

Project SMILE: Emotional mapping of maternal inequalities among ethnic minority women

Shikha Kodliwadmth¹, Sam Harding¹, Tamara Puga-Iglesias¹, Maria Patsia¹, Hussain Chowdhury², Suhail Asghar^{1,2}, Huzaifa Adamali¹, Seema Srivastava^{1,3}, Lisa Kirk¹

¹Southmead Hospital, North Bristol NHS Trust, ²Shahporan Islamic Centre, ³University Hospitals Bristol and Weston NHS Foundation Trust



Introduction

Women belonging to ethnic minority groups have a higher chance of adverse outcomes in pregnancy and post-partum compared to those of Caucasian background.

The MBRRACE 2020 report provided evidence of this bias, finding that maternal morbidity is 3.7 times greater in Black women and 1.8 times higher in Asian women than in white women.



Project SMILE is a quality improvement project in North Bristol that was created to more fully understand these issues, and designed to engage with women from the local community to gain insights into their experiences and perspectives of antenatal care for women from ethnic minorities in the area and how healthcare providers can best cater to their individual needs.

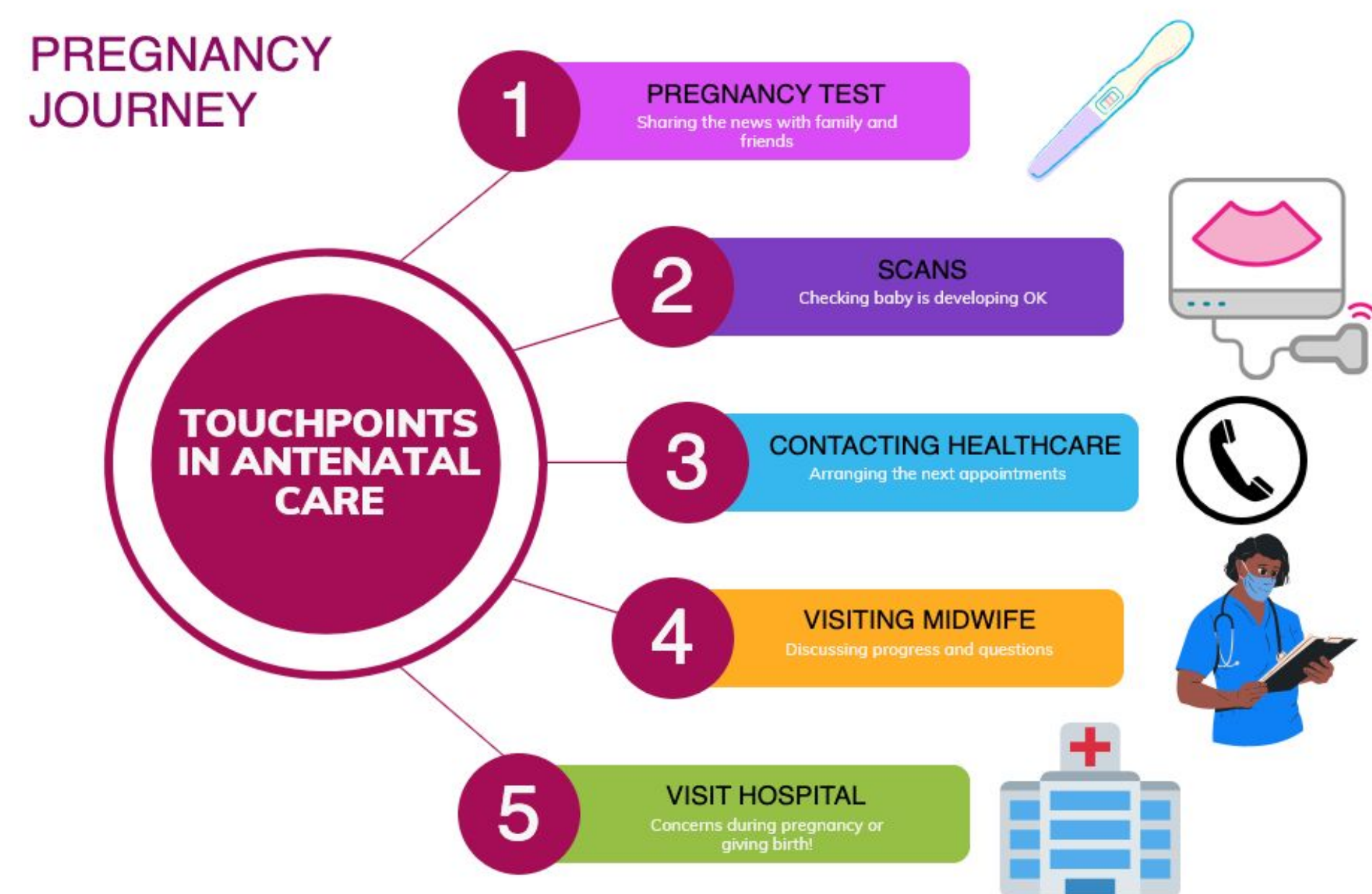
Methodology

Women who had given birth within Bristol in the last 5 years to participate in 3 focus groups. Using an emotional mapping methodology, participants interacted with 5 posters (e.g., Figure 1) by writing their thoughts on sticky notes, placing negative experiences at the bottom of the posters and positive ones at the top. Each poster then stimulate discussion, in a traditional focus group format.

Methodology

Qualitative content analysis was undertaken with the data from the sticky notes, audio and video recording and field notes taken by members of the research team.

Figure 1: Overview Poster, showing the 5 areas (and posters) women were asked to consider.



Results – Quick wins

Women enjoyed meeting, chatting and circulating during the part of the group when interacting with the posters. This interaction lead to issues of racism and poor communication being readily and openly discussed. Examples of good and bad practices the women had experienced being given. Quick wins for service change were identified (speech bubbles show some of these).



Results

Other themes identified include:

- 1) Personalized medicine – consider of individual preferences and if unsure 'Just Ask'
- 2) Consideration given to nature of medications used with people who do not eat meat e.g., enoxaparin (an anticoagulant is derived from pork)
- 3) Labour and child birth is not an everyday thing to the women. Taking time to discuss emotive topics, allows women to feel empowered and voice concerns or issues with their care teams.

Conclusions

Positive and negative experiences were discussed by women which have enabled the project team to make immediate impactful changes (Quick wins).

The methodology was well received with the women engaging readily with each other.

Further analysis could be undertaken to prevent specific barriers of communication, such as language, to provide the best outcomes for patient-centered care.



More information on our methodology

