Health Equity North- Written evidence (PRT0044)

About Health Equity North

Health Equity North is a virtual institute focused on place-based solutions to public health problems and health inequalities. We bring together world-leading academic expertise from the Northern Health Science Alliance's members of leading universities and hospitals. They have a unique understanding of their regional communities, creating research and policy solutions of local benefit, but also with the potential for national and international translation. Health Equity North is a key resource for political and civil stakeholders.

Our mission is to fight health inequity by influencing policymakers and enhancing stakeholder understanding of health inequalities through research-informed evidenced solutions.

Health Equity North additionally provides the secretariat for the Child of the North All-Party Parliamentary Group. The APPG's work focuses on creating a fairer future for children across the North of England, and to develop policy solutions that will tackle the stark inequalities across our region so we can enable the children of the North to fulfil their potential.

Background

Health Equity North believes that experiences during pregnancy and the early years are of lifelong and crucial importance to a child's physical and mental health, and influence children's learning and development. A healthy pregnancy is key to improving health across the lifecourse and preventing deaths and disability in childhood. Recent analysis finds that socioeconomic and ethnic inequalities were responsible for a higher proportion of stillbirths, preterm births, and births with foetal growth restriction.

These inequalities exist at a regional level too: the West Midlands and the North West have the highest rates of infant mortality, the North East and North West have the highest under-18 conception rates, and low birth weight in term babies was highest in the West Midlands and North East.

Poorer outcomes in pregnancy and infant health is a key driver of the North-South divide in adult health and life expectancy. People born in the most deprived areas of the North have their lives cut short by 10 years, on average, than those born in the least deprived areas in the South.

To remediate these inequalities, policy recommendations from this Committee should include:

- Provision of rapid, focussed investment in early years services, such as the Health Improvement Fund. This should include health visiting, family hubs and children's centres (as recommended in the Leadsom Review). The investment should be proportionate to need, and area-level deprivation adequately accounted for.
- Immediate measures to tackle child poverty, including increasing rates of child benefit, increasing the child element in Universal Credit and increasing child tax credits.
- Support for further research by the National Institute of Health Research into the relationship between child health and economic performance. In particular, understanding likely causal pathways between these in order to identify entry points for policy.
- Promotion and expansion the Race Disparity Audit, sharpening the focus on children and drawing on disaggregated data by region. Ethnicity should be included in all national public health data collection systems.
- And an increase the representation of ethnic minority staff within public services and in decision-making processes with specific recruitment targets, recruitment campaigns and greater transparency on the percentage of ethnic minority staff.

Variation in care and health inequalities

The ethnic and socioeconomic inequalities seen in relation to preterm birth and how these could be reduced

Socioeconomic inequalities in preterm birth

Existing evidence demonstrates persistent socioeconomic inequalities in pregnancy outcomes. It is important to note that socioeconomic inequalities often intersect with ethnic inequalities. Ethnic minority families have the highest rates of child poverty, with the majority of children in a Bangladeshi (68%) or Pakistani (53%) family living in poverty.

There is a clear and persistent trend of higher rates of premature births amongst the most deprived groups in the population, compared to their least deprived peers. In 2019-21, premature birth rates were 86.2 per 1,000 in the most deprived groups, compared to 70.9 per 1,000 in the least deprived group. More broadly, the risk of pre-term birth increases with area level deprivation.

Similarly, the most deprived neighbourhoods in England have higher rates of low birthweight. Prior to the pandemic, there were around double the percentage of low birthweight babies born in the most deprived decile of neighbourhood deprivation compared to the least. Low birthweight increases the risk of infant mortality and poor health and development.

Ethnic inequalities in preterm birth

Women from ethnic minority groups are at higher risk of preterm birth compared to the White population. In 2016, the highest percentage of preterm birth occurred for babies who were from Black Caribbean ethnic

groups, at 10.4% of live births, compared to 6.6% with babies from a White Other background.

Preterm birth is the leading cause of death across the world for children under the age of 5. There are higher rates of perinatal and infant mortality in ethnic minority groups. In England and Wales in 2019, infant mortality was highest for babies from Black Caribbean ethnic groups (7.8 per 1,000 live births). This was followed by those of 'Any other black background' (6.9), Pakistani (6.7), Black African (5.9), Bangladeshi (5.2), 'Any other Asian', which includes Chinese (4.9), and Indian (4.3). Among White British groups, infant mortality was 3.0 per 1,000.

Causes of infant death vary between groups. Research published in the Lancet using data from the Born in Bradford study, which is a large multi-ethnic birth cohort study, finds that congenital abnormalities, a leading cause of infant death and disability, are more prevalent among the Pakistani group than other ethnic groups. Prematurity and low birth weight also contribute important to higher death rates among babies in the South Asian and Black groups.

Babies born in the most ethnically diverse and highest deprived neighbourhoods are 1.4 times more likely to be born low-weight compared to those in the least ethnically diverse and least deprived neighbourhoods (8.4% compared to 5.8%). Even comparing neighbourhoods that are similarly deprived, low birth weights are 12% higher in the most ethnically diverse neighbourhoods compared to the least ethnically diverse (8.4% compared to 7.5%).

Understanding drivers of inequalities in preterm birth

Poverty, social disadvantage and structural racism may contribute to inequalities in pregnancy outcomes. Factors may include inadequate nutrition, uncertain housing conditions, financial strain, exposure to stress, adversity and domestic violence. These stresses may also

influence mental health and health-related behaviours, which can further increase the risk of adverse birth outcomes, such as maternal smoking, maternal mental and physical health, healthcare access, and working and environmental conditions. These are all highly socially patterned.

Some migrant women are exposed to particular stresses during pregnancy and childbirth that can influence outcomes. These may include immigration rules enforcing family separation, which leaves women alone, with the lack of social support increasing their risk of poor birth outcomes. Family separation will also have a sustained impact on children's outcomes.

In terms of clinical care, numerous studies demonstrate how ethnic minority women receive poorer quality care during pregnancy, labour and childbirth. This includes women reporting dissatisfaction with care, poor communication during care, discriminatory treatment, and failures by medical professionals to respond appropriately to their particular needs. Within the North, there is a shortage of midwives from ethnic minority backgrounds, as well as reports of poor experiences of ethnic minority staff.

Additional support, such as language support, that may be needed to remove barriers to receiving high-quality care in relation to preterm birth

The BL3 Maternity Hub in Bolton offers an insight into what high-quality care for ethnic minority women looks like. Run in partnership between Bolton NHS Foundation Trust and Bolton Council of Mosques, the service is led by a Specialist Cultural Liaison Midwife. The service is located in one of the highest pregnant populations in Bolton. Alongside clinical care, the Hub provides an open drop-in for women, staffed by a multilingual member of staff. It also runs regular listening events and open discussions around issues such as informed choice.

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