

Walsall Maternity Ethnicity Findings

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Equality and Inequality Lead
Midwife

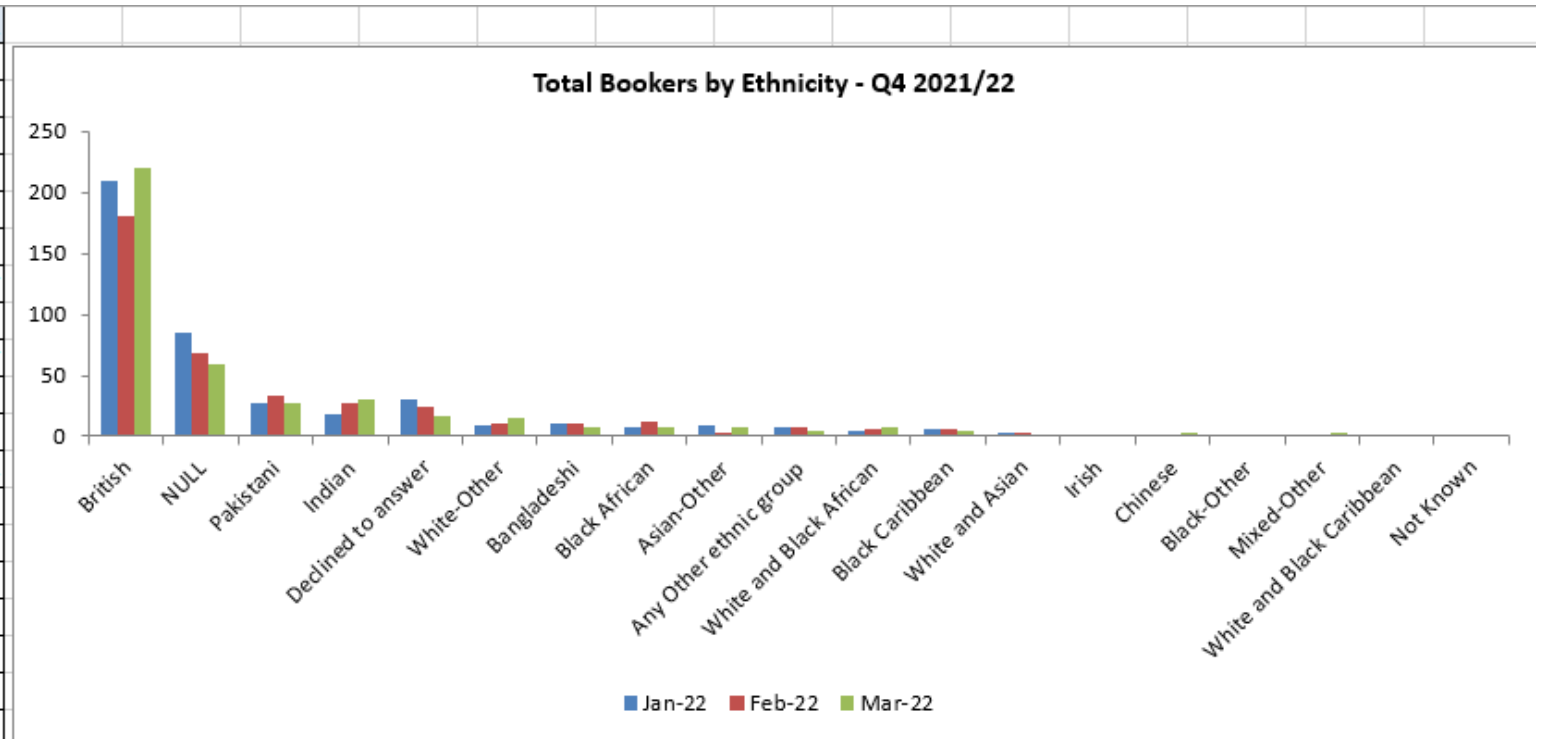


NHS England and NHS Improvement



Total bookers during January, February and March 2022 split out by ethnicity recorded in Badgernet

Ethnicity	Jan-22	Feb-22	Mar-22
British	209	181	220
NULL	85	69	59
Pakistani	28	34	28
Indian	18	28	30
Declined to answer	31	24	16
White-Other	9	10	15
Bangladeshi	11	11	7
Black African	8	12	8
Asian-Other	9	3	7
Any Other ethnic group	7	7	5
White and Black African	4	6	8
Black Caribbean	6	6	4
White and Asian	3	3	2
Irish	2	2	2
Chinese	2		3
Black-Other	2	1	2
Mixed-Other	1	1	3
White and Black Caribbean	2	1	1
Not Known		1	1



Capture information at Dating Scans to improve missing Ethnicity and next of Kin information

Your Name.....

Confirm Family Origins:

White

White other.....

Mixed

White and Black Caribbean

White and Black African White and Asian

Mixed other.....

Asian

Indian

Pakistani

Bangladeshi

Asian other.....

Black

Black Caribbean

Black African

Black other.....

Your date of birth.....

Other Ethnic Groups

Chinese

Any other ethnic group.....

confirm Next of kin:

NAME.....

Address.....

.....

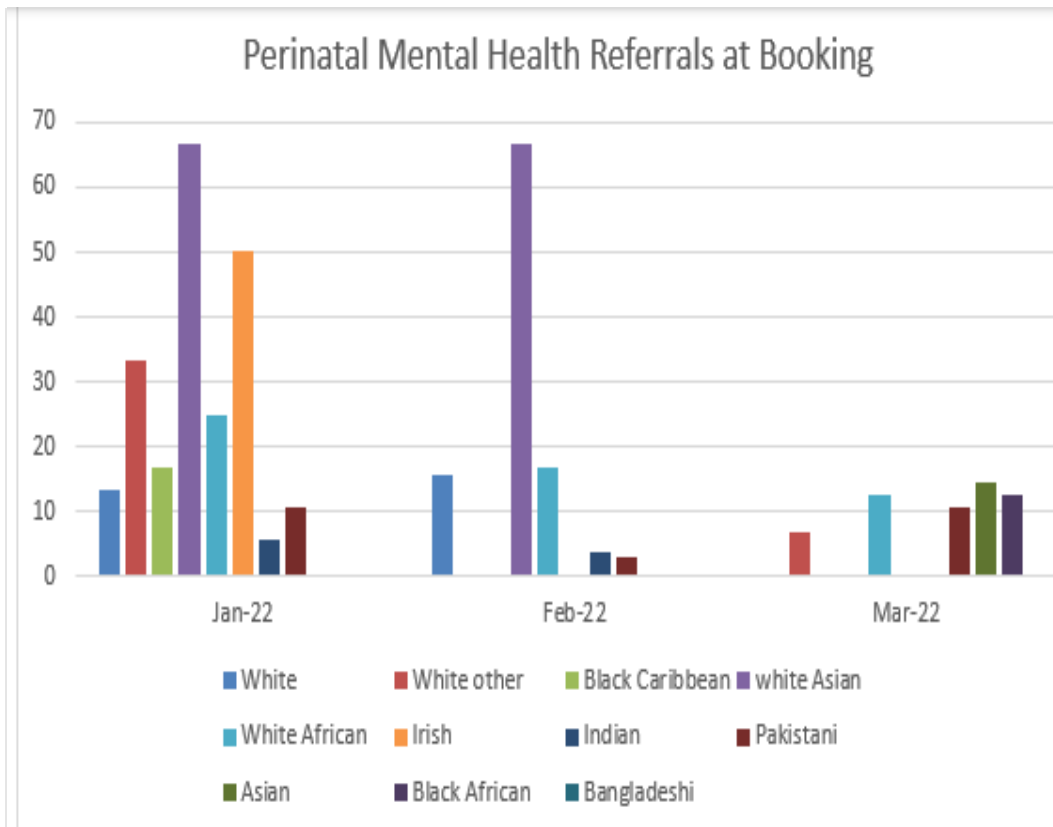
Postcode.....

Home Telephone number

Mobile Telephone number

work Telephone number

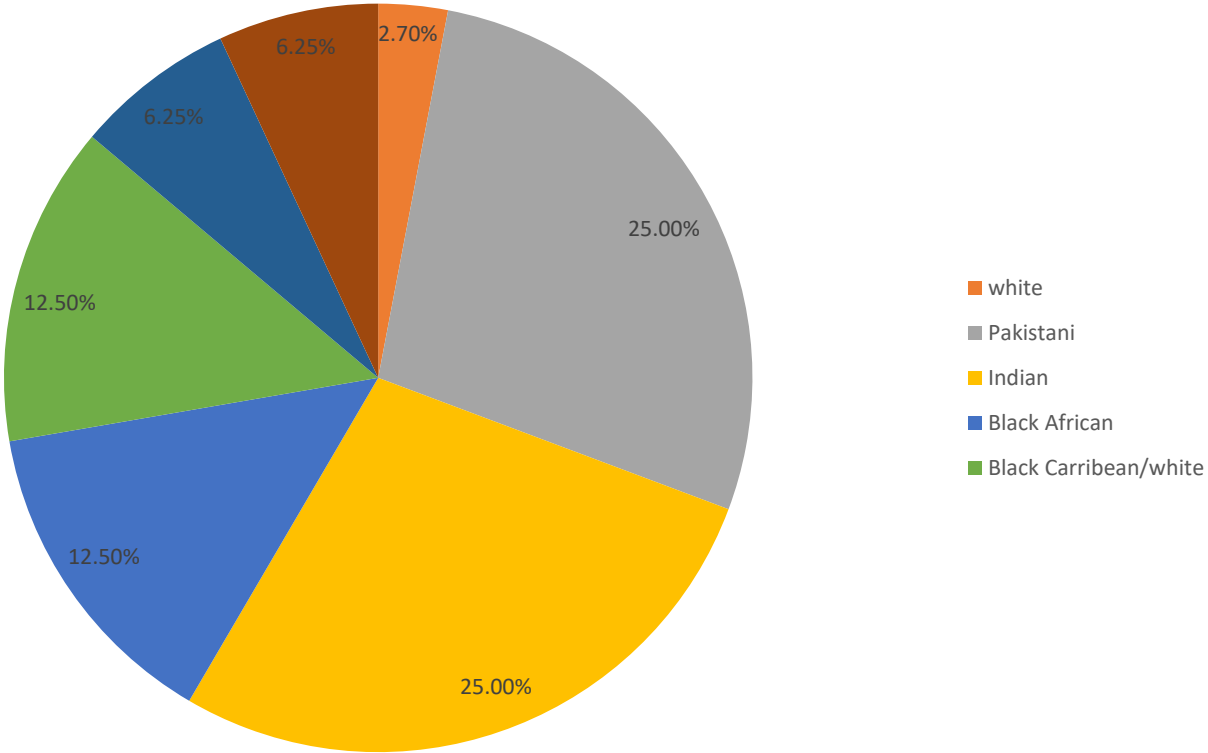
Perinatal Mental Health Referrals at booking



	White	White other	Black Caribbean	white Asian	White African	Irish	Indian	Pakistani	Asian	Black African	Bangladeshi
Jan-22	13.39	33.33	16.66	66.66	25	50	5.55	10.71	0	0	0
Feb-22	15.46	0	0	66.66	16.66	0	3.57	2.94	0	0	0
Mar-22	16.36	6.66	0	0	12.5	0	0	10.71	14.28	12.5	0

ATAIN Admission during January & February 2022

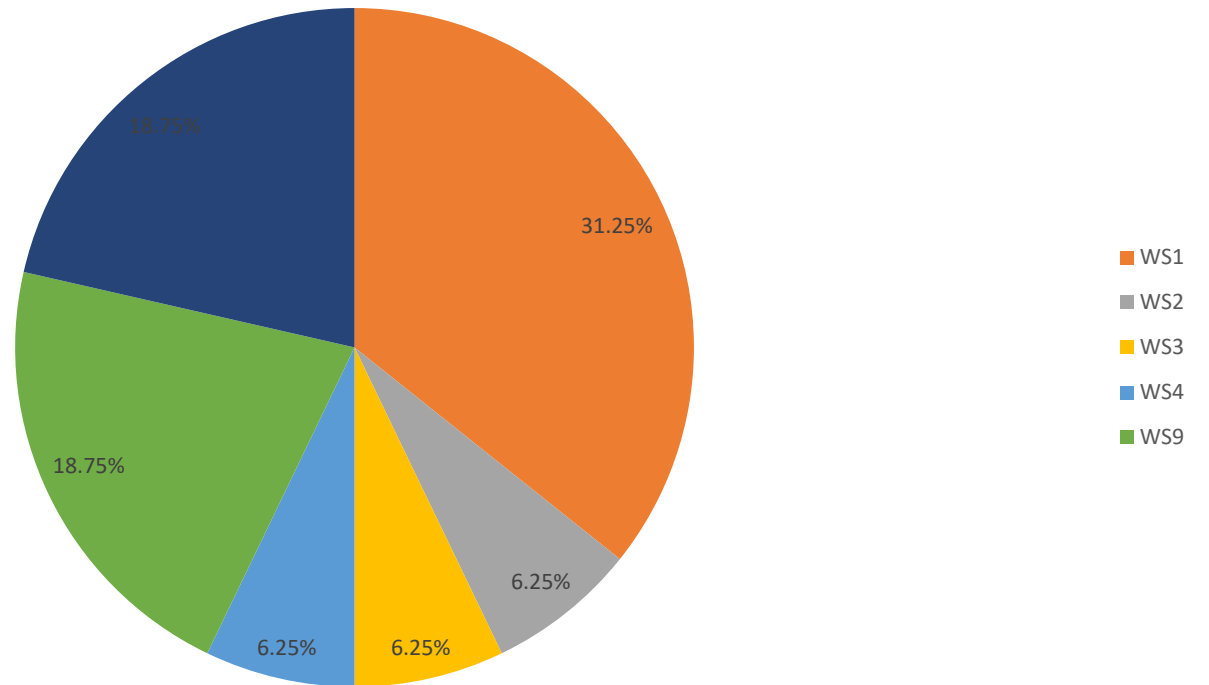
white	2.70%
Pakistani	25.00%
Indian	25.00%
Black African	12.50%
Black Carribean/white	12.50%
chinese	6.25%
Asian/white	6.25%
Mexican/white	6.25%



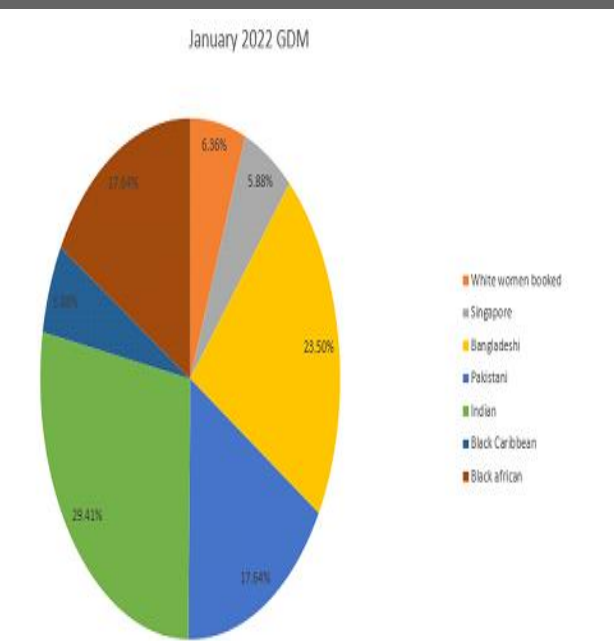
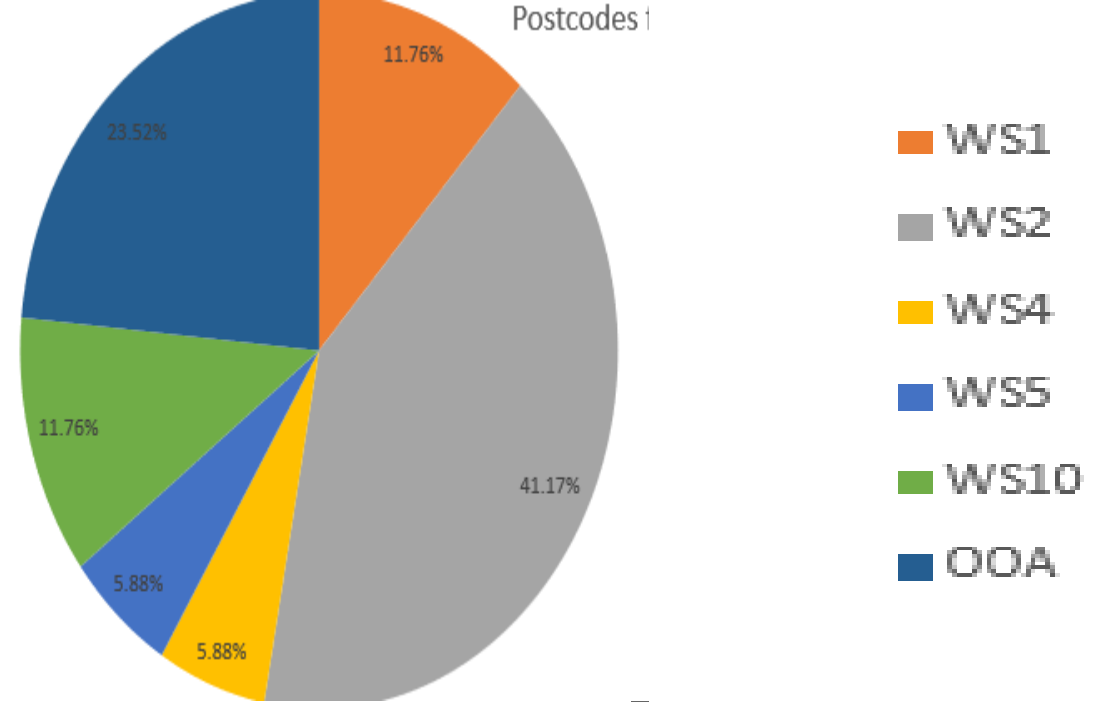
ATAIN admission based on Walsall Postcode

Postcode ATAIN Jan/Feb 2022

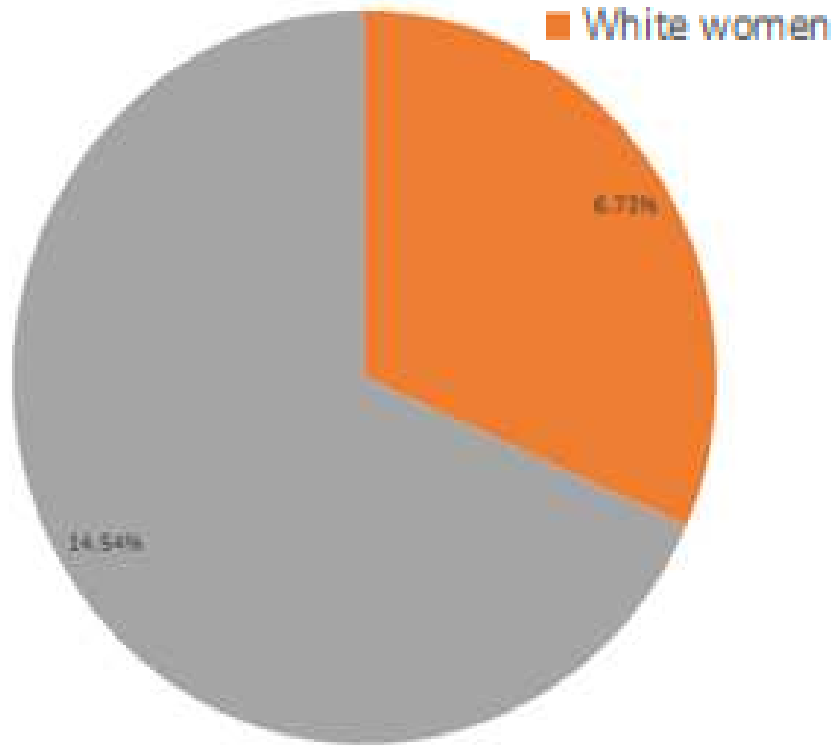
WS1	31.25%
WS2	6.25%
WS3	6.25%
WS4	6.25%
WS9	18.75%
OOA	18.75%



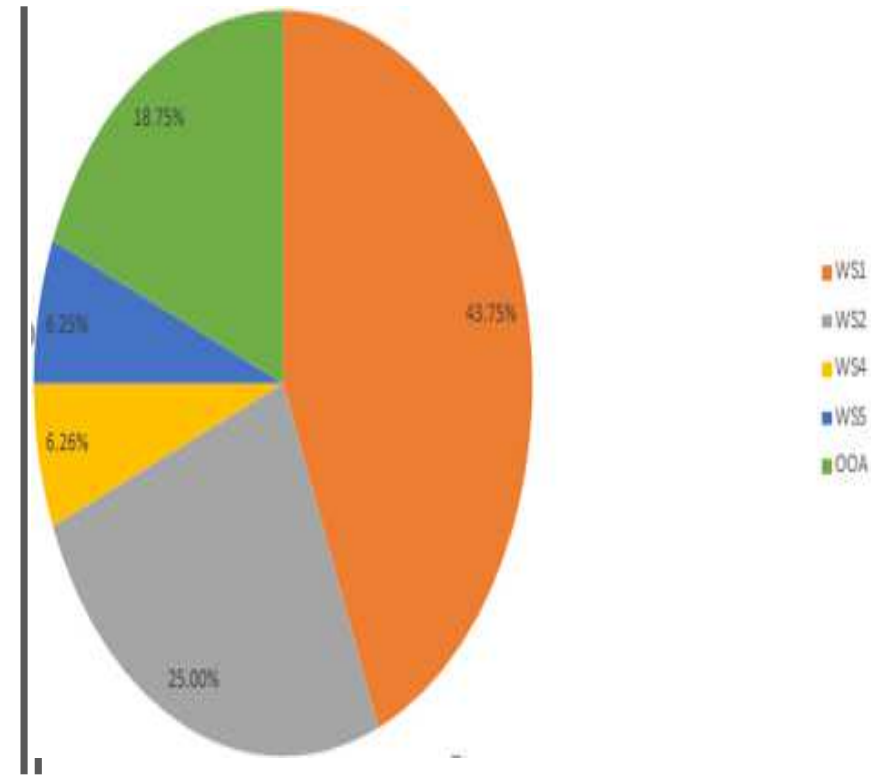
Gestational Diabetes January 2022 including postcode



White women booked	6.36%
Singapore	5.88%
Bangladeshi	23.50%
Pakistani	17.64%
Indian	29.41%
Black Caribbean	17.64%
Black african	17.64%



WS1	43.75%
WS2	25.00%
WS4	6.26%
WS5	6.25%
OOA	18.75%

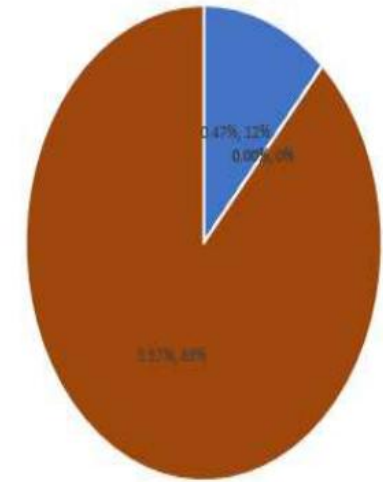


February 2022
 Gestational Diabetes based on Black Asian and ethnic Minorities

Including Postcode

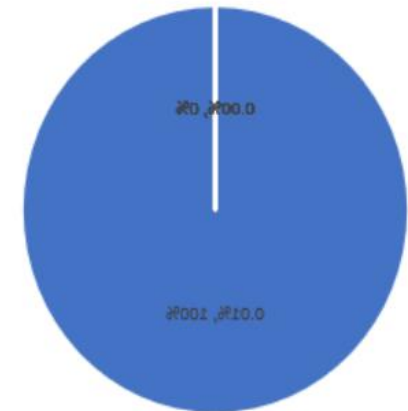
Type 1 Diabetes

January 2022 Type 1 Diabetes		
women booked		437
White	0.47%	1
Bangladeshi	0.00%	0
Black Caribbean	0.00%	0
Pakistani	3.57%	1



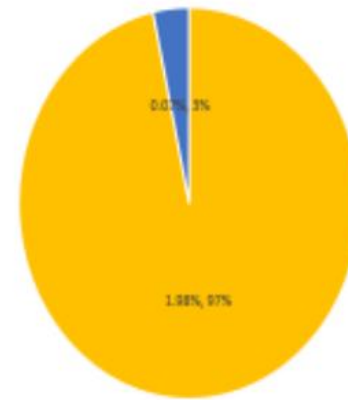
January 2022 Type 1 Diabetes - women booked - White - Bangladeshi - Black Caribbean - Pakistani

February 2022 Type 1 Diabetes		
women booked		400
White	0.01%	1
Bangladeshi	0.00%	0
Black Caribbean	0.00%	0
Pakistani	0.00%	0



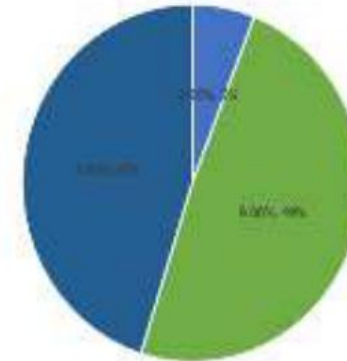
February 2022 Type 1 Diabetes - women booked - White - Bangladeshi - Black Caribbean - Pakistani

Type 2 Diabetes



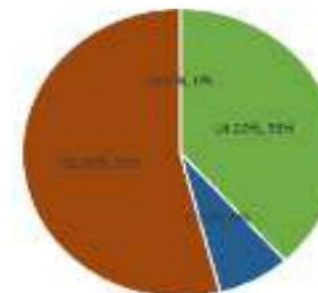
January 2022 Type 2 Diabetes women booked Type 2 diabetes Pakistani

January 2022 Type 2 Diabetes		
women booked		437
Type 2 diabetes	1.98%	2
Pakistani	0.07%	2



February 2022 Type 2 Diabetes women booked White Bangladeshi Black African

February 2022 Type 2 Diabetes		
women booked		400
White	1.10%	2
Bangladeshi	9.00%	2
Black African	8.30%	1



March 2022 Type 2 Diabetes women booked White Bangladeshi Black Caribbean Afganistan

March 2022 Type 2 Diabetes		
women booked		421
White	0.00%	0
Bangladeshi	14.20%	2
Black Caribbean	2.77%	1
Afganistan	20.00%	1

TRIAGE ADMISSION

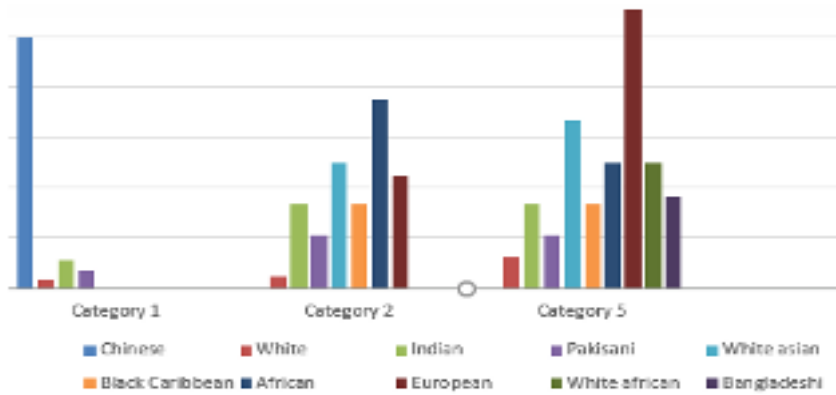
(December, January, February & March 2022)

WHITE	5.23%	650	34
BLACK AFRICAN	9.3%	28	4
PAKISTANI	0.42%	90	5
INDIAN	9.21%	76	7
BANGLADESHI	10.25%	29	4
ASIAN OTHER	4.34%	19	1
BLACK CARIBBEAN	12.50%	16	2
BLACK OTHER	0%	5	0
MIXED WHITE & BLACK CARIBBEAN	50%	4	2
NOT STATED	50%	2	1
MIXED WHITE & BLACK AFRICAN	0%	18	0
MIXED OTHER	16.6%	4	1

Robson 10 Category

• JANUARY 2022

Robson 10 %	Chinese	White	Indian	Pakistani	White Asian	Black Caribbean	African	European	White African	Bangladeshi
Category 1	50	1.91	5.55	3.57						
Category 2		2.39	16.66	10.71	25	16.66	37.5	22.22		
Category 5		6.22	16.66	10.71	33.33	16.66	25	55.5	25	18.18



Group 1



Multiparous women with single cephalic pregnancy, ≥ 37 weeks gestation in spontaneous labour.

Group 2



Multiparous women with single cephalic pregnancy, ≥ 37 weeks gestation, who either had labour induced or were delivered by caesarean section before labour.

Group 3




Multiparous women without a previous uterine scar, with single cephalic pregnancy, ≥ 37 weeks gestation in spontaneous labour.

Group 4



Multiparous women without a previous uterine scar, with single cephalic pregnancy, ≥ 37 weeks gestation who either had labour induced or were delivered by caesarean section before labour.

Group 5



All multiparous women with at least one previous uterine scar, with single cephalic pregnancy, ≥ 37 weeks gestation.

Group 6



All multiparous women with a single breech pregnancy.

Group 7



All multiparous women with a single breech pregnancy, including women with previous uterine scars.

Group 8



All women with multiple pregnancies, including women with previous uterine scars.

Group 9



All women with a single pregnancy with a transverse or oblique lie, including women with previous uterine scars.

Group 10

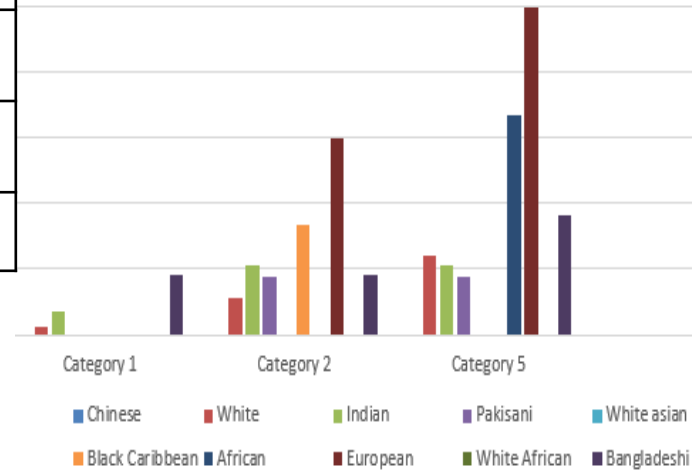


All women with a single cephalic pregnancy, < 37 weeks gestation, including women with previous scars.

Robson 10 Category

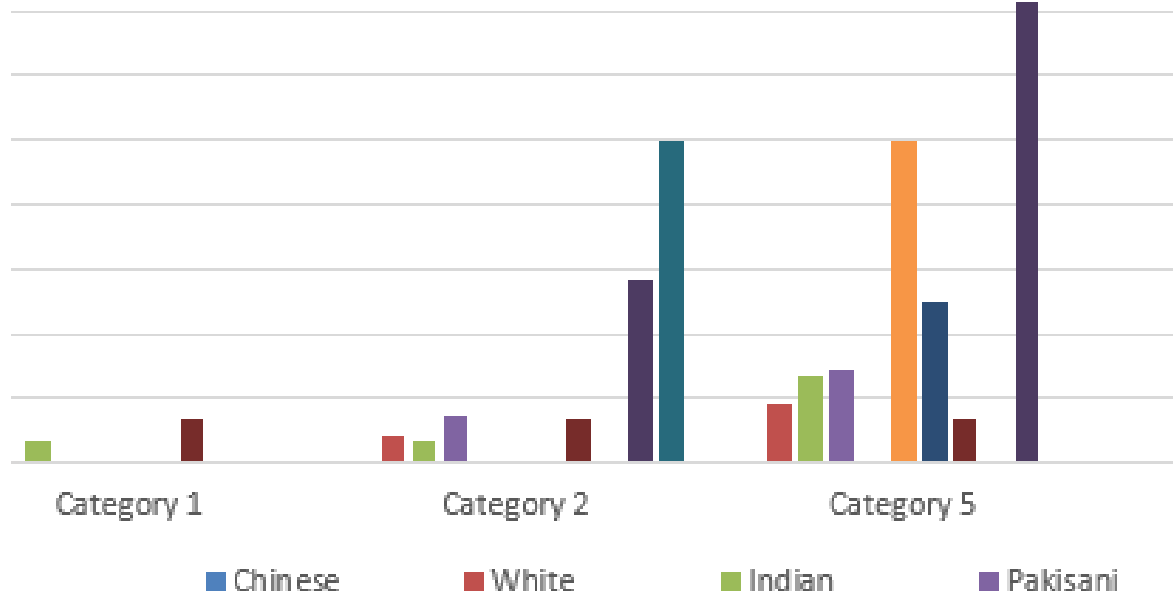
- February 2022

Feb 2022 Robson 10	Chinese	White	Indian	Pakistani	White Asian	Black Caribbean	African	European	White African	Bangladeshi
Category 1	0%	1.1	3.47	0	0	0	0	0	0	9.09
Category 2	0	5.52	10.71	8.82	0	16.66	0	30	0	9.09
Category 5	0	12.15	10.71	8.82	0	0	33.33	50	0	18.18



Robson 10 Category

March 2022



Robson 10	Chinese	White	Indian	Pakistani	White Asian	Black Caribbean	African	European	White African	Bangladeshi	Irish
Category 1	0	0.45	3.33	0	0	0	0	6.66	0	0	0
Category 2	0	4.09	3.33	7.14	0	0	0	6.66	0	28.57	50
Category 5	0	9.09	13.33	14.28	0	50	25	6.66	0	71.42	0

FETAL LOSS and STILLBIRTH

In **January 2022**, 11% of the white other/European women had a neonatal death. There were **no** stillbirths.

No other ethnic groups had a neonatal death in **January 2022**.

There were **no** neonatal deaths in **February 2022**. the data showed that the only ethnic group to have a stillbirth was Indian and out of this ethnic group 33% had a stillbirth during February 2022

In **March 2022**, 0.9% of white women had a neonatal death. **No** other ethnic groups had a neonatal death in **March 2022**.

January 2022 BFI -Based on women booked

100% Indian, mixed White and African

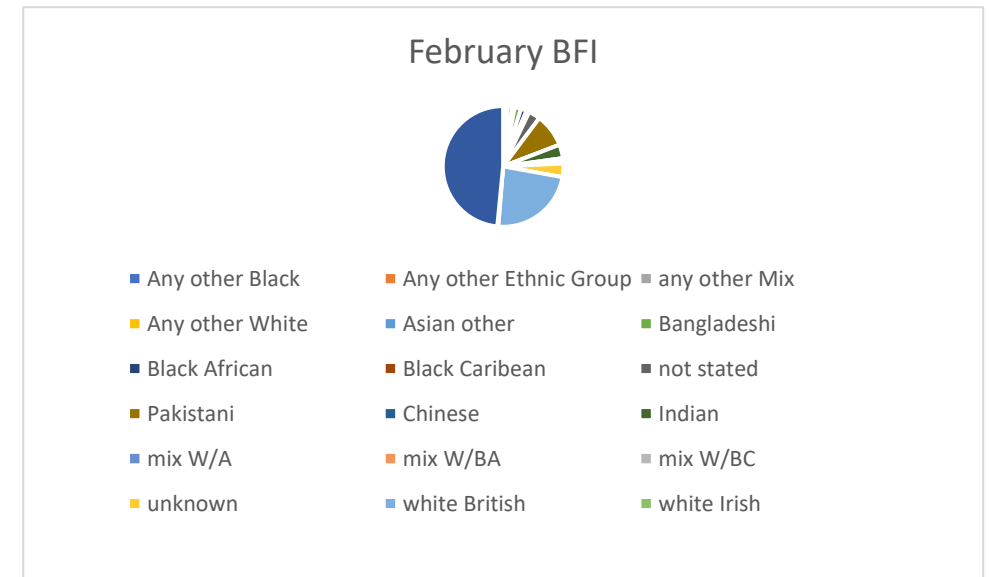
33.33% Black Caribbean

37.5% Black African

31.5% white British

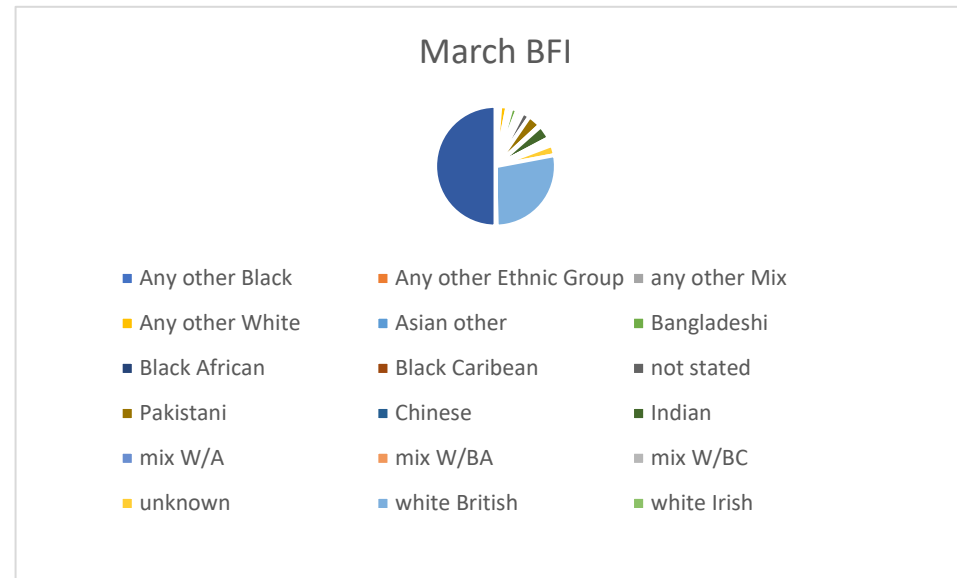
February 2022 BFI by ETHNICITY

February Ethnicity	Booked	BFI	BFI%
Any other Black	1	0	0%
Any other Ethnic Group	7	2	28.50%
any other Mix	1	1	100%
Any other White	10	6	60%
Asian other	5	5	100%
Bangladeshi	13	13	100%
Black African	12	6	50%
Black Caribbean	6	3	50.00%
not stated	24	22	92%
Pakistani	69	18	26%
Chinese	0	0	0.00%
Indian	28	8	28.50%
mix W/A	3	2	66.60%
mix W/BA	6	1	17%
mix W/BC	2	2	100%
unknown	28	28	100.00%
white British	181	63	35%
white Irish	2	0	0%
TOTAL	374	180	48.10%



March 2022 BFI by Ethnicity

March Ethnicity	Booked	BFI	BFI%
Any other Black	2	0	0%
Any other Ethnic Group	5	3	60%
any other Mix	3	0	0%
Any other White	15	5	33.30%
Asian other	9	9	100%
Bangladeshi	13	13	100%
Black African	9	9	100%
Black Caribbean	4	4	100%
not stated	16	16	100%
Pakistani	28	21	75%
Chinese	3		0%
Indian	30	18	60%
mix W/A	2	0	0%
mix W/BA	8	0	0%
mix W/BC	6	6	100%
unknown	22	22	100%
white British	220	92	41.80%
white Irish	2	0	0%
TOTAL	397	218	54.90%



Staff by Pay Band

Staff In Headcount as at 25/04/2022

Pay Band	WHITE staff	Black Asian & Ethnic staff	ETHNICITY UNKNOWN	Black Asian & Ethnic staff %
Overall	573	286	11	32.9%
Apprentice	4	1	0	20.0%
Band 1	0	1	0	100.0%
Band 2	123	47	1	27.5%
Band 3	40	9	0	18.4%
Band 4	34	14	0	29.2%
Band 5	94	36	3	27.1%
Band 6	156	54	4	25.2%
Band 7	71	22	0	23.7%
Band 8A	22	13	0	37.1%
Band 8B	5	5	0	50.0%
Band 8C	2	2	0	50.0%

Low representation of Black Asian and Ethnic staff at Apprentice level and Band 3 level.

There is an equal representation at band 8B and Band 8C

Service
user B's feedback

A – Identifies as Black African- Low level mental health. Previous loss of a baby early in pregnancy. High Risk pregnancy.

- MW contact minimal – little time to ask
- Communication around labour was 'poor' - left feeling 'confused & anxious'
- postnatal wards - felt 'left' and 'unseen'.
- No support to breastfeed, wound not being checked – on discharge & emphasis was on baby.
- 'left, with little help apart from the HiPs team' and struggled to contact maternity & health visiting teams.
- care received in labour 'good and supported'.
- Felt 'person of colour - wasn't approached' – on postnatal ward v other women.
- 'I was anxious - previous loss' it was 'forgotten and dismissed'.
- special 'commendation' to the diabetic team – 'amazing, well informed and supported'. Continuity of Care support via HiPS offered 'reassurance, coping strategies, considering cultural needs and previous loss'

B – Identifies as Black Caribbean British – Low level mental health – low risk pregnancy

- Preference for paper notes as well as digital, concern if stolen/lost phone
- Majority of help through HiPs team – lost without them.
- Labour care ‘amazing’ ‘cared for’ and ‘supported’ MW advocated well - CS
- Individualised needs and birth not discussed.
- Postnatal Com Care – ‘good care’ CMW ‘especially good’ – with a CS & lived in a flat
- Postnatal Ward - ‘little support’.
- HiPs support ‘offered to all’. ‘Face to face’ with midwives ‘offered more’.
- Cultural needs ‘forgotten/not considered’ in care. COC via HiPs ‘vital in maternity journey’
- ***‘unheard’***

**C – Identifies as
British Asian – Low
level MH – High risk
pregnancy –
Previous traumatic
birth.**

- ‘scared’ due to her previous experience ‘dismissed’ many times so referral took time for support (HiPs). ‘Not listen to about concerns’ and ‘no time’ at antenatal appointments to discuss ‘needs’, ‘very matter of fact’ , moving from ‘pillar to post’ ‘no continuity so repeating needs to staff’
- It was a ‘battle for choice – CS’ ‘helpless’ HiPs worker ‘advocated for birth to feel safe’ MW ‘little discussion about choices for birth’.
- Positive birth experience support via HiPs. ‘Amazing’ theatre team. Felt ‘a burden’ – PN Ward & Antenatally. ‘Poor communication, no warning or sensitivity’ - catheter removal’ Painful for 6 months. Breastfed babies are a ‘problem’ baby removed AF ‘to make baby sick up his mucus’ – no consent gained. Investigated & resolved by Infant Feed MW.
- ‘Wanted and found hard’ to given feedback with a new baby and ‘happy to feedback’ via a phone call with ‘someone she knew’.
- some staff were ‘caring’ many were ‘cold, rough and judgemental’ towards choice of EL CS. No ‘consideration of culture’ ‘previous traumatic birth – dismissed’, ‘care wasn’t compromised due to ethnicity, ‘very upset as witnessed a lady who spoke no English being ignored, not assessed for 7+ hours with missed catheter care, shouted at and talked about by staff’.

D – Identifies as Asian British – Low level mental health – high risk pregnancy – previous losses.

- 'lack of support and information' - early weeks 'listened to' 12 week assessment with HiPs. No face to face - CMWs. 'no continuity' – midwife/doctor, miscarriages 'not mentioned/known'
- 'left for long periods in labour' due to no staff, but staff repeatedly moaning about 'no staff available'.
- 'good care' - postnatal ward. Expected to 'know it all and be ok' with second baby.
- 'loved' antenatal classes via HiPs and CMWs. 'Liked' COC via HiPs and 'culturally aware' of her needs. 'more time and contact with CMW' in early days for 'reassurance. No cultural 'enquiry' made by staff. Care 'lacking'. 'Unsensitivity' – re previous loss – 'god's wish' – 'very upsetting'.
- 'staff to read previous history' before appts – Maternity staff to 'link' with HiPs for 'awareness' of their service to avoid 'repeating' needs/choices of women and families.



E-Identifies as Mixed Caribbean

- 'Good' service, some MW's 'lacked empathy' towards pain. More community services needed.



F-Identified as Pakistani

- 'Good care throughout' – CS. 'Prefer' longer stays after birth.



Student Midwife Feedback



- A 3rd year student Midwife stated that she had learnt so much in one hour with the Equality & Inequality Lead Midwife regarding equality and Ethnic women compared to her whole 3 years of her degree programme. She felt that it would be beneficial for all students to have either a talk or lecture by the Equality and Inequality Lead to fully understand the reasonings behind the Equality and Inequality Lead Midwife's role.

She believes starting with the next generation of midwives can make a start into changing the discrimination and inequalities that they see daily in practice. She highlighted that they are taught to treat women the same but the care we provide should be individualised and compassionate towards all women by thinking about risk factors e.g. higher stillborn rate/ higher morbidity and mortality rates.

She stated that she will take what I've learnt forward, and this will make her a better midwife.

- When obtaining feedback from students in their second year of training they confirmed that they had been taught about the EMBBRACE Report throughout their training but identified a need for decolonising learning.
- 3rd year student highlighted that her training did teach about the EMBBRACE Report but confirm that there was not training related to darker skin Women. She felt a need for this training.

Recommendations

- To have a Black, Asian & Ethnic Minority Continuity of Carer Team in the high-risk areas of Walsall & To reduce ATAIN Homer et al (2017) found that COC team had positive outcomes where 95% had an Apgar score of 8 or above at 5 minutes. She also highlighted that they had a reduction in neonatal admission to 6%.
- To work closely with MVP to develop a Focus group where Black Asian and Ethnic service users feel they have a safe space to talk about their experience and provide recommendations for improving outcomes
- To have a Systematic approach to teaching staff across the Black country.
- To work with the local University to include colourisation in training.
- To improve the Perinatal Mental Health referral amongst the women from Black, Asian and ethnic minority service users as recommended by (NHS England 2022) there will need to be a focus on the Bangladeshi Community by working with the secondary sector and the specialist Perinatal Mental Health Midwife to improve the access to Perinatal mental health support.
- To work with other EDI Leads and HIPs team to provide an Early Parent Education session/Information leaflet-rationale and research based in different languages
- To work with other EDI Leads, Community Lead and Hips teams to have a parent education session in different languages