LEICESTER CITY HEALTH AND WELLBEING BOARD
DATE: Thursday 28th July 2022

Subject:	**Progress update on LLR LMNS's response to Black Maternal Mortality**
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EXECUTIVE SUMMARY:

Purpose

The LLR Local Maternity and Neonatal System (LMNS) presented a paper on 'Black Maternal Healthcare and Mortality' to the LLR Joint Health Scrutiny Committee on the 16th November 2021.

The paper discussed the national and local argument for systems to recognise and address the continued gap between the mortality rates for women from Black, Asian and Mixed Heritage groups when compared to White ethnic groups.

The paper went on to provide an indication of the work undertaken and further plans in place to address this disparity. Due to the demographic makeup of the city of Leicester, where almost half of the city's residents classify themselves as belonging to an ethnic group that is not White (2011 census) this issue is poignant for the city. This paper is attached for information and referenced Appendix 1.

This report will focus on the response of our LMNS and build on the plans outlined in Appendix 1 to address this disparity. In addition, we will look at emerging findings coming through our maternity equity gap analysis and make a **strong recommendation for wider system support** to help us understand and address higher rates of maternal mortality in women of Black, Asian and Mixed Heritage ethnic background.

Our aims is:

- To achieve equity for mothers and babies from Black, Asian and Mixed ethnic groups, and those living in the most deprived areas.
- To achieve equality and experience for staff from minority ethnic groups.

However, it is important to note that no one organisation can address this on its own and acknowledge that we require a system response to make a real difference.

Background

The MBRRACE-UK - Saving Lives, Improving Mothers' Care 2020 reviewed maternal deaths from 2016-2018, and provided firm evidence that women from Black ethnic groups are four times more likely to die in pregnancy when compared to White women (Table 1). The table emphasis a real need to focus on actions to address these disparities.

Table 1 National - Black, Asian and Women of Mixed Heritage have a higher risk of dying in pregnancy when compared to White women:

White women		8/100,000
Asian women	2x	15/100,000
Mixed ethnicity women	3x	25/100,000
Black women	4x	34/100,000

Locally this picture mirrors the national picture described in Table 1 and over a 5-year period (2016- 2021) we have had 7 maternal deaths. All 7 women were from a Non-White ethnic background.

Emerging themes from the Maternity Equity Gap Analysis

As part of the maternity transformation programme all areas are required to undertake an equity analysis which will help inform co-produced action plans with service users and other key stake holders

Our LMNS recently undertook this exercise and has now started the process of engaging the wider community in efforts to produce a co-produced action plan.

What is the equity analysis telling us so far for LLR?

We are in the process of breaking down the information at place-based levels, however some of the key themes coming through are:

- 2017 - 59.7% were births to non-UK parents
- Antenatal complications - around 50% of Asian or Asian British: Bangladeshi

- Gestational diabetes and diabetes - higher in certain ethnic groups (Asian, African and Chinese)
- Postpartum haemorrhage - across LLR is generally higher than the Midlands position
- Premature births - higher within the Black or Black British: Caribbean ethnic group
- Low birthweight - higher proportions of low birthweights are seen in areas of Leicester with larger numbers of Asian mothers
- Smoking at the time of delivery - high prevalence seen in White: Irish mothers, with Mixed heritage: White and Black Caribbean mothers and Black or Black British: Caribbean mothers also being higher than the LLR average

The above information (although not exclusive) provides us with some insights into the complexity of factors that require further work to understand why maternal mortality rates are higher in women from Black and Minority groups. To make a difference we will require a whole system response.

What has the LMNS response been to date?

Whilst pregnancy remains very safe in the UK, one maternal death is still a death too many. In a three-year period given, there were 181 deaths nationally. For the same period in LLR we had 4 maternal deaths. Whilst we are not seen as an outlier, we recognise with our cities demographic make-up we have a real opportunity to make a difference to the maternal outcomes for women of Black, Asian, and Mixed heritage ethnic background.

We have continued to build on the actions outlined in Appendix 1 (pg. 5 & 6) and in addition we have put an additional five workstreams in place - Appendix 2:

- **Workstream 1:** Maternal and perinatal mortality and morbidity. This work entails robust perinatal mortality and morbidity reviews with multidisciplinary input and scrutiny of work to identify areas for improvement relating to health inequalities.
- **Workstream 2:** Creation of a LLR Perinatal Health Inequalities Dashboards.
- **Workstream 3:** Supporting Continuity of Carer and focussing on historically disadvantaged groups. (Due to current staffing levels this workstream is currently on hold and will re start once this is addressed).
- **Workstream 4:** Mental Health, Maternal and Family experiences: Understanding mental health issues and engagement with healthcare providers.
- **Workstream 5:** Infant mortality and the ICS Public Health agenda: An implementation strategy reducing risks for infant mortality.

Other key areas of work underway that contribute to this agenda include the following:

- As part of our drive to create a culturally competent workforce, we are developing cultural competency training and education for our staff.

- We have worked on specific areas of work to co-produce information with women and communities. For example, Leicester Mammas and LLR Maternity Voice Partnership (MVP).
- We continue to reach out to the community following our equity stakeholder event and have recently developed a questionnaire to roll out to specific groups in the community with an aim to understand how we can improve engagement and access.
- **1001 critical days -** we are working in collaboration with our public health and local authorities' colleagues at place and system level to improve preconceptual care for mothers and encourage early access.

East Midlands Maternal Medicine Hub - MBRRACE-UK 2021 reviewed all maternal deaths which identified that in about 37% of cases, early referral to a multidisciplinary team and improvements in care, may have made a difference to the outcome.

This information was backed up by the recent Ockenden Report which identified that there had been a lack of antenatal MDT planning for women with significant pre-existing co-morbidities and/or other medical risk factors.

To address this, NHSEI has commissioned a number of Maternal Medicine Hubs, to ensure women with acute and chronic medical problems have timely access to specialist advice and care at all stages of pregnancy. LLR LMNS has been successful in its application to become the regional host for the East Midlands Medicine Network Service. The broad aim of the network is to develop and expand the existing maternal medicine services in the region to reduce health inequalities and give all women access to high quality maternal medicine care and advice accessible as close to home as possible and thereby improving maternal outcomes.

The need to provide maternal medicine services to areas of the community that may struggle to access the services is an area of work we are looking into.

Currently, at UHL we are delivering a series of lectures virtually on why some patients may find it difficult or feel less empowered to access our services, comply with management options and how this has led to disparities in obstetric and neonatal outcomes. We have held these sessions to the UHL consultants in the Quality and safety meeting, and the trainees within the regional teaching session, the next step is to reach out to the midwives both who lead the specialist services and within the community.

We also plan to meet with patients that represent those deemed most disadvantaged and start to collect stories and empower discussions through focus groups.

Perinatal Mental Health

Maternal suicide is the fifth most common cause of women's deaths during pregnancy and its immediate aftermath and is the leading cause of death over the first year after pregnancy. As an LMNS we are supporting the service to

work towards achieving key deliverables that will help us to improve access and extend support to women with a child of up to 2 years old, increase our offer that includes support for partners. We have a maternal mental health service in place for women who have suffered moderate to severe trauma for example due to losing their baby.

Next steps

The cause of poorer outcomes for women and babies from Black and ethnic communities are multi-factorial The LMNS has a programme of work underway to support improvements in maternal outcomes, but the LMNS will not make a difference on its own. This work needs to be part of a broader system response brought together and supported by the HWBB.

Key strategies and other key drivers that need to come together include:

- Place and system health inequality work
- Anti-poverty strategy
- Public health agenda with key focus on smoking, maternal obesity and screening
- 1001 critical days
- Health in All (HIA) Policies and use of Health Impact Assessment (HIA)
- LMNS - Maternity transformation programme

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

NOTE: The context of this report.
AGREE: To support our call for a wider system response in addressing the disparity noted for women from Black, Asian and women from Mixed Heritage ethnic background to improve maternal outcomes.