

QUALITY IMPROVEMENT

For Black and black-mixed heritage women

Background

Confidential Enquiry into Maternal Deaths reports that black women in the UK are five times more likely to die in pregnancy and childbirth than their white counterparts (MBRACCE-UK, 2018). Evidence suggests that black women's varying cultural practices and beliefs need to be considered during antenatal provision, to encourage women to engage with the services that they currently feel do not cater to their individual needs. Communication barriers need to be resolved through better use of translation resources. Prejudices about black women need to be addressed in order to challenge professional attitudes which can result in women of colour feeling as though their needs are not responded to (Omoshebi, 2019). It is evident that there is a gap in care provision for ethnic minority women within the UK. Research by Nair, Kurinczuk & Knight (2014) presented findings of black African and Afro-Caribbean women's under-utilisation of maternity services, highlighting the risk of severe morbidity. Hence the specific aim of this service improvement is to improve black women's access to maternity care and experience of services, in order to support engagement and positive outcomes for both mother and baby.

Objective

This initiative aims to improve the quality of care throughout maternity in Homerton University Hospital NHS Foundation Trust by implementing services specifically for the needs of black and black-mixed women in our care. The aim is to increase engagement from women in the black and black-mixed heritage (B&BM) community and increase the safety and quality of their care, by creating tailored antenatal classes for B&BM, improving relationships between this specific community and maternity services as well as engaging and empowering women.

The initiative set out to provide easy access to relevant, relatable and individualised antenatal education, to improve trust between women within the B&BM community and maternity care professionals, as well as providing B&BM women the opportunity to create a safe space network with other women, and to address racial inequalities and provide reassurance for B&BM women within our maternity service. In addition, validating women's experiences and empowering women to expect a high-quality standard of maternity care. Furthermore, improving mental health and wellbeing amongst women from B&BM communities, by both providing pathways to support that they feel safe accessing, and also by providing an environment in which these issues are discussed openly and some of the taboos dismantled. Lastly, encouraging more B&BM women to take up postnatal debrief services, which can support emotional wellbeing and attachment with baby, identify those needing further treatment for PTSD, link them with other support services, and support future pregnancy and birth planning.

Method

Tailored Antenatal Classes:

4x 1.5 hour face to face group antenatal classes. Each session is led by a midwife of colour and supported by another midwife of any race. We felt it really important to keep the space focused on women of colour, however felt that the women should feel heard by all midwives of any race. This also reinforced the idea that all midwives are allies for black women and this is not determined by race but motivation to be a part of change.

Session 1 explores birth as a B&BM woman, common factors affecting black women and relevant diet and lifestyle advice.

Session 2 explores advocating for yourself/partner, BRAIN acronym, birthplace options, the role of the consultant midwife and the process of physiological birth.

Session 3 explores different types of birth and pain relief options.

Session 4 explores beyond birth, caring for a newborn, all types of feeding and physical and emotional wellbeing.

Each session ends with a 15-minute relaxation script.

Number of women who attended: 36 *

*Since June 2021

Total number of referrals: 64 *

Link midwife for black and black-mixed heritage women:

There are currently two link midwives at present, and each midwife is in the role for 4 hours per week. Clients and midwives can refer as they deem appropriate support for women accessing care and information, communication breakdown between health professionals and women, debriefing services or complaints.

Total number of referrals: 16 *

*Since April 2021

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Findings

In order to measure the success of the implementation of services such as antenatal classes for black and black-mixed heritage women, feedback was collected from service users and midwives who engaged in the services. Midwives who referred women to these services were particularly "appreciative" that this service existed and felt referring women to these sessions helped them to provide better care. Furthermore, midwives who also attended sessions held during Black Maternal Health Week found the evening conference and afternoon chats organised by the Link midwife for black women to be particularly "educating" and the statistics "sobering". Educating midwives on the systemic barriers B&BM women face encourages midwives to address unconscious biases and be more responsive to their specific needs.

Evidence from literature suggests women from minority backgrounds often express poorer antenatal experiences than their white counterparts (Henderson, J et al 2013). Attendees of the antenatal classes were asked prior to the sessions how satisfied they felt with their current antenatal care. A small figure of 11.1% felt it was very satisfactory, while 22.2% expressed it was unsatisfactory. The remaining 66.4% described their antenatal care as okay/satisfactory, which would support the existing literature. Subsequently, attendees of the antenatal classes were followed up postnatally to compare their feelings post antenatal classes. Informal interviews were conducted and the comments of attendees were transcribed with consent and used to present data. The findings concluded that all the women interviewed felt that the antenatal sessions "completely met" or "exceeded" their expectations. Furthermore, they felt equipped with the tools to challenge their own care. Those who attended sessions also felt both they and their birth partner felt "very informed". Service users also felt "confident" after the sessions and overall described the classes as "inspiring and a great service" for black women. This data collected suggests that the implementation of antenatal classes can help improve the antenatal care for black women and mixed heritage women.

Midwives reported that they found it helpful to have a contact when caring for women who felt anxious about birth as a black women. Midwives explained that it made difficult conversations easier.

Summary & Recommendations

From the experiences documented in wider literature, and feedback from our clientele, we can assume black and black mixed heritage women are not receiving adequate care. The role of link midwife for black and black-mixed heritage women is to work continuously to improve their experiences.

Educating midwives on unconscious bias and anti-racism is a priority within the initiative and can be used to improve clinical outcomes. This can be achieved by introducing cultural sensitivity training days for the workforce. This was piloted during Black Maternal Health Week in the form of an evening conference which discussed black maternal health and institutional racism.

Using the link midwife role to provide healthcare professionals within maternity with expertise and support when caring for black and black-mixed heritage women can act as an optimal strategy to support midwives engaging B&BM women. Moving forward, the link midwives for black and black-mixed heritage women aim to facilitate this in the form of MMT training days.

The antenatal classes were also tailored towards their specific needs, providing crucial information that would otherwise be lost in a standardised programme. In addition, a trusting relationship between healthcare professionals and B&BM heritage women can encourage women to reach out for midwifery support.

This can particularly be applied to B&BM women, as findings from our surveys indicated that black women prior to the antenatal classes did not feel safe birthing at Homerton (data available on request).

The link midwives role aims to promote trust amongst black women accessing care, by conceptualising informality into the care and using it as a tool to create lasting bonds with these women. This is being established by providing clientele with a port of contact that feels relatable and representative of them and their needs. This has particularly proved effective with women who had traumatic birth experiences.

Overall, the implementation of link midwives for B&BM women, alongside specialised antenatal classes, is Homerton's first step towards making positive changes in practice and filling the gaps within care provision. With the support of the trust, the link midwives can continue to act as midwifery educators, raising awareness of the challenges black women face in maternity..