



COVID-19 impact on Black Asian and Minority ethnic (BAME) women

Key Messages:

COVID-19 is having a disproportionate impact on BAME groups, including pregnant women. The UKOSS survey of 427 pregnant women has demonstrated that women from these backgrounds are more likely to be admitted to hospital for COVID-19 and to become seriously unwell (UKOSS 2020).

MBBRACE (2019) identified that women from BAME communities are at significantly higher risk of experiencing poor outcomes.

Death rates from COVID-19 have been shown to be higher for Black and Asian ethnic groups when compared to White ethnic groups. Among women, deaths were almost 3 times higher in Black, Mixed and Other women, and 2.4 times higher in Asian women compared with 1.6 times in White women (PHE, 2020).

Although several studies have commenced, none have definitively determined the cause of the inequalities in health outcomes for BAME communities. Nevertheless, several factors are likely to have contributed to this situation, including job roles, housing situation, availability of community language translation and interpretation services (PHE, 2020).

Health inequalities

As a result of racism, people from BAME backgrounds are more likely to experience socioeconomic disadvantage, which is known to be closely linked to poorer health outcomes, or 'health inequalities'. The PHE Review has confirmed that there are strong associations between socio-economic disadvantage, contracting COVID-19 and suffering poor outcomes. For example, the review found that the risks associated with COVID-19 transmission, morbidity, and mortality are heightened by housing challenges faced by some people from BAME backgrounds, such as overcrowding. They are more likely to work in occupations which expose them to COVID-19, for example, as key workers in health and social care, essential retail and public transport and are therefore less able to socially isolate. People from BAME groups are also more likely to rely on and use public transport.

Socio-economic disadvantage and being from a BAME background are closely associated with higher prevalence of obesity, diabetes, hypertension and cardio metabolic complications – all of which increase the risk of severity of COVID-19 symptoms, as well as pregnancy related risks.

Health inequalities are exacerbated by the racism people from BAME background experience at work and in healthcare settings. The PHE Review notes that their experiences of racism mean they are less likely to speak out when treated unfairly at work (for example, when unsafely exposed to COVID-19 or not provided with adequate PPE) and are less likely to seek health care when it is needed.

A higher rate of inherited conditions in BAME communities

There are several inherited conditions which are more common amongst BAME communities, including sickle cell anaemia and thalassaemia, congenital cardiac and other anomalies - each of which may increase the risk of severity of COVID-19 symptoms.

Communication with women and families

Communications should be co-produced with Maternity Voices Partners and community organisations who are representative of local women and families. These should be tailored, using languages, formats and media that are relevant.

Clear, accessible, locally relevant public information should be available in all areas highlighting current maternity care provision arrangements and encouraging local women to continue to engage with maternity care and seek help with any concerns about their health or the health of their baby.

Although women from BAME backgrounds are at increased risk of becoming seriously unwell if they contract COVID-19, they do not need to be treated as a higher obstetric risk in labour if they are asymptomatic. All 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. Healthy women without symptoms of COVID-19 should still have the choice to give birth at home, in water or in midwife led settings.

- A clear and sensitive explanation should be given to all women from BAME backgrounds receiving maternity care during the pandemic. This should alert them to the heightened risk of becoming seriously unwell with COVID-19 and the importance of following social distancing and infection control measures. An individualised care plan must be put in place.
- For women who do not have English as their first language, interpreting services must be used, with additional resources available, as appropriate.

Data

To assist with the accumulation of evidence and identify those most at risk, accurate data must be recorded on maternity information systems on the ethnicity of every woman, as well as other risk factors, such as living in a deprived area (postcode), co-morbidities, BMI and those aged over 35.

Vitamin D

Women with dark skin or those who always cover their skin when outside may be at particular risk of vitamin D insufficiency and should be encouraged to take a daily supplement of 10 micrograms. These are available through [Healthy Start](#) and uptake of this scheme by those who are eligible should be encouraged.

Mental health

Maternal mental illness remains one of the leading causes of maternal death. Up to one in five women will experience mental health problems during or after pregnancy. This figure is likely to be higher for women from BAME backgrounds, reflecting the higher rates of poor mental health among BAME people overall. This could be associated with a range of factors, such as poverty and low social support (NIHR, 2019) or experience of trauma and war, particularly among refugees or those seeking asylum.

People from BAME communities are also likely to experience racism, which is stressful and has a negative effect on mental and physical health. The uncertainty surrounding the COVID-19 situation is likely to cause additional anxiety, specifically around the impact of social isolation, resulting in reduced support from family and friends. Health care practitioners need to continue to signpost to mental health support (see resources).

When conducting a mental wellbeing assessment consider the following:

- Recent significant changes in mental state or emergence of new symptoms
- New thoughts or acts of violent self-harm
- New and persistent expressions of incompetency as a mother

Women must be referred to specialist perinatal mental health services, if any of the above issues present.

Immigration status

Refugees, asylum seekers and people with no recourse to public funds (NRPF) are at particularly high risk, given their inability to access benefits and many statutory services. These groups are more likely to work in insecure employment, without rights to sickness and unemployment benefits, resulting in a need to work when unwell.

Health care charging regulations related to immigration status are likely to deter some people from accessing healthcare. Pregnant women may be fearful of unaffordable NHS charges, meaning they delay or avoid accessing maternity care. Evidence also shows there are barriers to disclosing information about personal circumstances, for example, mental wellbeing or lack of family support, that affect women from some BAME communities. Barriers can also include language and interpretation, immigration circumstances and community influences. Families with NRPF are more likely to experience financial hardship and rely on charities, such as food and baby banks in addition to other 3rd sector organisations.

Safeguarding

It is unknown how prevalent domestic abuse and violence is among women in BAME communities, in part because of underreporting. We do know trafficked women are at increased risk of abuse but failure to disclose can be because of the woman's concerns for her immigration status, community influences, problems with language and interpretation, and unsupportive attitudes of staff. This risk increases if they have been forced to isolate with violent partners, family members or those they may be dependent on for their immigration status.

As per our recent updated guidance on domestic abuse when conducting a safeguarding assessment, include the following:

- how safe the woman feels in her home environment or talking to you
- the level of support required
- the need for immediate safety
- the need for practical support i.e. finances, housing, essential items for self and her baby

Continuity of carer is recommended as it enhances the level of support and women will not have to repeatedly relay her circumstances. The midwife can then support any, interventions, administration and follow up appointments especially when women do not attend. Extra time should be available to you in these circumstances.

Evidence and additional resources

Femi-Ajao, O., Kendall, S., Lovell, K. (2018) A qualitative systematic review of published work on disclosure and help-seeking for domestic violence and abuse among women from ethnic minority populations in the UK *Ethnicity and Health* Vol 25

Access here:

<https://www.tandfonline.com/doi/abs/10.1080/13557858.2018.1447652>

Maternity Action Briefings

Access here:

<https://maternityaction.org.uk/2020/06/migrant-women-no-recourse-to-publicfunds-and-the-pandemic/>

MBRRACE-UK (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* November Access here

<https://www.npeu.ox.ac.uk/assets/downloads/mbrance-uk/reports/MBRRACE-UK%20Maternal%20Report%202019%20-%20WEB%20VERSION.pdf>

Memon, A., Taylor, K., Mohebati, L. M., et al. (2016) Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England. *BMJ Journals*

Access here:

<https://bmjopen.bmj.com/content/6/11/e012337>

Mental Health Foundation

Access here:

<https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bamecommunities>

National Institute for Mental Health in England, (2003) *Inside Outside: Improving Mental Health Services for Black and Minority Ethnic Communities in England* London Department of Health

Access here:

<https://lemosandcrane.co.uk/resources/NHS%20-%20Inside%20outside.pdf>

NIHR Evidence (2019) *New insights into how ethnicity and culture affect maternal mental health - Informative and accessible health and care research*

Access here:

<https://evidence.nihr.ac.uk/alert/new-insights-into-how-ethnicityand-culture-affect-maternal-mental-health/>

Public Health England (2020) *Beyond the data: Understanding the impact of COVID-19 on BAME groups* June

Access here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

Royal College of Psychiatrists (2020) *COVID-19 Working with vulnerable people: Pregnant women and those in the perinatal period.*

Access here:

<https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/community-and-inpatient-services/covid-19-working-with-vulnerable-patients>

Wellock, V. (2010) *Domestic abuse: Black and minority-ethnic women's perspectives*.

Access here:

<https://europepmc.org/article/med/18606484>

Williams, D.R. (2018) Stress and the Mental Health of Populations of Color: Advancing Our Understanding of Race-related Stressors. *Journal of Health and Social Behavior*, 59(4), 466-485.

Access here:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6532404/>

Resources for migrants

Maternity Action <https://maternityaction.org.uk/get-free-advice/> Freephone advice line on 0808 800 0041 open on Tuesdays, Wednesdays and Thursdays 10 am–12 noon

Migrant Help: <https://www.migranthelpuk.org/about-asylum-services> Free 24/7 Helpline 0208 801 0503

Refugee Action resource list: <https://www.refugee-action.org.uk/help-support-advice-services/>

Resources for mental health

Mental Health Apps: Thrive <https://www.nhs.uk/apps-library/thrive/>

Royal College of Psychiatrists advice: <https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/perinatal-care-and-covid-19>

Resources for domestic violence

National Domestic Abuse helpline: 0808 2000 247 or [online form](#)

Royal College of Midwives FGM Specialist Network: [Access here](#)

Women's Aid COVID resource hub: <https://www.womensaid.org.uk/covid-19-resource-hub/>

You can also visit the TUC domestic abuse and coronavirus learning tool:

<https://learning.elucidat.com/course/5e875ae4d0715-5e8c6417dfc28>

References and links to online and virtual support and guidance

RCM i-learn RCM i-learn

<https://www.ilearn.rcm.org.uk/course/info.php?id=633>

Nurturing infant mental health

<https://www.ilearn.rcm.org.uk/course/view.php?id=369>

Perinatal mental health

<https://www.ilearn.rcm.org.uk/course/view.php?id=628>