

Perinatal Health Inequalities within the Women's and Neonates Services at UHL/ LLR:

Driving changes for the future

A working document outlining the flow of information on work being undertaken on Perinatal Health Inequalities in UHL and the LLR, and Trust/LMNS support for this process

Overview

Perinatal health has been highlighted nationally for its substantial inequalities. Addressing ethnic diversity, social deprivation in this context is now an augmented focus within the Women's and Children's Clinical Management Group (W&C CMG) at UHL. Women's and neonatal teams are working towards developing a more robust appreciation of the challenges faced within our health sector, investigating, understanding and collaborating to promote changes that may over time contribute towards equality in health care delivery and utilisation for our diverse population, despite prevailing inequalities in societal and economic factors.

This working document brings together the work being done, and sets out the aims, objectives and aspirations for this within the W&C CMG at UHL.

Rider: It is acknowledged that health inequalities, brought about by social deprivation and its associations, including ethnicity, cannot solely be addressed through changes health care provision, but require in addition a wider economic and societal thrust. The work that will be described will be contextualised for UHL and LLR as proportionate universalism: provision of universal services at a scale and intensity proportionate to need.

Overarching Aim:

To provide an overview of the equality and diversity work within in perinatal health care at UHL and LLR that is supported by the W&C CMG, and with intention to harness further Trust support, going forward.

Objectives:

1. To outline work within 5 primary elements/workstreams of the Perinatal Health Inequalities Working Group (Appendix 1)
 - Workstream 1: Maternal and perinatal mortality and morbidity
 - Workstream 2: Perinatal Health Inequalities Dashboards
 - Workstream 3: Supporting Continuity of Carer and historically disadvantaged groups

- Workstream 4: Mental Health, Maternal and Family experiences of engaging with healthcare providers, information sharing and provision (including language/interpreters/App development/webinars)
- Workstream 5: Infant mortality and the ICS Public Health agenda

Its aspiration:

To inform, and to harness investigation, management, financial and implementation support for the W&C CMG, in the conduct of this work on behalf of the Trust, EQB and LMNS.

Structure:

Participants

- Multi-disciplinary, including individuals with an interest in perinatal health inequalities at UHL and the LLR: obstetricians, clinicians overseeing perinatal mortality and morbidity, the LLR Local Maternity and Neonatal Systems, Perinatal Mental Health services, Community/hospital-based Midwifery and Neonatal services.
- It is anticipated that over time the group will expand to include all aspects of the Women's and Children's directorate.

Organisational structure

- 6 monthly Trust, EQB and LMNS update involving an action-focussed report developed by each of Work streams and the Overview Group for the Trust, with LMNS, Trust, EQB feedback (on avenues of support) to the Perinatal Health Inequalities Overview Group.

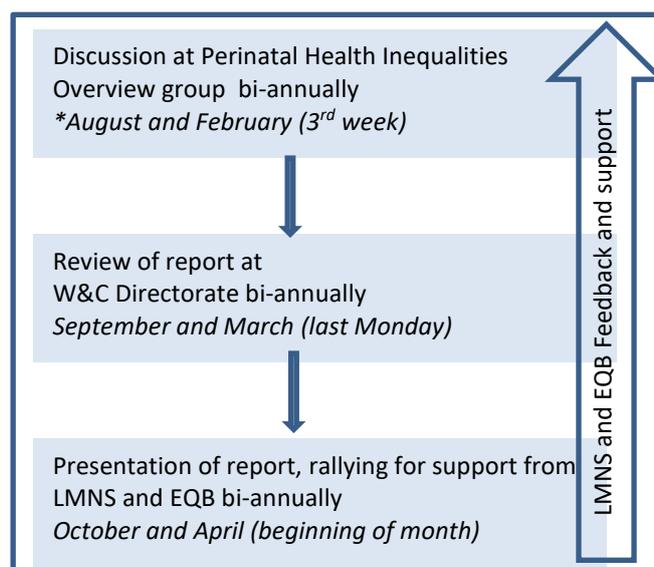


Figure 1: Intended Flow of Information and Trust Support for Perinatal Health Inequalities Overview Working Group, UHL W&C CMG

**Appendix 1: A brief Outline of each Work Stream in the
UHL LLR Perinatal Health Inequalities Overview Group**

Workstream 1: Maternal and perinatal mortality and morbidity

This entails robust perinatal mortality and morbidity reviews with multidisciplinary input and scrutiny of work to identify areas for improvement relating to health inequalities.

The MBRRACE-UK: Mothers and Babies: Reducing the Risk through Audits and Confidential Enquiries across the UK, sets a platform for rigorous review, based on identification of substantial perinatal health inequalities around for example stillbirths in the UK.

Workstream 2: Perinatal Health Inequalities Dashboards

This working group is evaluating vulnerabilities through social deprivation, asylum seekers, poor mental health, complex co-morbidities, including those historically disadvantaged in the access, navigation and utilisation of health services. These vulnerabilities appear to be more prevalent in Black, Asian, and marginalised women in the region.

An innovative *Perinatal Health Inequalities Dashboard* combining demographic data on Race, Ethnicity, postcode, preferred language, with adverse pregnancy outcome data such as Stillbirths, early neonatal death, severe perineal trauma (3rd and 4th degree tear rates), major haemorrhage and perinatal maternal mental health is being trialled, to enable early, interactive, relevant, current information to be identified. The intention is that this over time enables us as a Trust to better address any inequity and to follow this in real time.

The W&C is *the first CMG to be employing a qualitative social scientist CMG* (housed in Neonatology) to study how best to incorporate measures of health inequalities, together with implementation, engaging both staff, families and community leaders. This is being done in conjunction with the University.

Workstream 3: Supporting Continuity of Carer and focussing on historically disadvantaged groups

A national midwifery programme providing continuous midwifery carer support, education, promoting engagement and empowerment for vulnerable women and families is currently underway. Research and implementation of novel strategies for engagement such as virtual antenatal sessions (including language/interpreters/App development/webinars), in this area is intended to identify areas for improvement going forwards.

Workstream 4: Mental Health, Maternal and Family experiences

Understanding mental health issues and engagement with healthcare providers, information sharing and provision (including language/interpreters/App development/webinars) is being explored through a variety of formats with intention to identify burden and seek avenues of improvement for the future.

Workstream 5: Infant mortality and the ICS Public Health agenda

An implementation strategy reducing risks for infant mortality (a key health inequality metric) in the form of parent education and empowerment is in place, together with research around a) how best to deliver key messages to vulnerable (socially impoverished, ethnic minority especially) families, but in the context of proportionate universalism, b) how best to understand what family and parent empowerment means and c) how to minimise the health inequality divide is underway. This work is integrated with the University of Wolverhampton, and part of a Midlands wide regional thrust to improve outcomes for the vulnerable. Included in this work, is implementation and qualitative research around education upstream of pregnancy, in schools, in conjunction with public health, city councils and relevant local maternity and neonatal systems.

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