



Department
of Health &
Social Care

From Maria Caulfield MP
Parliamentary Under Secretary of State for Primary Care and Patient Safety

39 Victoria Street
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Your Ref: Sta/MH78128

PO-1407137

Dame Meg Hillier DBE MP
By email to: meghilliermp@parliament.uk

20 June 2022

Dear Dame Meg,

Thank you for your correspondence of 26 May to Sajid Javid about ethnic minority maternal mortality rates.

I can assure you that I am passionate about tackling disparities and improving equity for mothers and babies from ethnic minorities, as well as improving equality in experience for staff from ethnic minorities.

Research undertaken by MBRACCE-UK shows that from 2016 to 2018 maternal mortality rates for women from black ethnic backgrounds were more than four times higher than for white women, and the rates for women from Asian ethnic backgrounds were twice as high as for white women.

While it is sadly true that there remains a disparity in outcomes for mothers and babies of different ethnicities, it is important to note that few women in the UK die from conditions relating to pregnancy or childbirth. Between 2016 and 2018, 217 out of 2.2 million women died during or up to six weeks after pregnancy from conditions associated with their pregnancy. This equates to 9.7 maternal deaths per 100,000 pregnancies.

Although the NHS is one of the safest places in the world to have a baby, the disparities are worrying and must be addressed. I am committed to improving maternity outcomes for those from black, Asian and mixed ethnic groups.

In September 2020, the Government established the Maternity Inequalities Oversight Forum to bring together experts from the NHS, academia and service users to consider and address the inequalities for women and babies from different ethnic backgrounds and socio-economic groups. The forum will provide rapid and contemporary information about reduction in disparities. It reviews whether policies and strategies are being implemented as intended and whether expected results are being achieved.

The Royal College of Obstetricians and Gynaecologists created a Race Equality Taskforce in summer 2020. This taskforce includes a workstream focusing on addressing inequalities in training and education. This workstream includes work to raise awareness and encourage allyship and mentorship in the maternity workforce.

Professor Jacqueline Dunkley-Bent OBE, the Chief Midwifery Officer for England, is leading work to understand why mortality rates are higher, consider evidence about what will reduce them and take action to improve equity in outcomes and experience of care for mothers and their babies.

The department has commissioned the Policy Research Unit in Maternal and Neonatal Health and Care at the University of Oxford to undertake research into disparities in 'near misses', including the development of an English Maternal Morbidity Outcome Indicator. The research will explore whether the indicator is sufficiently sensitive to be used to detect whether the changes made to clinical care are resulting in better health outcomes.

The root causes of disparities in health are a complex interaction between personal, social, economic and environmental factors. Disparities exist across the system and that is why a life-course approach is needed to address issues that contribute to maternal and neonatal deaths and to help women prepare for pregnancy.

To address disparities and reduce the rates of maternal and neonatal deaths, we need to improve both planning for pregnancy and access to effective pre-conception and maternity care for women from ethnic minorities and lower socio-economic groups, as well as addressing the wider social determinants that are linked to poorer outcomes, such as poverty, poor housing and inadequate education. We also need to support all women to reduce unhealthy behaviours, such as smoking, drinking and obesity in pregnancy.

On 22 February, I announced plans to establish a Maternity Disparities Taskforce that has a specific focus on improving pre-conception care and access to maternity care for women from ethnic minorities and lower socio-economic groups. The taskforce will bring together experts from across the health system, Government departments, and the voluntary sector to tackle disparities in maternal and neonatal outcomes. Meetings will take place every two months to maintain progress with the delivery of actions and keep the issues we face around disparities in maternity care as a priority.

The *NHS Long Term Plan* committed to implementation of an enhanced and targeted continuity of carer model for those from black, Asian and mixed ethnic groups, as well as for women living in the most deprived areas. Continuity of carer models help reduce baby loss, pre-term births, hospital admissions and the need for unwarranted intervention during labour, as well as improving women's experience of care.

In September 2021, NHS England and NHS Improvement published equity and equality guidance for Local Maternity Systems (LMSs). The guidance focuses on actions to improve equity for mothers and babies from ethnic minorities and those living in the most deprived areas, and to improve equality in experience for staff.

This guidance asked LMSs to produce an equity and equality analysis, covering health outcomes, community assets and staff experience, and to co-produce equity and equality action plans by 28 February. The guidance is supported by a £6.8million investment for the LMSs to implement these plans.

LMSs are being asked to include the following four interventions to prevent avoidable deaths of babies in their action plans:

- targeted and enhanced continuity of carer, with 75 per cent of women from ethnic minorities receiving continuity of carer by 2024 and additional midwifery time to support women from the most deprived areas;
- smoke-free pregnancy pathways for mothers and their partners;
- breastfeeding strategies to improve breastfeeding rates for women living in the most deprived areas; and
- culturally sensitive genetics services for consanguineous couples, where appropriate.

I hope this reply is helpful.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Maria', with a stylized flourish above the name.

MARIA CAULFIELD