

# Exploring the relationship between patient experience and ethnicity in the maternity healthcare setting

Khan N<sup>1</sup>, Whitten M<sup>2,3</sup>

1. Medical School, Faculty of Medical Sciences, University College London, London, United Kingdom, 2. Women’s Health Division, Elizabeth Garrett Anderson Wing, University College London Hospital NHS Foundation Trust, London, UK; 3.Department of Maternal and Fetal Medicine, EGA Institute for Women’s Health, University College London, London, UK.



## Background

In the UK, there is a four-fold increase in maternal mortality in Black women and two-fold increase in Asian women. Reports of poor management, dismissal of concerns and maltreatment of women from different ethnic groups has been prevalent in the media. This study aims to explore the relationship between patient birthing experience and ethnicity in a central London tertiary maternity care setting.

## Aims

The aim of this research was:

- To evaluate the experiences of maternity service users in relation to decision-making, being provided with support and being listened to during pregnancy and birth.
- To help inform the development of Trust maternity services, aiming to help improve safety and experiences for women during pregnancy and birth.
  - To explore the patient perspective of care given during pregnancy and birth.
- To identify any disparities in patient experience across different ethnic groups.

## Methods

A paper-based survey including quantitative and qualitative questions was distributed to women in the postnatal ward setting at UCLH between March and May 2022.

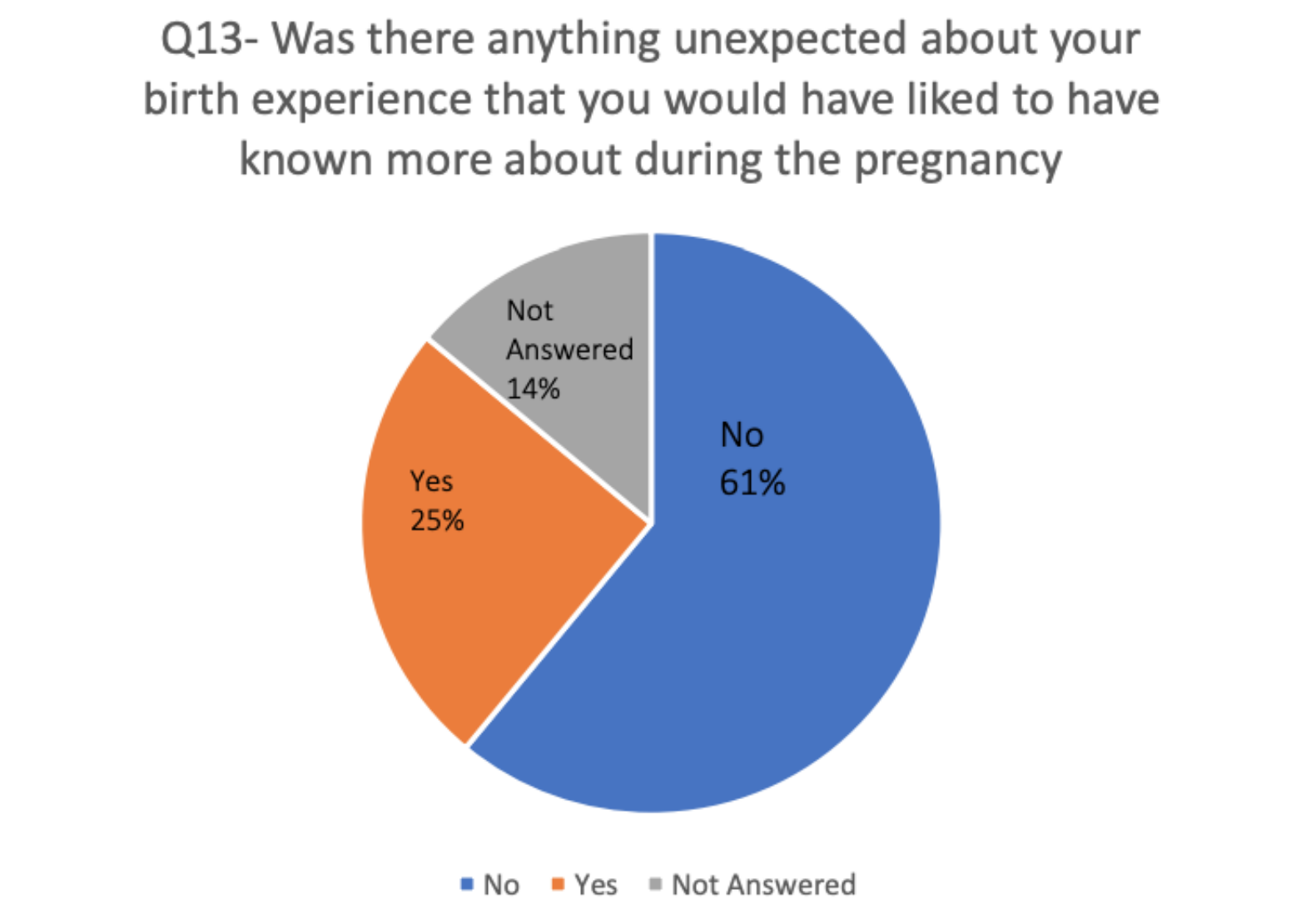
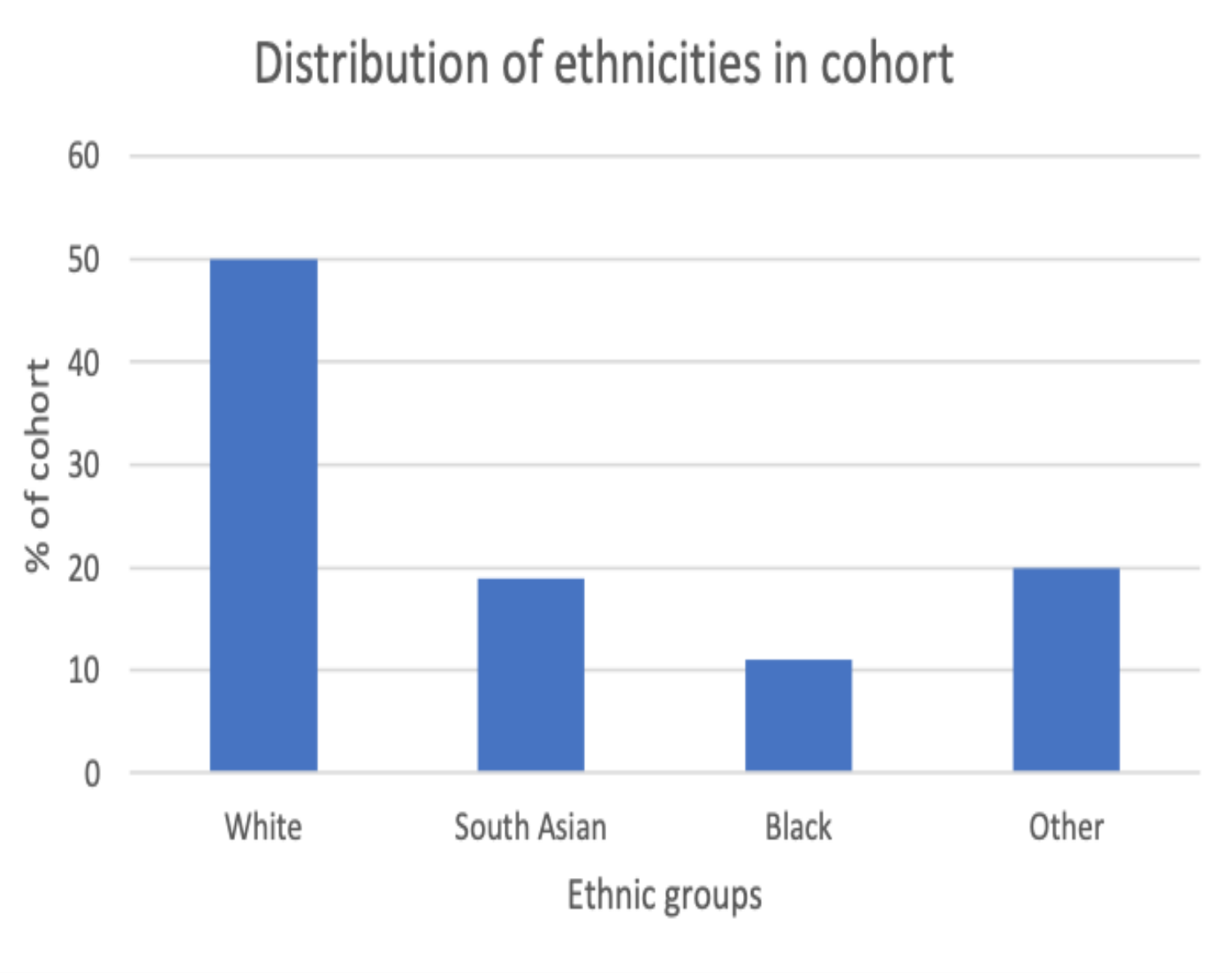
A 5-point Likert Scale was used to assess women’s perception of their birthing experience. The definition of BAME used in this study follows the NHS and official UK government definitions: ‘Black, Asian and 13 minority ethnic’.

## Results

100 surveys were completed. Statistical analysis using the Mann-Whitney U-test found a statistically significant difference (p<0.05) between BAME and Non-BAME groups for questions relating to feeling included in decision-making during pregnancy and during birth, and in having had a positive birthing experience.

Kruskal–Wallis analysis found a statistically significant difference across pairwise comparisons of ethnic groups; White-Asian and Black-White for feeling included in decision-making during pregnancy.

Thematic analysis found a lack of inclusion in decision-making, rude behaviour from some staff and variation in positive and negative birthing experience relating to praise for and complaints about staff.



## Themes

- the importance of inclusion in decision making
- a desire for accountability when experiences had been negative
- negative experiences with perceived rudeness or coldness
- positive examples of kindness and caring approaches to support throughout the maternity pathway.

## Conclusions

There are multi-factorial reasons for disparities in clinical outcomes relating to maternal health, including pre-existing co-morbidities, but also implicit bias. HCPs should be aware of the potential for inequalities of care and outcome specific to ethnic minorities, and informed about platforms to voice concerns around any inequality of care given.

This study has identified areas where the local maternity service can focus efforts to help reduce any inequalities of care, and enhance both patient experience and potentially clinical outcomes for all women using the service.