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Racism is “at the root” of inequities in UK maternity care, finds inquiry

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Urgent action must be taken to tackle systemic racism in UK maternity services.

That is the central finding of a year long inquiry into racial injustice and human rights in UK maternity care by the childbirth charity Birthrights. The inquiry team analysed the factors that contribute to poorer outcomes and experiences of ethnic minorities in UK maternity care.

According to evidence already gathered (2018 figures¹), black women in the UK are four times more likely to die in pregnancy and childbirth than white women, while Asian and mixed race women are twice as likely.

In addition, 2019 figures² found a disparity in the rates of baby loss. Stillbirth rates in babies of black and black British ethnicity were more than twice those for white babies and neonatal mortality rates were 43% higher. For Asian and Asian British babies, stillbirth and neonatal mortality rates were around 60% higher than for white babies for both groups.

Aiming to explore reasons for this disparity, the inquiry team took testimonies from more than 300 people who had responded to its call for evidence and, during interviews and focus groups, they identified several common themes.

“Feeling unsafe during maternity care” was the most prominent theme, with two thirds of people who shared their stories describing not feeling safe some or all of the time. Another theme was “not being heard,” such that reports of pain were dismissed or minimised, and another was “racist attitudes by staff,” manifesting as stereotypes, microaggressions, and assumptions about risks of harm based on race.

In addition, the report found evidence of minorities experiencing disrespect, rudeness, and a lack of empathy when receiving maternity care. Respondents described being patronised, “othered,” and threatened.

The inquiry, which included input from professional and clinical bodies and organisations that work with marginalised groups, also identified failure to obtain consent as a theme, with many women reporting they had not given their permission before receiving interventions.

Chaired by Shaheen Rahman QC, a barrister who specialises in clinical negligence, the inquiry report³ sets out five calls to action to improve maternity care.

Among them is a call for services to commit to being anti-racist, and for maternity curriculums and guidance to be “decolonised.” In addition, workforce cultures should become safe and inclusive with mothers-to-be empowered to be decision makers in their care.

“There is nothing ‘wrong’ with black or brown bodies that can explain away the disparities in maternal mortality rates, outcomes, and experiences,” Rahman concluded. “What is required now is a determined focus on individualised, rights respecting care.”

The Royal College of Obstetricians and Gynaecologists said the report demonstrated how far services needed to go to ensure everyone requiring maternity care could feel safe. “These findings show how challenges facing the maternity system, including workforce shortages and a lack of long term consistent investment, can combine with systemic racism and structural barriers and leave women from minority ethnic backgrounds at increased risk and feeling unsafe during their maternity care,” said its president, Edward Morris.

“We continue to call on the UK government to commit to a target to drive a sustained reduction in racial and ethnic disparities in maternity outcomes, accompanied by tangible, funded actions which acknowledge the government’s role in tackling the social determinants of health.”

A spokesperson for the Department of Health and Social Care said the government had launched a Maternity Disparities Taskforce to level up maternity care for all women—particularly those living in deprived areas or from ethnic minority backgrounds.⁴

“It will focus on improving access to effective maternity care and care for women trying to conceive and will tackle factors linked to unacceptable disparities in quality of care, experiences, and outcomes.”

The NHS is investing £7m to tackle maternity inequalities and by 2024 it wants at least 75% of pregnant minority ethnic women cared for by the same midwives during and after pregnancy.

- 1 Saving lives, improving mothers’ care 2018, lay summary; mothers and babies: reducing risk through audits and confidential enquiries across the UK. www.npeu.ox.ac.uk/assets/downloads/mbrace-uk/reports/MBRRACE-UK%20Maternal%20Report%202018%20-%20Lay%20Summary%20v1.0.pdf.
- 2 Perinatal mortality surveillance report uk, perinatal deaths for births from january to december 2019; mothers and babies: reducing risk through audits and confidential enquiries across the UK. www.npeu.ox.ac.uk/assets/downloads/mbrace-uk/reports/perinatal-surveillance-report-2019/MBRRACE-UK_Perinatal_Surveillance_Report_2019_-_Final_v2.pdf.
- 3 Birthrights. Systemic racism, not broken bodies—an inquiry into racial injustice and human rights in UK maternity care. 2022. www.birthrights.org.uk/wp-content/uploads/2022/05/Birthrights-inquiry-systemic-racism-May-22-web-1.pdf.
- 4 Zachariou M. Taskforce calls for targeted primary care interventions to tackle maternity inequalities. *BMJ* 2022;377:e1287. doi: 10.1136/bmj.e1287 pmid: 35605995