Improving equity in maternity care

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Overview

- Maternity care in England is safer than ever
- However, there are significant, persistent health inequalities
- NHSEI has set out guidance to improve equity for women & babies, and workforce race equality for maternity and neonatal staff
- To improve health for all and to reduce health inequalities, action is needed across the social gradient, but with a scale and intensity proportionate to the level of disadvantage……proportionate universalism. (Marmot 2010)
- The NHS cannot improve equity alone – action is required to address the social determinants of health

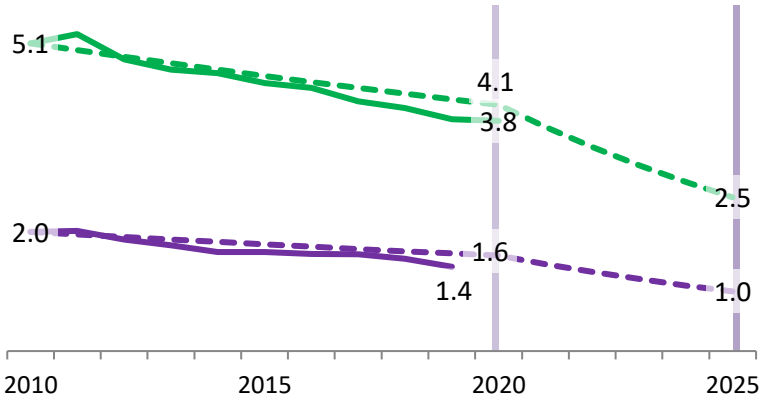
About the Maternity Transformation Programme

- The Maternity Transformation Programme is committed to making the NHS the safest place in the world to give birth
- Our ambition is to **halve the rate of stillbirths, neonatal deaths, maternal deaths, and serious intrapartum brain injuries** from a 2010 baseline by 2025, with a 20% reduction by 2020
- Major reports have led to a range of commitments on maternity, most recently Donna Ockenden's reports
- **System working** – Local Maternity Systems mirror ICS/ICB footprints; providers and commissioners work with other third sector partners to plan and improve care
- **Co-production** – women and NHS staff working in partnership – to improve maternity care
- **Clinical leadership** – national and regional midwifery and obstetric leadership with the quadrumvirate (midwifery, medical, neonatal & operational) at local level

Health outcomes are improving

STILLBIRTH – 2020 AMBITION SURPASSED

Down 25% to 3.8 per 1,000 births in 2020 but progress has slowed. The impact of COVID may also be greater in 2021 due to impact of different variants and greater staffing challenges.

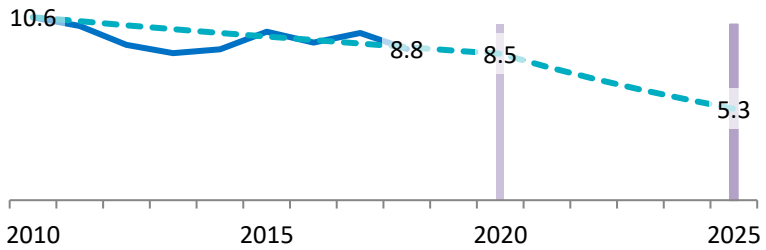


NEONATAL MORTALITY – ON TRACK

Reduced by 29% to 1.4 per 1,000 live births in 2019. On target to surpass the 2020 ambition.

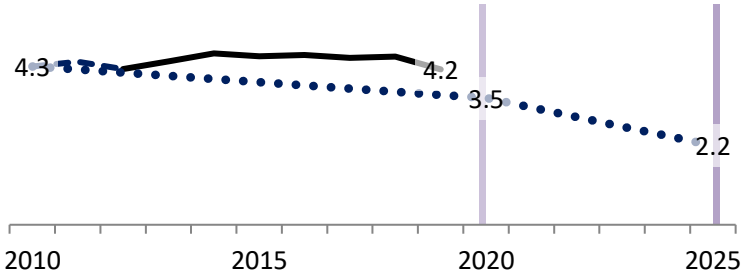
MATERNAL MORTALITY – ON TRACK BUT COVID IMPACT

Reduced by 17% from 10.6 to 8.8 per 100,000 maternities between 2009-11 and 2017-19. Maternal deaths related to COVID will impact progress.



BRAIN INJURIES – OFF TRACK BUT RECENT PROGRESS

Decreased from 4.6 per 1000 live births in 2016 to 4.2 in 2019, with the majority of the improvement being from 2018 to 2019. Prior to the ambition announcement, the rate had increased and is subsequently some-way off-track.



Care is safer…but health inequalities persist

There are significant, persistent health inequalities for mothers and babies by **ethnicity** and **deprivation** of the mother's postcode (MBRRACE-UK 2021)

Mortality amongst different population groups in the UK (NB for maternal mortality, quintiles of deprivation are for England only)	**Ethnic group**				**Quintiles of deprivation**	
	Black	Asian	Mixed	White	Most deprived	Least deprived
Maternal mortality rate per 100,000 maternities	32	12	15	7	14	8
Number of maternal deaths p.a.	25	22	5	102	66	20
Relative risk of maternal death	**x4**	**x2**	**x2**	reference	**x2**	reference
Stillbirths per 1,000 total births	7.23	5.05	3.58	3.22	4.67	2.33
Relative risk of stillbirth	**x2**	**x1.6**	**x1**	reference	**x2**	reference
Neonatal mortality rate per 1,000 live births	2.32	2.57	1.25	1.62	2.07	1.20
Relative risk of neonatal mortality	**x1.4**	**x1.6**	**x1**	reference	**x2**	reference

What is equity?

- Equality: healthcare **provision** is the same for all
- No-one receives better (or worse) care because of their characteristics, e.g., ethnicity, age, religion, etc.

- Equity seeks to achieve health **outcomes** as good as for the most advantaged group
- In doing so, it's important to recognise that poorer health outcomes result from the social determinants of health – the conditions in which people are born, grow, live, work and age and inequities in power, money and resources (Marmot 2020) – represented by the uneven ground on which the people stand

The Society for Maternal-Fetal Medicine www.smfm.org/equity in Wheeler et at (2022) SMFM Special Statement

Why work to achieve equity?

- To provide **high-quality care**. High quality care is (Institute of Medicine 2001)
  - Safe
  - Effective
  - good user Experience
  - Efficient
  - Timely
  - **Equitable**

- 'To achieve the **'halve it' aim.** To reduce maternal and perinatal mortality and brain injury rates by half by 2025 we need to improve care for populations most at risk

- **Legal duties**
  - NHS Constitution
  - Equalities Act 2010
  - Health & Social Care Act 2012

Approach to achieve equity

- Giving every child the best start in life is the highest priority policy objective
- **Why?** *In-utero* environments affect adult health (p.60)
  - when human foetuses have to adapt to a limited supply of nutrients, they permanently change their structure and metabolism
  - Low birth weight in particular is associated with poorer long-term health outcomes…disadvantaged mothers are more likely to have babies of low birth weight
- **Proportionate universalism**
  - Action is universal….
  - …but with a scale and intensity that reflects the level of disadvantage

Equity: aims & values

2 aims

- To achieve **equity** for **mothers and babies** from Black, Asian and Mixed ethnic groups and those living in the most deprived areas
- To achieve **equality** in **experience for staff** from minority ethnic groups

3 values

Value	Rationale	Source
Proportionate universalism	To 'raise and flatten' the inequalities gradient universal action is needed with a scale and intensity that reflects need	Marmot 2010 & 2020
Collaborate	Unity and coordinated effort across diverse stakeholders is required to improve equity and to tackle the social determinants of health	NHS Constitution Principle 5
Co-produce with parents and staff	Interventions are more likely to be: • culturally and socially relevant; and • effective and efficient	Better Births NHS Constitution

THE ROYAL FREE

Automatic Door
Automatic Door

‘Hard to reach’ ??
How hard did we try ??

FGM/C

- FGM/C is defined as “all procedures involving partial or total removal of the external genitalia or other injury to the female genital organs for non-medical reasons.”
- World Health Organisation (WHO) classification for FGM/C :

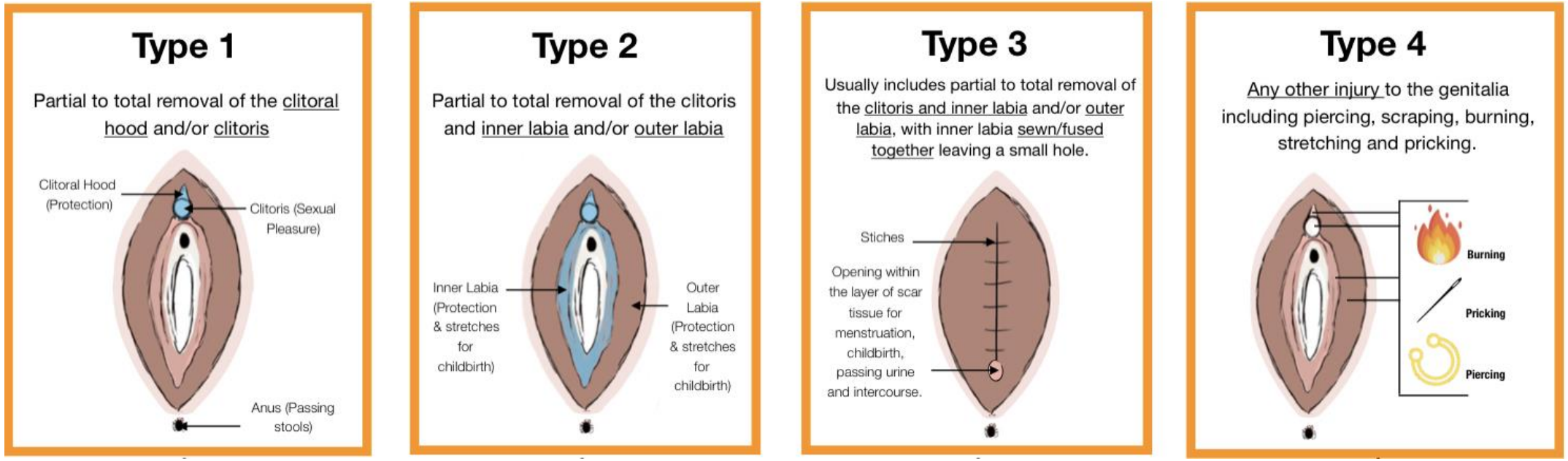


Image from digital resource created by the National FGM Centre

In England and Wales, an estimated 137,000 are affected by FGM/C.

- The assumption being that the diaspora of practicing communities, continue to practice FGM/C at the same rate as their country of origin.
- However, living in a country where FGM/C it is not normative and/or illegal significantly reduce support for the practice.

De-infibulation, is the surgical release of scar tissue resulting from FGM/C. It is offered to non-pregnant women who are symptomatic and in pregnancy to avoid problems in labour, ie.

- Unable to perform vaginal examinations or catheterise
- Prolonged Second Stage, extensive perineal tears, obstetric fistula, fetal asphyxia and postpartum haemorrhage

Summary

- Maternity care in England is safer than ever, however, there remain stark health inequalities for women & babies from Black, Asian and mixed ethnic groups and living in the most deprived areas (MBRRACE-UK)

- NHSEI has published *equity & equality guidance for LMS* to improve equity for women & babies and workforce race equality for maternity and neonatal staff

- To improve health for all and to reduce health inequalities, action is needed across the social gradient, but with a scale and intensity proportionate to the level of disadvantage. This is known as proportionate universalism. (Marmot 2010)

- The NHS cannot improve equity alone – the social determinants of health have a significant impact on health outcomes but are largely outside the control of maternity services

- WE need to work much harder to reach the ‘hard to reach’

Questions ….?

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