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## EXCLUSIVE

## Vulnerable women are being failed by maternity services, report finds

Elisabeth Mahase

Current models of maternity care in the UK are failing to reach pregnant women living in adverse social circumstances, research commissioned by the Royal College of Obstetricians and Gynaecologists has found.<sup>1</sup>

Georgina Jones, one of the report's authors and professor of health psychology at Leeds Beckett University, told *The BMJ*, "Women are often living in a tangled web of complex inequalities that is beyond their control, and this impacts on the care they receive and the outcomes of that care . . . We've really been letting down these women in the way that our maternity and reproductive health services are currently delivered, and strategies and care pathways need to be identified and put in place to remedy this."

The research found a strong link between social factors and delayed access to care, with higher parity and immigrant status identified as key characteristics related to poor attendance. Other factors among disadvantaged women that limited access included availability of interpreters, education, practical support, and lack of continuity of care models.

Research found that between 2016 and 2018 nearly two thirds (61%) of 187 women who died and had received antenatal care did not get the recommended level of care (booked at 10 weeks of gestation or less, with no routine antenatal visits missed).

Institutional racism within the health services also meant that pregnant women from ethnic minority groups were more likely to experience and report discrimination and bias in their care and to distrust medical professionals.

Last year the Care Quality Commission for England warned that ethnic inequalities in outcomes among women and babies had been exacerbated by the covid-19 pandemic and needed urgent action.<sup>2</sup>

The RCOG paper recommended that GPs, midwives, obstetricians, and gynaecologists be extra vigilant with regard to the care of recent immigrants who may enter the country with pre-existing medical conditions that are prevalent in their country of origin but rare in the UK.

It said that research must be conducted into the role of healthcare professionals and health services in enabling access to antenatal care for women from all backgrounds, including the role of unconscious and conscious bias. It called on policymakers to provide national guidance for the care of women with multiple physical and mental health morbidities and social factors before, during, and after pregnancy.

Commenting on the findings, the college's president, Edward Morris, said, "This paper further sheds light on the stark reality that poverty, racism, and

discrimination can affect women throughout their lives and ultimately lead to devastating incidences of pregnancy complications and baby loss.

"These disparities are something we as healthcare leaders have a duty to address . . . It is vital that research looks at disparities among black, Asian, and minority ethnic women across the health system to better understand existing inequalities, symptoms, and causes in the UK. Ultimately, a better understanding of this complex and multidimensional issue will help determine robust solutions to combat persisting health disparities in the NHS."

## Poor data

Another of the report's key findings was that collection of data on this issue was not fit for purpose. "We just don't have the data," Jones said. "It's clear that the way that social determinant data are currently collected and recorded in routine maternity care is inadequate and is not fit for purpose. It doesn't provide enough information for us to really understand and disentangle the ways in which the complex social circumstances of the woman impacts upon the maternal outcomes, and we need to find much better ways to do this."

The paper recommended that detailed social determinant data should be routinely recorded for all pregnant women and that records be shared between healthcare providers, which can be especially useful for recording history of self-harm, domestic abuse, or children in care.

Research councils must also focus more on preventive healthcare, it said, with information for women on sexual reproductive health and on preconception, antenatal, intrapartum, and postnatal care.

The authors emphasised that in working to improve outcomes it was important that disadvantaged women were "not stigmatised and subjected to excessive and unwarranted interventions."

"The pandemic has really raised public awareness about the ways in which health inequalities can adversely affect health outcomes beyond an individual's control," they said. "Women from minority ethnic backgrounds [and] women who experience domestic abuse are overrepresented in maternal death figures: they have the poorest access to care, and this is a paradox that really needs to change."

<sup>1</sup> Jones GL, Mitchell CA, Hirst JE, Anumba DO. Royal College of Obstetricians and Gynaecologists. Understanding the relationship between social determinants of health and maternal mortality. Scientific Impact Paper No. 67. *BJOG* 2022. doi: 10.1111/1471-0528.17044. PMID: 35139580

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