Royal College of Midwives

Response to the Women and Equalities Committee inquiry - Unequal impact? Coronavirus and BAME people

July 2020

The Royal College of Midwives' response to the Unequal impact? Coronavirus and BAME people

Royal College of Midwives

The Royal College of Midwives (RCM) is the trade union and professional organisation that represents the vast majority of practising midwives in the UK. It is the only such organisation run by midwives for midwives. The RCM is the voice of midwifery, providing excellence in representation, professional leadership, education and influence for and on behalf of midwives. We actively support and campaign for improvements to maternity services and provide professional leadership for one of the most established clinical disciplines.

The RCM welcomes the opportunity to respond to this consultation.

The Royal College of Midwives
10 July 2020

1. **The impact of the pandemic on BAME communities**

   Within the maternity sector, inequalities in health outcomes for BAME women are stark. Even prior to the COVID-19 pandemic, black women were more than five times more likely to die during pregnancy or up to six weeks postpartum compared to white women.[1] Women of mixed ethnicity were three times as likely, and Asian women were almost twice as likely to die in the same period. During the pandemic, a survey of 427 pregnant women admitted to UK hospitals demonstrated that women from Black, Asian, and minority ethnic backgrounds were more likely to be admitted to hospital for COVID-19.[2] The Public Health England (PHE) Beyond the data review has also confirmed minority ethnic groups and are at an increased risk of contracting and dying from COVID-19.[3]

2. **Factors that made BAME communities vulnerable to the effects of the virus**

   Although a number of studies have commenced, none have definitively determined the cause for the inequalities in health outcomes for BAME women during maternity nor for pregnant BAME women who have contracted COVID-19 (nor BAME persons in general). However, it is clear that BAME

groups' poorer health outcomes are linked to existing health inequalities. Health inequalities are avoidable, unfair, and systematic differences in health between groups which are caused by difference in the care those groups receive and the opportunities those groups have to lead healthy lives.[4]

As a result of structural and overt racism, BAME groups in the UK are more likely to have poorer socioeconomic circumstances. The PHE review has confirmed the strong association between economic disadvantage and COVID-19 diagnoses. Economic disadvantage is also closely associated with prevalence of smoking, obesity, diabetes, hypertension, and cardio-metabolic complications – all of which increase the risk of severity of COVID-19.[5]

Relatedly, the PHE review found that the risks associated with COVID transmission, morbidity, and mortality can be exacerbated by, for example: the housing challenges faced by BAME persons in Britain; the fact that BAME groups are more likely to work in occupations which expose them to COVID-19; and the fact that BAME persons are more likely to use public transport. Further, that BAME persons' experience of racism means they are less likely to speak out where they are treated unfairly at work (for example where they are not provided adequate PPE), and are less likely to seek health care when needed.[6]

3. **The impact of the Government measures to contain the virus on BAME people, for example on keyworkers**

As the trade union representing midwives and maternity support workers (MSWs) in the UK, we represent key workers, a significant proportion of whom are from BAME backgrounds. Based on the most recent statistics, just over 1 in 5 of every nurse, midwife and health visitor is a member of a BAME group. Throughout the pandemic, BAME midwives have continued to work in extraordinarily challenging conditions. Anecdotally, many of our BAME members reported feeling fearful when working during the pandemic, particularly during home visits. There is also some evidence that requests by BAME healthcare workers for additional PPE were more likely to be refused,[7] and that BAME healthcare workers have felt more pressure to work with

COVID patients (63%) as opposed to their white counterparts (33%).[8] Despite advice from both ourselves[9] and NHS England[10] which directed NHS Trusts to conduct risk assessments for BAME staff working in patient facing roles, a recent investigation found that only 23% of Trusts had done so.[11] This is particularly problematic as BAME staff are less likely to speak up where they are treated unfairly in the workplace. This is a direct result of poor representation of BAME midwives in senior roles and poor representation of BAME persons in NHS leadership. In fact, the number of ethnic minority chairs and non-executive directors of NHS trusts in England has halved from 15% in 2010, to 8% in 2018.[12] It is also a result of fear of adverse treatment. BAME midwives are disproportionately represented in the population of employer-initiated referrals to the NMC.[13]

The combined impact of the racism experienced by health workers and existing health inequalities experienced by BAME persons in the UK, is clear. More than 60% of the healthcare workers who passed away after contracting COVID-19 were from BAME backgrounds, despite making up only 20.8% of the NHS workforce. This is a horrifying betrayal of those who placed their lives at risk to care for this country.

4. **Other factors that have amplified the impacts of the pandemic on BAME people may also arise and be explored such as a reported rise of hate crimes, no recourse to public funds, unconscious bias in educational settings, inaccessible Government guidance due to English not always being the first language.**

Anecdotally, students report being fearful that adjusted grading systems which allow for great discretion will worsen the discrimination experience by BAME students when being graded. BAME students are already 13% less likely to receive a 1st or upper second-class degree. In addition, based on 2017-18 data only 16% of academic staff who reported their ethnicity were BAME.[14]

Conclusions

As mentioned earlier, that BAME persons experience poorer health outcomes is not new to those who work in maternity. As such, it was not a surprise that

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BAME persons were more likely to contract COVID-19 and suffer worse outcomes. Having had this information available, it is simply unacceptable that this situation has been allowed to continue and that protective measures were not put in place faster and enforced more effectively.

In 2010, Sir Michael Marmot's review highlighted the social gradient of health inequalities – 'the lower one's socioeconomic status, the poorer one's health is likely to be'. He also pointed out that health inequalities are preventable and made a series of practical recommendations. In 2020, Marmot published a follow up review, finding that not only were his recommendations ignored, but largely as a result of government policy, the situation is now worse. That inequality, and consequently health inequalities continue to be exacerbated by government policy is unacceptable. That BAME persons are more likely to experience inequality and therefore health inequalities due to continuing structural and overt racism is abhorrent.

As an organisation, we have challenged ourselves to do better when it comes to race. For us, this means challenging racism within our organisation, challenging racism within the NHS, and challenging racism in maternity through our policy and lobbying activities. However, we cannot do this alone. Within maternity we urge swift implementation of the four-step action plan recently developed by NHS England, which included four steps:

- Increasing support of at-risk pregnant women – e.g. making sure clinicians have a lower threshold to review, admit and consider multidisciplinary escalation in women from a BAME background.
- Reaching out and reassuring pregnant BAME women with tailored communications.
- Ensuring hospitals discuss vitamin, supplements and nutrition in pregnancy with all women.
- Ensuring all providers record on maternity information systems the ethnicity of every woman, as well as other risk factors, such as living in a deprived area, co-morbidities, BMI and aged 35 years or over, to identify those most at risk of poor outcomes.

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We also call for proper consultation with BAME health care staff to better understand their experiences and appropriate solutions, better representation of BAME staff in senior NHS roles, appropriate training for NHS staff to support and empower them to challenge racism, and for joint working with trade unions to create a culture of zero tolerance for bullying and harassment in the NHS.

We thank the Women and Equalities Committee for the chance to contribute to this conversation and urge the committee to make ambitious recommendations to government which take into account the above comments.

Sources

1 Knight M, et al. (2019) Saving Lives, Improving Mothers' Care Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2015-17. Available at: https://www.npeu.ox.ac.uk/downloads/files/mbrrace-uk/reports/MBRRACEUK%20Maternal%20Report%202019%20-%20WEB%20VERSION.pdf.

2 University of Oxford (2020) Pregnant women are not at greater risk of severe COVID-19 than other women. Available at: http://www.ox.ac.uk/news/2020-05-12-pregnant-women-are-not-greater-risksevere-covid-19-other-women

3 Public Health England (2020) Beyond the data: Understanding the impact of COVID-19 on BAME groups. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/ 892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

4 The King's Fund (2020) What are health inequalities? Available at: https://www.kingsfund.org.uk/publications/what-are-health-inequalities

5 Public Health England (2020) Beyond the data: Understanding the impact of COVID-19 on BAME groups. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/ 892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

6 Public Health England (2020) Beyond the data: Understanding the impact of COVID-19 on BAME groups. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_dat

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a/file/ 892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf; Nuffield Trust (2020) Chart of the week: Covid-19 kills people in the most deprived areas at double the rate of those in the most affluent. Available at: https://www.nuffieldtrust.org.uk/resource/chart-of-the-week-covid-19- kills-the-most-deprived-at-double-the-rate-of-affluent-people-like-other-conditions

7 House of Commons (2020) June 18 Debate (vol 677) Available at: https://hansard.parliament.uk/Commons/2020-06-18/debates/75FB1500-FB1E-424B-8A76-7F6518DB34A8/Covid-19BAMECommunities

8 BMA (2020) Fighting the odds. Available at: https://www.bma.org.uk/news-and-opinion/fighting-theodds-bame-doctors-at-greater-risk-from-covid-19

9 Royal College of Midwives (2020) Equality essentials: Appropriate assessment during the current pandemic. Available at: https://www.rcm.org.uk/media/3939/risk-assessment-wraparound-guidancea3-may-2020.pdf

10 NHS Employers (2020) Risk assessments for staff. Available at: https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff

11 Sky news (2020) NHS England apologises after investigation finds only 23% of trusts have risk assessed BAME staff. Available at: https://news.sky.com/story/coronavirus-nhs-england-apologisesafter-investigation-finds-only-23-of-health-trusts-have-risk-assessed-bame-staff-12015363

12 NHS Confederation (2019) Chairs and non-executive in the NHS: the need for diverse leadership. Available at: https://www.nhsconfed.org/resources/2019/06/chairs-and-non-executives-in-the-nhs

13 Nursing and Midwifery Council (2017) The Progress and Outcomes of Black and Minority Ethnic (BME) Nurses and Midwives through the Nursing and Midwifery Council's Fitness to Practise Process. Available at: https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/bme-nurses-- midwives-ftp-research-report.pdf

14 Universities UK and National Union of Students (2019) Black, Asian and minority ethnic student attainment at UK universities: #closingthegap. Available at: https://www.universitiesuk.ac.uk/policyand-analysis/reports/Documents/2019/bame-student-attainment-uk-universities-closing-the-gap.pdf

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