

New taskforce to level-up maternity care and tackle disparities

- New Maternity Disparities Taskforce to explore reasons for disparities in maternity care and address poor outcomes for women from ethnic minority communities and those living in deprived areas
- This comes as data shows black women are 40% more likely to experience a miscarriage than white women, and deprived areas can have higher rates of still births
- Taskforce will identify the barriers faced and how the government can continue to improve care to further reduce the number of stillbirths and maternal deaths

A new Maternity Disparities Taskforce will tackle disparities in maternity care experienced by women from ethnic minority groups and those living in deprived areas.

The taskforce will be established by Minister for Patient Safety and Primary Care, Maria Caulfield, and co-chaired by Chief Midwifery Officer, Professor Jacqueline Dunkley-Bent OBE, to make real progress in understanding the reasons for poor outcomes in maternity care.

The government has taken action to halve the rate of stillbirths, neonatal deaths, maternal deaths and brain injuries by 2025. The latest figures show the stillbirth rate has reduced by over 25% since 2010 and the neonatal mortality rate has reduced by 29%, surpassing the ambition for a 20% reduction by 2020.

However, while progress has been made, disparities continue to persist – the reasons for which remain unclear.

Data shows there is an almost 2-fold difference in mortality rates between women from Asian ethnic groups and white women, and they are also higher for black women. Studies have also found black women are 40% more likely to experience a miscarriage than white women.

Birmingham is one of the most deprived areas of the country and has the highest rates of neonatal mortality and stillbirths at 11.4 per 1,000. Birmingham also has a high number of low birth weight of all babies (9.7% in 2018) and a high prematurity rate.

Minister for Women's Health, Maria Caulfield, said:

For too long disparities have persisted which mean women living in deprived areas or from ethnic minority backgrounds are less likely to get the care they need, and worse, lose their child. We must do better to understand and address the causes of this.

The Maternity Disparities Taskforce will help level up maternity

care across the country, bringing together a wide range of experts to deliver real and ambitious change so we can improve care for all women, and I will be monitoring progress closely.

As a nurse, I know how incredibly challenging the last 2 years have been and would like to thank all our dedicated maternity staff for their hard work and commitment throughout the pandemic.

The taskforce seeks to increase understanding of the drivers behind the disparities, examine the social factors linked to poorer health outcomes and tackle these issues in order to improve the health and wellbeing of women and their babies.

It will seek to do so by looking to consider and support evidence-based interventions for the following areas:

- improving personalised care and support plans for mothers
- addressing how wider societal issues impact maternal health, working with experts in other government departments
- improving education and awareness of pre-conception health when trying to conceive, such as taking supplements before pregnancy and maintaining a healthy weight
- increasing access to maternity care for all women and developing targeted support for women from the most vulnerable groups
- empowering women to make evidence-based decisions about their care during pregnancy such as the development of a new digital framework, which provides women with support to make informed decisions during labour

The first meeting will be held on 8 March, with meetings held every 2 months to maintain and track progress, bringing together experts from across the health service, mothers, government and the voluntary sector, with membership to be published this month.

It will build on existing work by government and the NHS to improve care, for example the government has invested £5 million in the Brain Injury Reduction Programme to reduce the rate of brain injuries in babies occurring during or soon after births.

The NHS has produced equity and equality guidance to help local maternity systems address these disparities and the taskforce will work to improve cross-government working to address the social determinants of health for women and babies from ethnic minority groups and those living in the most deprived areas.

Professor Jacqueline Dunkley-Bent, Chief Midwifery Officer for England, said:

The NHS' ambition is to be the safest place in the world to be pregnant, give birth and transition into parenthood. All women who use our maternity services should receive the best care possible, which is why the NHS is committed to reducing health inequalities

and our equity and equality guidance sets out how the NHS will do this.

We welcome the extra impetus and support that the new taskforce will provide in tackling these important issues and look forward to participating in it.

Dr Edward Morris, President of the Royal College of Obstetricians and Gynaecologists (RCOG), said:

We strongly welcome this new Maternity Disparities Taskforce, which will aim to tackle the unacceptable inequalities that exist for women from black, Asian and minority ethnic backgrounds when it comes to maternity outcomes.

The colour of someone's skin should never dictate whether they have a positive or negative birth experience. The RCOG's Race Equality Taskforce is committed to working with this new taskforce to understand why these disparities exist and create meaningful solutions to improve healthcare experiences and outcomes for all ethnic minority women.

Commenting, the Royal College of Midwives (RCM) Director for Professional Midwifery, Mary Ross- Davie said;

The disparities in outcomes and experience of maternity care for black and Asian women and women from other ethnic minority backgrounds are shocking, so the RCM welcomes the creation of the Maternity Disparities Taskforce and is keen to be part of the work in finding solutions. The RCM has long called for more consultant and specialist midwife posts in trusts and health boards to provide better support to women with pre-existing conditions such as increased BMI, high blood pressure, diabetes, and mental health conditions. In many parts of the UK, these midwife roles either do not exist or are very limited, yet they could make a huge difference to black and Asian women in particular.

There is some excellent work being done in some areas, so it would be good to see that experience shared across maternity services. Improvement of outcomes relies on sharing what works and what doesn't, so that we can bring about effective, consistent change. We look forward to working with colleagues on the taskforce to highlight the current problems and find ways to address them in a positive way.

To support maternity staff and families further, the NHS is increasing the maternity workforce further with a £95 million recruitment drive to hire 1,200 more midwives and 100 obstetricians.

See the [Maternity Disparities Taskforce terms of reference](#) (published 18 July 2022).