

Better Births: Personal and Safe

Working together to improve **equity** in health outcomes

What is equity?

Where health outcomes do not differ according to personal characteristics such as ethnicity, geographical location or socioeconomic status.

The facts

Whilst mortality rates are reducing for the population overall, stark health inequalities persist.

- Black & Asian women have a higher risk of dying in pregnancy than White women:
 - *Asian women 2x*
 - *Mixed ethnicity women 3x*
 - *Black women 5x*
- Women living in the most deprived areas are more than twice as likely to die as women living in the least deprived areas
- Stillbirth rates remain high for:
 - *Black babies 2x*
 - *Asian babies 1.5x*
 - *Babies in the most deprived areas 1.3x*
- Neonatal mortality rates are higher for:
 - *Black & Asian babies 1.7x*
 - *Babies in the most deprived areas 1.2x*

MBRRACE-UK (2019)

What we are doing

In line with the NHS Long Term Plan, we're working towards 75% of Black and Asian women receiving Continuity of Carer by 2024, along with women living in the most deprived areas.

From 2021, maternal medicine networks will ensure that women with acute and chronic medical problems have access to best practice care in pregnancy.

Community hubs wrap services around women and their families - they are a 'one stop shop' for NHS, local authority and voluntary sector services. Around 100 community hubs are open across England.

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HOW YOU CAN HELP

- Make sure you can identify populations at greatest risk. Ask every woman what her ethnic background is; don't guess. Explore every woman's social circumstances. Record this information on your maternity information system. Your unit should carry out regular audits to see how well ethnic background and complex social factors are recorded
- Ask your team leader how to implement NICE guideline CG110 about care for pregnant women with complex social factors. Discuss with your team how you can work together to achieve better outcomes for these women
- Remember: we're working towards 75% of Black and Asian women receiving continuity of carer by 2024, along with women living in the most deprived areas
- Listen to what women are telling you and get training to develop your cultural competency. Go to www.e-lfh.org.uk and search 'cultural competence'. Complete the 3 short courses to understand how culture can influence health outcomes
- All women should be provided with a good basic standard of care, but women experiencing disadvantage need extra care. The greater her disadvantage, the greater the level of care you should give her. This is called 'proportionate universalism' *Marmot (2010)*. Discuss with your team leader how this could work in practice for the women you care for