



## **TAKING ACTION TO IMPROVE THE HEALTH AND WELLBEING OF BAME PREGNANT WOMEN**

---

Action is urgently needed to improve the maternal health of Black, Asian and Minority Ethnic (BAME) pregnant women. Maternal mortality rates for BAME women are five times higher than the rest of the population. BAME pregnant women have a higher incidence of hospital admissions for COVID19 than other groups.

The causes of racial disparities in maternal health outcomes are the subject of debate. It is very clear that racism is a major factor, with changes needed in policy, practice, and attitudes to improve access to care and quality of care for BAME women. It is also recognised that health inequalities are rooted in current and past disparities in wealth, power, and resources for health, along with differential exposure to health-damaging environments and risks. Occupational risk has emerged as a significant issue in the pandemic.

This paper focuses on occupational risk and socio-economic factors which impact on maternal health for BAME women. This is in addition to work which each of us are doing to address institutional racism within the health system and within our own organisations.

Socio-economic factors and occupational risk emerged as significant concerns in recent Public Health England engagement with BAME communities. Research with low income BAME women similarly identified a range of factors which impacted on maternal health, including housing and low income. This was particularly evident for asylum seeking women and women with no recourse to public funds.

Occupational health affects infection rates amongst all income levels and is of particular concern to key workers. BAME people are much more likely to be key workers than the white population and are more likely to work in health and care roles.

BAME women are disproportionately likely to be on lower incomes. Poverty and low income impacts on women's general health across the life course and affects their risk of COVID19

infection. Pregnant women living in crowded accommodation or hostels shared with other asylum seekers will find it more difficult to follow social distancing guidance.

Our recommendations can be immediately implemented by the Government. Most changes can be made through regulations or guidance, rather than primary legislation. The Government's swift work to establish the Coronavirus Job Retention Scheme and the Self-Employed Income Support Scheme show the speed at which Government can work when they so choose.

**Pregnant BAME women should have safe working environments.** Pregnant BAME women need clear, effective health and safety protections at work and the support to exercise their rights. Leaving women to pursue costly and time-consuming employment tribunal claims is no way to protect women's health. Excluding gig economy workers from basic employment protections leaves many BAME women at greater risk of infection.

- All pregnant women facing health and safety risks at work should have the right to a suitable, safe, alternative role or else suspension on full pay as a day one right. This right should be extended to all workers, including agency workers, bank workers, casual workers and women on zero hours contracts.
- Government should establish a mechanism for pregnant women to report health and safety breaches and get a swift remedy. Government should consider reimbursing smaller employers suspending pregnant women on full pay.

**Pregnant women should have access to a welfare safety net which enables women to live healthily during pregnancy and new motherhood.** Women should not live in fear of destitution or homelessness. Women should not live in fear of destitution or homelessness. Women should not feel compelled to compromise on health and safety protections at work because they can't afford to lose their jobs. Women with gig economy jobs should not face lower rates of maternity pay and benefits. Women should not be living in sub-standard, crowded accommodation which increases the risk of COVID19 transmission.

- End 'No Recourse to Public Funds' rules which excluded migrants from access to Housing Benefit, Universal Credit, Child Benefit and other critically important benefits.
- End the five weeks wait for Universal Credit and make all advance payments non repayable. Give all claimants the option of fortnightly payments. This will reduce the number of women who begin their Universal Credit claim in debt.
  - End the unfair treatment of Maternity Allowance under Universal Credit regulations. Gig economy workers are more likely to receive Maternity Allowance than Statutory Maternity Pay and can receive up to £5,000 less in Universal Credit as a result.
- Immediately increase Child Benefit by £10 per week. This is the most effective way to get support to low income families with children.
- Ensure that welfare benefits support all women and all children. Remove the first child and first multiple births limit on the Sure Start Maternity Grant. Remove the two child

limit in Universal Credit. Substantially increase the cap on Universal Credit so that larger families are not disadvantaged.

2

- Remove restrictions on Healthy Start vouchers so that all pregnant women receive support to purchase milk, fruit, and vegetables.
- End migration-related restrictions on local authority housing. Pregnant women should not be excluded from mainstream housing provision, irrespective of their immigration status. Women should not have to pass a 'human rights test' to avoid homelessness.

**Pregnant BAME women should have access to free NHS care.** Women with insecure immigration status are charged £7,000 or more for standard NHS maternity care, deterring women from attending for care. Women affected by charging face significantly increased risk of maternal mortality, reduced access to safeguarding and support, and increased stress and anxiety. Exemptions from charging for COVID19 testing and treatment are ineffective if women fear reporting to the Home Office.

- Immediately suspend charging for NHS maternity care. Stop reporting NHS debt to the Home Office. Cease pursuing outstanding debts to the NHS from women living in the UK.

**Pregnant BAME women in the asylum system should be supported to live healthy lives.** Asylum seeking women are more likely to have pre-existing conditions which place them at additional risk. Many have faced trauma in their home country and on their journey to the UK. Additional measures are required to protect asylum seeking women's health and wellbeing during pregnancy.

- Cease dispersing (relocating) pregnant women multiple times during pregnancy and following birth. Pregnant women should be offered housing suitable to a mother and baby which enables them to follow social distancing and shielding guidance. The location should enable women to access the same maternity service throughout their pregnancy.
- Increase rates of asylum support by reinstating the link with mainstream benefits, and with an immediate increase of £20 per week.
- Remove the unreasonable restrictions on the use of the pre-paid ASPEN card so that asylum seekers can make purchases online.
- Extend financial support and cease evictions for women whose asylum claim has been refused.

**Pregnant BAME women should be free from domestic abuse.** Women should have access to refuges and other support services when they need them.

- Ensure that specialist BAME refuge services and the wider refuge sector have funding to accommodate women who are not entitled to Housing Benefit or other social security payments.

**Pregnant BAME women should have access to the advice and support that they need.**

The pandemic has followed a decade of austerity politics which have reduced funding and resources available to voluntary organisations. These are of critical importance in providing pregnant BAME women with advice and support and in improving access to health and related services.

- Invest in voluntary organisations run by and for BAME women and resource local organisations embedded in their communities.

---

Maternity Action  
Second floor, 3-4 Wells Terrace, London N4 3JU  
<https://maternityaction.org.uk>

