



# Impact report: Person-centred maternity care for Black African and Black Caribbean women in West Birmingham

January 2024





## Executive summary

Listening to the experiences of Black African and Black Caribbean women using maternity services in West Birmingham has led to more person-centred and culturally competent care across Birmingham and Solihull.

After receiving concerning feedback from Black African and Black Caribbean women of poor experiences of maternity care, we investigated maternity services provided by Sandwell and West Birmingham Hospitals NHS Trust (SWBH).

Our investigation showed that Black African and Black Caribbean women did not feel their voices were being listened to or respected. Black African and Black Caribbean women in West Birmingham experienced inequalities throughout antenatal care, labour and birth, and postnatal care. These include experiences of discrimination, stereotypes, lack of access to information and interpreters, and not being listened to. The findings also showed that although women experienced challenges at various stages of the maternity pathway, these challenges were more significant in the postnatal period. Women who were new to the country seemed to experience significant challenges due to language barriers and limited understanding of how the healthcare system works.

Women told us they wanted 'personal and individualised care, ensuring staff are listening to the needs of women and taking them into account.' This formed the basis for the recommendations for improvement in our report, and the action plan SWBH drew up in response.

Since the publication of our report *"Maternity services in West Birmingham: The experiences of Black African and Black Caribbean women"* SWBH has made important changes to the services it provides to women from Black African and Black Caribbean backgrounds. Through improved engagement and co-production with women around the recommendations in the report, SWBH has adapted its offer to provide equity for those who previously found it harder to access their services.

Changes include:

- Increasing the number of midwives from Black African backgrounds, to ensure maternity services better reflect the communities they serve.
- Hiring a Best Start Midwife, attached to GP surgeries in areas with high numbers of Black African and Black Caribbean families, to provide better continuity of carer.
- Employing a Patient Experience Midwife to capture and respond to patient feedback.
- Introducing on-the-spot virtual interpreters in maternity and neonatal services, in addition to current telephone and in-person interpretation services.
- 'Drop in' antenatal classes without the need to pre-book, to improve access for ethnically diverse and digitally excluded families.
- Improved engagement through the 'Please Just Listen: A Maternity Listening Project' and increased use of service user experiences when making changes or improvements to maternity service.
- The Birmingham and Solihull Integrated Care Board (NHS BSOL) website has been updated with information pertinent to pregnant women and how to gain prompt access to GP or midwifery services.

# Introduction

Maternity is a time of expectation and joy for many parents, meaning responsive and person-centred care is essential. However, when women access maternity services, especially women from Black African and Black Caribbean backgrounds, they often have negative experiences of care and poor outcomes.

In March 2023, Healthwatch Birmingham investigated maternity services provided in West Birmingham. In-depth interviews with Black African and Black Caribbean service users revealed the following issues:

- Lack of continuity of carer leading to anxiety and inability to discuss issues such as mental health. This also meant people could not discuss their concerns and options available.
- Failure to be referred to midwives by GPs, which delayed screening and scans. This was particularly difficult for women new to the country and those with a health condition, as it delayed monitoring and support.
- Poor staff attitudes and behaviour, more so for hospital staff as compared to community midwives – rudeness, lack of empathy and compassion, poor support for women post labour and birth. Some women felt that their treatment was because they were black. Also of note is that in some cases poor staff attitudes and behaviour came from black staff.
- Lack of access to interpreters or translators meant that those women who need these services are unable to engage during various parts of the maternity journey, especially when giving birth, and their needs are not heard.
- Not feeling they had real choice around where to give birth and what type of birth to have. Some women felt pressured to have a c-section. They felt that the moment staff see black women, things that are happening to them in the maternity process or procedures are not explained to them. They felt that they are told what to do and not asked.
- Feeling they were not treated with dignity and respect, with some being asked whether they will have another child soon, use of statements that generalise (e.g. all you people are the same, you guys are difficult).
- Lack of awareness of what support is available, including antenatal classes, even for those having their first baby.
- Feeling ignored and disbelieved about level of pain or being in labour – with some sent back home many times without checks to see whether they are in active labour. Some women felt that being dismissed had affected outcomes, with one woman feeling that the dismissal of her concerns about the impact medicine was having on her pregnancy directly led to miscarriage.
- Experiencing discrimination and racism from those providing maternity care.
- Failure to identify and appropriately address issues needing mental health support.
- Poor postnatal support from midwives and healthcare professionals, both in hospital and when at home. Indeed, only one of the women spoke about being invited for a six week check by their GP.
- Poor handling of complaints – failing to take an organisational view when addressing complaints about maternal care and missing opportunities for institutional learning.

# Key impact: Service level

*The report by Healthwatch Birmingham provided Sandwell & West Birmingham NHS Trust maternity services additional valuable insight into the experiences of families using our services. The report was balanced yet comprehensive in detailing what works well for the families we serve alongside what does not, therefore enabling us to work towards implementing the recommendations set out in the report.*

**- Afrah Muflihi, Equality, Diversity and Inclusion Lead Midwife, SWBH**

In response to the report, SWBH outlined a number of actions aimed at improving maternity provision for Black African and Black Caribbean women in Birmingham. The full list of actions committed to by SWBH can be found in our initial report. In September 2023, we requested evidence that the actions SWBH committed to have been implemented. These are summarised below, with the full response available in Appendix 1.

## Enabling women to make choices about birth

- Added birthplace options and a QR code link to the CQC website to the new co-produced 'Your Pregnancy Journey' booklet. We hope this will help families to make informed decisions from the beginning of their pregnancy journey (this is waiting for ratification before going live).
- Has worked with families and co-produced an Easy Read Vaginal Birth After Caesarean leaflet and once this has been approved through our governance process, we plan to have this translated.

## Capturing and using patient experience

- We have now employed a Patient Experience Midwife to help capture patient experiences and put robust action plans in place in response to feedback. The Patient Experience Midwife is in the process of finalising development of the Patient Survey bespoke to each area of maternity and neonates which will be offered in a variety of different languages. These surveys will capture participants' demographic information which will allow us to analyse whether one group is reporting a better experience than another, in the future. Additionally, it will enable us to monitor the diversity of users providing feedback and where it is identified user feedback is lacking from a particular client group, we will put action plans in place for targeted work to ensure feedback is representative of a variety of users.
- Our Consultant Midwife and Patient Experience Midwife have set up a new Birth After Thoughts Clinic to help families resolve any birth trauma or concerns experienced during their care with us. This additional support includes families being supported to access the complaints process where concerns remain outstanding. We are currently developing leaflets, posters and a communication campaign to raise wider patient awareness of the option to access the Birth After Thoughts Clinic.
- We have prioritised listening to women from black and minority ethnic backgrounds through attending 'just listen events' which includes New Migrant & Refugee Centres, Brush strokes and other Voluntary Service Organisations (VSO) representing the voices of Black mothers.
- We have employed over 20 Black African midwives educated in Nigeria and Ghana to increase the number of midwives in our establishment and ensure that our workforce is representative of the population we serve.

## Continuity of carer

- We have a Best Start Midwife in role, offering bespoke and continuity of carer during the antenatal and post-natal period. This midwife is attached to GPs in the B21 and B7 areas where we know some of our most vulnerable Black African and Black Caribbean families reside. It is our plan to recruit a team of Best Start Midwives and place them in clinics where we know there is the greatest needs of patient vulnerabilities.
- We have commissioned Bethel Doula services on a 12-month pilot offering our most vulnerable families additional support to access maternity services and connecting them to other local VSOs who are able to offer support beyond the pregnancy journey.

## Enhancing the interpreting service

- We have designed a new service to provide 'on the spot' interpreting for women. The Wordski on Wheels have been successfully rolled out across maternity and neonates offering on the spot virtual interpreters. This is an additional on the spot interpreting offer to our current telephone and in person interpreting. We plan to develop our interpreting offer further to enhance our patient experience and reduce risks associated with delaying access due to language barriers.

## Improved access to antenatal classes

- Our varied antenatal classes offer is increasingly being accessed by ethnically diverse families, including those who require interpreting support. In response to the Healthwatch report and other patient feedback we have created an additional pathway into the Parent Education Class service where we are trialling a drop-in service without pre-booking and a poster with a QR code providing direct link to the online classes. This is promoted on a poster which is in clinics and flyers that are given to women by community midwives. This is an additional door into the service to our current pathway.



# Key impact: System level

Our report findings have been taken up at system level by the Birmingham and Solihull Local Maternity and Neonatal System (LMNS) Stakeholder Council (BUMP), who committed to implement actions to address the issues we raised. These actions have improved services for women from underserved communities (including Black African and Black Caribbean women) across Birmingham and Solihull.

In September 2023, we requested evidence from BUMP that actions they committed to have been implemented. These are summarised below, with the full response in Appendix 2.

## Improved engagement and increased use of service user experiences to improve services

- To ensure that women's voices are heard, a series of monthly listening events have been held across the city in varying accessible community areas, (interpreters are available where needed). This has been extended to reach areas across West Birmingham and the findings are compiled into a quarterly report and will be presented to the LMNS programme board from September onwards. Themes from these reports are being used to develop a database of feedback to be used to improve services and also inform research.
- The 'Please Just Listen: A Maternity Listening Project' commenced in June 2023. This is a series of listening groups for women who give birth in Birmingham and Solihull. Many of these sessions are aimed at women from specific ethnic or religious backgrounds e.g Nigerian women, Muslim women.

## Improved communication and information on maternity services shared with service users

- Information has been made more accessible for patients particularly for those whose first language is not English, using the top 6 languages for Birmingham. The Maternity Link Support Workers have been pivotal in bridging the gap between health care professionals and birthing people, not only by speaking various languages, but providing continuity of carer for those women, helping to navigate the maternity systems and enabling conversations particularly around safeguarding that if not discussed may have an adverse effect on their pregnancy.
- The NHS BSOL website has been updated with information pertinent to pregnant women and how to gain prompt access to GP or midwifery services. Maternity Link support workers are trained to give simple advice in antenatal care and will be conducting antenatal classes in different languages. They will receive referrals via the single point of access referral portal once it is set up.

## Focus on person-centred care and choice for birthing mothers

- Personalised care is high on the agenda in line with the maternity and neonatal single delivery plan, to ensure that all birthing people and the health professionals understand what personalised care means. Pledges to ensure that personalised care is at the forefront of our approach were made by stakeholder council members, MNVPs (Maternity and Neonatal Voice Partnership) and service users ensuring accountability. The use of radio and other forms of media have helped to promote this and enable women and birthing people particularly from the global majority to be aware of the importance of personalised care.
- The choice of hospital where women/birthing people can attend will be more accessible now that all GP surgeries have access to the single point of access, meaning that a woman/birthing person will have a choice of 3 options in the first instance, which is not dependent on their postcode.

## Responsiveness and improvements to plans to capture issues of equality and equity

- Racism and discrimination were discussed at the programme board meetings and are also addressed in the equity and equality plans, however further development and engagement is needed with all members of the multidisciplinary team to truly understand patient experience and the extent of which racial bias and stereotypes are endemic in maternity services across Birmingham.
- The Birmingham Solihull LMNS Maternity Strategy is being developed with the theme of equity and equality running through. Our strategy also aligns to the maternity and neonatal single delivery plan. With a focus on ensuring key messages are defined to build relationships with community members and staff which is data informed to keep positive outcomes for all our women and birthing people.
- Working in an acute environment can be pressured, but we understand that all patients should be treated with care and compassion. Birmingham and Solihull is working with BLACHIR (Birmingham and Lewisham African and Caribbean Inequalities Review), to accommodate communities that will help to understand the bespoke needs of African and Caribbean people and help with cultural intelligence and compassion leading to greater understanding of the diverse needs. BLACHIR works with all members of the multidisciplinary teams and advocates true coproduction. The aim within this group is to develop sustainable services that will make all health care more accessible for African and Caribbean people, and particular interest in reducing infant mortality.

## Next steps

We will continue to listen to the experiences of women from Black African and Black Caribbean backgrounds including other underserved communities in Birmingham who are trying to or are accessing maternity services. We will continue to share this feedback with Sandwell and West Birmingham Hospitals NHS Trust and BUMP to inform service change or improvement.

### You can share your experiences by:

- Visiting our online [Feedback Centre](#).
- Calling Healthwatch Birmingham on 0800 652 5278
- Emailing [info@healthwatchbirmingham.co.uk](mailto:info@healthwatchbirmingham.co.uk)

## Who are Healthwatch Birmingham?

Local Healthwatch were established in every local authority area across England following the Health and Social Care Act 2012. Our key role is to ensure those who commission, design and deliver health and social care services hear, and consider, the public voice. Healthwatch Birmingham listens to and gathers public and patient experiences of using local health and social care services such as general practices, pharmacists, hospitals, dentists, opticians, care homes and community-based care. We hear these experiences via our Information and Signposting Line, our online Feedback Centre, and through our community engagement activity led by staff and volunteers. [Read more about the work of Healthwatch Birmingham](#).

## Appendix 1: SWBH response

For our impact report, we will publish evidence of improvements for service users following the work that SWBH is carrying out or has already carried out in response to the questions we raised and actions the Trust outlined in response to the findings of this study. We would like you to include stories from service users and that the trust has heard that demonstrate the difference made as a result of the implementation of these actions. You can also include pictures of any activities undertaken.

Please include any other positive outcomes for patients and for the Trust that have come about as a result of the study (even if these are outside of the actions outlined below).

Key questions from HWB to SWBH	Actions from SWBT	SWBH's evidence for actions taken
<p>1. How will the experiences shared in this report be used by the Trust to improve maternity care for women from Black African and Black Caribbean ethnic backgrounds, particularly addressing the challenges women told us they face:</p> <ul style="list-style-type: none"> <li>• Delays in screening</li> <li>• Inaccessibility of antenatal classes</li> <li>• Racism and discrimination</li> <li>• Lack of continuity of carer</li> <li>• Choice, consent, and coercion</li> <li>• Communication and information gap</li> <li>• Being ignored, dismissed, and disbelieved.</li> <li>• Lack of dignity and respect</li> <li>• Poor complaints and lack of learning from complaints</li> <li>• Poor postnatal support</li> </ul> <p>The issues that women told us needed to be improved in order to improve their experiences of accessing maternity services in West Birmingham.</p>	<ul style="list-style-type: none"> <li>• Enhancing our interpreting service – we have designed a new service to provide 'on the spot' interpreting for women to be introduced in mid-March.</li> <li>• Badgernet – enhancing the facility to share information in a more accessible way.</li> <li>• GP engagement resulting in enhanced communication on care during pregnancy through provision to access to pregnancy electronic records</li> <li>• Extensive community engagement, working with numerous voluntary sector organisations and groups in West Birmingham such as Saathi House, Nechells pod, Nishkam and Maternity Engagement Action.</li> </ul>	<p>In response to health watch report where families stated they wanted to know more information about the hospitals they could choose to birth with before making a choice we have added birth birthplace options and a QR code link to the CQC website to the new co-produced 'Your Pregnancy Journey' booklet. We hope this will help families to make informed decisions from the beginning of their pregnancy journey. We are yet to ratify this booklet through our governance processes, but we are hoping this booklet will be given to families before the initial booking appointment with their midwife.</p> <p>With families we have co-produced an Easy Read Vaginal Birth after Caesarean leaflet and once this has been approved through our governance process, we plan to have this translated.</p>

<p><b>2. What action will the Trust take to ensure that the feedback in this report is used:</b></p> <ul style="list-style-type: none"> <li>• to inform any reviews and improvement of maternity services.</li> <li>• to help design and commission better services for Black African and Black Caribbean women.</li> </ul> <p><b>3. How will the feedback in this report help the Trust review, design and implement a process for ensuring Black African and Black Caribbean women's feedback is gathered and acted upon. Particularly, ensuring that the process is simple, accessible and any changes made as a result of feedback are shared widely.</b></p>	<ul style="list-style-type: none"> <li>• Supported access into maternity services via training Children's Centres and voluntary sector organisations to support families to access early maternity care and give brief pregnancy health information. Project scope has included the production of multi-language animations and posters to publicise service.</li> <li>• Creation of multi-language videos which detail the pathway to accessing maternity care – You're Pregnant So What Happens Next? (YouTube)</li> <li>• Reached out to audiences across a wide variety of social media platforms to ensure we maximise our visibility and sign-posting to services. Particularly used TikTok/Facebook/Twitter/Instagram. (Example viewing statistics – videos: Pregnant What Happens Next? (319k views TikTok)/Signs of Labour (41k views TikTok).</li> <li>• Improved the way families access our antenatal classes offer where we now proactively target families who have not previously accessed classes and also offer interpreting support.</li> </ul>	<p>We now have employed a Patient Experience Midwife who will help to capture patient experiences and put robust actions plan in place in response to feedback. The Patient Experience Midwife is in the process of finalising development of the Patient Survey bespoke to each area of maternity and neonates which will be offered in a variety of different languages. These surveys will capture participants demographic information which will allow us to analyse whether one group is reporting a better or worse experience than another, in the future. Additionally it will enable us to monitor the diversity of users providing feedback and where it is identified user feedback is lacking from a particular client group we will put action plans in place for targeted work to ensure feedback is representative from a variety of users.</p> <p>Our Consultant Midwife and Patient Experience Midwife have set up a new 'Birth After Thoughts clinic' to help families resolve any birth trauma or concerns experienced during their care with us. This additional support includes families being supported to access the complaints process where concerns remain outstanding.</p>
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	<ul style="list-style-type: none"> <li>• Working with service users and Maternity Voices Partnership to co-produce health information and services.</li> <li>• Improved engagement and co-production with service users.</li> <li>• Ensuring that the Trust's workforce is equipped to provide culturally competent care.</li> <li>• Ensuring that services are accessible for all by adapting the Trust's offer thus providing equity for those who may have previously found it harder to access our provisions.</li> </ul>	<p>We are currently developing leaflets, posters and a communication campaign to raise wider patient awareness of the option to access the Birth After Thoughts Clinic.</p> <p>Our Consultant Midwife and Patient Experience Midwife have set up a new 'Birth After Thoughts clinic' to help families resolve any birth trauma or concerns experienced during their care with us. This additional support includes families being supported to access the complaints process where concerns remain outstanding.</p> <p>We have a Best Start Midwife in role, offering bespoke and continuity of carer during the antenatal and postnatal period. This midwife is attached to GP's in the B21 and B7 area where we know some of our most vulnerable Black African and Black Caribbean families reside. It is our plan to recruit a team of Best Start Midwives and place them in clinics where we know have the greatest needs of patient vulnerabilities.</p> <p>We have commissioned Bethel Doula services on a 12 month pilot offering our most vulnerable families additional support to access maternity services and connecting them to other local VSO who are able to</p>
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		<p>offer support beyond the pregnancy journey.</p> <p>The Wordski on wheels have been successfully rolled out across maternity and neonates offering on the spot virtual interpreters. This is an additional on the spot interpreting offer to our current telephone and in person interpreting. We plan to develop our interpreting offer further to enhance our patient experience and reduce risks associated with delaying access due to language barriers.</p> <p>Our varied antenatal classes offer are increasingly being accessed by ethnically diverse families, including those who require interpreting support. In response to the Health Watch report and other patient feedback we have created an additional pathway into the Parent Education Class service where we are trailering a drop-in service without pre-booking and a poster with a QR code providing direct link to the online classes. This is promoted on a poster which is in clinics and flyers that are given to women by community midwives. This is an additional door into the service to our current pathway.</p>
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**We also asked the Trust to consider the issues below in developing actions:**

<p>Improvements to how interventions are designed and implemented ensuring that they are focused on reducing ethnic inequalities. Including emphasis on how they will be evaluated to determine their effectiveness.</p> <p>Awareness and consensus on baseline risk factors for inequalities in maternity services.</p> <p>Improved sharing of information about risk factors with Black African and Black Caribbean women and how to manage these; including management of pre-existing health conditions.</p> <p>A renewed emphasis on co-developing your policies or actions and rolling these out widely with all professionals involved in the care of pregnant women (e.g. GPs and other health and social care professionals).</p> <p>Improved listening and the co-production of interventions with women from minority groups (in particular Black African and Black Caribbean who are underrepresented in targeted interventions. These can include the adaption of known effective interventions such as the culturally adapted CBT for postnatal depression for South Asian women).</p>		<p>We have completed the pilot Supported Access into Maternity Services in response to listening to families from ethnically diverse backgrounds who told us of the inequity they faced to access our services. This entailed training staff from Family Hubs, Refugee VSO and other VSO to support families to complete a self-referral form alongside, giving brief pregnancy related health information.</p> <p>Public Health Sandwell are now incorporating this referral model into their Early Pregnancy Pathway. We have identified VSO partners in West Birmingham to offer Supported Access and to widely disseminate this service as good practice.</p> <p>Our patient electronic records system accurately captures ethnicity data and is built to ensure that this question cannot be bypassed.</p> <p>Maternity and neonatal services work closely with the maternity voices partnership in co-producing information, action plans and services. We have worked hard over the last 12 months to ensure that voices represented are reflective of the families we serve.</p>
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<p>Improved recording of ethnicity in health records ensuring these can be easily accessed by healthcare professionals in different settings during maternity care.</p> <p>Improved conversations with women about mental health, including improved pathways to mental health support, and improved delivery and take-up of the six week mental health checks.</p> <p>Support for women who have gone through traumatic labour or pregnancy experience.</p> <p>A renewed emphasis on staffing to ensure safe and high-quality maternity care. Emphasis on interventions targeting structural and institutional processes which perpetuate racism and discrimination.</p> <p>Improve processes to ensure that women do not fall through the gaps, especially pre-birth and post-birth.</p>		<p>We have prioritised listening to women from black and minority ethnic backgrounds through attending 'just listen events' which includes New Migrant &amp; Refugee Centres, Brush-strokes and other VSO representing the voices of Black mothers.</p> <p>We have employed over 20 Black African midwives educated in Nigeria and Ghana to increase the number of midwives in our establishment and ensure that our workforce is representative of the population we serve.</p> <p>Our EDI Lead midwife will be shortly attending Cultural Competence Train the Trainer course that will equip her to deliver this training to our Multi-Disciplinary Team.</p>
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## Appendix 2: BUMP full response

In March 2023 Healthwatch conducted a report into the care received by women from Black African and Black Caribbean backgrounds during their care at West Birmingham hospitals, where they looked to identify and understand any barriers, challenges and discrimination experienced by this cohort of women.

Women and birthing people who live within the Birmingham Solihull area may also choose to give birth in West Birmingham hospitals.

The report discusses both positive and negative aspects experienced by women who birthed in West Birmingham, however, also noted clear improvements that need to be addressed.

In response to the report measures are in place within the LMNS (Local Maternity and Neonatal System) and provider Trusts that address the issues raised to ensure that patient and staff within our ICB (Integrated Care Board) receive best care and will take time to recognise where women's voices should be heard.

Some of the improvements that women wanted to see within the maternity services were:

- Improved access to information, and shared information
- Continuity of carer for all women
- Improved support for women with underlying conditions
- Improved mental health support
- Improved support for women who have experienced trauma or other difficulties
- Improved access to interpreters
- Individualised care
- Increased number of staff providing maternity care

Birmingham Solihull have already committed to addressing some of these areas and are working towards further improvements in the others.

Information has been made more accessible for patients particularly for those whose first language is not English, using the top 6 languages for Birmingham. The Maternity Link Support Workers have been pivotal in bridging the gap between health care professionals and birthing people, not only by speaking various languages, but providing continuity of carer for those women, helping to navigate the maternity systems and enabling conversations particularly around safeguarding that if not discussed may have an adverse effect on their pregnancy.

Personalised care is high on the agenda in line with the maternity and neonatal single delivery plan, to ensure that all birthing people and the health professionals understand what personalised care means. Pledges to ensure that personalised care is at the forefront of our approach were made by stakeholder council members, MNVPs (Maternity and Neonatal Voice Partnership) and service users ensuring accountability.

The use of radio and other forms of media have helped to promote this and enable women and birthing people particularly from the global majority to be aware of the importance of personalised care.

Birmingham Solihull hosts a dedicated maternal medicine network that reaches across the West Midlands with equality and equity being the golden thread, this enables women from all ethnicities to have access to the network and receive care needed for their own specific health needs.

To ensure that women's voices are heard, a series of monthly listening events are being held across the city in varying accessible community areas, (interpreters are available if needed). This has been extended to reach areas across West Birmingham and the findings are compiled into a quarterly report and will be presented to the LMNS programme board from September onwards.

Members of staff from all levels are invited to attend either face to face or virtually, not to supply any feedback but to "just listen". Themes from the report are collated and will be actioned accordingly.

The ICB website has been updated with information pertinent to pregnant women and how to gain prompt access to GP or midwifery services. Maternity Link support workers are trained to give simple advice in antenatal care and will be conducting antenatal classes in different languages. They will receive referrals via the single point of access referral portal once it is set up.

The choice of hospital where women/birthing people can attend will be more accessible now that all GP surgeries have access to the single point of access, meaning that a woman/birthing person will have a choice of 3 options in the first instance, which is not dependent on their postcode.

Working in an acute environment can be pressured, but we understand that all patients should be treated with care and compassion. Birmingham Solihull is working with BLACHIR (Birmingham and Lewisham African and Caribbean Inequalities Review), to accommodate communities that will help to understand the bespoke needs of African and Caribbean people and help with cultural intelligence and compassion leading to greater understanding of the diverse needs. BLACHIR works with all members of the multidisciplinary teams and advocates true coproduction. The aim within this group is to develop sustainable services that will make all health care more accessible for African and Caribbean people, and particular interest in reducing infant mortality.

Civility training will be made available to staff in the coming months to ensure that staff treat each other with respect as well as the service users, staff will be encouraged to escalate any areas of concern via the escalation tool kit and freedom to speak up guardians.

Racism and discrimination were discussed at the programme board meetings and is also addressed in the equity and equality plans, however further development and engagement is needed with all members of the multidisciplinary team to truly understand patient experience and the extent of which racial bias, and stereotypes are endemic in maternity services across Birmingham.

The Birmingham Solihull LMNS Maternity Strategy is being developed with the theme of equity and equality running through. Our strategy also aligns to the maternity and neonatal single delivery plan. With a focus on ensuring key messages are defined to build relationships with community members and staff which is data informed to keep positive outcomes for all our women and birthing people.

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