


Racial disparities in maternity care

 21 April 2023

Racial disparities in maternity care have once again been highlighted in the Women and Equalities Committee report into black maternal health, published on 18 April 2023.

What are racial disparities:

The imbalances and incongruities between the treatment of racial groups.

In regard to REACH (Race, Ethnicity and Cultural Heritage) patients, there are significant disparities in maternity care with risks of significantly higher morbidity and mortality. The black maternal health report sets out that black women are almost 4 times more likely to die during childbirth and Asian women 1.8 times more likely than white women. It has also been identified that racism related stress and socioeconomic hardship, i.e., low income REACH women experiencing hardship alongside poverty rates, are linked to high infant mortality rates (Giscombe & Lobel, 2005). There are also common themes raised by REACH women who report not being listened to or being ignored. MMBRACE-UK found that in black maternal deaths, microaggressions were a factor. For example, health professionals perpetuated racial or ethnic stereotypes such as black women having “lower pain thresholds” and medical records sometimes inaccurately recorded women’s backgrounds, to the detriment of care provision.

Imbalances are not only apparent for patients but also staff who are from REACH backgrounds. There are also reports of staff feeling blocked from promotion, not listened to and midwives feeling overburdened by cultural power inequalities within maternity care.

Why are they present:

It has been reported that disparities are often “rooted in the organisational culture; a product of ingrained historical biases and the colonialization of the medical curriculum” (BirthRights’ Systemic racism not broken bodies report, 2022).

Reducing and eliminating the disparities

A key study on the Albany Midwifery Model of healthcare between 1997 and 2009 conducted a patient centred approach to midwifery healthcare. From this there was a large increase in the positive health outcomes for the women who visited as they were listened to, and their own individual needs were attended to. This was key to showing that putting the patient first can help to avoid risk from generalisation and ingrained biases.

It has been recommended within the published documents that healthcare organisations and professionals (1) educate themselves on REACH issues and health disparities to challenge prejudices or assumptions based on race (2) collaborate with the patients to provide individualised, culturally sensitive, evidence-led and respectful care.

As part of the firm’s drive to work at the forefront of societies biggest issues, we work with local Trusts who we commend for developing innovative apps and systems to address and combat racial disparities. This has included apps which are aimed at providing women with information about elements of routine antenatal care in a variety of languages to assist women whose first language is not English to have a better understanding of the care they will receive.

At Browne Jacobson, we have committed to eliminating racial disparity by promoting social mobility across the firm. We are also striving for our clients to follow our lead and commit to this change. This has included working with a number of Trusts to eliminate discrimination

in maternal care. We recognise that the work starts with all of us.

If you need assistance with any of the issues raised, please contact us so we can use our knowledge and expertise to assist you to make changes to the workforce culture and review your policies.

Key contact



William Golding
Trainee Solicitor

william.golding@brownejacobson.com

+44 (0)3300452567



Rebecca Coe
Partner

rebecca.coe@brownejacobson.com

+44 (0)115 948 5606

Related expertise

Services

Health and social care disputes

Health law