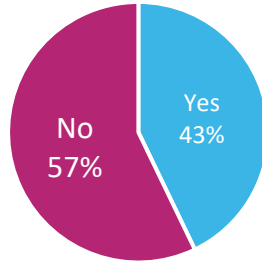




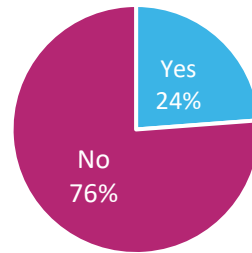
Method:

16-question digital survey consisting of closed and open-ended questions to gather quantitative and qualitative data from maternity specialists and GPs in Croydon. Questions targeted awareness and subsequent impacts of the programme, satisfaction with training and resources provided, equitable access and treatment of patients in maternity care, and barriers to improvement. Results were then combined with MBRRACE-UK data briefs to evaluate the programme's effectivity in reducing the inequality.

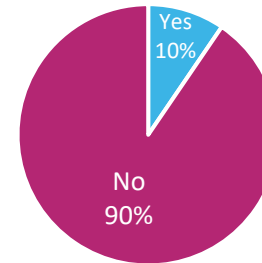
Are you aware of the Core20PLUS5 programme?



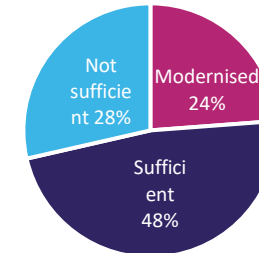
Do you feel that the current resources and training are sufficient to address health inequalities in maternity care?



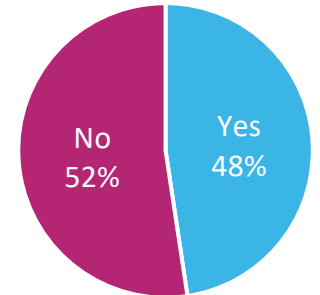
Have you noticed any changes in the way maternity care is delivered since the implementation of the Core20PLUS5 programme?



Technology in maternity care:



Do you believe that there is equitable access/treatment within to maternity care?



Key qualitative data:

'Services are delivered in **timed slots**, so some clients do not have sufficient time for staff to adequately explain aspects of care'

'There [are] **limited facilities** for our **disabled clients**, such as sign language support via language line

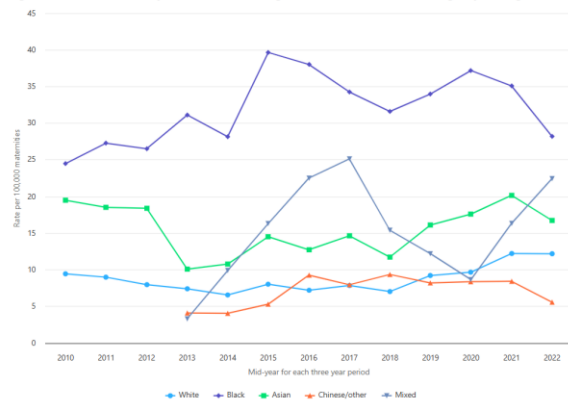
'I think more can be done in the **primary care** to support these families'

'All women with extra requirements should have **extra time** in appointments in all locations'

'Better **IT equipment** support'

MBRRACE Data brief: Maternal mortality UK 2021-23

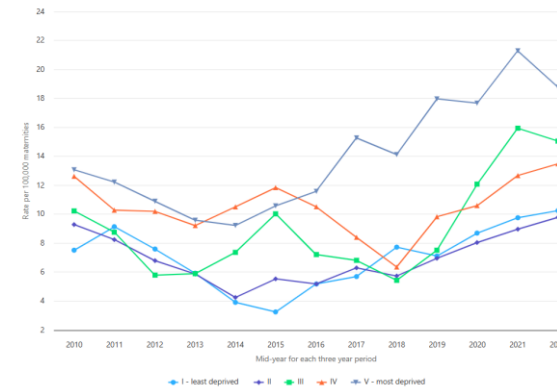
Figure 3: Maternal mortality rates 2009-23 among women from different ethnic groups in England*



- Black women are 2.31x more likely to die than white women
- The maternal mortality rate for black women is non-significantly lower than the rate in 2020-22
- Asian women are 1.37x more likely to die than white women
- The maternal mortality rate for Asian women is non-significantly lower than the rate in 2020-22

Maternal mortality 2021-2023 | MBRRACE-UK | NPEU

Figure 4: Maternal mortality rates 2009-23 among women from different levels of socio-economic deprivation in England*



- 20% most deprived are 1.83x more likely to die than the 20% least deprived
- Maternal mortality rates for the 20% most deprived were non-significantly decreased from 2020-22
- Maternal mortality rates of 3 of the 5 quintiles continued to increase

Suggestions to improve the health inequality in maternity care:

1. Promote **equity** across all races and religions with **training** addressing bias, religious needs, and physiological differences
2. Improve maternity in **primary care** by increasing engagement e.g. raising more awareness about the health inequality, modernising technology, and offering women with additional needs more time in appointments/flexible appointment timings
3. Involving more **interpreters** and **translators**
4. Providing services for patients across **multiple platforms** to inform them of their **medical rights** and options in healthcare
5. Improving **facilities** to be more **accessible** for the disabled, such as ensuring they are user-friendly for wheelchair users.
6. Recording data **correctly** for research purposes. This also includes improving publicity for the socio-economic disparity which has increased in maternity care
7. Continue to support **anti-smoking** campaigns (such as the Tobacco Control Plan) to reduce the percentage of mothers smoking whilst pregnant