

What are Black and Minority ethnic (BAME) women’s expectations and experiences of antenatal education?

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Background

It has been well documented that there is a higher rate of adverse maternal outcomes amongst BAME (Black and Minority Ethnic) women compared to white women. The rate of maternal mortality, for example, is four times higher and two times higher in Black and Asian women, respectively. Additionally, UK wide confidential enquiries have found that up to 52% of these poor outcomes could have been improved by improvements in clinical care.



Aim

To understand BAME women’s experience of antenatal education, and gain their perspective on how this could be improved.

Methods

Qualitative thematic analysis using Braun and Clarke of nine interviews conducted with BAME women postnatally regarding their experiences and expectations of antenatal care and education. Women interviewed delivered between 2020-2021 at a maternity unit in the South West of England

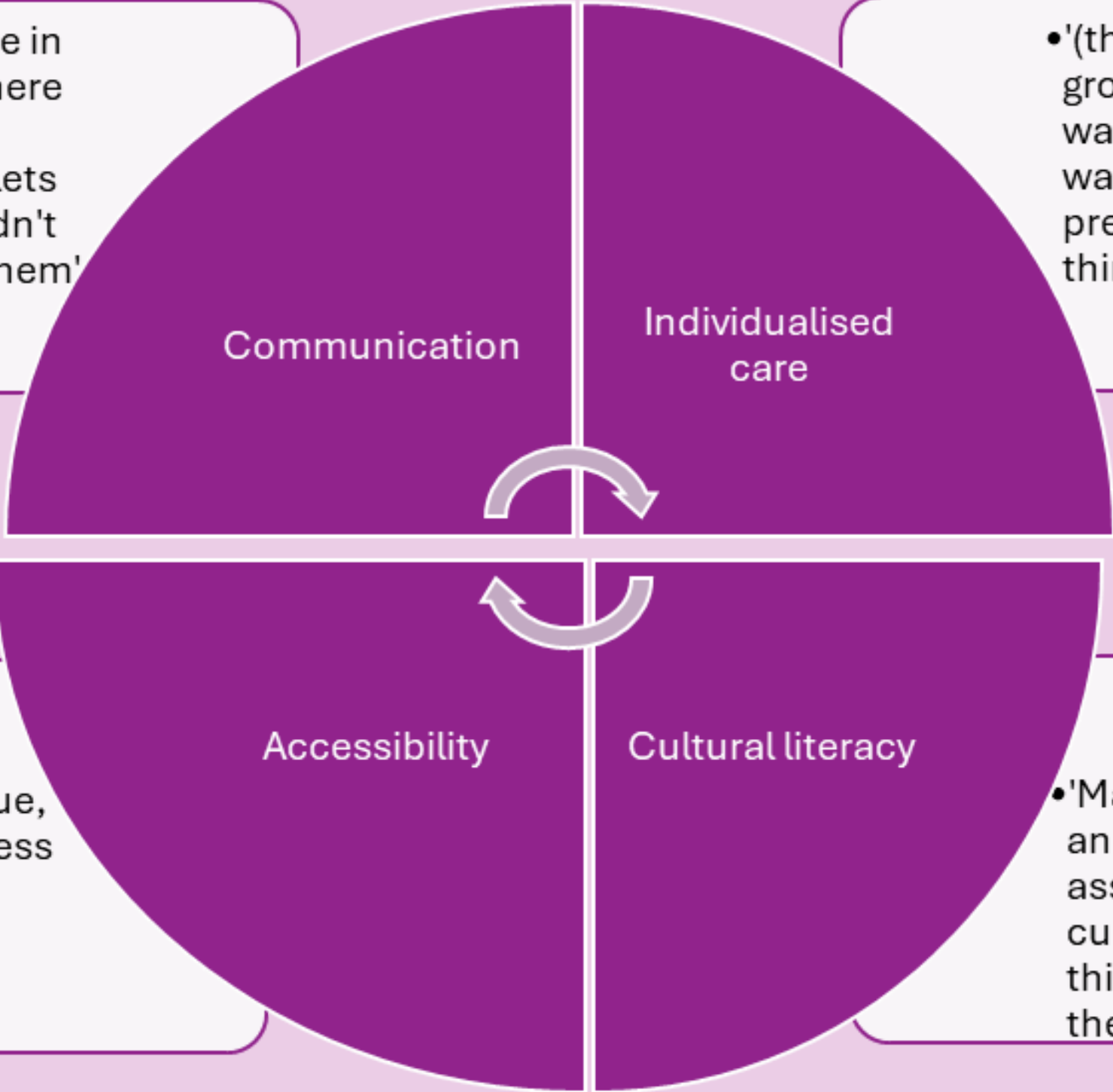
Results

Core themes were interpreted from the interviews.
Emerging themes were:

women identified issues with a lack of diversity in learning styles used and comprehensive information given

‘Everything, all of the information that I’ve been given (antenatally) has been completely verbal and I’m not a verbal learner. I find it really difficult to absorb information verbally’

•‘the room we were in was very big so there was quite a lot of us...they put leaflets down but they didn’t talk to us about them’



•‘(they didn’t ask the group what they wanted to learn) it was more of a predetermined thing’

women emphasised the importance of tailoring their antenatal education to their unique backgrounds and thus allow flexibility in the approach to tailor decision making

‘...it was just very intimidating. I didn’t want to ask any questions, I didn’t want to involve myself that much’

women identified issues with access to care and highlighted importance of flexibility to improve this

‘I wasn’t able to go because as a wheelchair user I have to plan my journeys very well and the antenatal classes were in a different GP surgery (to mine)’

•‘Access is an issue, the ability to access the class’

•‘Making midwives and maternity assistants more culturally aware I think would help the whole system’

women discussed instances of implicit bias with one woman emphasising the importance of improving cultural competence amongst staff

‘Not all brown people do the same...it’s people making these assumptions’

Conclusion

Many of the expectations BAME women have for their antenatal care and education are universal but their unique experiences mean that they also have specific requirements. The study underscores the need for targeted strategies to improve antenatal education which are informed directly from these women’s lived experiences. Recommendations include development of a more flexible and accessible antenatal education programme, equipping staff with improved cultural competency, promoting individualised care and implementing structural reforms to address bias and access barriers.