



# **CMO Engagement Session with FEMHO on Maternal Health**

**...a symptom of a deeper problem**

# About the Seacole Group

- A network of Non Executive Directors from Black, Asian and other ethnic backgrounds serving on boards within the health system
- A national membership of over 150 members
- Our aim is to raise awareness and drive greater ethnic diversity at Board level across the NHS and health systems

# What we know...

- Black women four times more likely to die during pregnancy, labour, or postpartum
- Asian women two times more likely
- Black women are twice as likely to have their baby die in the womb or soon after birth;
- Black and Brown women are at an increased risk of readmission to hospital in the six weeks after giving birth
- Research by Five times more: negative experiences were found to fit within a framework overarched by three interrelated constructs centred around the healthcare professional (HCP): **Attitudes, Knowledge, Assumptions**

# A Deeper Problem

More than two thirds (70%) of healthcare professionals who submitted written evidence [to the Birthrights inquiry] identified as Black, Asian or Mixed ethnicity, a quarter (24%) as white and the majority were midwives.

Almost all of these responses stated that **systemic racism** and/or **racial discrimination** is contributing to maternity outcomes and experiences.

If the lessons of Ockendon have been truly transformational and adopted then shouldn't we see the impact on the experience of BAME maternal health as well? Instead Ockendon is seen as a colour blind quality improvement silo.

# But it's not just in maternity services...

- From HCAs to NEDs – experiences of racism are known
- Studies into the psychology of implicit bias remind us of the power that unconscious bias has to impact attitudes and actions
- *“The very inequalities we were trying to tackle were being hampered by the culture which sustains such inequalities. Everyday experiences of bullying, harassment and discrimination means that in London there is a culture of high diversity but low inclusion for racial and ethnic minority healthcare staff” (Kings College 2022)*
- People encouraged to speak up but are nothing happens to the perpetrator (BMA 2022)
- 53% had experienced unfair treatment in the pandemic in relation to Covid deployment, PPE or risk assessment (Sheffield Hallam/Nursing Narratives)

# Stop admiring the problem...take action

- Follow through on the recommendations from BIRTHRIGHTS & FIVE TIMES MORE – intersectionality with RHO, NHS Confed, NHP and other research.
- Create clear and real consequences for Trusts and staff for failure to narrow and eliminate the gap within BAE and non BAE maternal health.
- Ignorance and “unintentional” bias against BAE mothers and BAE staff is not a defence. Create integrated, inclusive and mandatory training, appraisal and performance management for workforce. Support BAE maternal health voices through third sector engagement and better representation.
- Stop putting black and brown staff in danger of death and psychological harm. End the exploitation of black and brown staff - delegate work and pay equitably – International recruitment is compounding this.
- Engage with the Seacole Group to build a more compassionate NHS with respect and equality for black and brown healthcare staff and our local communities.