

Position statement

racism

in maternity services



Our position

The Royal College of Midwives (RCM) is committed to addressing all forms of racism in the maternity setting.

The RCM recognises that the way people are described is important and equally that there is no clear consensus about a single term to describe non-white or minority communities. We are endeavouring to use language that is inclusive and representative and our intention is to acknowledge all. We recognise that abbreviations such as BAME used indiscriminately are inappropriate and we will avoid this term wherever possible, exceptions will include direct quotes from other authors reports/documents. We will endeavour to be precise and refer to individuals or collective communities accurately. We are always willing to acknowledge and correct should we inadvertently cause any offence to any community or group

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Recommendations

- NHS maternity providers make provision for translation, interpreting and advocacy services based on an assessment of the needs of the local population.
- Academic institutions, NHS maternity providers and any organisation that provides healthcare training review and commit to decolonisation of the curriculum.
- MBRRACE/NHS Research Institute/
 NHS Race Observatory should review
 evidence as to why women and babies
 from racialised minority communities
 are at higher risk of adverse outcomes,
 and recommend action for improving
 services.
- providers should commit to improving the quality of investigations into maternal and neonatal deaths and other serious incidents, so that learning can be shared and future harm avoided. Midwives, maternity support workers, students and other members of the maternity team should be supported to speak out if they have concerns about safety and quality of care employers should make it clear that staff will not suffer a detriment when concerns are raised.

- Health Departments across the UK should review and commit to invest in the resources needed to improve the maternity care that women from racialised minority communities receive to ensure care is flexible, personalized and not based on an assumption of homogeneity.
- All women, particularly those in areas of high socio-economic disadvantage, or high-risk pregnancies to receive continuity of care providing safe staffing requirements are met (see RCM safe staffing position statement) as it has improved outcomes for all women from all backgrounds. Services should be planned and delivered in a way that considers patients' resources and their ability to carry out the recommended care plans.
- NHS maternity providers should employ more specialist midwives to care for women who have additional medical and/or social needs, including specialist midwives with a focus on perinatal mental health.

Background

Overt and covert racism exists in our maternity services. The seventh MBRRACE-**UK Perinatal Mortality** Surveillance Report¹ Saving Lives, Improving Mothers' Care showed that mortality rates among Black women are four times higher than white women during pregnancy and childbirth and Asian women two times more likely to die because of complications in pregnancy. Furthermore, Asian infants are three times more likely to die within the first year of life.

The RCM's commitment to address the spectrum or racist behaviours and attitudes within the NHS means we will ensure our policy work pays attention to the lived experiences of Black, Asian, and minority ethnic members and women and families in maternity care.

The RCM seeks to address the issues faced by our members, would-be members and the women in their care. As well as providing more and better training around equality and diversity for our staff, activists

and workplace representatives, we are developing ways of providing better support for our members from racialised minority communities, working with organisations like Turning the Tide, RCOG and other staff networks and interest groups. To be able to provide a truly inclusive service and an NHS which treats all service users with respect, dignity and compassion, NHS workplaces need to be inclusive, and the workforce and its users need to be treated with respect, dignity and compassion.

The RCM will continue to lobby and influence NHS bodies, government departments, and organisations linked to maternal care across all four nations of the UK and other public bodies to commit to improving the outcomes and experience for women from racialised minority communities.

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The RCM's Race Matters campaign is committed to five key pledges:

- · Training for all RCM staff and activists to support and empower them to recognise and challenge racist behaviour.
- Listening and learning from all members to reflect their experiences accurately and actively use what we have learnt to influence and promote positive change in the workplace.
- Using our position, both as an organisation and through our reps, to challenge discriminatory behaviour in the workplace.
- Ensuring that the RCM at every level is representative of the membership we serve.
- Supporting research and championing positive change in outcomes for pregnant women from racialised minority communities.

References

1. Knight M, Bunch K, Tuffnell D, Shakespeare J, Kotnis R, Kenyon S, Kurinczuk JJ eds, on behalf of 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. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2019. ISBN: 978-0-9956854-8-2







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