

## Maternity Standards to improve the experience and outcomes for Black and South Asian Women/birthing people, their families and babies within Greater Manchester and Eastern Cheshire

<b>Document Name</b>	<b>GMEC LMS Maternity Standards for Black and South Asian women and their families</b>
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<b>Acknowledgement</b>	<b>Membership of the Black and Asian maternity advisory group including VSCE groups, MVP and neonatal colleagues.</b>

### Version Control

V1	Development commenced by Zoe Neilson based on information from Black and Asian Maternity Advisory Group activity input	17.09.21
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V1.3	Further feedback received from Chairs of Black & Asian Maternity Workstream leads	18.10.21
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## Background

It is well documented that women/birthing people and babies from Black and Asian background have worse outcomes than those who are White<sup>1</sup>. In order to understand this further and explore the solutions via co-production directly with the communities, Greater Manchester and Eastern Cheshire Local Maternity System established the Black and Asian Maternity Advisory Group (in 2021). This group is comprised of a number of Black and Asian VCSE organisations and maternity voices partnerships, professionals from maternity providers, primary care and 0-19 services as well as having involvement from higher education institutions.

The work carried out by this group included delivery of 10 targeted focus groups to gather information of Black and Asian women's/birthing people's maternity experiences antenatally and postnatally.

It is clear that although there were positive experiences, there are a number of areas in which improvements need to be made to enable more women/birthing people to have positive experiences in relation to the care they receive along their maternity journey and to help improve the outcome for these women/birthing people and their babies.

For Greater Manchester and Eastern Cheshire Local Maternity System to work towards addressing this and to take proactive steps towards providing equity, maternity standards of care have been developed.

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<sup>1</sup> MBRRACE [Reports | NPEU > MBRRACE-UK \(ox.ac.uk\)](#)

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The implementation of these standards will also put Greater Manchester and Eastern Cheshire Local Maternity System in a positive position for the 5-year plan due to be submitted in February 2022 as part of the equity and equality guidance for Local Maternity Systems, released in September 2021<sup>2</sup>.

### **Purpose of the standards**

The purpose of these standards is to help improve the experience and outcome of Black and Asian women/birthing people accessing maternity services within Greater Manchester and Eastern Cheshire, as well as to enhance the care provided by maternity services to Black and Asian women/birthing people. These standards fit alongside existing standards maternity services have. They are relevant along the maternity care pathway and will be embedded and implemented as an integral part of providing care for women/birthing people, their families and for staff. While these standards have been specifically developed for Black and Asian women/birthing people, they could potentially be applied or extended to other groups.

### **Plan for the standards**

One of the actions for the Black and Asian Maternity Advisory Group was to develop Greater Manchester and Eastern Cheshire maternity standards of care for Black and Asian women/birthing people and families to include antenatal, intrapartum, postnatal and the neonatal period. These standards have been developed through co-production with all stakeholders, including VCSE and MVPs through representation on the Black & Asian Maternity Advisory Group and through direct engagement with women from the 10 initial focus groups held in the spring of 2021. Once standards are developed, they will go through the appropriate governance processes to be agreed with the aim of then being implemented across Greater Manchester and Eastern Cheshire Local Maternity System.

### **The proposed standards**

The pages that follow detail the proposed standards for Black and Asian women/birthing people and families. These will also apply to those of mixed heritage and ethnic minority background. These standards are for maternity providers to implement and embed. The list attached to each standard is not exhaustive.

**Please note: where the standards refer to women, this includes birthing people (those who are pregnant who do not identify as women such as trans pregnancies).**

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<sup>2</sup> [Equity and equality: Guidance for local maternity systems \(england.nhs.uk\)](https://www.england.nhs.uk/equalityanddiversity/guidance-for-local-maternity-systems/)

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Standard	Actions for Providers	Trust's evidence in support of standards
<p><b>STANDARD 1: Women/birthing people should have access to high quality interpretation services (during antenatal, intrapartum, postnatal and if on neonatal unit).</b></p> <p><i>(Links to 1.1.11 of NICE Guideline NG201 and RCOG Maternity Standards Database-National Service Framework for Children, Young People and Maternity Services/Department for Education and Skills and Department of Health)</i></p>	<ul style="list-style-type: none"> <li>At booking and at subsequent visits ask all women/birthing people if they require interpretation services and to document if interpreter is required, and if required in which language.</li> </ul> <p>For those requiring interpreters:</p> <ul style="list-style-type: none"> <li>Provide interpreters for all appointments (be that via telephone or face to face for decision making consultations).</li> <li>Face to face interpreters to be arranged in advance of the appointment where possible.</li> <li>Where the woman/birthing person declines an interpreter, the reasons should be clearly documented in the notes and considered as part of risk assessment.</li> <li>When telephone or pre-arranged face to face interpreters are required and are not available this should be incident reported.</li> </ul>	<p>Maternity Providers to provide evidence of bookings/usage of interpreting services for eligible women</p>
<p><b>STANDARD 2: Written information to be available in range of languages (available electronically and where required as print outs), to support women/birthing people and their families (during antenatal, intrapartum, postnatal and if on neonatal unit).</b></p> <p><i>(Links to:1.3.4 of NICE Guideline NG201)</i></p>	<ul style="list-style-type: none"> <li>Provide electronic links to websites/resources as well as where required printed resources, leaflets, personalised care and support plans.</li> <li>Key messages should be made available in various languages for the population served by the maternity units, which staff can signpost women/birthing people to electronically or provide printed version.</li> <li>GMEC LMS resource will be produced to support this</li> </ul>	<p>Maternity Providers to provide information on where this can be found and state methods by which women are signposted to these</p>

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Standard	Actions for Providers	Trust's evidence in support of standards
<p><b>STANDARD 3: Clear information for women/birthing people on postnatal support</b></p> <p><i>[Please note this has been included as many Black and Asian women/birthing people communicated that this is not occurring]</i>  <i>(Links to NICE postnatal care guidance NG194)</i></p>	<p>Maternity/Midwifery staff to ensure Black, Asian, Minority ethnic women/birthing people receive clear information on what the postnatal offer of support is (towards end of pregnancy or early postnatal period). This should include information such as:</p> <ul style="list-style-type: none"> <li>• Opportunity to request a debrief post birth</li> <li>• Follow up arrangements with health care professional expected postnatally/explain hand over between midwifery and health visiting</li> <li>• Postnatal support and support groups available in their local area (particularly for those who are new to the area or have arrived from abroad) including Maternity Voices Partnership postnatal groups</li> <li>• Pelvic floor health to ensure is discussed by midwives (and by health visitors).</li> <li>• Information on who they can speak to about mental wellbeing and providing information about postnatal depression</li> <li>• Healthy Start Scheme, vitamin D and requirement of multi-vitamins for babies</li> <li>• Infant Feeding Support contact details</li> <li>• Support for those who have multiple births</li> <li>• Information about benefits- (e.g. free dental check-ups until baby turns 1, Maternity pay, child benefit, other support information of relevance in preparation for baby and postnatally).</li> </ul> <p><b>Maternity department to strengthen their links with services that provide support to families in the community (including VCSE and faith sector) and signpost women/birthing people and their families to these.</b></p>	<p>Maternity Providers to provide information on their links to VCSE and community support groups and methods by which women are signposted to these</p>



Standard	Actions for Providers	Trust's evidence in support of standards
<p><b>STANDARD 5: Women/birthing people and their families to be informed of how to raise their worries/concerns</b></p> <p><i>(Links to 1.2.10 of NICE Guideline NG201)</i></p>	<ul style="list-style-type: none"> <li>• Women/birthing people asked if they have any questions/concerns at every contact.</li> <li>• Provide information in written/audio form (in range of languages) to women/birthing people regarding how they can give feedback to maternity team.</li> <li>• Provide Family and Friends card and a specific comments box located within maternity unit (and/or community location).</li> <li>• Encourage all Black and Asian women/birthing people to provide feedback</li> <li>• Quarterly review of the comments provided by women/birthing people and refer to relevant department</li> <li>• Provide women/birthing people contact details for joining their local Maternity Voices Partnership</li> <li>• Provide information in written/audio form (in range of languages) regarding how to raise concerns if they are unhappy with care received or have ongoing worries to be addressed.</li> </ul>	<p>Maternity Providers to provide information regarding breakdown of incidents, complaints and comments based on ethnicity</p>

Standard	Actions for Providers	Trust's evidence in support of standards
<p><b>STANDARD 6: Vitamin D Supplementation information and discussion including higher dosages</b></p> <p><i>(Links to Chief Midwifery Officer Equity Action 3 and NICE guidance PH56)</i></p>	<ul style="list-style-type: none"> <li>• Provision of higher dose vitamin D supplementation for women/birthing people from Black or Asian background antenatally (e.g. via PGD) and women/birthing people to be advised to take vitamin D postnatally too.</li> <li>• Antenatally, discuss vitamin D supplementation with women/birthing people and document this (at booking and/or other contacts).</li> <li>• Provide 'What you should know' information (in the woman's language) to explain why women/birthing people from Black and Asian background are advised to have a higher dosage of vitamin D.</li> <li>• Show/Refer to vitamin D infographics (from NW regional team or from GMEC LMS). These should be added to trust website pages and can be added to maternity packs too.</li> <li>• Inform women/birthing people about Healthy Start Scheme</li> <li>• Inform women/birthing people about multi-vitamins for babies from birth</li> </ul>	<p>Maternity Providers to audit the provision of high dose vitamin D to women of Black and Asian background</p>



Standard	Actions for Providers	Trust's evidence in support of standards
<p><b>STANDARD 7: All staff involved in care of women/birthing people during pregnancy and early postnatal period to have Mandatory Cultural Competency Training</b> (including training on unconscious bias so that all are aware of how their own unconscious bias may influence their delivery of care).</p> <p><i>(Links to page 28 of PHE High Impact Area 6 report and Equity and Equality LMS guidance priority 4d intervention 1)</i></p>	<ul style="list-style-type: none"> <li>• Mandatory to attend cultural competency training every two years</li> </ul> <p>Please note:</p> <ul style="list-style-type: none"> <li>• Mandatory basic e-Learning For Health (eLFH) on cultural competency training,</li> <li>• Supplemented by a further mandatory virtual or in person training session (being currently developed-detailed below).</li> </ul> <p>Once GMEC has produced a standardised integrated cultural competency awareness and cultural safety training package including unconscious bias (to incorporate perspectives from Black and Asian ethnicities), this be mandatory for all client facing staff that support women/birthing people across the maternity journey and in addition to the e-Learning For Health (eLFH) on cultural competency.</p> <p><i>If this standard is agreed then funding would need to be explored to make available.</i></p>	<p>Confirmation to the LMS from maternity providers that staff are completing one 250-500 word reflective learning account of intervention for Black and Asian women in maternity following the training and how this has reduced their unconscious bias. That this is confirmed at (annual appraisal).</p> <p>Evidence provided at appraisal could be utilised as part of staff revalidation.</p>

Standard	Actions for Providers	Trust's evidence in support of standards
<p><b>STANDARD 8: Each maternity provider to have a named equality, diversity &amp; inclusion (EDI) champion (midwife or clinician), in line with the LMS Operational Policy on Equity with view to develop into a dedicated role which would include that mentioned in adjacent column.</b></p>	<p>Provide with the role description:</p> <ul style="list-style-type: none"> <li>• To be the hub of knowledge on any updates about EDI for the maternity provider as a whole,</li> <li>• To share and cascade key updates and keep EDI in mind in work being done</li> <li>• To assist in the implementation of the GMEC LMS Operational Policy for 4 Equity Actions</li> <li>• To provide assurance to Head of Midwifery and the LMS as to current position related to EDI including equality and equity work.</li> <li>• To monitor the compliance for these maternity standards (improving care for Black and Asian women/birthing people).</li> <li>• EDI Champions to build on relationships with Black and Asian led voluntary sector organisations in the B&amp;A Advisory Group and wider voluntary sector-relationships to be built and maintained between providers and community organisations to support women/birthing people</li> </ul> <p><i>Equity and equality NHS funds to be made available to support providers to fund these EDI champion positions.</i></p>	<p>Provide assurance to the LMS as to the position related to EDI including equality and equity work.</p>

Standard	Actions for Providers	Trust's evidence in support of standards
<p><b>STANDARD 9: Recording ethnicity of women/birthing people in maternity healthcare systems</b></p> <p><i>(Links to Chief Midwifery Officer Equity Action 4, Priority 3 and Priority 4d: intervention 2 of Equity Equality guidance for local maternity systems)</i></p>	<ul style="list-style-type: none"> <li>• Provide accurate recording of ethnicity for mother and babies for auditing and quality improvement actions</li> <li>• Ethnicity (as well as if requiring an interpreter and if so what language) to be included as part of safety incident reporting.</li> </ul>	<p>Data to be available on Trust data systems, and can be reported to LMS via maternity dashboard and in addition via incident reports (that are submitted to safety SIG) and StEIS.</p>
<p><b>STANDARD 10: Increasing representation at all levels of leadership within maternity workforce (including midwives, midwifery support workers, obstetricians, neonatologist, anaesthetists and within senior leadership teams)</b></p> <p><i>(Links to Equity and Equality guidance for local maternity systems Priority 4d)</i></p>	<ul style="list-style-type: none"> <li>• Document existing numbers of staff within maternity workforce (midwives, midwifery support workers, obstetricians, anaesthetists, neonatologists) from each ethnic group</li> </ul> <p>The Local Maternity System including all Maternity Providers to:</p> <ul style="list-style-type: none"> <li>• Allocate member of workforce to work with Universities to address recruitment bias/examine factors that can act as a barrier for applicants from Black, Asian or other ethnic minorities.</li> <li>• Together with the universities to actively evidence actions that increase the number of applicants to midwifery courses of individuals from diverse range of ethnicities.</li> <li>• Actively promote leadership opportunities to staff from Black, Asian or other ethnic minorities</li> <li>• Develop a programme/offer of coaching for staff from Black, Asian or other ethnic minorities to improve access to leadership roles</li> </ul>	<p>Data to be submitted to LMS</p>

Standard	Actions for Providers	Trust's evidence in support of standards
<p><b>STANDARD 11:</b>  <b>All maternity and neonatal training to be inclusive of all ethnicities including consideration of training aids</b></p>	<ul style="list-style-type: none"> <li>• Update training materials (including visuals and images) to be inclusive of all ethnicities (important in view of increased risks for women from Black, Asian, Mixed and other ethnic minorities as mentioned in MBRRACE), including how clinical conditions can give different visual perception in different skin tones.</li> <li>• Purchase practical demonstration resources for training that represent those with different skin colour</li> </ul>	<p>Audit of training resources</p>
<p><b>STANDARD 12:</b>  <b>All maternity providers to ensure that they are completing Equality Impact Assessments as part of development of local policies, procedures and practices.</b></p>	<ul style="list-style-type: none"> <li>• To ensure that there has been evaluation of whether a policy, procedure or practice being implemented is likely to have a discriminatory impact on Black and/or Asian women/birthing people (prior to completion and implementation).</li> <li>• Ensure that all sections of the EIA are completed (Recording 'no adverse impact or N/A' for all sections of an equality impact assessment indicates it has not been completed correctly or appropriate consideration made.</li> </ul>	<p>Policies, procedures, practices all have an EIA completed</p>

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## **Implementation of the standards**

These standards build on the Greater Manchester and Eastern Cheshire LMS Operational Policy for Equity Actions and come into effect in March 2022 after ratification from the Black & Asian Advisory Group, the Maternity Steering Group and the Greater Manchester and Eastern Cheshire Maternity Programme Board.

## **Assurance**

Proposed assurance is for maternity providers to RAG rate themselves on each of the 12 standards as of end of the financial year 2021/2022. This information will be collated by the LMS and brought to the Maternity Programme Board 2 times a year to see status of each maternity provider within the LMS.

**A form for maternity providers to complete will be produced by the Black and Asian Maternity advisory group to facilitate this.**

Providers will be asked in April 2022 for initial status (as of end of March 2022) on each of the 12 standards as a benchmark and in September 2022 will be asked as to progress on implementation.

The information from the benchmarking and progress on implementation will be provided to the Greater Manchester & Eastern Cheshire Maternity Programme Board and the North West Regional Perinatal Board.

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## References

1. MBRRACE [Reports | NPEU > MBRRACE-UK \(ox.ac.uk\)](#)
2. Equity and Equality Local Maternity Systems Guidance [Equity and equality: Guidance for local maternity systems \(england.nhs.uk\)](#)
3. Four chief midwifery officer's equity actions as detailed within the Equity and Equality guidance above
4. Public Health England (December 2020) Maternity high impact area 6: Reducing the inequality of outcomes for women from Black, Asian and Minority Ethnic (BAME) communities and their babies  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/942480/Maternity\\_high\\_impact\\_area\\_6\\_Reducing\\_the\\_inequality\\_of\\_outcomes\\_for\\_women\\_from\\_Black\\_Asian\\_and\\_Minority\\_Ethnic\\_BAME\\_communities\\_and\\_their\\_babies.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942480/Maternity_high_impact_area_6_Reducing_the_inequality_of_outcomes_for_women_from_Black_Asian_and_Minority_Ethnic_BAME_communities_and_their_babies.pdf)
5. NICE Guideline Antenatal Care (NG201) August 2021  
<https://www.nice.org.uk/guidance/ng201/chapter/Recommendations#organisation-and-delivery-of-antenatal-care>
6. NICE Public Health Guideline on Vitamin D supplement use in specific population groups (PH56) August 2017 <https://www.nice.org.uk/guidance/ph56>
7. NICE Guideline on Postnatal Care (NG194) April 2021  
<https://www.nice.org.uk/guidance/ng194>
8. Royal College Obstetricians and Gynaecologists Maternity Standard Database linking to National Service Framework for Children, Young People and Maternity Services/Department for Education and Skills and Department of Health  
<https://www.rcog.org.uk/globalassets/documents/guidelines/maternitystandardsdatabase0608.pdf>

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