Addressing increased risks during the COVID-19 pandemic for BAME women

Guidance from the Royal College of Midwives

Introduction

Emerging evidence is clear that COVID-19 is having a disproportionate impact on black, Asian, and minority ethnic people. For midwives and obstetricians a key question is:

- How can maternity professionals offer the right care to BAME women during pregnancy as they are a group of women at increased risk of becoming seriously unwell with COVID-19?

There is not yet enough data to explain why BAME people are more at risk than non BAME people of becoming seriously unwell and dying with COVID-19.

It is well known that BAME women are more likely to die during pregnancy and shortly after birth. Their baby is also more likely to die (MBBRACE, 2019).

UK Obstetric Surveillance System (UKOSS) data has highlighted that BAME women are at particular risk of becoming seriously unwell with COVID-19.

The increased risks of COVID-19 among BAME people is likely to result from a number of factors:

1. **Socioeconomic disadvantage**:
    a. BAME people are more likely to experience socio-economic disadvantage from the start of life. Lifelong disadvantage leads to health inequalities. These include higher rates of obesity, diabetes, asthma, heart and circulatory conditions, and hypertension.
    b. BAME people are more likely to currently be living with socio-economic disadvantage. This means that they are more likely to live in crowded conditions and therefore at increased risk of contracting the virus as they are exposed to more people.
2. **BAME people are more likely to work in key worker roles** including health and social care, retail, or public transport and therefore less able to self-isolate.
3. **A higher rate of particular inherited conditions in BAME communities** including sickle cell anaemia and thalassaemia; congenital cardiac and other anomalies, mean that they are more vulnerable.
4. **Some BAME people may have a higher threshold before seeking help from health professionals.** The decision to seek healthcare is influenced by a range of factors, including previous negative experiences of healthcare providers and authority. There may be a reticence among some women to seek help for fear of being demanding or making a fuss.

Principles of care

At all times, midwives undertake risk assessment at booking and throughout pregnancy to identify those at increased risk of complications.

Given the current evidence, all BAME women should be identified as being at increased risk of becoming unwell with COVID-19 at booking and an appropriate plan of care should be provided throughout the pregnancy and the postnatal period.

The number of antenatal face-to-face appointments has been significantly reduced in many parts of the UK during the pandemic. As an at-risk group, appointments for BAME women should be prioritised, along with other women at particular high risk – both virtual and face-to-face.

As with all risk factors, not all BAME women will be at equal risk. BAME women who are living with socioeconomic deprivation, in crowded conditions; those who were born outside of the UK and who don't have English as a first language and those with a high BMI and/or underlying medical conditions will be at particularly high risk.

Local systems should be developed that ensure that where any woman calls the maternity service with symptoms of COVID-19, that there is a process for regular virtual follow up to check in with the woman to ask about her symptoms, offer her advice about when to seek care if symptoms worsen and offer advice about local testing services.

Although BAME women are at increased risk of becoming seriously unwell if they contract COVID-19, this should not mean that they should be treated as higher risk in labour if they do not have any symptoms and nor does any member of their household. BAME women should be provided with usual high quality, respectful, safe and personalised care in labour, based on informed decisions about their birth choices, and current health. A healthy BAME women without symptoms of COVID-19 should still have the choice to give birth at home, in water or in midwife led settings.

Communication

- A clear and sensitive explanation should be provided to explain to all BAME women receiving maternity care during the pandemic that they are at heightened risk of becoming seriously unwell with COVID-19 and that it is of particular importance that they follow social distancing and infection control measures and to inform the maternity team of any symptoms of COVID-19 if they arise. It is also particularly important that they engage with all of their scheduled antenatal care (which may be face to face or virtual).
- Face-to-face care should be offered as much as possible. If a woman has symptoms or a member of her household has symptoms, the necessity of the appointment should be carefully considered. If a face to face appointment is able to be delayed, then a virtual appointment should be provided. If a face to face appointment is urgently needed, the appropriate IPC and PPE guidance should be followed at an appropriate location in hospital.
- As with all women, ensure that all contact details are valid and active, being aware that some women may not have access to a mobile phone or always have sufficient credit.
- If English is not the woman's first language, usual translation and interpretation services should be employed. Midwives should avoid jargon and not use family or friends for translation.
- If a woman has very limited English, information leaflets and verbal information should be given in her first language wherever possible. This information should include guidance on infection prevention and control measures (handwashing, using tissues to catch sneezes and coughs and social distancing). Videos demonstrating key elements such as handwashing techniques maybe helpful.

Access

- Continue to make appropriate referrals throughout the pandemic and emphasize the importance of continuing to access care.
- Continue to access specialist midwifery support. This could include, for example, diabetes management, sickle cell and thalassemia.

- Ensure contact numbers are given, especially for use in the cases of emergency. Check details for future appointments – providing clear instruction on how and when the appointment will take place.
- If the appointment will be face-to-face, be aware that public transport and other travel restrictions may impact on a woman's ability to access services and put her more at risk of contracting coronavirus. Therefore, arranging appointments at home and being flexible wherever possible should be considered. When offering an appointment at home be aware you will need to undertake a risk assessment.

Personalised Care

- Continuity of care should remain a priority, particularly for BAME women during the pandemic, as it enables the development of a trusting relationship and the early identification of any emerging problems (RCM, 2019).
- Many women may have very different expectations of health and maternity services, based on their own previous experience in this or other countries if they were born or have lived elsewhere.
- Consider each woman's needs as an individual: cultural, social, spiritual. Is she able to talk about these issues, is there someone better placed to respond? Consider contacting hospital chaplains – these are able to offer support to members of all faiths and are trained in pastoral care.

Engagement and Collaboration

It is of real benefit to maximise the engagement between maternity service providers and all parts of the community that you serve. This can be done in several ways:

- Ensure as far as possible that your local Maternity Voices Partnership (MVP) or Maternity Service Liaison Committee (MSLC) is representative of all parts of the local community.
- Engage with your MVP or MSLC to coproduce any changes to service provision.
- Members of the MVP or MSLC or members of the maternity team can set up outreach links to local community groups and online groups.
- Make contact with local community radio stations to share key messages.
- Ensure that all leaflets and online resources are available in as many local languages as possible and visually represent the community that you serve.
- Identify other Trusts and Boards that have set up positive approaches to providing high quality care for BAME women and learn from them. University Hospital Birmingham has developed a Standard operating procedure (SOP)for Community surveillance of suspected and confirmed Covid-19 maternity cases, link below to access.

Useful Links:

- University Hospital Birmingham SOP is available from the MTP Collaboration Hub - you will need to have a Hub account to access this document. If you do not already have an account, email england.maternitytransformation@nhs.net to request one.
- The UK Obstetric Surveillance System SARS-CoV-2 Infection in Pregnancy Collaborative Group COVID in pregnancy study, UKOSS (2020) Characteristics and outcomes of pregnant women hospitalised with confirmed SARS-CoV-2 infection in the UK: a national cohort study using the UK Obstetric Surveillance System,
- RCM/RCOG joint guidance on COVID-19 and pregnancy, version 9, 13 May 2020
- RCM poster to encourage women to access maternity services during the pandemic:
- National Maternity Voices partnership website, http://nationalmaternityvoices.org.uk/
- Lessons learnt and key messages from maternal deaths, MBRRACE 2018

- Responses to higher rates of BAME maternal deaths pre-pandemic
- Midwives Experiences of caring for high risk women from Black Asian Ethnic Minority groups
- US Black mothers’ advocacy group