

Description

Birthing in the Time of Pandemic: Reflections from Black and Asian Mothers

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In the United Kingdom, Black and Asian women suffer worse maternity outcomes compared with white women.[1] Maternal health is one of the NHS Patient Safety Strategy priorities[2] and at the National Institute for Health and Research's Greater Manchester Translational Patient Safety Centre (NIHR GMPSTRC), we are planning research in this area.

To ensure that research reflects the key issues based on experiences and needs of women most at risk, we conducted a piece of patient and public involvement. This is a necessary precursor to any piece of research – i.e. letting the target of research help define the research itself. We worked in partnership with local community organisations that work closely with Black mothers: The Caribbean and African Health Network, and Awakening Minds and Diversity Matters North West who work closely with Asian mothers to find out from the women themselves what their recent maternity experiences had been.

> The most common issue was perceived lack of communication between women and maternity staff.

In online discussions in the autumn of 2020, we spoke to ten women from a Black Caribbean and/or African community and to 12 women from the Asian community. Women spoke about the uniqueness of each pregnancy and many had positive experiences. But during their reflections, some common issues emerged. The following is a summary of these common reflections. Whilst it is important to recognise the impact that the COVID-19 pandemic had on women's experiences, some of the issues raised were not related to the pandemic and we begin with these.

The most common issue was perceived lack of communication between women and maternity staff. Women felt that they were often 'not listened to'. Inadequate pain relief was discussed by most mothers. Black mothers felt that stereotypes around the 'strong Black woman' influenced lack of adequate pain relief. Some Asian women talked about stereotypical assumptions that they were unable to speak or understand English when veiled. Women also spoke of decisions seemingly made without them about their care and some related this to language barriers. Others spoke of a lack of trust in maternity services, an issue highlighted in a previous edition of The Practising Midwife.[3] Issues surrounding trust and communication are central to perceptions of patient safety for mothers to be and is well documented in the patient safety literature.[4]

When we spoke to mothers about their increased safety risks or issues specifically related to ethnicity, it was clear that some of these may not be recognised by the mothers themselves or were not well communicated by maternity services. One example relates to Vitamin D deficiency. We asked women about this due to established links between ethnicity and Vitamin D deficiency. Many women said they weren't aware of their increased risk of Vitamin D deficiency. They reflected that communication around vitamin D supplementation was vague with one women saying she had simply been told that "because of your background, you need this".

> The largest factor for the women's perceptions of safety however concerned the loss of touch.

In addition to these more general issues were those that COVID-19 had created. Opportunities for education were highlighted. Specifically, the lack of face-to-face ante-natal classes and opportunities to ask questions were mentioned. There was a sense of increased anxiety and vulnerability due to increased remote service provision and fewer contacts with maternity services overall. Some women's ante- and post-natal care was conducted via telephone.

Video consultations seemed less common. The remote form of contact and the lack of desired face-to-face care were considered problematic. Issues concerning the lack of privacy for women when receiving care in their own homes was raised and questions around physical safety or abuse more difficult to raise and answer.

The largest factor for the women's perceptions of safety however concerned the loss of touch. The removal of physical examination possibilities due to remote care undermined the women's confidence in their care. Feeling safe when utilising health care encompasses psycho-social factors and a sense of safety concerning physical health (physical safety).[5]

The focus on women's physical health was seen as reduced during COVID-19, and the importance of touch also reduced and/or lost. Post-natal care in particular was highlighted as particularly problematic because it affected their perceptions of safety for their new-born babies.

Finally, COVID-19 also affected the opportunities and outcomes for the midwife/mother relationship.

> Some mothers however, who were alone due to immigration status, did feel that they were able to have the type of relationship they wanted.

For many women, COVID-19 blocked the ability for Midwives to perform what has been described as the "being with" aspect of midwifery[6] – encompassing the relationship, communication and understanding between the midwife and the pregnant woman. Comparisons to pre-COVID times were made by some women whereas for first time mothers, an 'imagined loss' occurred. The importance of this aspect of care was heightened during COVID-19 due to the limitations on birth partners. Some mothers however, who were alone due to immigration status, did feel that they were able to have the type of relationship they wanted.

The work reported here has led to new partnerships with clinical bodies locally to inform research priorities for the NIHR GMPSTRC, concerning Black and Asian mothers. Specifically, we are now working on evaluating a Vitamin D deficiency programme to facilitate high-uptake of Vitamin D to those most vulnerable.

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Date Created
29th November 2021