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Meg Hillier MP  
House of Commons  
London  
SW1A 0AA

(By email only)

05 July 2022

Dear Meg Hillier MP,

**Re: Maternity Care for Black Women in Hackney (Case Ref: MH78128)**

Thank you for writing to enquire about maternity care for black women in Hackney. This is indeed a very important issue for our local women and recent national reports and local audits have highlighted the need for more support and care pathways for pregnant black women in City & Hackney.

The reasons why a woman would experience a miscarriage are multifaceted and the causes are often not identified. What is known is that factors such as the pre-pregnancy health status - physical, mental, and sexual health of a woman all contribute to the outcome of a pregnancy. It is known that black women have a higher rate of risk factors for miscarriage, and reducing health inequalities, including racial inequity, is a priority for our new Integrated Care System.

In City & Hackney we have a number of services led by primary care, obstetricians, and midwives to help support healthier outcomes in pregnancy for those identified as most at risk, such as preconception, diabetes and hypertension clinics and weight management advice. Black women are within the cohort of women who receive this care.

Additionally, specialist support is provided by obstetric and midwifery teams for high-risk women in the hospital during pregnancy. This may include additional appointments and scans to monitor the pregnancy.

During, early pregnancy, support and advice is given to women around smoking cessation, alcohol intake, healthy diet, and vitamin intake including vitamin D, and exercise.

There are also a number of pathways in place and plans to support improvement in pregnancy outcomes for Black, Asian, and Minority Ethnic (BAME) women in City & Hackney.

Our maternity unit in Homerton Healthcare implemented an action plan around perinatal support and tailored communications for Black, Asian and Minority Ethnic Women during the COVID-19 Pandemic. A number of themes were identified as key to this plan and covered the following areas:

### **1. Communication –**

Harnessing the BAME Maternity Voices Partnership (MVP) to support co-production of patient-facing communications, with a particular focus on issues adversely affecting BAME groups such as vaccine uptake.

We developed and published a statement for the Homerton Maternity website regarding increased risks to BAME women around the Covid 19 virus.

### **2. Support**

Tailored antenatal classes are being piloted for BAME women, with the first cohort being black women. These classes have been designed with midwives and service users from the BAME MVP group and are taught by midwives from the service.

We have a dedicated public health and safeguarding midwife to support local work and are currently recruiting an equity & equality lead midwife who will provide training and develop pathways for various minoritized groups.

Link midwife roles are being explored for different groups including BAME women. Volunteer staff members representing specific groups will act as a point of contact for women at any point in their care if they have any queries or concerns that they don't feel comfortable raising with their midwife/doctor – and these can be addressed/escalated in a way that feels safe for the woman and culturally appropriate.

### **3. Safety**

Covid-19 telephone assessment Electronic Patient Record (EPR) forms were launched to support staff to give consistent and evidence-based guidance to BAME women and those with other complications that they may be at higher risk of complications of COVID-19, and to seek advice without delay if they are concerned about their health.

In addition to support in place, as part of our GP Confederation Early Years local enhanced schemes, we commission City & Hackney GPs to provide targeted preconception care to women with long term conditions and have recently commissioned targeted 6-month health and wellbeing checks for a specific cohort of women in the post-natal period. Many of the women in these target cohorts would be from a BAME background with conditions such as hypertension, high BMI and some

are classed as socially vulnerable, therefore requiring additional support and monitoring during the perinatal period.

Finally, in recognition of the additional work that needs to be done to support better outcomes in pregnancy for our local Black, Asian and Minority Ethnic pregnant women, we are in discussions with stakeholders to convene a local Equality & Equity subgroup to focus on areas of partnership working that can influence and improve outcomes in pregnancy for our pregnant BAME population. We are aware that a national group is being convened and our work will link with the national plans.

There is a range of work being done locally, with plans in place to do more both locally and in collaboration with our Local Maternity and Neonatal System.

Thank you for raising this important issue with us and keeping us informed of your constituent's concerns. If you have any further questions, please do not hesitate to contact me.

Yours sincerely,



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**Nina Griffith**  
**Director of Delivery Development, City and Hackney**

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Part of the North East London Health and Care Partnership