



**NHS**

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# Inequalities in Maternity Care – RBFT Report for ACE Committee

Sarah Bailey, Interim Director of Midwifery, Royal  
Berkshire NHS Foundation Trust, March 2026

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**Purpose**



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Provide overview of:

- National MBRRACE findings
- Local inequalities data
- Progress made at RBFT
- Ongoing work and next steps

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# National Picture

## MBRRACE 2025 (Mothers and Babies : Reducing Risk through Audits and Confidential Enquiries across the UK.

- Black women: 3.7× more likely to die during pregnancy/postpartum
- Asian women: 1.8× more likely
- Women in most deprived areas: >2× mortality rate
- Leading causes: cardiac disease, mental health, thrombosis
- **Five X More survey**:- Lower trust in services, Feeling dismissed/not listened to, Barriers to culturally appropriate information, Communication and continuity challenges
- Across the UK there has been a national reduction in perinatal mortality.

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# Local Data

- 5800 women book with RBFT annually
- 4800 births per year
- Ethnicity breakdown:
  - 64% White
  - 22% Asian
  - 8% Black
  - 1% Mixed
  - 3% Other
- 12 areas in top 20% most deprived nationally



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## Perinatal Mortality



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- Perinatal Mortality is the death of a baby occurring before or during birth once a pregnancy has reached 24 weeks and neonatal deaths up to a baby is 4 weeks old.
- National Data is 4.84 per 1000 births (2023 National Data)- 2024 national data is due out soon,
- Q1–Q3 2025/26 at RBFT the rate was 4.91 per 1000 births (slightly above national 4.84) Deep dive underway to review this increase of Q1 - Q3: medical review, thematic analysis, focus on ethnicity & deprivation
- At the end of Q4 2024/25, it was identified through quantitative review of perinatal deaths that occurred in 2023-24 that the perinatal mortality rate for Black women perinatal mortality rate for Black women was 6.19 per 1000: 3-fold higher than for White women. Perinatal mortality rates for women from Asian, Mixed and Other ethnic groups were not significantly different to White women
- The MNVP and Midwifery team are working with local communities to understand barriers and then address these barriers. All women are provided with information on reduced fetal movements from Tommy's, which is available in many languages
- Leaflet and banner: Feeling your baby move is a sign that they are well | Tommy's

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## Neonatal Outcomes



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- Term admissions to neonatal department ( special care baby unit) is monitored closely
- RBFT admission rate now below national target.
- No increased neonatal morbidity for ethnic minority women in 2024/25.
- 2025/26 data due end of Q4 to be analysed and broken down in ethnicity

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# Maternal Outcomes



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- Currently monitor the following and not an outlier
- Failed instrumental → caesarean
- Maternal death
- Return to theatre
- ICU admissions
- PPH >1500ml
- Severe perineal trauma
- Currently this data is not broken down into ethnicity. With the introduction of the National Maternity Care Bundle, this will be part of the work the department will complete for March 2027.



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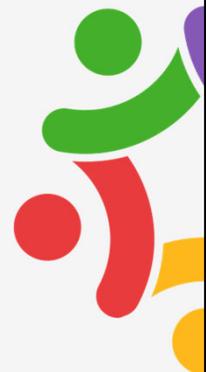
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# Progress in Reducing Inequalities



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- Easy Read English leaflets, developed by consultant midwife
- **Continuity of Care teams (Blossom; Orchid launching April 2026)**
- Easy English classes with RBC
- Poppy Team for complex social factors
- Young parenting classes
- **WordSki interpretation service (24/7)**
- Cultural competence training for all maternity staff
- **Inclusion midwife appointed Jan 2026**
- **MNVP engagement with Black communities → early booking of pregnancy for this group improved from 65% → 80% in last year**
- Perinatal befriender role
- Health Bus outreach
- Mental health midwife in post work alongside Perinatal Mental Health Team and Obstetric Consultant.
- Safe Sleep campaign with charity partnerships- easy referral for new cots and mattresses for those in need.
- Obstetric Consultant for FGM



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# Findings from Local Black Women's Survey (2025)

- All women seen face to face by a Black Midwife.
- Key themes & actions:
- GP seen first → MNVP promoting direct maternity contact
- Need clearer screening info → improved leaflets + video
- Desire for continuity → new teams + antenatal improvement project
- Unclear mental health pathways → improved multilingual info.
- 4 women felt discriminated → individual follow-up + cultural competence training for all maternity team
- Delays in epidural → anesthetic review of response times for all women
- Postnatal support unclear → discharge information reviewed and updated



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# STILL TO DO

- Complete Maternal Care Bundle benchmarking- with action plan
- Develop maternal outcomes by ethnicity dashboard
- Analyse neonatal term admissions (Q4 2025/26)
- Continue community engagement on reduced fetal movements- support from local authority to do this and opportunities
- Complete perinatal mortality deep dive and implement actions



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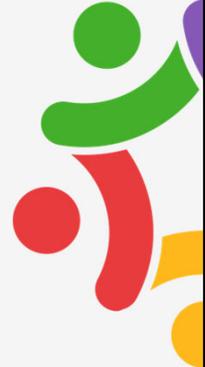
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## Conclusion

- Considerable progress made in past 12 months
- Need to ensure continued commitment to reducing inequalities part of strategy
- Work with local community partnerships and develop new relationships.
- Listen to all feedback
- Work with MNVP and other local groups to collaboratively develop services.



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