

## Background

- Marked ethnic inequalities in maternal and perinatal outcomes before and during pandemic <sup>(1,2,3)</sup>
- Substantial and heterogenous changes to maternity services <sup>(4)</sup>

## Objective

To explore how the rapid and heterogeneous changes to care that occurred in the first year of the Covid pandemic have affected ethnic inequalities in maternity.

## Methods

Data was extracted from Hospital Episode Statistics (HES) from 1st January 2018 to 31st March 2021. Maternal and neonatal composite indicators were used to rank NHS Trusts.\*

‘Positive deviants’, trusts that had reduced their ethnic inequality gap, were identified for qualitative interview, alongside comparators.

Senior clinicians, heads of midwifery and MVP chairs were approached for interview. Reflexive thematic analysis was employed.

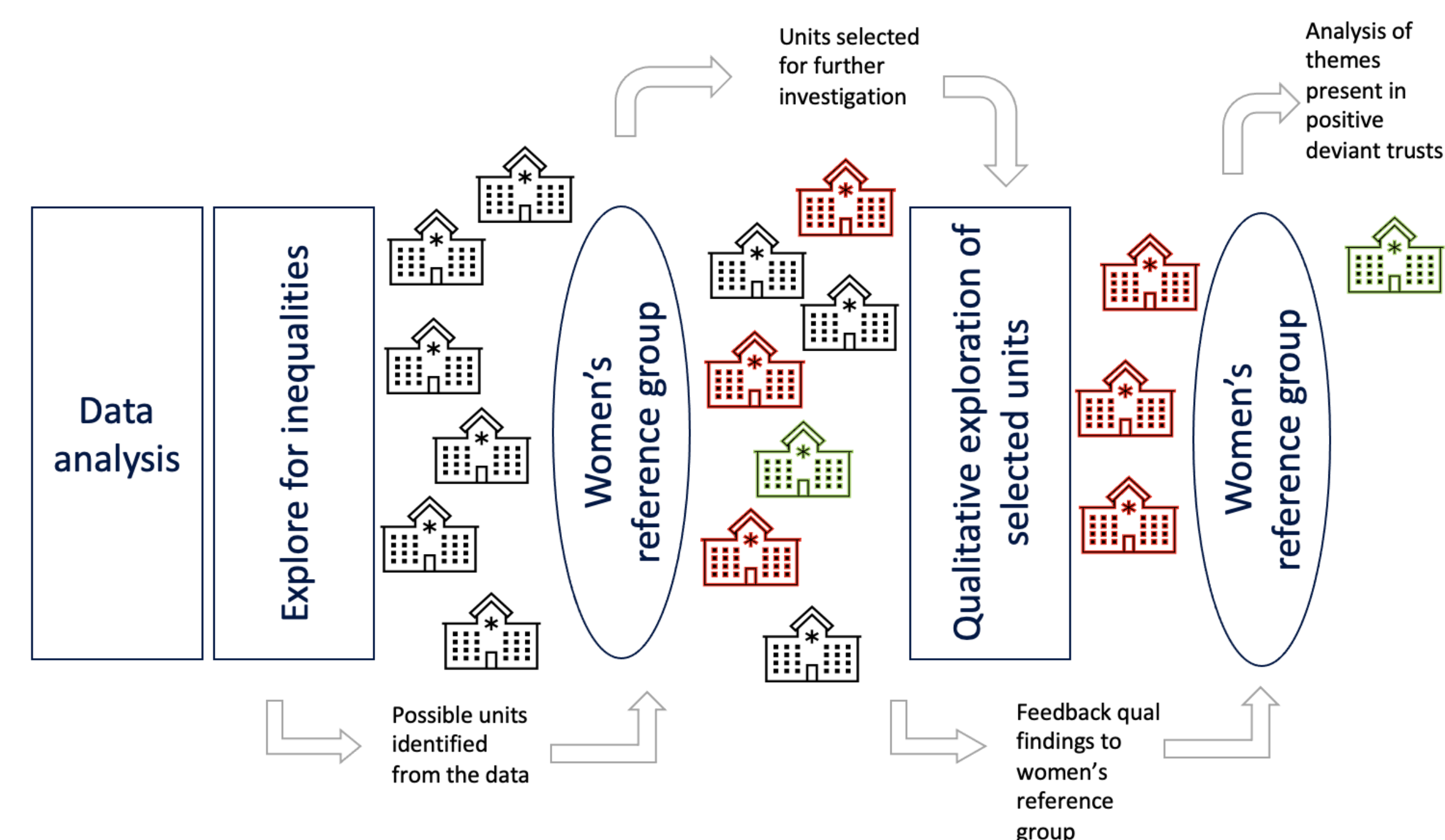
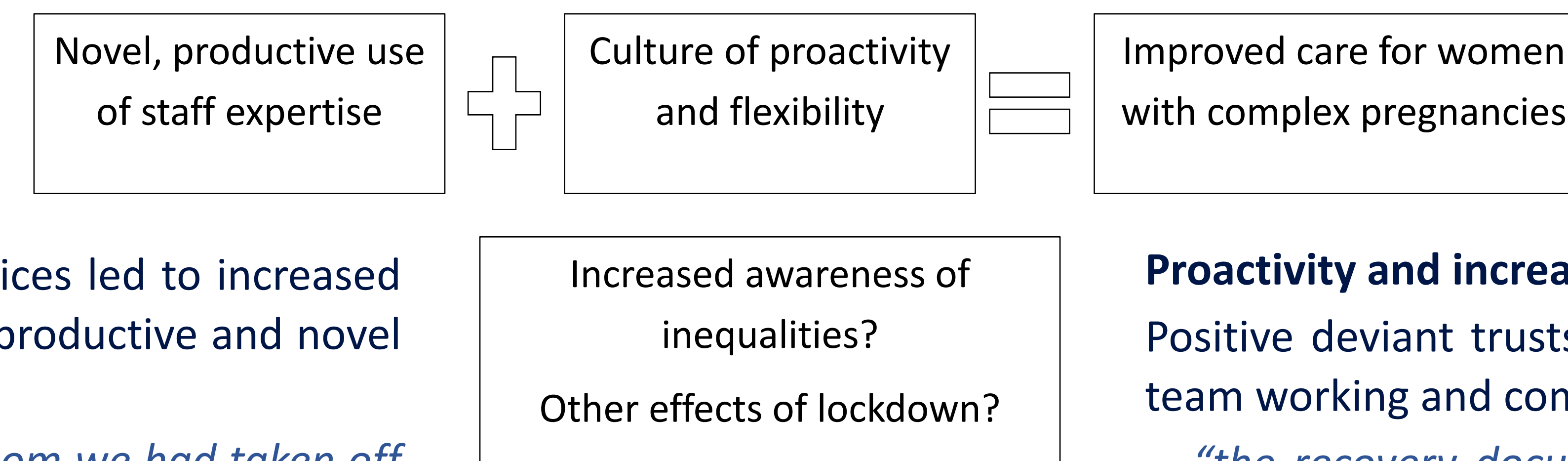


Figure 1. Project Schema

## Results

Nine potential positive deviant trusts were identified. We conducted 20 interviews from six positive deviant and four comparator trusts. We identified a culture of proactivity and expertise within the positive deviants compared to the comparators. No specific care processes were identified as unique to positive deviant trusts.

Figure 2 . Summary findings of qualitative interviews



**Positive staffing changes.** Pauses in other services led to increased staff resources; necessary shifts in roles led to productive and novel use of senior and expert staff

*“...there was one very Senior Obstetrician whom we had taken off all other responsibilities and just asked him to look after antenatal patients, so as a result all these patients were getting a really, really sensible management plans from a very senior clinician”*

Comparators reported senior staff ‘stepping in’ where needed and no positive side effects of these changes.

**Why were inequalities reduced in positive deviant Trusts? Unknown, although all trusts reported increased awareness.** Women from ethnic minority backgrounds may have more positively benefitted from increased expertise, proactivity and flexibility in care, particularly if they were more likely to have complex pregnancies.

*“[a Black midwife] said if I’m pregnant now I’d be really, really scared because it’s all over the news that you’re five times more likely to die in childbirth, you’re five times more likely to lose your baby and you’re five times more likely to have Covid... so I said so right so what are we doing about this ” (9)*

### Proactivity and increased flexibility in delivery of care.

Positive deviant trusts reported proactivity and quick reactions, increased team working and communication, and rapid implementation of new ideas

*“the recovery document from [hospital] came before the Royal College recovery document... so we were ahead of the game”*

*“...it was one of the best times of excellent MDT working... the teamwork was fantastic, it was so funny, none of this bickering, none of this, "I'm a doctor," "I'm a midwife,"*

*“Even though we were supposedly reducing certain things...I think you had more communication with the women”*

Comparators found constant changes overwhelming, followed guidance, did report increased ability to implement change but obstetrician or midwife led without increase in team working.

## Conclusions

Proactivity, flexibility in the use of staffing resource, and increased team working in maternity units was evident in the Trusts where a reduction in ethnic inequalities in maternal and perinatal outcomes was observed in the initial COVID-19 wave. Reducing inequalities is possible and we should push for change.

## References

- (1) Knight M, et al. Saving Lives, Improving Mothers’ Care Core Report - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018-20. Oxford 2022.
- (2) Draper ES, et al. MBRRACE-UK Perinatal Mortality Surveillance Report, UK Perinatal Deaths for Births from January to December 2020. Leicester. 2022.
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- (4) Jardine, J, Relph, S et al. Maternity services in the UK during the coronavirus disease 2019 pandemic: a national survey of modifications to standard care. BJOG 2021