

Classification: Official

Publications approval reference: 001559



Communications toolkit for local maternity teams to improve communications with Black, Asian and minority ethnic women

13 January 2021 Version 1



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Summary

What issues does this toolkit aim to address?

For some people, groups and communities in England, there are still unfair and avoidable inequalities in their health and health outcomes, and in their access to and experiences of NHS services.

Women and babies from Black, Asian and minority ethnic (BAME) backgrounds are disproportionately likely to die during pregnancy and childbirth and, during the COVID-19 pandemic, a study has shown 55% of pregnant women admitted to hospital with coronavirus are from a BAME background.

Improved communication and outreach with BAME communities to reduce maternal inequalities like these and to deliver safer, more personalised care is imperative.

(More on [page 6](#))

What are we asking local maternity systems to do?

In June 2020, every local maternity system (LMS) received a letter from the Chief Midwifery Officer and National Clinical Director for Maternity and Women's Health. This letter outlined four specific actions that can be taken to improve support for pregnant women from BAME backgrounds during the pandemic.

These actions all depend on effective tailored communications with diverse communities in your local area. To support the implementation of the four specific actions within the letter, we are recommending that LMS use this toolkit to develop a targeted communications strategy to better engage and reach out to BAME groups in your area. Your local BAME population groups will be from a range of communities (for example, Indian, Bangladeshi, African, Roma, Gypsy and Traveller communities) so it is important to consider this diversity when designing culturally-appropriate messaging and on-going support.

(More on [page 7](#))

How should a targeted communications strategy be developed?

This toolkit suggests things to consider when designing and implementing a targeted communications strategy to engage pregnant BAME women.

The core principles promoted herein can be summarised as:

- **Understand your audiences:** This toolkit suggests key messages to direct to both pregnant women and maternity staff. Different audiences will need different messages.

- **Embed co-production:** Meaningful engagement with the communities you are targeting when developing both a strategy and specific resources should be a priority, to authentically reflect the issues that matter to pregnant women in your area.
- **Diversify the ways we communicate:** From the different channels that can be used to reach pregnant women, to the spokespeople and voices, to which we give platforms in our communications, we must consider where and how diverse communities access and engage with information. There is no ‘one-size-fits-all’ answer.
- **You know best what works for women in your area:** There is no formal blueprint for creating a targeted communications plan: by nature, a local plan must be designed and tailored specifically by each LMS to suit your unique needs and circumstances.

(More on [page 15](#))

What are the key messages for pregnant women from BAME backgrounds?

It is important to acknowledge concerns and provide reassurance, raise awareness of the risks for certain communities, and to emphasise that it is more important than ever for women to seek help and contact their midwife if they have concerns.

It is also important to prepare women for any changes to or differences in services they may experience during coronavirus, while stressing that midwives are working hard to make sure they will still have a personal and safe maternity experience.

The term ‘Black, Asian and minority ethnic’ denotes several different ethnic groups; concerns will vary between and within these groups, and these differences will need to be considered when communicating with groups on a local level.

(More on [page 10](#))

What are the key messages for maternity staff?

It is important to be aware of the risks that exist for particular communities and be prepared to discuss these sensitively with women from diverse backgrounds. A number of training tools and suggestions of things to consider are listed in this toolkit.

It is also important to stay informed about what support is available in uncertain times. Guidance and advice has been regularly changing, so it is important to make sure any advice you provide to pregnant women is up to date. The types of support and services available from other providers, such as the voluntary sector and community groups, also

differs by local area, so it is important for maternity staff to keep up to date with the support and guidance available for pregnant women.

Personalised care remains an essential part of delivering the reassurance and support that women from diverse communities may need. All pregnant women should be made to feel they can discuss any issues they are particularly worried about, even those not directly related to 'being pregnant', so that they can be signposted to additional local support.

(More on [page 13](#))

What materials and resources are available to local maternity systems?

You are likely to have a broad range of materials to engage pregnant women already. When compiling a targeted communications plan, remember to bear in mind all resources at your disposal.

Carefully assess what resources may be relevant to particular communities and how accessible, inclusive and representative they are for all of the communities in your local area. This includes consideration of:

- the languages that resources are available in
- the backgrounds of any spokespeople or case studies your communications give a platform to
- the formats in which information is available (e.g. using visual materials and easy-read to overcome any issues with literacy; or using non-digital materials to overcome barriers to digital access).

This toolkit also lists a variety of tools and materials available through the NHS Maternity Transformation Programme and other organisations.

(More on [page 18](#))

Introduction and purpose

Help to improve maternity outcomes for Black, Asian and minority ethnic (BAME) women during the coronavirus pandemic through local communications

This toolkit has been co-produced by the national Maternity Transformation Programme and a selection of service user representatives with BAME backgrounds to help LMS produce their own communications plans and activities. It provides helpful advice and suggestions about how to communicate with women of different backgrounds, about the extra care support that is available to them, as well as signposting to currently available publications, messaging, insights and templates.

The aim is to raise awareness amongst pregnant women from a BAME background that extra support and help is available to them during this uncertain coronavirus period.

Throughout this toolkit and in the process of designing local communications plans, it is important to consider that the term 'Black, Asian and minority ethnic' denotes a number of strikingly different ethnic groups. The experiences, needs and concerns of these groups, and of individual women within these groups, will be unique. This will need to be considered and reflected when communicating to women within such communities on a local level.

We know that many LMS are already working with their local BAME communities and what works will vary greatly from locality to locality. This toolkit is designed to be used flexibly and to complement work already being undertaken, or to help a local service to get started with a communications plan.

Local communications activities are being supported nationally by the Royal College of Midwives' (RCM) 'Race Matters' campaign, and the NHS through our 'Help Us Help You (and Your Baby)' campaigns.

NHS Maternity Transformation Programme Team

July 2020

Background

“I want to make sure that every pregnant woman in England knows that the NHS is here for them.”

Prof Jacqueline Dunkley-Bent, Chief Midwifery Officer

In June 2020, Prof Jacqueline Dunkley-Bent, and Dr Matthew Jolly, National Clinical Director for Maternity and Women's Health, sent a letter to Local Maternity Teams requesting that they provide additional perinatal support for BAME Women during the coronavirus pandemic (see [Appendix D](#)).

Local Maternity Teams have been requested to co-produce and implement an operational policy using the latest guidance from the Royal College of Obstetricians and Gynaecologists and RCM, with the particular emphasis that:

- Women of a BAME background should be advised that they may be at higher risk of complications of coronavirus and to seek advice without delay if they are concerned about their health.
- Clinicians should be aware of this increased risk, and have a lower threshold to review, admit and consider multidisciplinary escalation for women from a BAME background.

As part of the implementation of this operational policy, LMS may also consider offering antenatal appointments in community hubs, providing daily phone contact and offering continuity of carer models of care; as well as partnering with local grass roots, community organisations who work with and represent local BAME women.

LMS have also been specifically requested to reach out and reassure local pregnant BAME women with tailored communications via a communications plan, that should be co-produced with their Maternity Voices Partnerships (MVP) and relevant community organisations. This communications plan should include information about local services for women and their families; reassure them that maternity services are available during the pandemic; and encourage them to seek help if they have any concerns.

It is expected that this communication will be tailored to local communities and, for example, use appropriate language, imagery reflecting the target community, formats and diverse media channels.

Context

“It is increasingly clear that COVID-19 is having a disproportionate impact on our BAME patients, friends and colleagues. And this, in turn, has brought into stark and urgent focus the layered impacts of years of disadvantage and inequality.”

Simons Stevens, Chief Executive, NHS England and NHS Improvement

For some people, groups and communities in England, there are still unfair and avoidable inequalities in their health, health outcomes and in their access to and experiences of NHS services.

Any differences in health status between groups that arise from inequalities in the social, economic and environmental conditions in which people are born, grow up, live, work and age are unfair and unjust. The NHS has long recognised our role in working with others across society to reduce health inequalities and address unwarranted variation in care.

Ethnicity and race have been shown systematically to influence our health, independent of factors such as age, sex, and socio-economic status. The coronavirus pandemic has injected stark urgency into the need for more action to both understand and tackle deep-seated and longstanding health inequalities facing people from Black, Asian and ethnic minority backgrounds.

This is particularly the case during pregnancy.

The risk of BAME women and babies dying during pregnancy and childbirth is significantly higher than for white women (MBRRACE-UK 2019) and recent studies show mortality involving coronavirus disproportionately affects those from a BAME background ([IFS 2020](#)). Other recent data published by the [UK Obstetric Surveillance System](#) at Oxford University also shows that 55% of pregnant women admitted to hospital with coronavirus are from a BAME background, although only 20% of births are to BAME mothers ([PHE 2020](#)).

Whilst more research is being undertaken to understand why this is the case and what the contributing factors are, LMS have been asked to take extra precautions to keep these women safe.

This includes prioritising the monitoring of their care and their access to maternity services and, in particular, providing reassurance to any pregnant woman who may have concerns

about the health of themselves and their baby and encouraging them to seek help and support.

This toolkit is intended to support LMS to design your own communications, engagement activities and wider plans, with priorities of reaching a more diverse range of women and helping to reduce health inequalities.

Key messages

The foundation of a targeted communication plan is understanding your different audiences and making sure they each know what they need to know.

This section outlines key messages that you may wish to use in your communications with our two principal audiences: pregnant BAME women and maternity staff.

Local Maternity Systems and others have roles to play in reassuring both pregnant women and staff by giving them the confidence and resources to raise concerns, discuss support options and make all necessary decisions about maternity care.

What messages do we need to communicate to pregnant BAME women?

In your own local communications plan, you may particularly wish to emphasise messages from the following suggestions, when and where appropriate. Always bear in mind that the term 'Black, Asian and minority ethnic' denotes a number of strikingly different ethnic, cultural and religious groups and each of these groups may have different concerns and care and support needs, This diversity will need to be considered when communicating on a local level.

Acknowledging concerns and providing reassurance:

- As a pregnant woman from a Black, Asian or minority ethnic background, you may have concerns about coronavirus.
- Your local maternity team is here to help you, so contact them as you would normally. They will be working together with you and providing you with extra support during this unprecedented time.
- Midwives are working hard to make sure you still have a personal and safe maternity experience during this time, but some services will need to adapt. This could mean

having telephone or video consultations, or attending your antenatal appointments in a different setting.

Raising awareness of the particular risks for certain communities:

- Emerging evidence suggests that BAME pregnant women are more likely to be admitted to hospital with coronavirus than white women. Asian women are four times more likely and Black women eight times more likely to be admitted than white pregnant women.
- While more research is being undertaken to understand why this is the case, maternity services have been asked to take extra precautions to keep you safe, which includes prioritising your care and your access to services.
- It may be difficult, but by following [government guidance](#), you are helping to protect yourself, your family, the NHS and your community.
- If you think you have coronavirus then alert your maternity team and they will advise you about what to do next.

It is more important than ever to seek help if you have concerns:

- Remember to attend all your antenatal appointments and seek help early from your midwife or maternity team if you have any concerns about your health or your baby's health.
- To ensure you receive the extra care and support during this time, your maternity team will want to understand what matters to you, and you will be able to design a personalised care and support plan to address this. Your midwife will also be able to support you in seeking help from other services too, and direct you to other available support and information; for example, how to access statutory sick pay, or how to apply for free vitamins and supplements.
- If you need help with day-to-day things, you can also call NHS Volunteer Responders on 0808 196 3646. They can help you with things like shopping, picking up prescriptions and taking you to appointments or the hospital.
- During this time, you may be bored, frustrated, afraid or lonely. You may also feel low, worried, anxious, or be concerned about your health or that of those close to you. These are all common reactions to the difficult situation we face. It's important that you take care of your mind as well as your body. Some tips on supporting your mental health and wellbeing are available [here](#).

- Don't forget to keep up-to-date with all the latest coronavirus pregnancy and birth advice at www.nhs.uk/pregnancy-and-coronavirus, which has links to helpful resources; including a range of topical [videos](#), [leaflets](#) and an [animation](#). Alternatively contact NHS111 or in an emergency dial 999.

Maternity services adapting during coronavirus to keep you and your baby safe:

- Local teams are adjusting to keep you and your baby safe: some appointments may now be made by telephone, by video call or via a local community setting. You may need to give birth to your baby in a different place to where you had planned, and you may see staff wearing protective clothing or a face shield.
- Whatever the changes, it's really important that you have a midwife with you when you are giving birth to ensure you and your baby are safe.
- Maternity and birthing services are completely separate to NHS services treating coronavirus patients so the risk of catching coronavirus from these patients is minimal. In addition, hospitals and other medical centres are regularly deep-cleaned and all equipment as cleaned thoroughly between each patient visit.
- If you have coronavirus symptoms when having your baby, then you will be cared for in a dedicated area in the maternity unit. This is to keep you and everybody in our services as safe as possible

Attending hospital, 'virtual' appointments and local maternity 'hubs':

- You may be hesitant to visit hospital and your appointments during this time. It's still important to attend all your antenatal appointments. Let your midwife know if you have any concerns and they can suggest other options rather than you having to go to the hospital or clinic.
- It is our aim, further to a risk assessment, that you should have access to support from a partner of your choosing at all stages of your maternity journey. This includes at: the early pregnancy unit; all antenatal scans; other antenatal appointments where you consider it important to have support; and, labour and birth from the point you come to the hospital or midwifery unit.
- Some alternative options could include attending your antenatal appointments in a local community setting or using home testing kits to monitor some of your vital statistics, such as your blood pressure.

Take vitamin D and folic acid:

- Taking vitamin D is especially important when you are pregnant but low levels may make you more vulnerable to coronavirus.

- If you have dark skin or always cover your skin when you are outside, then you may be at particular risk of vitamin D insufficiency and should consider taking a daily supplement of vitamin D all year round if this applies to you.
- All women who could get pregnant should take a [daily supplement of folic acid](#) before they are pregnant and during the first 12 weeks of pregnancy, when the baby's spine is developing. If you did not take folic acid supplements before getting pregnant, start taking them as soon as you find out you're pregnant. Folic acid also [helps prevent anaemia](#).
- You can get vitamin supplements containing vitamin D and folic acid free of charge if you're pregnant or breastfeeding and qualify for the [Healthy Start scheme](#). Also talk to your midwife who will be able to offer advice about all the vitamins, supplements and nutrition you need. Don't forget to eat a healthy, varied diet.

Jaundice in newborn babies – don't hesitate to alert your maternity team if you are concerned:

- Look out for the early signs of jaundice in your newborn baby. This can be difficult to spot in babies with darker skin tones. Support on spotting concerning signs is available in [leaflets](#) and [online](#).
- More babies are being affected by jaundice during this time as families are delaying seeking help. Jaundice is a common and usually harmless condition caused by rising levels of a natural chemical in the blood after birth. Most babies will not be affected, but a small number require urgent treatment. It causes a yellowing of the whites of the eyes and the gums and skin and can also lead to babies being sleepy and reluctant to feed. Remember, feeding is the best prevention.
- If your baby has signs of jaundice contact your maternity department at any time of the day or night. The NHS has prepared a [Signs of Illness in Newborn Babies leaflet](#) to help you identify the early signs of jaundice and other useful information including the expected feeding pattern for young babies.

Staying well this winter – the flu vaccine:

- The flu vaccine is available to all pregnant women from September to February each year. Studies have shown that it's safe to have the flu vaccine during any stage of pregnancy, from the first few weeks up to your expected due date. Women who have had the flu vaccine while pregnant also pass some protection on to their babies, which lasts for the first few months of their lives. This year, it is especially important to consider the offer of a flu vaccination to help you and your baby stay well.

- Midwives, pharmacists and GPs can all provide you with information if you have any questions about the flu vaccine, including about where you can get it. In some areas, midwives can give the flu vaccine at the antenatal clinic. In others, you will may an appointment at a GP surgery.
- To help stay well this winter, it is vital for maternity teams to discuss the offer of the flu vaccine with all women, including women from Black, Asian and Minority Ethnic backgrounds, during pregnancy.

What should maternity staff be encouraged to consider?

Maternity staff might like to consider the following suggestions when communicating with local pregnant BAME women and their families. Some of these issues have been specifically highlighted by a selection of service user representatives with BAME backgrounds.

There are number of training tools to help you when communicating with women from diverse backgrounds, such as Health Education England's [Cultural Competence e-learning tool](#), which is free for all healthcare professionals and has been developed in collaboration with the RCM and other key stakeholders.

Raise awareness of risks for particular communities:

- Women should be advised that they may be at higher risk of complications of coronavirus and to seek advice without delay if they are concerned about their health.
- Think of ways that you can help to alleviate fears, not heighten them. We know that some women of BAME background are particularly concerned during this time due to the emerging evidence base, so it is important to listen to their concerns and then act.

Explain what changes to services mean to pregnant women:

- Women should also be advised that maternity services have been asked to take extra precautions to keep them safe, which includes prioritising their care and access to services. You may need to explain what this means in practical terms.
- Make sure you use language that is clear, concise, respectful and kind.
- It may be helpful to provide more details about why services have had to adapt, as well as why it is important to look out for specific symptoms. It may be helpful to explain some issues and procedures in more detail.

- It is important to emphasise that women should not hesitate to contact the maternity services, and even though care may be delivered differently at the moment, maternity teams are still available and happy to help.
- Know what is available in your area, to reduce the need for public transport. This could include sign posting to community maternity hubs such as ‘pop-ups’ in car parks and football stadiums (such as in West Bromwich) or other activities, such as virtual appointments or home blood pressure monitoring kits, which have taken maternity services into the community.

Offer personalised support and reassurance:

- Continuity of carer is an important part of delivering the reassurance that these women need, being clear about who is there to support them throughout their pregnancy and once their baby is born.
- Talking to women about their personalised care and support plans, making sure they have all the information they need to make informed choices about their pregnancy and birth of their baby.
- Encourage conversations about individual circumstance and take the extra time to ‘check-in’ with women from BAME backgrounds – for example, are they living with multigenerational family members, is their partner a key worker, etc?
- Ask women about what issues they are worrying them, even if these concerns are not related to ‘being pregnant’, and signpost them to other local organisations that provide support. It is particularly important to ask, listen and consider the individual concerns of women: the term ‘Black, Asian and minority ethnic’ denotes a number of strikingly different ethnic groups, and the experiences, concerns and needs of BAME women will be unique.
- Women may be hesitant for all sorts of reasons to attend hospital, so it is important to emphasise that they contact you or another member of the maternity team to discuss options for their care.

Stay informed about what support is out there in uncertain times:

- Be mindful that we are currently in a constantly changing environment, with new advice regularly evolving nationally and locally, so make sure you are up-to-date about issues like face mask wearing and testing.
- It is recommended to also highlight the importance of taking of vitamin D. Women can get vitamin supplements containing vitamin D free of charge if they’re pregnant or breastfeeding and qualify for the [Healthy Start](#) scheme.

- Make sure women are clear on how to look out for jaundice in their newborn baby, and that this advice is tailored to the ethnicity and skin tone of the baby.

Developing a targeted communications plan

There is no formal blueprint for creating a targeted communications plan: by its nature, a local plan must be designed to meet local needs.

LMS have been specifically requested to reach out and reassure local pregnant BAME women with tailored communications, via a communications plan co-produced with their Maternity Voices Partnerships (MVP) and community organisations.

There is no formal blueprint for creating a targeted communications plan: by nature, a local plan must be designed and tailored specifically by each LMS to suit their unique needs and circumstances.

However, there are core elements of a targeted communications plan that you may wish to consider. In addition to the messaging covered in the previous section, it is important for each LMS to consider the channels, spokespeople and materials available to them in order to better engage audiences across all communities.

Above all, it is vital that every LMS gives priority to co-production in order to demonstrate meaningful engagement with all communities, and to authentically reflect the issues that matter to pregnant women in their area.

What are the best ways to reach pregnant women in your area?

When identifying possible ways to reach and engage pregnant BAME women in your local area, it will be important to reflect on the unique needs, concerns and experiences of a wide range of communities to establish channels that will help you effectively engage with all relevant groups. The term 'Black, Asian and minority ethnic' denotes a number of strikingly different ethnic groups; the concerns they have will vary within and between the groups and these concerns will need to be considered when communicating on a local level.

Reflect on the communities in your area. Consider how these different groups and communities most frequently access health information. Pay particular attention to any barriers these groups may face and ensure your communications plan meets their needs. For example, what are levels of literacy like in your area? What are levels of digital access like? What are the most commonly spoken languages? Are there particularly popular community forums amongst different groups in your area that you could use?

Different channels will be needed to reach different communities and your communications plan should cover digital and non-digital channels; written, visual and radio channels; and, different community-specific channels.

LMS can access and utilise some of the following communication channels to reach local women. Local community groups in your area may also have some ideas, so discuss things with them and include them as your plans develop!

- Update the maternity pages on each local trust/CCG website and LMS website, using key messages for pregnant BAME women (See [Appendix A](#) for an example of text that can be used)
- Articles in trust, CCG and LMS Bulletins, emphasising key messages for pregnant BAME women (see [Appendix A](#) for examples)
- Social media posts and 'live chats' on Twitter/Facebook can help reach broader audiences.
- Use of case studies and stories in videos, images and materials that feature women from the communities you are seeking to engage (see more below).
- Identifying relevant groups on Facebook and through your local MVP group can be especially helpful places to reach women who identify in certain groups or communities (see [Appendix C](#) for more some examples)
- Broadcasting videos using engaging spokespeople and testimonials from local pregnant women and new mums accessing your service via your social media accounts can make your content accessible.
- Co-produce a local flyer aimed at local women (see [Appendix B](#) for an example from Bedfordshire Hospitals NHS Foundations Trust and Luton and Dunstable Maternity Voices)
- Contact local faith groups and discuss the best way to reach local pregnant women in their communities (for example, via articles, radio interviews, or their own social media channels, groups and communications resources). Hospital Chaplains can also be a key link to all faith groups in an area.
- Local radio stations and, in particular, any stations or any radio shows on local stations that are already tailored to certain communities. Local BBC radio stations, for example, often have regular shows specifically for black audiences (find more about the BBC's 'UK Black' series [here](#)).

- Local newspapers and regional TV (especially regional news programmes). You may want to particularly consider if any local publications are produced for one particular community.
- Host a series of webinars for local women covering a range of topics that they are concerned about – featuring local midwives and local women who have recently used the maternity services. Using these as spaces to cover issues affecting different groups and communities can help better represent and engage all women.
- Work with local partners and charities: they can often help to promote local case studies and other helpful material to broad audiences in your area.

How to choose the most appropriate spokespeople, people to interview and case studies

We suggest LMS use local people (staff, patients and community representatives) to help deliver the key messages outlined above through your key channels in their ‘own words’.

Local spokespeople and the use of a diverse range of stories are effective ways of ensuring engaging, accessible and relatable content.

It is particularly important when using spokespeople, interviews or case studies to ensure that the people sharing their stories reflect the diversity of the different communities you are seeking to engage.

To ensure a diverse range of spokespeople, you may wish to consider approaching:

- Heads of maternity services– including chief midwives, directors/heads of midwifery, LMS PMOs.
- Local midwives
- Women from different BAME backgrounds who are pregnant or have newborn babies, and who can give first-hand experience of what it’s like to be pregnant during COVID-19.
- Local MVP representatives
- Religious leaders and other community representatives
- Heads of local charities and the local authority
- Case studies featuring local women and midwives (written up or video recorded)

How can materials be tailored to women from different communities?

You are likely to have a broad range of materials to engage pregnant women already. When compiling a targeted communications plan, remember to bear in mind all resources at your disposal.

Carefully assess what may be relevant to particular communities and how accessible, inclusive and representative they are for all of the communities in your local area.

You should also ensure that the most common languages spoken amongst communities in your local area are identified in order to ensure that leaflets and other materials can be appropriately translated.

However, you should also consider levels of literacy amongst any more excluded communities in your area so that – where translation alone is not enough – more visual material can be developed to better serve these groups' needs.

What other resources exist that can be used locally?

To support LMS, the national NHS Maternity Transformation Programme has produced a portfolio of communication products that can be accessed and used by local teams.

- **Website:** Dedicated nhs.uk page: www.nhs.uk/pregnancy-and-coronavirus. In addition, please see below for specific web-copy that can be added to local websites alongside the current advice about maternity services and coronavirus ([Appendix A](#)).
- **Leaflets:** A series of [NHS coronavirus leaflets](#) for pregnant women and new mums, which have been translated into 11 different languages and an 'easy-read' version (coming soon). Topics include:
 - 1. [Looking after yourself and your baby during pregnancy](#)
 - 2. [Planning your birth](#)
 - 3. [Parent information for newborns](#)
 - 4. [Illness in newborn babies](#) (especially looking out for the signs of jaundice)
- **Animation:** a helpful [animation](#) has been produced and features the Chief Midwife for England, Prof Jacqueline Dunkley-Bent, and National Clinical Director for Maternity, Matthew Jolly. They explain how NHS maternity services have changed during this time and why it is important to keep in touch with your maternity team.
- **NHS 'Help Us to Help You' campaign material and social media postings:** [Specific posters](#), [social media images](#) and an [online video advert](#) have been designed and are now available to use freely from the PHE Central Resource Centre (see [Appendix C](#) for additional social media posting suggestions: [#HelpUsHelpYou](#) [#HelpUsHelpYouandYourBaby](#)). These include resources that have been carefully targeted to reach pregnant women from Black, Asian and minority ethnic backgrounds.

- **Videos:** In addition to the above leaflets, we have collaborated on a series of [videos with the 'Baby Buddy' app, supported by charity Best Beginnings](#), to help remind pregnant women about some of the issues that they need to look out for when pregnant. These are especially relevant to women from Black, Asian and minority ethnic backgrounds and both the app and charity have further resources to support tailored engagement with diverse audiences.

The videos cover:

- [Is my baby moving enough?](#)
 - [Antenatal visits – what's the point?](#)
 - [Antenatal visits – what can I do?](#)
 - [Itching – what does it mean?](#)
 - [My mental health matters](#)
- **Articles:** see some sample templates for general articles, which can be adapted for local use in [Appendix A](#).
 - Additional general information for pregnant women about coronavirus and pregnancy is available from the [Royal College of Obstetricians and Gynaecology](#) and [Royal College of Midwives](#).
 - Don't forget to log in into the [MTP Hub](#) for more suggestions and ideas. It is also a place where local teams can connect and share ideas and materials with each other.

Appendix A: Articles (short and long)

1. Short article (can be used for web copy, bulletins, flyers):

Midwives are giving extra support to Black, Asian and minority ethnic women during coronavirus

As a pregnant woman from a Black, Asian or minority ethnic (BAME) background, you may feel worried about coronavirus. Your local maternity team is still here to help you, so contact them as you would normally. They will be working together with you and providing you with extra support during this unprecedented time.

Some studies suggest that BAME pregnant woman are more likely to be admitted to hospital with coronavirus than white women, so maternity services have been asked to take extra precautions to keep you safe, which includes prioritising your care and access to services.

It is also important that you take extra steps to protect yourself and follow the [advice](#) about how to avoid getting coronavirus. If you think you have coronavirus then alert your maternity team and they will advise you about what to do next.

Remember to attend all your antenatal appointments and seek help early from your midwife or maternity team if you have any concerns about your health or your baby's health. Get help early so you have the best chance of recovery.

Keep up-to-date with all the latest coronavirus pregnancy and birth advice at www.nhs.uk/pregnancy-and-coronavirus, which has links to helpful resources; including a range of topical [videos](#) and [leaflets](#) and an [animation](#). Alternatively contact NHS111 or in an emergency dial 999.

2. Long article (can be used for blogs, articles and leaflets):

Midwives are giving extra support to Black, Asian and minority ethnic women during coronavirus

As a pregnant woman from a Black, Asian or minority ethnic (BAME) background, you may feel worried about coronavirus. Your local maternity team is still here to help you, so contact them as you would normally. They will be working together with you and providing you with extra support during this unprecedented time.

Some studies suggest that BAME pregnant woman are more likely to be admitted to hospital with coronavirus than white women, with Asian women four times more likely and Black women eight times more likely.

Whilst more research is being undertaken to understand why this is the case and what are the contributing factors, maternity services have been asked to take extra precautions to keep you safe, which includes prioritising your care and access to services.

It is also important that you take extra steps to protect yourself and follow the advice about how to avoid getting coronavirus. If you think you have coronavirus then alert your maternity team and they will advise you about what to do next.

You may be hesitant for all sorts of reasons to visit hospital and attend your appointments during this time so let your know midwife know if you have any concerns and they can suggest other options rather than you having to go to the hospital or clinic. This could mean having telephone consultations or attending your antenatal appointments in a local community 'hub' or access to a multidisciplinary review. Your midwife will have more details about what is happening in your area.

Remember to attend all your antenatal appointments and seek help early from your midwife or maternity team if you have any concerns about your health or your baby's health. Get help early so you have the best chance of recovery.

As part of giving you extra care and support during this time, your maternity team will discuss what matters most to you, so don't forget to mention what issues that you are particularly worried about even if they are not about being 'pregnant'. It is likely that they will be able to sign-post to you to other available support and information.

If you need help with day-to-day things, you can also call the NHS Volunteer Responders on 0808 196 3646. They can help you with things like shopping, picking up prescriptions and taking you to appointments or the hospital.

Finally, don't forget to keep up-to-date with all the latest coronavirus pregnancy and birth advice at www.nhs.uk/pregnancy-and-coronavirus, which has links to helpful resources; including a range of topical [videos](#) and [leaflets](#) and an [animation](#). Alternatively contact NHS111 or in an emergency dial 999.

Appendix B: Example of a co-produced flyer

If you are pregnant and you identify as a Black, Asian or another Minoritised Ethnicity, we want you to know...



We are here to support you.

Do you have concerns about your pregnancy or your maternity care on account of your ethnicity?

Research produced during the COVID-19 outbreak has shown that pregnant women from Black, Asian and minoritised backgrounds (which we often refer to in the NHS as BAME backgrounds) have an increased chance of having severe symptoms of COVID-19 that require hospitalisation (4x the chance). Research is ongoing to explain the reasons for why this is the case so we can provide appropriate care.

In these uncertain times, we want to support you with any anxieties you might be experiencing about coming to or staying in hospital. We would like to know that we are here to help and support you.

- If you are in established labour, a birth partner who is free of COVID-19 symptoms can be with you to support you.
- We have translation services available both face to face and over the telephone if you need. Please ask your midwife to make arrangements for this.
- If you are staying on the ward, although we are unable to admit visitors at this time, we have midwives, student midwives and support staff who are all there to support and help you. You are not alone.
- If you have any concerns that your ethnicity might be effecting the type of care you're receiving please call the Patient Advice Liaison Service (PALS) on 01582 497990 (L&D) or 01234 795814 (Bedford).

Your midwife will be asking you at every antenatal check if you are experiencing any symptoms of COVID-19. This is to try and keep you and your baby safe. If you have COVID-19 symptoms only, please call 111 and they will be able to advise you. If you have COVID-19 symptoms and another pregnancy related issue, please call Delivery Suite on 01582 502285 (L&D) / 01234 795805 (Bedford). Lines are open 24 hours a day.



The symptoms to be aware of are:

- A raised temperature or fever experienced in the last 24 hours
- Cough
- Flu like symptoms
- Loss of taste and/or smell

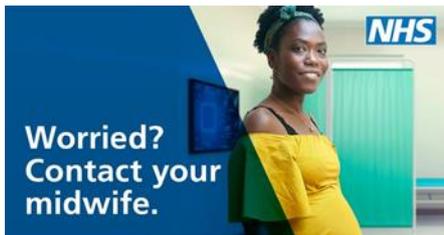
We are here for you.
From the Bedfordshire Hospitals Maternity Team

Communications coproduced with Luton & Dunstable Maternity Voices

Appendix C: Social media assets and post copy

- Use as appropriate for Facebook, Twitter and Instagram
- See [Help Us Help You Campaign folder](#) for asset jpgs
- All postings to include #HelpUsHelpYou #HelpUsHelpYouandYourBaby and www.nhs.uk/pregnancy-and-coronavirus

Thumbnail Assets	Post copy
	<p>If you are pregnant it is important that you still attend your antenatal appointments and continue to seek advice early from your midwife or maternity team.</p> <p>www.nhs.uk/pregnancy-and-coronavirus</p>
	<p>If you're worried about your health or the health of your unborn baby, please contact your midwife or maternity team. They are here to help you so get help early.</p> <p>#HelpUsHelpYouAndYourBaby</p> <p>www.nhs.uk/pregnancy-and-coronavirus</p>
	<p>Pregnant women from BAME backgrounds are more likely to get seriously ill from coronavirus. You need to make sure you are extra careful during this time and follow the advice about how to avoid getting coronavirus.</p> <p>www.nhs.uk/pregnancy-and-coronavirus</p>
	<p>Do you think you have coronavirus? Speak to your midwife who will advise you what to do.</p> <p>www.nhs.uk/pregnancy-and-coronavirus</p>



Keep up-to-date with all the latest coronavirus pregnancy and birth advice at www.nhs.uk/pregnancy-and-coronavirus, which has links to helpful resources; including a range of topical videos, leaflets and an animation



If you're pregnant and need help with day-to-day things like shopping call the NHS Volunteer Responders on 0808 196 3646.

They can help you with things like shopping, picking up prescriptions and taking you to appointments or the hospital.

www.nhs.uk/pregnancy-and-coronavirus

[#HelpUsHelpYou](#) [#HelpUsHelpYouandYourBaby](#)



Keep up-to-date with all the latest coronavirus pregnancy and birth advice at www.nhs.uk/pregnancy-and-coronavirus, which has links to helpful resources; including a range of topical videos and leaflets and an animation

[#HelpUsHelpYou](#) [#HelpUsHelpYouandYourBaby](#)

Appendix D: Letter sent to Local Maternity Systems regarding measures to improve support for pregnant BAME women

Dear colleagues,

Publications approval reference: 001559



NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

To: Local Maternity System (LMS) SROs

cc: Directors/Heads of Midwifery
Local Maternity System PMOs
Provider board-level Safety Champions
Public health members of LMS boards
Regional Directors
Regional Chief Nurses
Regional Chief Midwives
Maternity Voices Partnerships

22 June 2020

Perinatal support for black, Asian and minority ethnic women during the COVID-19 pandemic

As you will be aware, available evidence has long shown that maternal and perinatal mortality rates are significantly higher for black, Asian and mixed-race women and their babies than for white women.¹ Public Health England's recent report also suggests that mortality involving COVID-19 disproportionately affects those from a black, Asian or minority ethnic (BAME) background.

On top of this, emerging evidence from the UK Obstetric Surveillance System at Oxford University shows that women from a BAME background make up more than half (56%) of pregnant women admitted to hospital with COVID-19.² The research indicates that Asian women are four times more likely than white women to be admitted to hospital with COVID-19 during pregnancy, while black women are eight times more likely.

There has been a decrease in some people accessing NHS services when needed, so please reassure pregnant women and new parents that seeking help from the NHS is safe. Women should be encouraged that if they have concerns about their own or their baby's health, such as reduced foetal movements, they should get in touch with their local maternity unit immediately.

¹ MBRRACE-UK (2019) reports: www.npeu.ox.ac.uk/mbrance-uk

² Knight Marian, Bunch Kathryn, Vousden Nicola, Morris Edward, Simpson Nigel, Gale Chris et al. Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK: national population based cohort study BMJ 2020; 369 :m2107 www.bmj.com/content/369/bmj.m2107.full

Public Health England will continue to monitor the science of this outbreak and make recommendations accordingly, but there are things you can do to help reassure pregnant BAME women.

So, we are writing to you today to ask you to take four specific actions, which should minimise the additional risk of COVID-19 for BAME women and their babies.

1. Local maternity systems are asked to **increase support for at-risk pregnant women:** Co-produce and implement an operational policy with your Maternity Voices Partnership (MVP) and community organisations who are representative of local women and families for how you will manage the risks of COVID-19 for pregnant women from a BAME background. The policy should comply with the latest guidance³ from the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives, which says in particular:
 - Women of a BAME background should be advised that they may be at higher risk of complications of COVID-19 and to seek advice without delay if they are concerned about their health.
 - Clinicians should be aware of this increased risk, and have a lower threshold to review, admit and consider multidisciplinary escalation in women from a BAME background.

Maternity services at University Hospitals Birmingham have introduced surveillance for all women with confirmed or suspected COVID-19. These women receive daily telephone consultations, access to multidisciplinary review if needed and thromboprophylaxis (low-molecular-weight heparin) where indicated. Telephone consultations are conducted by staff who are well but unable to provide face-to-face patient care. The standard operating procedure attached is as an example of good practice you can consider adapting, alongside taking into account the latest guidance from the NHS Specialist Pharmacy Service.⁴

2. **Reach out and reassure pregnant BAME women with tailored communications:** Co-produce a communications plan with your MVP targeted at BAME women. It should provide information about local services for women and their families, reassure them that maternity services are available during the pandemic, and encourage them to seek help if they have any concerns. It should be tailored to local communities in your area: for example, by using languages, formats and media relevant to them.
3. **Minimise the risk of Vitamin D insufficiency:** Ensure providers discuss [vitamins, supplements and nutrition in pregnancy](#) with all women. Women with dark skin or those who always cover their skin when outside may be at particular risk of vitamin D insufficiency and should consider taking a daily supplement of vitamin D all year.

³ [Coronavirus \(COVID-19\) infection in pregnancy](#), section 2.2.

⁴ www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-obstetrics-and-gynaecology/

4. **Make sure you are gathering the correct data:** Ensure all providers record on maternity information systems the ethnicity of every woman, as well as other risk factors, such as living in a deprived area (postcode), co-morbidities, BMI and aged 35 years or over, to identify those most at risk of poor outcomes.

In implementing these and other measures, we would encourage you to build in evaluation of service user experience through a continuous improvement approach. Your communications team will have expertise in this, and your MVP will be able to help you get feedback.

You may of course take additional actions to offer support for women and their families, and systems can use up to 50% of their 'tranche 2' transformation funding to support the maternity services response to the COVID-19 pandemic.

Additional support is available from:

- [National Maternity Voices](#)
- [Patient Safety Collaboratives](#) which can provide quality improvement support
- the [Cultural Competence e-learning tool](#) from Health Education England which helps clinicians better understand the issues around culture and health and how they might influence healthcare outcomes
- www.nhs.uk/pregnancy-and-coronavirus where women and their families can find the latest public information
- helpful resources, including [leaflets](#) and an [animation](#) and [a specific poster and material for social media](#) is also available for you to use.

Finally, if you have good practice to share, please let your regional chief midwife know so that it can be shared more widely.

Best wishes,



Professor Jacqueline Dunkley-Bent
Chief Midwifery Officer and SRO for
local transformation, Maternity
Transformation Programme



Matthew Jolly
National Clinical Director for Maternity
and Women's Health