

Ethnic and socio-economic inequalities in NHS maternity and perinatal care for women and their babies

Lay Summary

Based on births between 1 April 2015 and 31 March 2018 in England, Scotland and Wales

What is the National Maternity and Perinatal Audit?

The National Maternity and Perinatal Audit is a large-scale project established to provide data and information to those working in and using maternity services.

We do this to evaluate and improve NHS maternity services, as well as to support women, birthing people and their families to use the data within their decision-making.

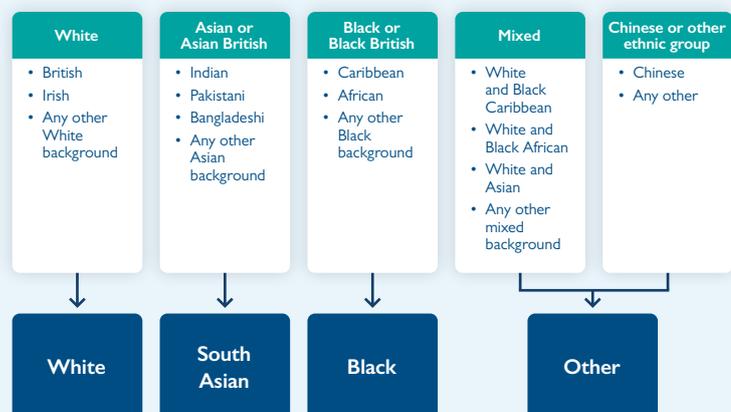
For more information about the NMPA, please see www.maternityaudit.org.uk

What is the Inequalities Report?

Pregnancy remains very safe in the UK but not equal. There are differences in maternity outcomes for women, and their babies, from different ethnic groups and those who live in more deprived areas.

The inequalities report uses the NMPA dataset and provides results for a number of measures of maternity and perinatal (the period around the time of birth) care, with a specific focus on presenting the results for women according to their ethnicity and level of socio-economic deprivation.

Ethnic group information is collected by the NHS using the same 16 ethnic groups that were used for the UK census in 2001. When data are in groups it is difficult to make meaningful comparisons between groups with large numbers in and those with smaller numbers in. Therefore, we have combined the 16 ethnic groups to create four groups to analyse the results. These groups are: White, South Asian, Black and Other (including Mixed and Chinese or any other ethnic group).



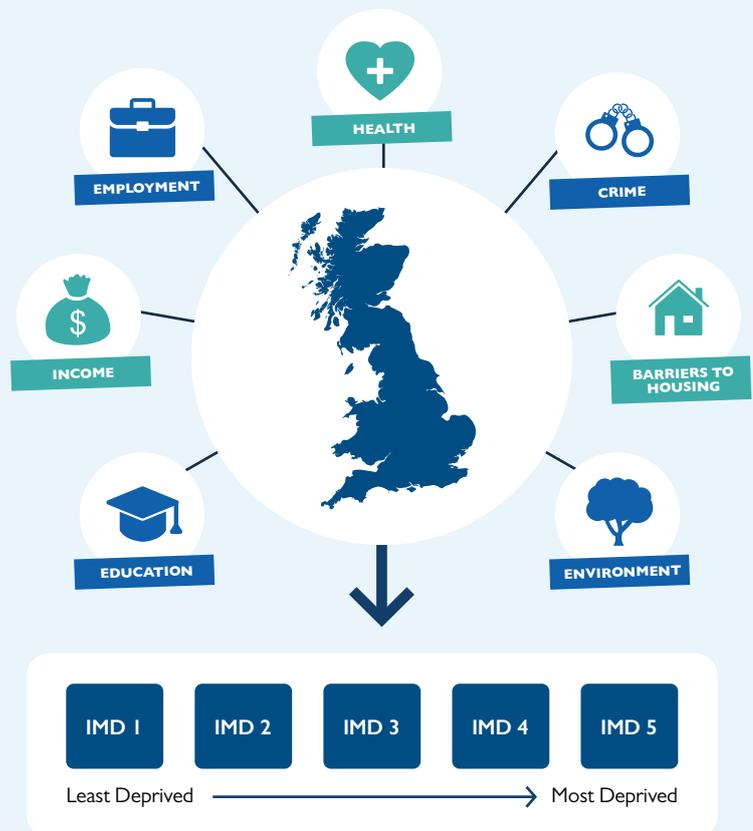
Socio-economic deprivation is measured using the Index of Multiple Deprivation (IMD*), which is an overall measure of deprivation, calculated for any given postcode using information about the levels of income, education, employment, crime and the living environment for that local area.

There are around 1 500-1 600 people living in each of these areas in England and Wales (700-800 in Scotland). These areas are then collapsed into 5 groups (or quintiles) each representing 20% of Great Britain. IMD 1 = least deprived 20% and IMD 5 = most deprived 20%.

For measures relating to outcomes for babies, results are shown according to the mother's ethnicity and IMD*.

The full report of the sprint audit can be found via the NMPA website using the link below:

Index of Multiple Deprivation (IMD*)



What information is included, how is it presented and how can it be useful?



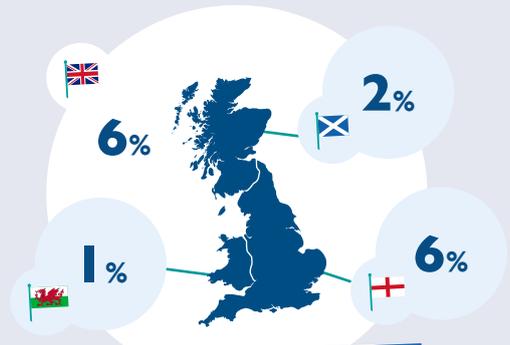
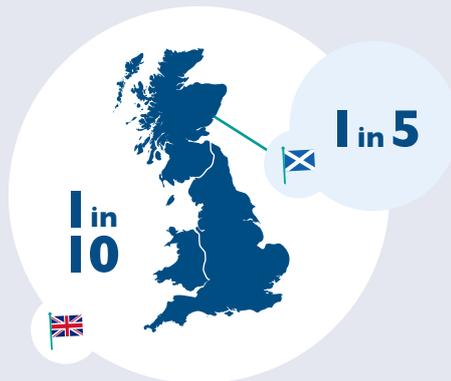
DATA FROM
1.37M
WOMEN & BABIES

DATA SOURCE

Data from over **1.37 million** women and their babies born between April 2015 and March 2018 in England, Scotland and Wales.

MISSING ETHNICITY DATA

Ethnicity data were missing for **1 in 10** women across Great Britain (**1 in 5** in Scotland).



MISSING IMD DATA

IMD* data were missing for **6%** of women giving birth in Great Britain overall (6% in England, 2% in Scotland and 1% in Wales). Almost 50% of women were living in the two most deprived quintiles.



Glossary

Words within the document that have an asterisk next to them (e.g. Apgar* score) can be found in the glossary at the end of this lay summary and there you will find further explanation of what those words mean.



Missing data

Missing or inaccurately recorded data about a woman's ethnic group or deprivation status may mean they miss out on targeted care and information that may influence their outcomes.



Key findings and recommendations

We use the key findings and recommendations from the [full report](#) throughout this summary and include infographics to aid understanding.



www.maternityaudit.org.uk

The NMPA website has lots of information about maternity care so do visit for more details about this work and the other work of the NMPA.



Insights and discussions

The findings of this report can be used to help start discussions between service users and care providers to enable service users to advocate for the birth experience they would like, but to also share and discuss any concerns arising from the data presented here.



Birthing people terminology

Throughout this document we use the terms 'women' and 'mothers'. These should be taken to include people who do not identify as women but are pregnant or have given birth. It is important to acknowledge that it is not only people who identify as women who access maternity, reproductive and gynaecology services.

Key findings

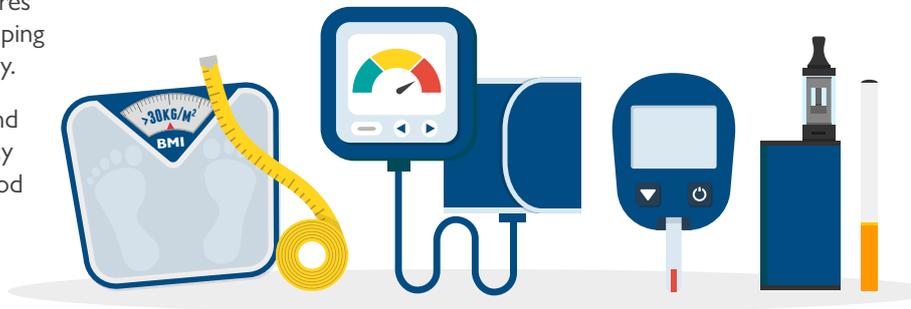


Pre-pregnancy health - Body Mass Index (BMI*), blood pressure, pre-pregnancy diabetes and smoking

Improving the health and outcomes of children requires a life-course approach that begins before birth by helping people improve their own health prior to a pregnancy.

A BMI* of 30kg/m² or above, high blood pressure and pre-pregnancy diabetes increase the risk of pregnancy and birth complications, such as severe maternal blood loss, having an emergency caesarean birth, having a baby whose birthweight is small or large for dates or who needs admission to a neonatal unit.

Smoking during pregnancy increases the risk of having a baby who is born early or with a low birth weight. Smoking also increases the risks of stillbirth and sudden infant death syndrome.



Call to action

We would like to see health improvement support for women who are considering pregnancy. We recommend those with pre-pregnancy health conditions such as diabetes, high blood pressure or a high BMI*, be offered maternity care information that is tailored to their individual circumstances and that smoking cessation support be made more widely available.

- 1 Having a BMI* of 30kg/m² or above and high blood pressure was **more** likely in those from Black ethnic groups compared to those from all other ethnic groups. These health conditions were also **more** common in those women from the most deprived areas, when compared to those from the least deprived areas.
- 2 Women from South Asian and Black ethnic groups were **more** likely to have pre-pregnancy diabetes than those from white and Other ethnic groups.
- 3 Rates of smoking at birth were **higher** for women from white ethnic groups and those who live in the most deprived areas.



Maternal outcomes



- 1 Having a birth without intervention (BWI*) was **more** likely for women from Black ethnic groups; as was any type of caesarean birth (planned caesarean, emergency or both combined); and experiencing a severe blood loss, than for those from white ethnic groups.
- 2 Women in the most deprived areas had **lower** rates of severe blood loss after childbirth than those living in less deprived areas.



Call to action

We would like to see an improvement in the quality of information made available to all women about their choices during pregnancy and labour.

This includes ways to promote informed and shared decision-making about where, how and when to give birth as well as options for pain relief.



Outcomes for babies

Inequalities exist in outcomes for the babies of women from ethnic minority groups and those who live in deprived areas. Being born early, small or needing to spend some time in a neonatal unit* can change how a baby develops into childhood and beyond.



- 1 Being born early or small for dates (SGA*) is **more** likely for babies born to women from South Asian or Black than white ethnic groups. Babies born to Black women are **more** likely to have a low Apgar score* and be admitted to a neonatal unit than white babies. South Asian babies are **less** likely to have a low Apgar* score than white babies but are still **more** likely to be admitted to a neonatal unit.
- 2 Babies born to women living in the most deprived areas are **more** likely to be born early, SGA*, to have a low Apgar* score, to need admission to a neonatal unit* or to be stillborn.
- 3 Rates of receiving breast milk at the first feed were **lowest** for babies born to women from white ethnic groups and those from the most deprived areas.



Call to action

- We would like to see maternity and neonatal services improve their transitional care* provision so that babies who require certain types of extra support at birth may be able to stay with their parents in the hospital instead of being admitted to a neonatal unit*.
- All parents should be offered breastfeeding information and support; support should be targeted in areas where rates are lowest.



Stillbirth

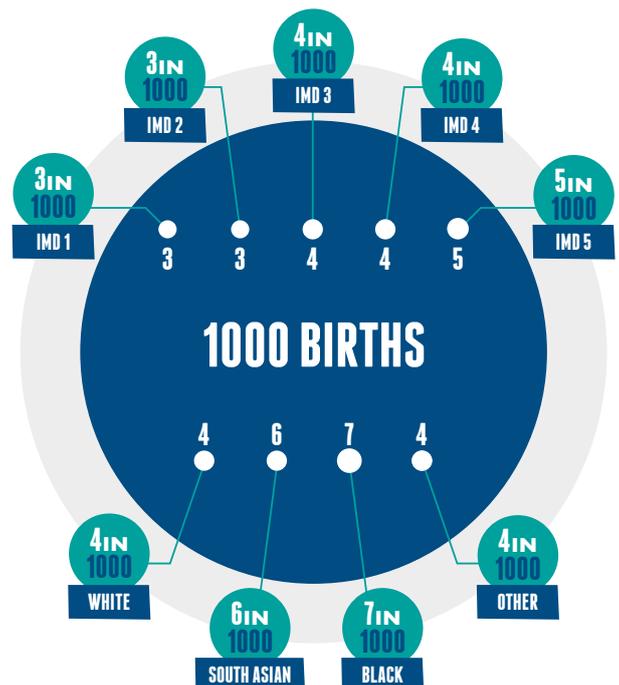
Stillbirth is the death of a baby at or after 24 weeks of gestation. It is an uncommon, but devastating outcome – in 2020 in England and Wales, the overall rate of stillbirth was 3.9 per 1000 babies born¹ (0.39% of all births).

- 1 While overall stillbirth rates were low, rates were higher for babies born to women from South Asian and Black ethnic groups when compared with white and Other ethnic groups; and for those in the most deprived areas.



Call to action

We would like to see more research investigating why women from South Asian and Black ethnic groups or those living in the most deprived areas have higher rates of stillbirth.



¹<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/articles/provisionalbirthsinenglandandwales/2020andquarter1jantomar2021>

More areas for further work...



The NMPA does not have access to information about the reasons why a caesarean birth happened or about what pain relief options were requested or offered. This makes it difficult to know anything about whether women and families received the care they wanted.



In order to address some of these inequalities, we need more information about the families who are accessing maternity services. We would like to see all women offered the opportunity to choose their own ethnic group from the most up to date UK census ethnic groups.

We would also like to see NHS trusts and boards review the diversity of their local population to tailor their services to the specific needs of those people who access them.



We would like to see more research detailing the choices people have during pregnancy about where, when and how they give birth, as well as the pain relief choices they had. We would also encourage further work around the experiences of individuals in making these choices and how they felt about their pregnancy and birth journey. Explicit work investigating the disparity in outcomes for women from different ethnic and socioeconomic groups must be a priority.



We would like to see healthcare providers offered training to:

- Help develop insight into their own beliefs around inequalities and how they influence their practice.
- Enhance their knowledge of equality and diversity as a way of helping improve both service user experiences of maternity services and those of themselves and their colleagues.

Glossary

APGAR SCORE	A five-component score that is used to summarise the health of a newborn baby, typically at 1, 5 and 10 minutes after birth.
BWI	Birth without intervention. For this work, a birth without intervention is defined as a birth where labour starts spontaneously (without induction), without an epidural, spinal or general anaesthetic, or without the need for an episiotomy
BMI	Body mass index, an estimate of body fat based on height and weight. Measured in kilograms of weight, divided by squared height in metres (kg/m ²). More information on this can be found via NHS choices: https://www.nhs.uk/live-well/healthy-weight/bmi-calculator/
IMD	Index of multiple deprivation is used to measure socio-economic deprivation. IMD is an overall measure of area-based deprivation taken from a woman's residential postcode and calculated using information about income, education, employment, crime and the living environment.
NEONATAL UNIT	A separate unit where babies who need additional or specialist care are looked after.
POSTPARTUM HAEMORRHAGE	Heavy blood loss during or shortly after birth, defined for this document as a blood loss of more than 1.5 litres.
SMALL FOR GESTATIONAL AGE (SGA)	A baby born with a lower birthweight than 9 out of 10 babies born at the same stage of pregnancy.
TRANSITIONAL CARE	Usually on a postnatal ward or dedicated area, Transitional Care supports resident mothers as primary care providers for their babies with care requirements in excess of normal newborn care, but who do not require to be in a neonatal unit.

Find out more

The NMPA website has lots of information about maternity care so do visit for more details about this work and the other work of the NMPA.

www.maternityaudit.org.uk

The inequalities report involved an advisory group of service user representatives, who also helped co-create this lay summary. Thank you to them for their contributions to this important work.