



## **Urgent concerns raised about continuity of care in maternal health for minority ethnic women**

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Race Equality Foundation is hugely disappointed that women and babies from ethnic minority groups continue to experience higher risks around birth, as highlighted in today's State of Care report by the Care Quality Commission.

Infant mortality rates for Black and Asian babies are still higher than for any other group and readmission rates of Black women during the 6-week postpartum period continue to rise and are significantly higher than for women of other ethnicities. This is particularly worrying, as continuity of care in maternity services was mentioned as a concern in last year's State of Care report. This urgently needs to be addressed.

The NHS Long Term Plan in 2019 committed to tackling racial inequality in maternity care, with a specific target and deadline in place\*. Shockingly, the CQC's 2021 report revealed that numerous maternity services were still falling short of meeting this vital objective. Even more disappointingly, in 2022, NHS England decided to abandon this target altogether, leaving this critical situation in NHS maternity services. The latest 2023 MBRACE report unequivocally demonstrates the ongoing and devastating consequences of this failure.

As the NHS undergoes a massive reorganisation, the Race Equality Foundation is alarmed to witness a critical avenue for the NHS to showcase its commitment to achieving racial equality is being sidelined. Maternity care should be an experience characterised by consistent, quality care for all expectant mothers. We demand to know: where is the leadership? Where are the allocated resources? and where are the concrete plans to rectify this dire situation? The urgency of this matter cannot be overstated.

**Tracey Bignall, Senior Policy and Practice Officer, Race Equality Foundation said:**

"This report lays bare the worrying inability of our care services to provide quality of care in maternity services. The CQC is failing to prioritise continuity of care. This situation is beyond weak policy, it is the complete failure to implement the Long Term Plan.

"It is a serious tragedy and complete lack of political will that maternity services in England are plummeting. The continuity of care for Black, Asian and minority ethnic women is really

at an all time low. There can be no hope for progress in this area unless policy makers move to make this a priority touchstone of our health and care system. With no equality target, a recruitment crisis and workforce fatigue, I cannot see how our health service hopes to tackle this crisis in maternity care.

"It should never be the case that the risk of maternal death is almost four times higher among women from Black ethnic minority backgrounds. It is vital that healthcare leaders get a grip on this steady deterioration and turn things around for the benefit and welfare of expectant mothers, and new mothers. Our healthcare system needs to properly develop a healthcare environment that ensures continuity of care for all expectant mothers, irrespective of their race or ethnicity. This is not only a moral imperative but also a public health necessity."

**Christina Brown, mother, Founder The Motivational Mums Club and Young Positive Minds**

"I'm gravely disappointed in this CQC report. It really spells out how dire healthcare services have become for Black mothers. I had a very unpleasant experience with my GP, after the birth of my second child. They didn't show me any care or concern when I went to them for help and support. They made no effort to connect with me or talk with me about my challenges. I couldn't trust the system because I didn't feel seen or properly heard. I didn't feel included in my own care.

"I'm really saddened to read that my experience continues to be the experience of others. This has to change. It's not right that black women are four times more likely to die in childbirth and rates of PND/anxiety are significantly higher for us than they are for mums of other ethnicities. If healthcare providers listen to mothers or expectant mothers more, to include lived experiences when they consider treatments and services, we would have more equality."

**Natasha Smith, Doula and Founder/Managing Director, The Women's Health and Maternal Well-being Initiative C.I.C**

"The health care I had during my pregnancy and post birth wasn't great or even always consistent with guidance. I became a doula specifically because I wanted women to receive better care than I had experienced. As a doula I often hear stories from women who have previously given birth in similar circumstances to my own. It really doesn't have to be like this, and health services should be much better at getting things right. Giving birth and having children can and should be a positive experience. An experience in which women receive safe, personalised and compassionate care. It's important to learn from positive experiences. To do better. To find solutions to this maternity crisis. Good continuity of care should be given in all maternity services. We shouldn't have to fight for better and equal care. I sincerely hope that this report spurs action and drives real change so that women can give birth without any fear or harm."

The State of Care report is the CQC's annual assessment of health care and social care in England. The report looks at trends, shares examples of good and outstanding care, and highlights where care needs to improve.

**ENDS**

**Notes to editors**

**Media Contact:**

Eva Morrison, Communications Manager, Race Equality Foundation:  
07593454182 / [eva@racefound.org.uk](mailto:eva@racefound.org.uk)  
[www.raceequalityfoundation.org.uk](http://www.raceequalityfoundation.org.uk)

**Race Equality Foundation**

The **Race Equality Foundation** is a national charity tackling racial inequality in public services to improve the lives of Black, Asian and minority ethnic communities.

It believes that everyone should be provided with the opportunities to flourish.

The Foundation was established in 1987 as part of the National Institute for Social Work (NISW) and was first known as the Race Equality Unit. It became an independent charitable organisation in 1995. In 2006, it changed its name to the Race Equality Foundation.

**Read the CQC State of Care report online at [www.cqc.org.uk/stateofcare](http://www.cqc.org.uk/stateofcare)**

\*[The NHS Long Term plan](#) committed that by 2024, 75% of women from BAME communities and a similar percentage of women from the most deprived groups will receive continuity of care from their midwife throughout pregnancy, labour and the postnatal period. This will help reduce pre-term births, hospital admissions, the need for intervention during labour, and women's experience of care.