences and the risk factors for inequality, that are highlighted in this report, demonstrate the real negative consequences and outcomes of poor maternity care for Black African and Black Caribbean women in West Birmingham. These experiences were prevalent amongst women who had recently delivered and those who delivered 3-5 years ago. Indeed, we recently (13th January, 2023) attended a listening event for women from other minority ethnic backgrounds other than Black (four Bangladeshi and one Italian) and their experiences were similar to those in this report (see Appendix 2).

It is concerning that this is still the case despite the implementation of local initiatives or interventions to improve outcomes for women from minority ethnic backgrounds. The experiences that women shared with us shows that the change that these actions were meant to facilitate is yet to happen. These experiences highlight the need to revisit actions that have been put in place by Sandwell and West Birmingham Hospital Trust to address these issues (see Appendix 3). Any actions or interventions taken in maternity services should be informed by the failures in care provision described in this report.

Underpinning these actions and/or interventions should be a recognition of "***the nature of institutional and structural racism [which] means that considerations of race and equity need to be embedded throughout the design and implementation of any effort or meaningful intervention***". Actions and interventions should be more than just unconscious bias training or a tweaking of a few things (Esan et al, 2022, NHS Race and Health Observatory).

About Healthwatch Birmingham

Local Healthwatch were established in every local authority area across England following the Health and Social Care Act 2012. Our key role is to ensure those who commission, design and deliver health and social care services hear, and take into account, the public voice. Healthwatch Birmingham listens to and gathers public and patient experiences of using local health and social care services such as general practices, pharmacists, hospitals, dentists, opticians, care and nursing homes and community-based care. We hear these experiences via our Information and Signposting Line, our online Feedback Centre, and through our community engagement activity led by staff and volunteers. You can read more about the work of Healthwatch Birmingham here.

How do we select the issues we collect evidence about?

Some of the issues we hear about from patients and the public may require deeper exploration to present a comprehensive report to those who commission, design and deliver health and social care services in Birmingham. Members of the public select these issues as part of our Topic Identification and Prioritisation System. By involving members of the public in decisions about our future activities, we ensure we are operating in an open and transparent way. It also ensures that we understand the public's priorities.

Who contributes to our evidence collection?

We explore selected issues with the help of our volunteers, Healthwatch Birmingham's board members, patients, members of the public, service users and carers. They share relevant experiences, knowledge, skills, and support. Healthwatch Birmingham also talks to key professionals providing or commissioning the service we are investigating. This helps us to form a deeper understanding of the issue, from the perspective of these professionals, and encourages them to take prompt action to implement positive changes for patients and the public.

What differences do our reports make?

We follow up our reports to see if our findings have made services better for patients and service users. We hold service providers and commissioners to account for changes they stated they would make in response to the report. If we find no improvement, we may decide to escalate the issue to Healthwatch England and local regulators. We also monitor the changes to see if people experience sustained improvements.

How to share your feedback about the issues heard in this study

If you are a service user, patient, or carer, please do share your experiences with us:

Healthwatch Birmingham

Online Feedback Centre here.
Information and Signposting line on 0800 652 5278 or by emailing us.

Appendix 1: Experiences heard at a West B'ham Listening Session of recent women's births (Saathi House, 13th January, 2023)

Participant 1

With the pregnancy where I had a still born, I did not have any consultant appointments to assure me that I was okay and baby was okay. All the appointments were virtual. My waters broke at 32 weeks, I went to the hospital and they gave me injections to stop birth. I went back after two weeks, I was still losing water and I said to them how is the child surviving there. They said I had to wait until I reach 37 weeks. I kept going back in and they kept saying I should wait. I told them, you have induced me early in the past, I surely can give birth at 32 weeks. When they finally agreed to admit me, she put me on a monitor for the baby, she looked at me and said there is no heartbeat….(long pause)….when they told me I just said 'I told you so'. I had to give birth, I gave birth, had high temperature, kidney infection. Then I was put in a room where next door people were giving birth. I couldn't stay there and I discharged myself after three days.

Someone came down from the bereavement team. The consultant apologized but its not enough. They said they followed their rules. They said it was preeclampsia. I did do a complaint – the NHS won't admit they are wrong. They followed their procedure (and that does not include listening to the patient).

During my pregnancy journey – I did go into hospital with swelling and they said it was because it was hot and they discharged me. They found something in my urine and gave me antibiotics but it was still in my system and might have caused the uterine rupture and pre-eclampsia.

Participant 2

My first birth experience was during covid, attended appointments alone, it was abit daunting but got me independent. Only my mom with me cos only allowed one around. It impacted my mental health. I recently gave birth to my second child, mom came and the support I got from my midwife was really useful. Didn't have a birth plan the first time but didn't know I could have one but was more prepared and had a birth plan for the second one. After I delivered, I was supported well, I made it clear I wanted to bottle feed and I was supported with that. My labour was very long 36hrs the first time and second baby 72hrs. Would have liked to have attended a class even though it's my second child. In the antenatal classes, I would have like more information about how labour could go wrong so am prepared.

There was a lot more support in the past from what my grandmother told me, now there is no support and if I did not have my mother I would be lost. I didn't know what I need to do.

Participant 3

I moved into the area when I was 6 months, reported to the GP but GP gave appointment after one month (one month delay) and screening done at 7 month.

[When I was due] I started having problems and then they checked and said baby is coming, I was sent to a room and I called my husband; the midwife and Dr just left me in a room. No one came to see me for atleast 2-3 hrs. Had to call them and I asked her why no one is checking me – she was very rude. I was speaking to my husband in Punjabi coz he does not speak English and she complained why I am not speaking English. The midwife came and said I am only 3cm but I was in so much pain. She gave me gas. After a while she said I will take you to labour room, will be back in 15 mins. I told my husband that I need to push, 20 mins later; I called several times and when she came she said the baby is not coming and closed my legs that the baby is not coming, I opened my legs and the baby was coming. My husband was making a video and he was told not to. I didn't make a complaint. My husband asked for a translator and the midwife said why do you need a translator, you can speak English.

Afterwards, she told me to take a shower and my husband asked if she can look after the baby – she refused so I had to go alone. I was worried coz am anaemic and had blood clots during labour.

When I came home the midwife never came to the house, she called me to City hospital. Because it was my sixth child, I feel like they made assumption that I didn't need help.

One time I was having really bad headaches and when I told the midwife, she said it was not her problem I should call the GP. I also had a lot of bleeding but nothing was done. When I went to the hospital

Throughout my maternity journey, I was not offered an interpreter. The staff had racist attitudes. They treated me differently to the other white British lady that was there. The staff were black and Pakistan

Whilst I was there, there was another patient, she was Romanian – a black midwife came to her and said what are you shouting for, I told you to breath and all I hear is crying not breathing, the husband said she is in pain and the midwife said I will give you paracetamol then. She was very rude.

Participant 4

I had a baby four months ago at City – I went in on Tuesday, induced me on Thursday – because my pain comes and goes; they tried for normal delivery. I was not in too much pain – they gave me an epidural but did it wrong; he said he would do it again but I refused coz I was worried. I had to give birth without pain relief. They had not explained to me that something could go wrong.

I made a complaint because I want the assurance that they have learned something and that this will not happen to another person.

Participant 5

When I went into labour and I called triage, they said to wait for one hour until I start getting contractions.

I was screaming in pain in the waiting area coz the midwife was on her lunch break and I had to wait for her. When she came back they took me to one of the beds and I was 3cm, gave me gas and air. When I was measured again, I was 5cm. Took me to the labour ward and staff were brilliant. When they did take my placenta out, it was the student midwife that did it and everything was fine. After giving birth, they didn't see me for five hours. I was having tummy aches. She asked if I wanted to go home and I said I was having pain and I was not ready. I also wanted help with latching.

When they took me to the ward, she asked why I was there and I should go home. They can't help me with support . She went through everything so fast. Another midwife came and she was absolutely vile, I was alone and she said why are you staying here today – I told her I was in pain and she said you don't need to take a bed up, there are more women needing these beds. There is two midwives and 21 mothers. She told me that I should go home and I will have family support – how does she know I had support. I asked for support with latching no one ever came to help me. After that, I called my partner to come and pick me up.

Two days after I got home I was getting pain and started passing clots. I called 111 and they said I should go back to the hospital. I did not want to go back coz I did not want to go through that again. When I went they realized they had left some placenta – they tugged at it and nothing happened. They gave me some antibiotics.

The aftercare put me off having children.

If those midwives did actually listen when I told them I was in pain, sharp pain – they would have acted before I left hospital. No one came to check me when I was having pain, no Dr review. The midwife was British white.

I complained to PALS and they said I should put in a formal complaint. I did and they said they will get back to me on 26th of January

My pain was dismissed coz they did not believe me. They did not even acknowledge that I was in pain. I feel they looked at me as a first time mom, almost uneducated, she undermined me – she is the nurse and am just a patient.

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Appendix 3: Previous Actions addressing health inequalities in maternity care

Sandwell and West Birmingham NHS Hospital Trust – Actions addressing health inequalities in maternity care

In response to the challenges women from minority backgrounds face in maternity care, Sandwell and West Birmingham Trust has taken the following actions (taken from SWBH internal data):

- provide an easy to complete form,
- offer early pregnancy health and wellbeing information,
- book before 10wks gestation,
- promote on-line self-referral, creating 3rd sector pregnancy referral centres, and introduce supported referral,
- early pregnancy health information(e.g. vitamin D and folic acid uptake, stop smoking and alcohol),
- medication reviews and refer to GP if the woman has a chronic health condition,
- offer health start voucher scheme,
- increase access to badger notes, access to translation apps,
- pilot in Smethwick - support women to download, register and use both apps, incorporate as topic in birth classes,
- Make birth and baby preparation classes more accessible

Also consider maternity actions from the Blachir Report (Birmingham City Council and Lewisham Council)

The report identifies a number of opportunities for action related to maternity:

- Address any gaps in existing Maternity and Paediatric Health Professionals' training including topics on cultural awareness, learning from lived experience, awareness of inclusion practices and policies, and awareness of trauma caused by racism and discrimination and how to deliver sensitive care.
- Co-design online tool with communities to collect information on beliefs, cultural practices and traditions from ethnic groups. This resource could then be used for training to inform practice and communication with patients and service users.
- Improve data collection by specific ethnicity in maternity and early years services considering the differences in ethnic background and nationality. Work with professionals who represent the ethnic minority groups to ensure a sensitive approach when collecting data.
- Support all women who are migrants, refugees, and asylum seekers, particularly those with no access to public funds, to access appropriate care during and post pregnancy, through appropriate support and protecting them from relocation or eviction.
- Develop culturally specific and appropriate weaning support initiatives for Black African and Black Caribbean parents.

Appendix 4: Response from Sandwell and West Birmingham NHS Trust (SWBH)

Sandwell and West Birmingham NHS Trust (SWBH) is grateful to Healthwatch Birmingham for providing valuable independent insight into the experiences of Black African and Black Caribbean families using our maternity services.

Sadly the experiences highlighted in the report do not come as a complete surprise, being representative of the national picture. Due to recognition of this and being acutely aware of the disparities experienced by families from different backgrounds, we were one of the first Trusts within the West Midlands to appoint a Midwife Lead for Equality and Inclusion.

Following this appointment we are working on or have already implemented a number of improvements including:

- Enhancing our interpreting service – we have designed a new service to provide 'on the spot' interpreting for women to be introduced in mid-March.
- Badgernet – enhancing the facility to share information in a more accessible way.
- GP engagement resulting in enhanced communication on care during pregnancy through provision to access to pregnancy electronic records
- Extensive community engagement, working with numerous voluntary sector organisations and groups in West Birmingham such as Saathi House, Nechells pod, Nishkam and Maternity Engagement Action.
- Supported access into maternity services via training Children's Centres and voluntary sector organisations to support families to access early maternity care and give brief pregnancy health information. Project scope has included the production of multi-language animations and posters to publicise service.
- Creation of multi-language videos which detail the pathway to accessing maternity care – You're Pregnant So What Happens Next? (YouTube)
- Reached out to audiences across a wide variety of social media platforms to ensure we maximise our visibility and sign pointing to services. Particularly used TikTok/ Facebook/Twitter/Instagram. (Example viewing statistics - videos: Pregnant What Happens Next? (319k views TikTok)/Signs of Labour (41k views TikTok).
- Improved the way families access our antenatal classes offer where we now proactively target families who have not previously accessed classes and also offer interpreting support.
- Working with service users and Maternity Voices Partnership to co-produce health information and services.

Though we still have a long way to go, we are nonetheless pleased with the direction we have started to take to ensure our maternity services are becoming more responsive to users' needs through improved engagement and co-production. We are also working towards ensuring our services are accessible for all by adapting our offer thus providing equity for those who may have previously found it harder to access our provisions.

Indeed NHS England has set out Equity and Equality Guidance to Local Maternity and Neonatal Systems, where together with our system partners we have set ourselves an Equity and Equality Action plan which we will be benchmarked against. One such action includes ensuring that our workforce is equipped to provide culturally competent care where we have started on this trajectory with provision of training by our Equality and Inclusion Lead taking a multi-disciplinary approach.

Therefore, we are confident alongside Healthwatch, our statutory partners including Public Health,, Integrated Care Systems and our Local Maternity and Neonatal Systems, valued community and voluntary sector organisations, Maternity Voices Partnerships, service users, and our workforce that we are able to rise to the challenge of meeting the recommendations set out in this report.

healthwatch Birmingham

Healthwatch Birmingham
PO Box 16875
Birmingham, B16 6TN

www.healthwatchbirmingham.co.uk
0800 652 5278
info@healthwatchbirmingham.co.uk
@HWBrum
facebook.com/HealthwatchBirmingham