Rt Hon Caroline Nokes MP
Chair, Women and Equalities Committee

By email

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Dear Caroline,

Black maternal health

Thank you to you and the Women and Equalities Committee for shining a light on the important issue of Black maternal health. I'm also grateful to Matthew Jolly, National Clinical Director for Maternity and Women's Health, for giving evidence to the Committee on 13 July as well as for his leadership on equity and equality. Your letter of 8 September raises important questions, which I address below.

Evidence about the disparities in health outcomes

England is one of the safest countries in the world to give birth, however there are significant health inequalities for women and babies from ethnic minority groups and for those living in the most deprived areas. Evidence-based interventions to tackle these health inequalities are set out in NHS equity and equality guidance. Case studies within the guidance set out work being done by NHS staff, Maternity Voices Partnerships and the voluntary sector to improve equity and equality.

The social determinants of health–the conditions in which people are born, grow, live, work and age and inequities in power, money and resources–are a significant driver of health inequalities[1]. Therefore, the NHS cannot achieve equity in health outcomes alone–it needs support from the public, private and third sectors.

Since I gave evidence to the Joint Committee on Human Rights in July 2020, the evidence base has grown. Research[2] to investigate ethnic disparities in maternal mortality shows 'no major differences [in the] causes of death between women from different aggregated ethnic groups'. For women from Black ethnic groups, 'multiple areas of bias were identified' in the care they received. NHS England is working with the NHS Confederation and the Nursing and Midwifery Council to agree how to promote and embed anti-racism in professional practice and create an anti-racist environment.

Equity and its priority in the NHS

Equity is an important aspect of high-quality clinical care. Equity of healthy life expectancy, quality, safety, outcomes, access and experience is one of the six outcomes of the NHS England operating framework. Equity is a priority for me and for the maternity transformation programme.

[1] Marmot (2020) Health Equity in England The Marmot Review 10 Years On
[2] Knight *et al* (2021) A national cohort study and confidential enquiry to investigate ethnic disparities in maternal mortality

In September 2021, the NHS published co-produced, evidence-based equity and equality guidance. The guidance sets out 22 interventions to understand the drivers of and to improve equity for mothers and babies and race equality for NHS staff.

In 2021/22, NHS England provided £6.8 million to help local health systems coproduce equity and equality action plans and implement midwifery continuity of carer (MCoC). With the DHSC, we have invested an additional £7.6 million in the voluntary sector to reduce health inequalities among new parents and babies (from 2020 to March 2023).

Culturally sensitive care and addressing bias, microaggressions and racism

Most NHS maternity staff come to work to do their very best for the women, babies and families in their care. Yet we know from research and from recent reports, that women and their families do not always receive high quality care from the multidisciplinary maternity team – with some women experiencing bias, microaggressions and/or racism.

NHS England is asking local systems to roll out multidisciplinary training about cultural competence. Training has been developed in partnership with Health Education England and the Royal College of Midwives. In addition, NHS England is working with the NHS Confederation and the Nursing and Midwifery Council to agree how to promote and embed anti-racism in professional practice and create an anti-racist environment.

Midwifery continuity of carer (MCoC) implementation

Women who receive MCoC are 16% less likely to lose their baby, 24% less likely to experience pre-term birth, and their experience of care is better[3]. A growing body of evidence indicates that midwifery continuity of carer reduces health inequalities for women from ethnic minority groups and those living in the most deprived areas[4].

The Long Term Plan[5] committed to roll out MCoC as the default model to all women, and for 75% of women of Black, Asian and mixed ethnic groups and from the most deprived neighbourhoods to be placed on MCoC pathways.

Given the continued workforce challenges services face, there will no longer be a national target date for services to deliver MCoC and services will instead be supported to develop local plans. This will remain until maternity services can demonstrate sufficient staffing levels. This was announced in a letter of 21 September; the letter reiterated the three options for the implementation of continuity of carer (as set out in the letter of 1 April) and after an assessment of their staffing position.

The letters reflect the recommendation made in the final Ockenden report[6] that:

> "*All trusts must review and suspend if necessary the existing provision and further roll out of Midwifery Continuity of Carer (MCoC) unless they can demonstrate staffing meets safe minimum requirements on all shifts*".

[3] Sandall *et al* (2016) Midwife-led continuity models versus other models of care for childbearing women
[4] For example, Hadebe *et al* (2021), Rayment-Jones *et al* (2020) and (2021)
[5] NHS (2019) The NHS Long Term Plan
[6] Ockenden (2022) Ockenden report – final

At the heart of the MCoC model is the vision that women should have consistent, safe and personalised maternity care, before, during and after the birth. It is a model of care provision that that is evidence-based. It can improve the outcomes for most women and babies and especially women from Black, Asian and mixed ethnic groups and those living in the most deprived neighbourhoods. This model of care requires appropriate staffing levels to be implemented safely. Where locally it is decided that provision of MCoC can continue, NHS England encourages prioritised rollout to areas with a high proportion of women from Black, Asian and mixed ethnic groups, as well as areas of high deprivation.

Investment in the maternity services workforce

The final Ockenden report said:

> *'Since the publication of our first report, the Government has introduced a range of measures and invested very significantly in supporting maternity services across the country. This focus and funding is a significant stride in the right direction. Much of this funding is for workforce expansion. NHS Providers, as cited in the recent Select Committee report has estimated the cost of full expansion of the maternity services workforce to be £200m-£350m. We endorse and support this view.'*

NHS England has invested significantly in maternity services with £95m invested recurrently from 2021/22. In March 2022, NHS England announced a further £127m to support maternity and neonatal services including to boost maternity workforce numbers and support retention.

In early 2023, we will publish a refreshed delivery plan for maternity and neonatal care. The plan will set priorities to drive further improvement and support safer, more personalised and more equitable care. To help those leading or providing care to support that improvement, it will bring together action they need to take following the reports on East Kent and Shrewsbury and Telford with our existing deliverables from the NHS Long Term Plan and Maternity Transformation Programme.

Is it feasible to set targets for reducing maternal health disparities?

At the beginning of this letter, I described how the social determinants of health are a significant driver of health inequalities. This means that the NHS cannot achieve equity in health outcomes alone–it needs support from the public, private and third sectors.

The vision is that all mothers and babies will achieve health outcomes that are as good as the groups with the best health outcomes. This is important because good health in pregnancy significantly influences a baby's development in the womb which, in turn, influences long-term health and educational outcomes[7]. By giving every child the best start in life, this helps them fulfil their health, wellbeing and socioeconomic potential.

There are challenges with setting targets for reducing maternal health disparities. As maternal deaths are rare, even in Black women, it is not possible to ascertain if a change is statistically significant. The DHSC is therefore proposing an alternative measure–the English Maternal Morbidity Outcome Indicator (EMMOI)–looking at 'near misses' (severe

[7] Marmot (2010) The Marmot Review

pregnancy complications), which shows disparities by ethnic group and can show if a change is significant. DHSC is funding research into this as a potential measure.

The Maternity Disparities Taskforce

The Maternity Disparities Taskforce was established in February 2022 by Minister Caufield. I was honoured to accept her request to serve as co-chair.

The objectives[8] of the Taskforce are to:

- tackle disparities for mothers and babies and reduce maternal and neonatal deaths by improving access to effective pre-conception care and maternity care for women from ethnic minorities and those living in the most deprived areas; and
- improve cross-government working to address the social determinants of health for women and babies from ethnic minorities and those living in the most deprived areas.

The Taskforce looks to achieve its objectives by improving personalised support and care for mothers, addressing wider societal issues that impact maternal health, improving education around pre-conception health, and empowering women to make evidence-based decisions about their care. The taskforce brings together experts including mothers, practising clinicians, government departments and the voluntary sector.

I look forward to working with the government and other partners to continue to improve equity in maternity care.

Yours sincerely,

Prof Jacqueline Dunkley-Bent OBE
Chief Midwifery Officer
National Maternity Safety Champion
NHS England

[8] DHSC (2022) Maternity Disparities Taskforce: terms of reference