

Maternity Disparities Taskforce explores women's health before and during pregnancy

- Discussion focused on the role of GPs, nurses and healthcare practitioners in supporting women's health before and during pregnancy while the NHS tackles the Covid backlog to improve care for patients
- It called for more targeted interventions to reach women from ethnic minorities and those living in the most deprived areas

Minister for Women's Health Minister Maria Caulfield and Chief Midwifery Officer Professor Jacqueline Dunkley-Bent co-chaired the second meeting of the Maternity Disparities Taskforce this week (Monday 16 May 2022).

The taskforce led a deep dive discussion into the role of primary care – including GPs, nurses, healthcare practitioners, pharmacists – in supporting women's health before they become pregnant, known as preconception health.

This means not only identifying women who are at higher risk of poor outcomes linked to pregnancy and making sure they receive the right support but also empowering women with information on how health conditions and risk factors could affect them and what steps they can take for a healthy pregnancy. This will help to ensure that mothers and babies receive the best possible care while the government and NHS work to tackle the Covid backlogs, improving care and putting an end to the long waits for treatment.

Data shows there is an almost two-fold difference in mortality rates between women from Asian ethnic groups and white women, and they are also higher for black women. Black women are 40% more likely to experience a miscarriage than white women, and women living in deprived areas can have higher rates of stillbirths.

The taskforce discussed the barriers faced by some women in accessing information and services – these may be language barriers, levels of distrust, or concerns from asylum seekers over paying for the services. They considered advice from experts, including what effective pre-conception care is, how to reach those most in need and how to make sure this care improves the health of women and their babies.

The taskforce members agreed there needs to be a more proactive approach to make sure the right care reaches these women and their families when they need it.

These interventions must be more targeted towards women from ethnic minorities, those who live in the most deprived areas and refugees, and should explore how the wider health and social care system can actively seek these women out and bring the services to them. For example by working more closely with local organisations to understand the women it is trying to

reach. To work towards this, the taskforce committed to listen to women's lived experiences of access to preconception care and maternity care, and continue to engage a range of stakeholders to understand how they can improve care for women, and agree actions in the future.

Minister for Women's Health Maria Caulfield said:

We must do everything we can to empower women with the information and services they need to ensure a healthy pregnancy for mum and baby, no matter their background or where they live.

The latest Maternity Disparities Taskforce meeting brought together experts from across the NHS, health charities to share ideas and experiences on how we can ensure women from ethnic minorities and the most deprived areas receive the support they need.

By listening to women's experiences we can better understand the issues they face and how to improve care, and I look forward to making progress in this area.

Professor Jacqueline Dunkley-Bent, Chief Midwifery Officer for England, said:

The NHS is committed to ensuring that all women, particularly those from ethnic minorities backgrounds and deprived areas can get high quality care before, during and after their pregnancy.

Health pre-pregnancy determines health during pregnancy so it is imperative to provide care that is tailored to meet the needs of women from black, Asian and minority ethnic backgrounds and those who are most deprived.

Listening, understanding and then acting will help improve maternity outcomes and experiences for women.

Some habits or health problems can harm a baby. Smoking during pregnancy has been linked to health issues including premature birth, low birth weight, cot death, miscarriage and breathing and being overweight or obese also raises the risk of some pregnancy problems, such as [high blood pressure](#), [deep vein thrombosis](#), [miscarriage](#) and [gestational diabetes](#). It is also recommended women take a daily supplement of folic acid to reduce the risk of the baby having a neural tube defect.

The Maternity Disparities Taskforce was launched in February 2022 to explore inequalities in maternity care and identify how the government can improve outcomes for women from ethnic minority communities and those living in the most deprived areas.

It will do so by improving personalised support and care for mothers, addressing how wider societal issues impact maternal health, improving

education around pre-conception health, and empowering women to make evidence-based decisions about their care.

The taskforce brings together experts from across the health service, mothers, government and the voluntary sector, who meet every two months.

The government and NHS is working to tackle the Covid backlogs while reforming routine care services, ending long waits and improving patient care. The pandemic has put huge pressure on health and care services and over the next three years, a record £39 billion will be invested through the Health and Care Levy, so the NHS has the funding it needs. The NHS is opening new surgical hubs and 160 community diagnostic centres so patients have easier access to tests closer to home – with 88 already open, delivering over 800,000 scans.