Addressing racial inequalities in maternal and neonatal care in England – outcomes from the RHO & IHI Learning and Action Network

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Declaration of Interest

All speakers have no conflicts of interest to disclose.

Session Objectives

- Understand the context of racism in healthcare through the lens of Maternity Services

- Appreciate how RHO's 7 Anti-Racism Principles can help to focus efforts

- Understand how Improvement Science can be used to reduce racial inequities in healthcare

- Learn from the efforts of the Learning and Action Network and the extent to which it will inform future thinking

- Hear from an early adopter site their reflections from the LAN

Session Outline

1. Introductions and Session Objectives (3 Minutes)

2. Menti Meter poll – questions around role of anti-racism, importance (5 minutes)

3. An introduction anti racism principles – how , why and what (7 Minutes)

4. Case Study LAN – overview of LAN and fire side chat with RHO, IHI and Lancs Team (10 Minutes)

5. Activity and reflections : Integrating anti-racism into MFI and explore how could this have an impact in different settings (30 Minutes)

6. Wrap Up and call to action (5 Minutes)

Let's hear from you

Setting the Scene

ETHNIC HEALTH INEQUALITIES IN THE UK

BLACK WOMEN ARE
4x MORE LIKELY THAN WHITE
women to **DIE** in **PREGNANCY** or childbirth in the UK.
Ref: https://bit.ly/3ihDwcN

24% OF ALL DEATHS IN ENGLAND & WALES, IN 2019,
were caused by **CARDIO VASCULAR DISEASE** in Black and minority ethnic groups.
Ref: https://bit.ly/3CYz22P

BLACK AND MINORITY ETHNIC PEOPLE HAVE UP TO 2x
the mortality risk from **COVID-19** than people from a **WHITE BRITISH BACKGROUND.**
Ref: https://bit.ly/3EZS2Qd

BLACK AFRICAN AND BLACK CARIBBEAN PEOPLE ARE OVER 8x
more likely to be subjected to **COMMUNITY TREATMENT ORDERS** than White people.
Ref: https://bit.ly/3zK5ljL

IN BRITAIN, SOUTH ASIANS HAVE A
40% HIGHER DEATH RATE
from **CHD** than the general population.
Ref: https://bit.ly/3iifo9V

SOUTH ASIAN & BLACK PEOPLE ARE
2-4x MORE LIKELY TO DEVELOP
Type 2 diabetes than white people.
Ref: https://bit.ly/3ulDy88

ESTIMATES OF DISABILITY-FREE LIFE EXPECTANCY ARE
10 YEARS
LOWER FOR BANGLADESHI MEN living in England compared to their White British counterparts.
Ref: https://bit.ly/3urjmlt

CONSENT RATES FOR ORGAN DONATION ARE AT 42%
for Black and minority ethnic communities and **71% FOR WHITE ELIGIBLE DONORS.**
Ref: https://bit.ly/3ogH3fm

ACROSS THE COUNTRY, FEWER THAN
5% OF BLOOD DONORS
are from **BLACK AND MINORITY ETHNIC** communities.
Ref: https://bit.ly/3ulg17r

IN THE UK, AFRICAN-CARIBBEAN MEN ARE UP TO 3x
more likely to **DEVELOP PROSTATE CANCER** than white men of the same age.
Ref: https://bit.ly/39KWqEs

NHS RACE & HEALTH OBSERVATORY

RHO operating model

1 **EVIDENCE –** We produce evidence about racial and ethnic inequality in health;
- commissioning original research to fill knowledge gaps
- synthesise and mobilise existing evidence

2 **INFLUENCE**- We use the evidence we commission and mobilise to
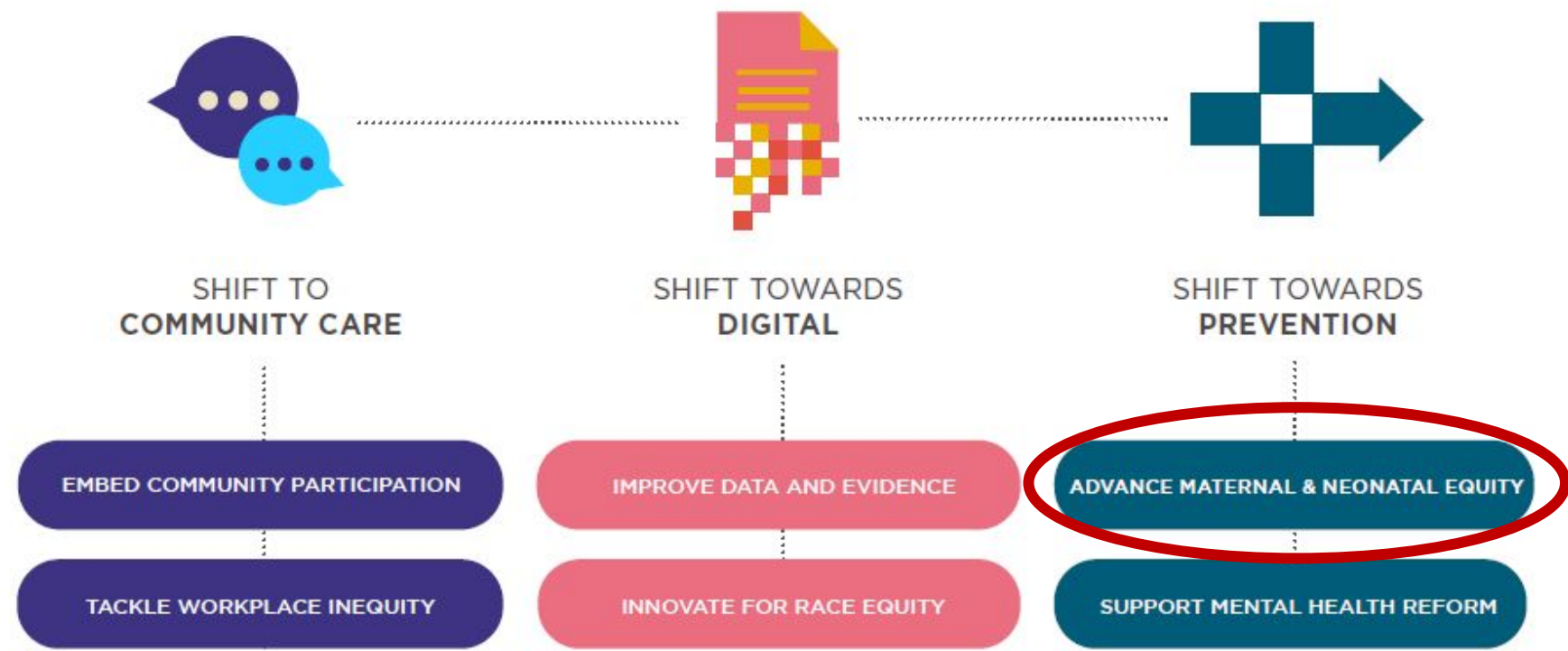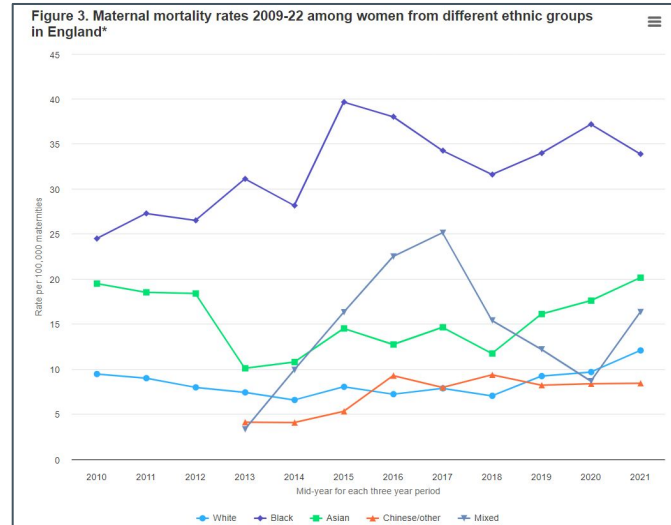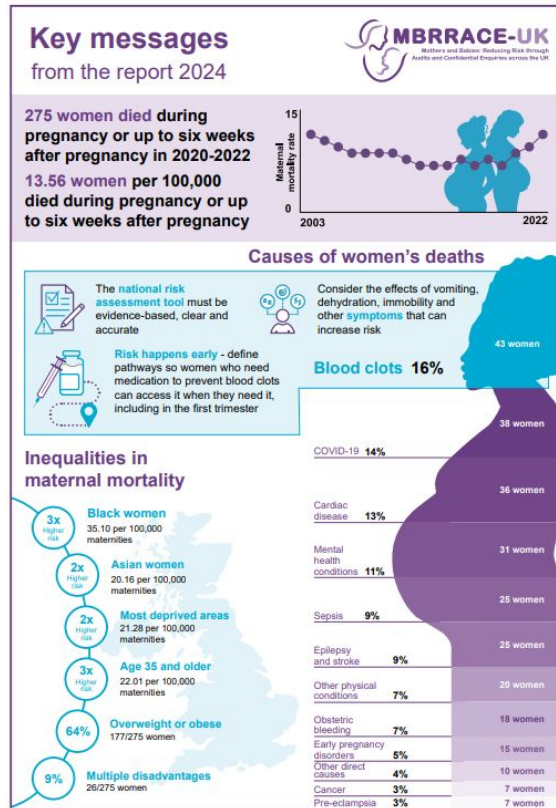- influence leaders through practical recommendations for policy and practice

3 **IMPLEMENT**- On the basis of our recommendations, and in response to the needs of the communities we work with, we work to support the implementation of new policies and practice at the grassroots
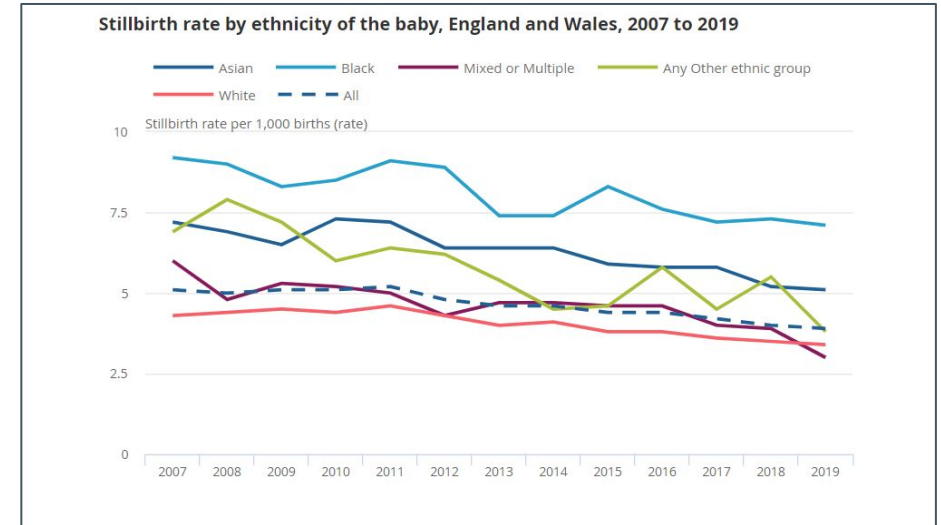
RHO strategic focus

SHIFT TO **COMMUNITY CARE**	SHIFT TOWARDS **DIGITAL**	SHIFT TOWARDS **PREVENTION**
EMBED COMMUNITY PARTICIPATION	IMPROVE DATA AND EVIDENCE	ADVANCE MATERNAL & NEONATAL EQUITY
TACKLE WORKPLACE INEQUITY	INNOVATE FOR RACE EQUITY	SUPPORT MENTAL HEALTH REFORM

NHS
RACE & HEALTH
OBSERVATORY

Maternal & neonatal ethnic health inequalities persist

Maternal mortality 2020-2022 | MBRRACE-UK | NPEU (ox.ac.uk)

Births and infant mortality by ethnicity in England and Wales - Office for National Statistics (ons.gov.uk)

Black women **remain three times** more likely to die compared to White women.

Overall, if all infants in England had the same risk of death as White infants, 12.0% of deaths would be avoided **(>200 infants per year)**

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RACE & HEALTH OBSERVATORY

RHO Learning and Action Network: purpose

WHY? → No large scale maternal and neonatal improvement programme has focused specifically on racial/ ethnic inequalities and there are evidence gaps around translatable interventions to reduce maternal and neonatal ethnic health inequalities

WHAT? → **Racism is one of the factors that underlies the persistence of the maternal & neonatal ethnic health inequalities**

HOW? → **We aim**, through this programme, to:
1. **develop an anti-racism focused QI approach**, that supports practitioners to identify and address racism within maternity services;
2. **Identify, scale and spread improvement approaches that embed anti-racism into services and improve maternal and neonatal health outcomes**

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RHO Learning and Action Network: overview
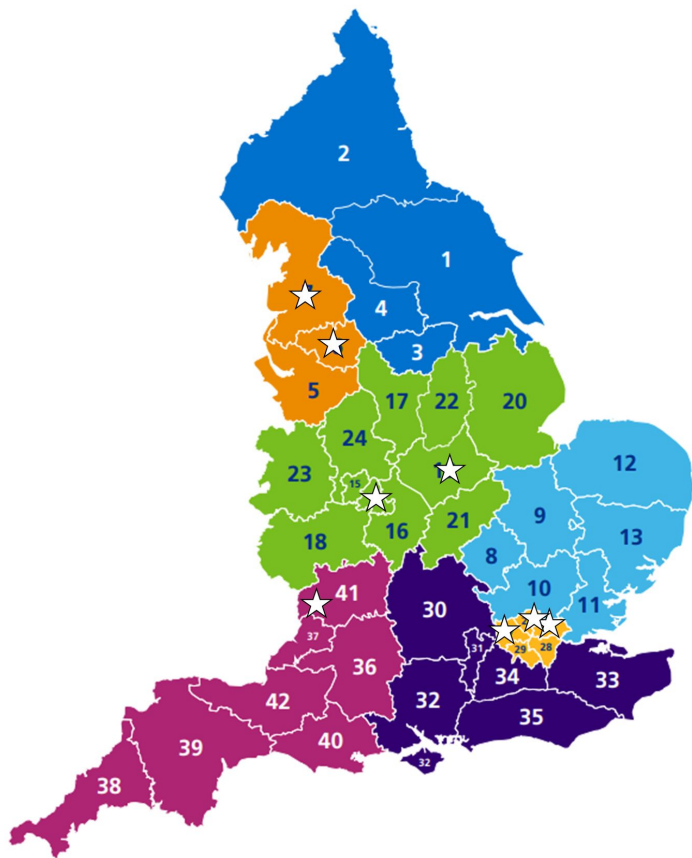
10 teams

8 ICSs

4 regions

4 conditions:

- Post-partum Haemorrhage
- Gestational Diabetes
- Perinatal Mental Health
- Preterm Birth

14 months Jan 2024 – Mar 2025

1 aim: To reduce clinically avoidable severe maternal morbidity, perinatal mortality and neonatal morbidity while improving the experience of care for pregnant women and people from Black, Asian and minority ethnic groups.
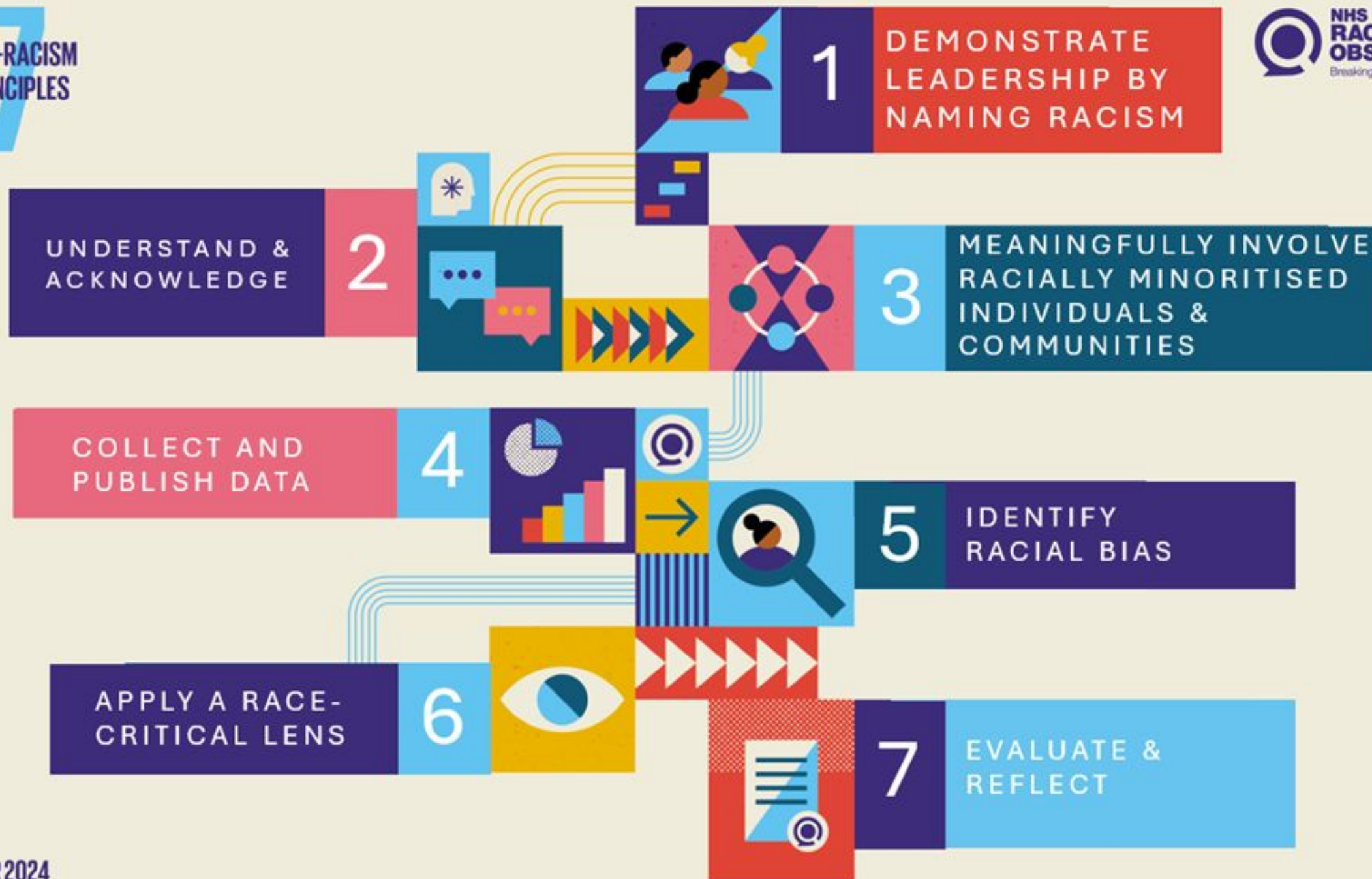
RHO Learning and Action Network anti-racism components

- Focus on conditions where ethnic health inequalities are significant (proportionate universalism)

- **Embedding RHO anti-racism principles** (racism as a determinant of health)

- Testing anti-racism interventions as well as clinical interventions

- Anti-racism webinars & clinical workshops – learning together

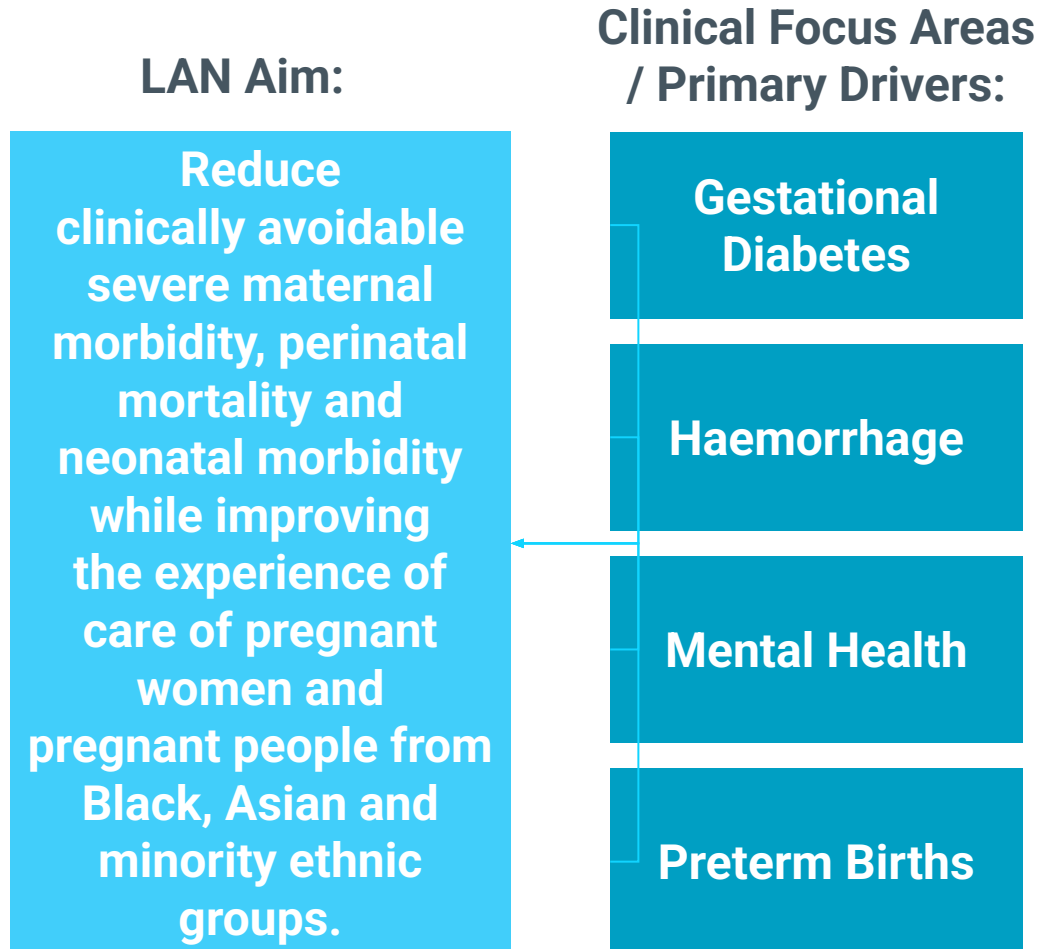- Contributing to evidence base through evaluation

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7 ANTI-RACISM PRINCIPLES

NHS RACE & HEALTH OBSERVATORY
Breaking barriers for better health

1 DEMONSTRATE LEADERSHIP BY NAMING RACISM

UNDERSTAND & ACKNOWLEDGE 2

3 MEANINGFULLY INVOLVE RACIALLY MINORITISED INDIVIDUALS & COMMUNITIES

COLLECT AND PUBLISH DATA 4

5 IDENTIFY RACIAL BIAS

APPLY A RACE-CRITICAL LENS 6

7 EVALUATE & REFLECT

NOVEMBER 2024

RHO Learning and Action Network – overview

Driver Diagram focused on key clinical areas

LAN Aim:

Reduce clinically avoidable severe maternal morbidity, perinatal mortality and neonatal morbidity while improving the experience of care of pregnant women and pregnant people from Black, Asian and minority ethnic groups.

Clinical Focus Areas / Primary Drivers:

- Gestational Diabetes
- Haemorrhage
- Mental Health
- Preterm Births

Guiding Principles that cut across all drivers:

- Equity and anti-racism
- Strong and committed leadership
- Equity in Access
- Patient & Staff Experience (incl psychological safety)
- Closing the gap in Outcomes
- Communication & Bi-Directional Trust
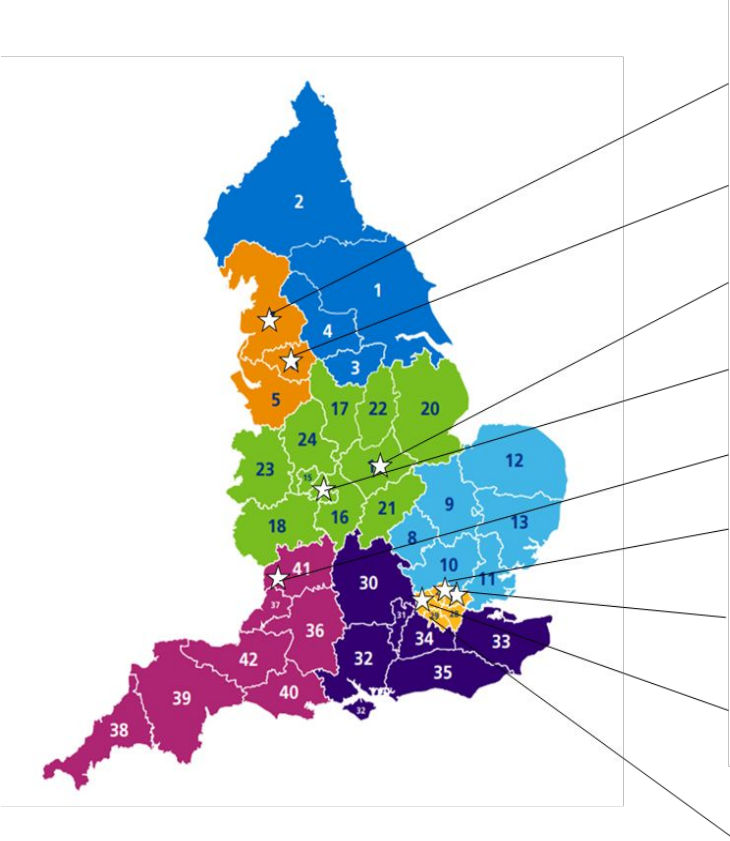- Learning & Data segmented by ethnicity

LAN Driver Diagram

LAN Aim:

Reduce clinically avoidable severe maternal morbidity, perinatal mortality and neonatal morbidity while improving the experience of care of pregnant women and pregnant people from Black, Asian and minority ethnic groups.

Primary Drivers:

Reliable Delivery of Clinical Guidelines and Protocols

- **Gestational Diabetes** (NICE Guidelines)
- **Post-Partum Haemorrhage** (NICE Guidelines)
- **Mental Health** (NICE Guidelines)
- **Preterm Births** (NICE and Green-Top Guidelines, BAPM Framework, Bliss Baby Charter)

Anti-Racism Principles in Action

- **Name Racism & Institutional Racism**
- **Identify Racist Bias and Debias Guidelines**
- **Systems analysis to understand causes of the causes and take action on these**

Experience of Care of Service Users

- **Center perspective of service users in population of focus** (3-part data review, qualitative data)
- **Build and strengthen trust and safety**
- **Involve racially minoritised individuals in developing change ideas**

Stratified Data for Improvement

- **Collect & analyse data that is disaggregated by race and ethnicity**
- **Ensure frequency of stratified data supports pace of improvement** (e.g. weekly, monthly)

Committed Leadership & Enabling Environment

- Closing the racial & ethnic gap in health outcomes as leadership priority
- Acknowledge institutional racism and enacting organization-wide approaches to address this
- Create a culture of anti-racism and psychological safety

Context

Ethnic health inequalities in the UK: Black women are 4X more likely than white women to die in pregnancy or childbirth in the UK; Asians 2X more likely than white women

IHI-RHO Partnership to deliver a LAN focused on tackling gaps in maternal neonatal morbidity between women and babies from different ethnic backgrounds

Application process and 10 resulting teams committed to reducing pregnancy complications and preventable morbidity & mortality in ethnic minority communities

External factors

Historical and ongoing systemic racism

Turnover and HR challenges across NHS

Inputs

IHI

Expertise in improvement and implementation science

Larger Equity Initiative ecosystem, including Pursuing Equity work, MfM.

RHO

Expertise in tackling race and ethnic inequalities in health

Expert advisory group

LAN Teams

10 participating teams with senior champions committed to this work

Activities

4 Learning Sessions
- Four in-person LS's focused on "inch wide, mile deep" approach
- Launched in Jan '25
- 1st LS: MFI, change packages, charter development, aim, measurement plan, PDSAs

Monthly All Team Calls
- All team calls during Action Periods focused on QI tools, centred on equity

Monthly Coaching Calls
- Each team paired with QI coach
- Meets monthly
- Internal coaching dashboard with 1-5 scale

Monthly Equity Webinars
- Run by RHO
- Deep dive into equity

Learning from Data
- 3 Part Data Review
- Teams submit monthly report, which includes data, activities & learnings

Outputs

Progress towards Team Aim
- Monthly team reports with learnings, challenges, and progress towards aim
- Internal use of 1-5 scale adapted to include equity
- Team storyboards at regular intervals of the LAN

Measures for Learning & Improvement
- Synthesized learnings from 3 Part Data Review, including quantitative and qualitative data
- Analysis from disaggregated data: baseline and data during LAN

Creation of Resource Repository
- Resource repository for equity and maternal health

Learnings and Evaluation
- Evaluation: RHO currently finalizing
- Publications and presentations (from IHI/RHO/teams)
- Learnings across other IHI work with Health Foundation

Short term outcomes: 1-6 months

Individual:
- Awareness of implicit/explicit bias; history/context of racism in healthcare and systems
- Develop QI skills around MFI and PDSAs/small tests of change
- Feeling of engagement + commitment to this work
- Learn from peers (all teach, all learn)

QI Work:
- Development of aim and progress towards this aim
- Development of measures & ability to disaggregate and analyze by ethnicity
- Safe space to pursue this work through LAN & coaching

System:
- Increased support + will of senior leaders

Medium term outcomes: 7-15 months

Individual:
- Movement from awareness to action in anti-racism in healthcare – meaning not only in this work, but across work as well

QI Work:
- Achievement of individual team aims at team-level
- Achievement of LAN aim at macro level
- Understanding what works / doesn't work in maternal/ neonatal equity QI initiatives (with high degree of confidence) based on activities of this LAN

System:
- Increased support + will of senior leaders towards culture change
- Embedded QI knowledge from this work that can be further leveraged

Long term outcomes: beyond LAN

Individual:
- Individual practitioners routinely analyze patterns in their workplace environment and use their voice and power to disrupt with an anti-racist approach using learnings and tools from this work

QI Work:
- Spread and scale of this work
- Movement beyond maternal morbidity and also addressing maternal and neonatal mortality with anti-racist lens

System:
- Culture change to anti-racist culture and systems
- Narrow and close the ethnic inequality gap in maternal and neonatal health outcomes

Assumptions

Will and motivation to pursue anti-racism work

Time and resources; support from senior leaders

Ability to disaggregate and segment outcome and process data by ethnicity/race

Program Overview

	PPH	Lancs
	GD	Greater Manchester
	PMH	Leicester
	PPH	**BSOL**
	PTB	**BNSSG**
	PPH	Barts Health
	PMH	East London FT
	PMH	**North Central London**
	PPH	Imperial & King's Health

Condition
Post partum haemorrhage n= 4
Perinatal mental health n= 3
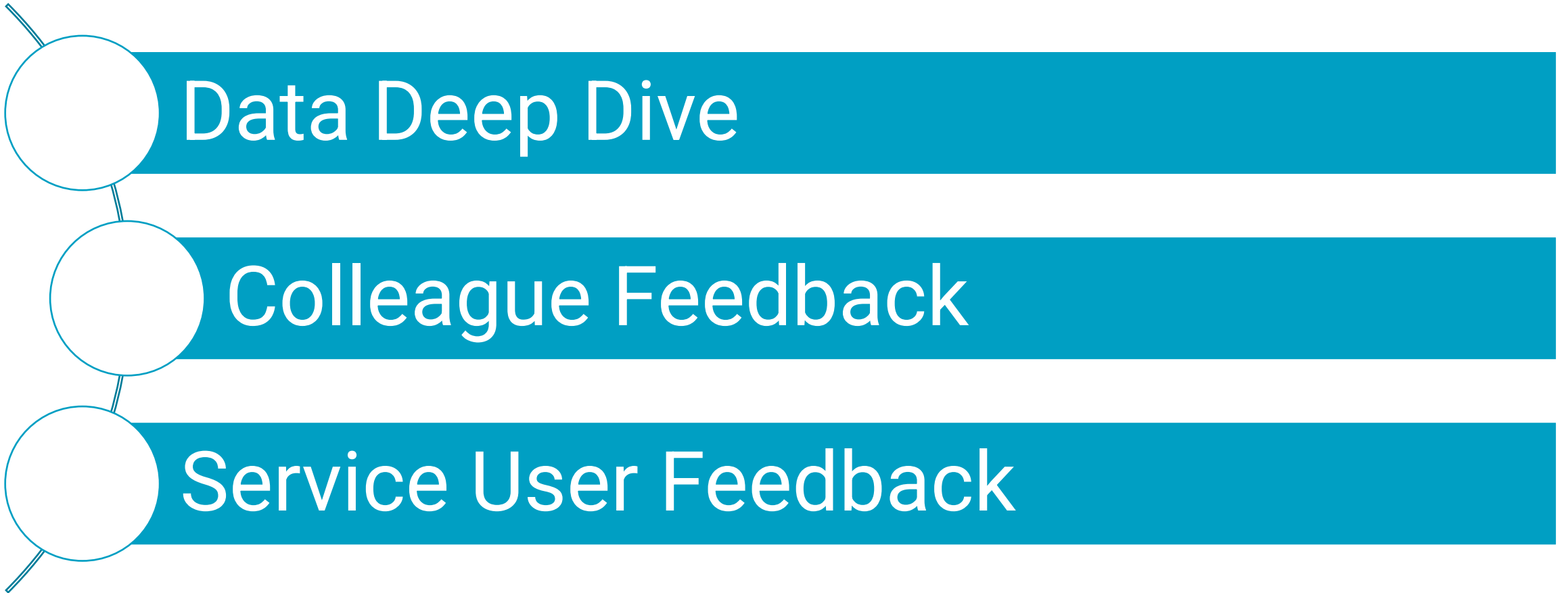Gestational diabetes n= 2
Preterm birth n= 1

Population
Black women n= 6
South Asian n= 4

Level
Provider n= 7
System **n= 3**

Understanding the System

Data Deep Dive

Colleague Feedback

Service User Feedback

Imperial NHS Trust : Risk Assessment Awareness Don't Miss the Signs

- **Pale lips**

- **Pale conjunctivae**

- **Pale palms**

- **Pale nail beds**

NHS
Imperial College Healthcare
NHS Trust

Increasing process reliability - Example from Lancashire Teaching Hospitals – NHS Trust

PPH Risk assessments
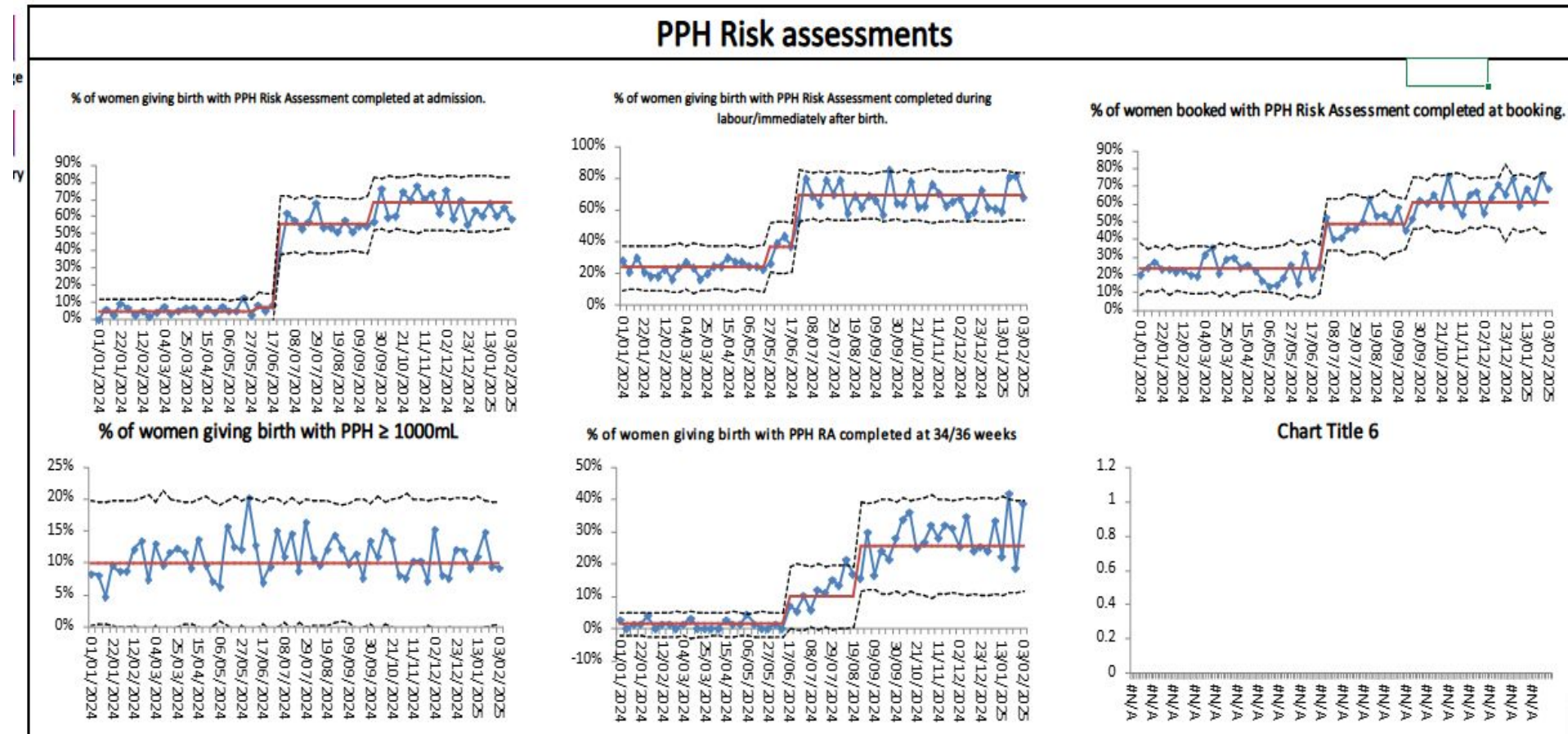
From Implementation to Sustainability
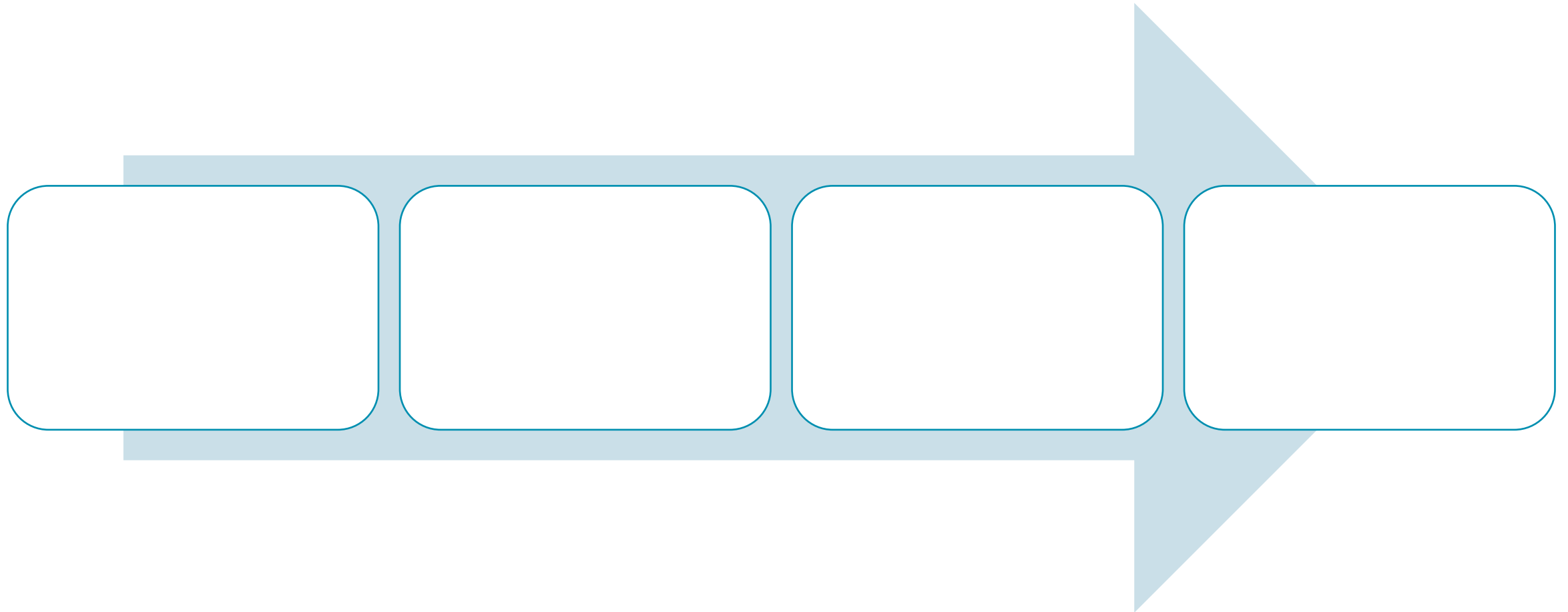
Fireside Chat

Let's hear from the Lancashire Team to see share their experiences from the RHO LAN

Activity

The Role of Improvement

- Integration is key – integrating anti-racism approaches into clinical process – Know

- But there is a gap between what we know and its application in the real world

- Improvement Science has played a significant role in the RHO LAN – addresses the know – do gap

What we KNOW

Know-Do Gap

What we DO

Evidence-based clinical care

Applied in real world
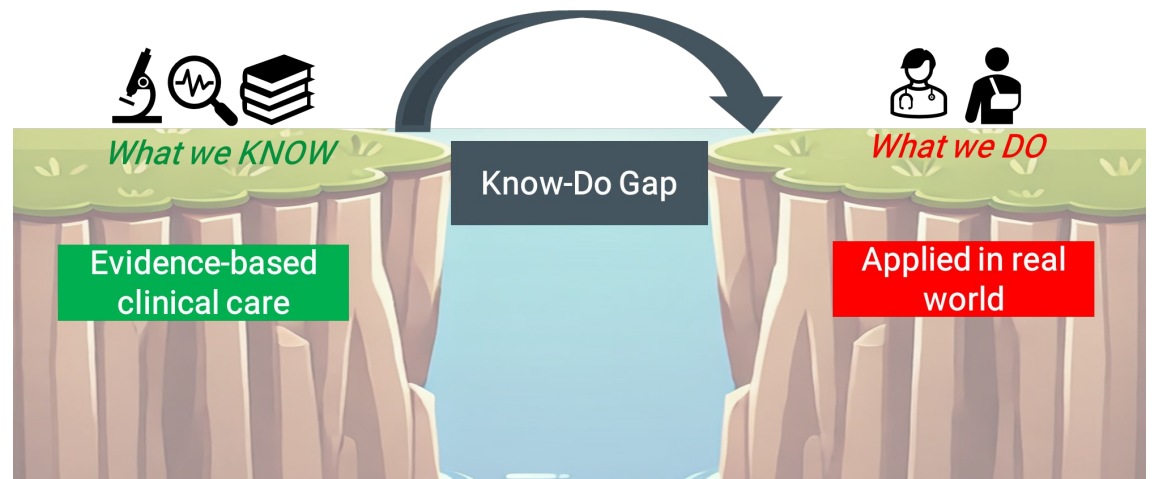
How can we close the gap and achieve improvement?

IMPROVEMENT

Will

Ideas
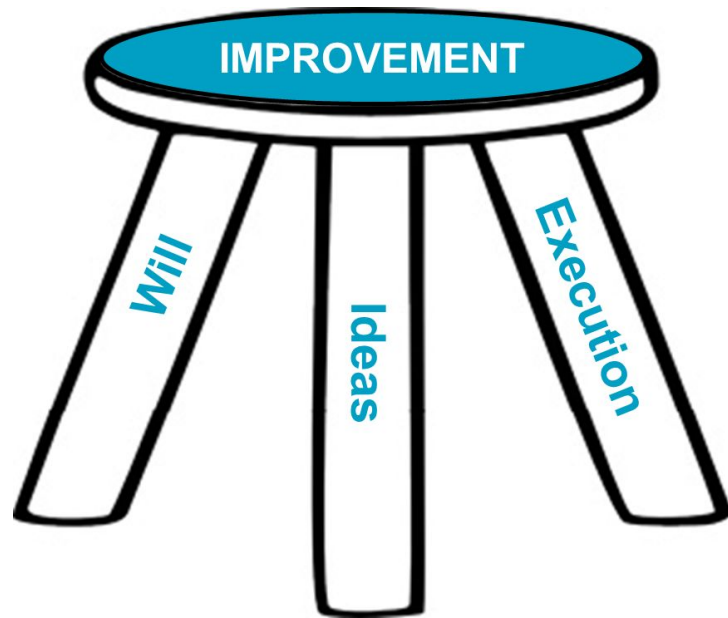
Execution

IHI's 6 Core Design Components

1. System understanding
2. Aim
3. Content theory
4. Measurement and learning
5. Execution strategy
6. Dissemination

Your Turn!
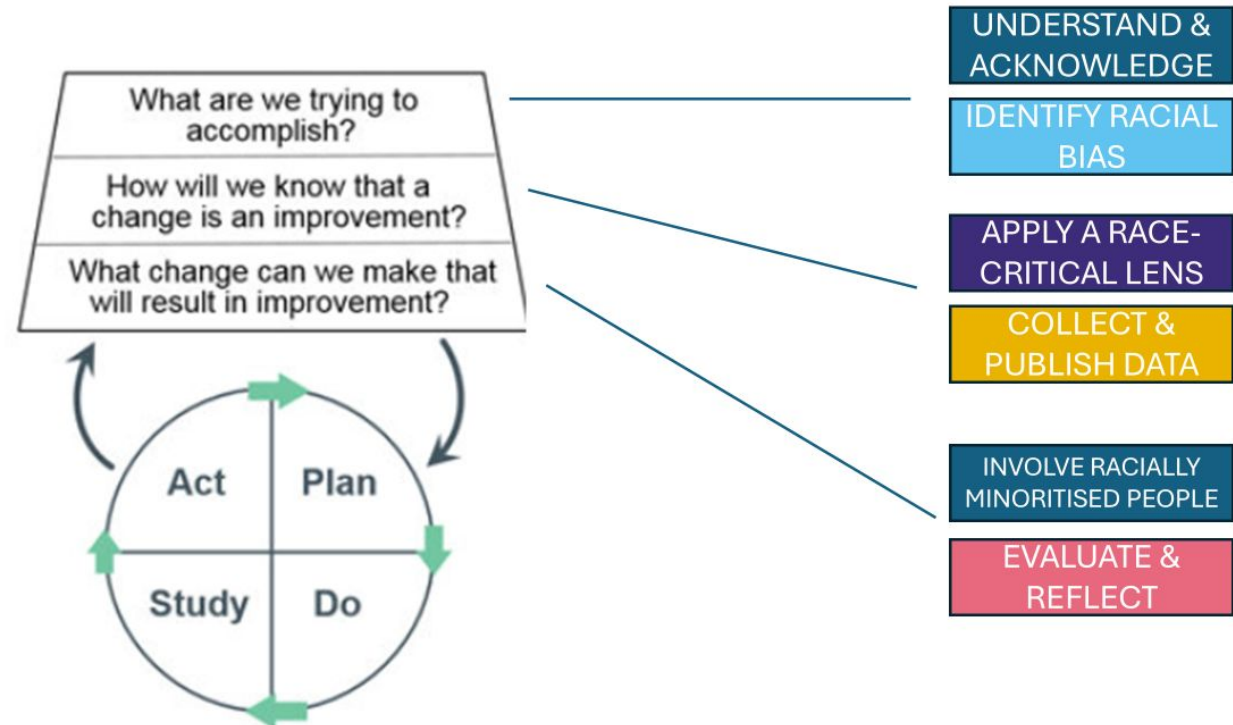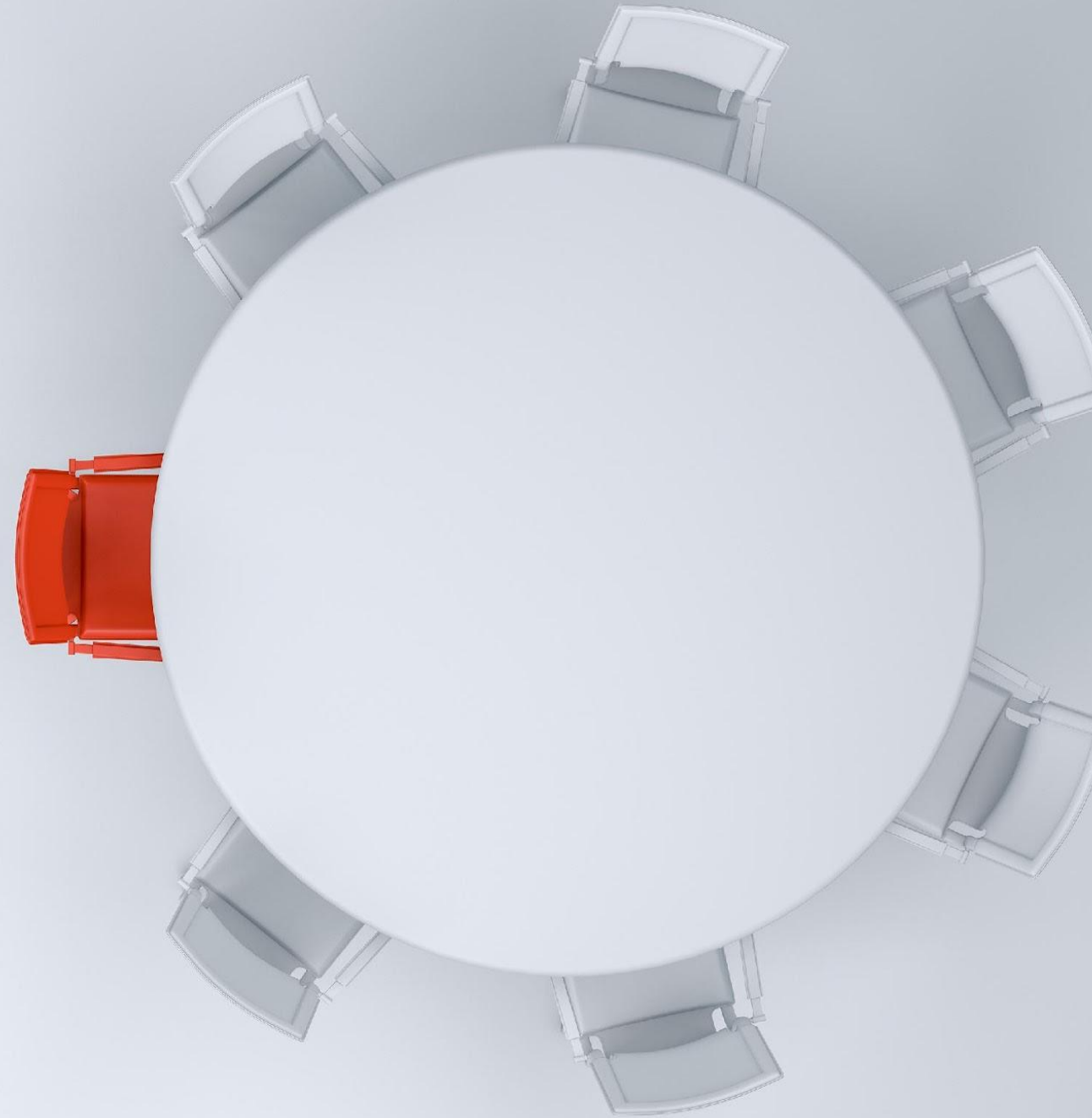
At your tables:

- Pick 1-2 anti-racism principles

- Talk about how you would operationalize these within your context/organisation

- What are the facilitators/barriers?

Integrating anti-racism through the Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act | Plan
Study | Do

UNDERSTAND & ACKNOWLEDGE

IDENTIFY RACIAL BIAS

APPLY A RACE-CRITICAL LENS

COLLECT & PUBLISH DATA

INVOLVE RACIALLY MINORITISED PEOPLE

EVALUATE & REFLECT
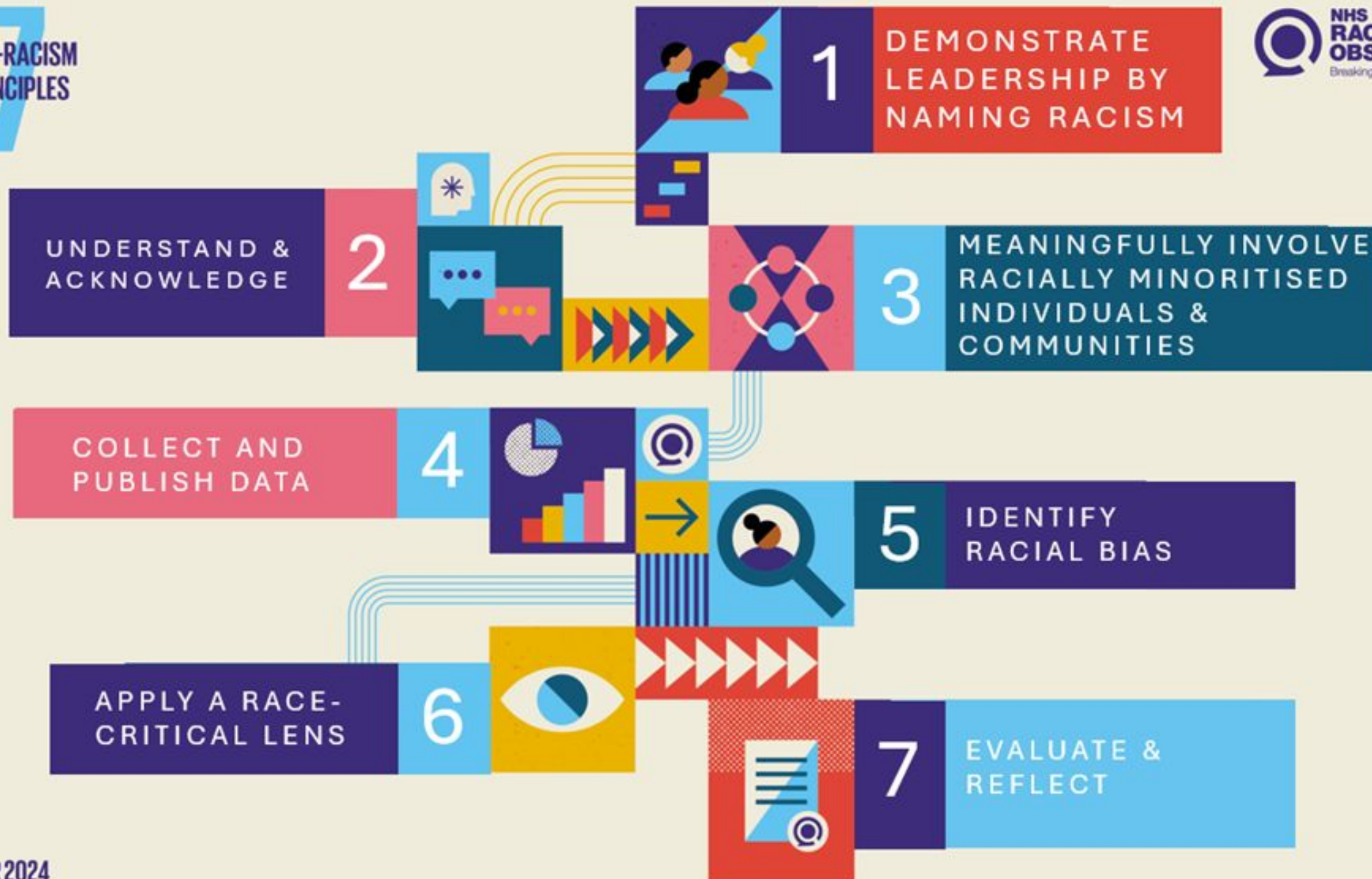
How did it go?

Final Reflections

Thank you!