



**North Bristol**  
NHS Trust



**University Hospitals Bristol**  
NHS Foundation Trust

# **Perinatal support for Black, Asian and Minority Ethnic women during Covid pandemic**

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## 1.0 Purpose

This policy outlines the process for managing the risks of Covid infections and early recognition of conditions associated with pregnant women from a Black, Asian and Minority ethnic (BAME) background.

It aims to provide clear and concise guidance in regards to information given, increased support and monitoring in the community setting, early intervention to reduce the transmission of Covid.

This document has been written using the latest Royal College of Obstetrics and Gynaecology and NHS England advice, and has had involvement with Maternity Voices Partnership. This is a joint policy for NBT and UHBW.

<https://www.rcog.org.uk/en/news/rcog-responds-to-study-of-newborn-babies-and-Covid/>

## 2.0 Introduction

Evidence has long shown that Black, Asian and Minority ethnic women are more likely to experience a lower quality of care, experience poorer health outcomes, and that maternal and perinatal morbidity; mortality rates are significantly higher in comparison to white women. These health disparities may be due to a number of factors

- Socioeconomic disadvantage
- be disproportionately affected by particular inherited and metabolic conditions,
- language barriers,
- Avoidance or delay in seeking advice from health care professionals when unwell and implicit racial bias.
- likelihood of working in key-worker roles including health and social care

Recent Public Health England reports suggests that mortality and the risk of developing severe complications of Covid disproportionately affects people from a Black, Asian and Minority Ethnic background. BAME women who are living with socio-economic deprivation and/or in crowded conditions, those who were born outside the UK and whose first language is not English, and those with a high BMI and/or underlying medical conditions appear to be at particularly high risk.

Research indicates that over half (56%) of pregnant women admitted to hospital with Covid were from these backgrounds.

**Black women our eight times more likely and Asian women four times more likely than a white woman to be admitted to hospital with Covid.**

### 3.0 Increased support and communications

To identify those most at risk of poor outcome ensure all providers record on maternity information systems the ethnicity of every woman, as well as other risk factors i.e.:

- Living in a deprived area (postcode)
- Co-morbidities
- BMI
- 35 years or over
- Smoking

#### 3.1

- Women of BAME background should be advised that they may be at higher risk of complications of Covid and other medical conditions; and must be encouraged to seek advice without delay if they are concerned.

<https://www.npeu.ox.ac.uk/prumhc/maternity-care-womens-experience-and-outcomes-218>

[https://www.npeu.ox.ac.uk/assets/downloads/mbrance-uk/reports/MBRRACE-UK\\_Maternal\\_Report\\_2020\\_v10\\_FINAL.pdf](https://www.npeu.ox.ac.uk/assets/downloads/mbrance-uk/reports/MBRRACE-UK_Maternal_Report_2020_v10_FINAL.pdf)

<https://www.bmj.com/content/369/bmj.m2107>

<https://www.england.nhs.uk/2020/06/nhs-boosts-support-for-pregnant-black-and-ethnic-minority-women/>

- Midwives should ensure that BAME women know to contact maternity services with any concerns that include, but not exclusive to reduced fetal movements, bleeding, abdominal pain, symptoms of Covid.
- Clinicians should have a lower threshold to review, admit and consider multidisciplinary escalation in women from a BAME background.
- Women should be advised to notify the maternity unit/community team regarding non-attendance due to self-isolation for Covid symptoms. Both trusts have systems in place to identify, support and follow up women who have missed appointments.

**3.2.** A continuity of care (CoC) pathway is a priority for women of BAME background.

**3.3.** Health professional should adopt the five steps developed by RCOG and Five X More to help drive change, change attitudes and eradicate inequalities:

#### 1: Listen

- If a pregnant woman expresses concern, feels like something is not quite right or is in pain, take time to listen to her concerns and anxieties without making assumptions or presumptions.

- We all express our emotions differently. Some women may express their anxiety or pain with silence, agitation or a raised voice. Listen to what is being said rather than how it is being said.

2: Remove any barriers to communication,

- For all women, but especially those with language barriers, it is important to make time to listen and talk with them. Take the time to explain in lay terms, what is happening and ensure that the woman is in control of their situation as much as possible.
- Use translation services if required and remember that your body language and tone are vital in helping women to feel at ease.

3: Check you are providing clear information,

- After you have explained a woman's options and made recommendations about her care, it is important that you recap or ask her to recap the information and check she understands the choices available to her. This will give her a chance to ask any questions and give her consent for the next steps in her care.

4: Provide access to detailed documentation,

- Support continuity of care by accurately recording any action, treatment or medication you recommend or prescribe, a woman's response to treatment, if she has declined any interventions and why.
- Make sure that the woman and her designated support have access to written or online information that they can read at their own convenience.
- If a woman asks for another opinion, support her with this request.

5: Be a champion.

- Support research and innovation in your hospital to help to end the disparity in maternity outcomes.
- Inspire others by championing positive change in your maternity or obstetric unit. You can be a champion by valuing each and every woman in your care, equally. This will help to improve outcomes for all pregnant women.

<https://www.rcog.org.uk/en/news/campaigns-and-opinions/race-equality-taskforce/five-steps-for-healthcare-professionals/>

**3.4.** Each BAME women should be risk assessed on an individualised basis at every appointment and a care plan be developed between herself and the multi-disciplinary team.

Antenatal appointments should be in line with NICE guidance for prim gravida pregnancies. <https://www.guidelines.co.uk/womens-health/nice-antenatal-care-guideline/252761.article>

**3.5.** Women should be advised and supported to continue with their routine antenatal care, unless they meet current self-isolation criteria for individuals or households with suspected or confirmed Covid. Conversation should include any transport issues, cultural concerns, or beliefs that may influence interaction with health services.

**3.6.** It should be acknowledged that virtual appointments, particularly by telephone, may cause new challenges in relationship-building between healthcare professionals and women, especially among vulnerable groups, women for whom English is not their first language or women who are hearing impaired. Any language barrier should be established prior to the first booking appointment and the use of interpretation services for all families if English is not their first language is paramount. **The trusts should prioritise face to face appointments for all these women.**

**3.7.** Tailored communications will be given at booking and available via Maternity Voices Partnership, trust websites and social media. A community engagement team has been set up to ensure that women have an understanding regarding the information and guidance. This should be made available in languages spoken in the local communities to women served by the maternity unit.

**3.8.** Some women (as many as 50%) have a medical or obstetric condition or complication that necessitates additional appointments or multi-disciplinary care during pregnancy. Those appointments that do not require measurement of fundal height, blood or urine tests, or scans, may be provided remotely via video or tele-conferencing.

BAME women have been identified as being at higher risk of developing severe illness if they contract Covid. They should be advised that they are at higher risk of complications at the start of pregnancy and of the importance of avoiding contracting the virus through careful infection control practices and social distancing.

Women who are older than 35 years, overweight or obese or who have underlying medical conditions may also have an elevated risk of becoming unwell with Covid.

#### **4.0 Vitamin D Deficiency**

It is estimated that vitamin D deficiency affects over 1 billion people worldwide. Vitamin D deficiency in pregnancy may be associated with an increased risk of small for gestational age infants, impaired glucose tolerance, pre-eclampsia and fetal skeletal growth.

Vitamin D deficiency is associated with Acute Respiratory Distress Syndrome (ARDS) which is seen in Covid infection. Recently, vitamin D supplementation has been suggested to be beneficial in reducing the risk of respiratory tract infections, although data is limited.

Women of BAME background with pigmented/dark skin or those who always cover their skin are at increased risk of developing vitamin D deficiency. The current UK advice recommends daily vitamin D supplementation to all pregnant women and individuals of BAME background, regardless of the Covid pandemic.

- Due to the benefits of Vitamin D all pregnant BAME women in BNSSG LMS **should** receive Vitamin D 10mcg daily throughout the antenatal and postnatal period.
- Vitamin D should be discussed at booking and information given on the reasons for vitamin D and the benefits of taking vitamin D 10mcg daily supplement should be recommended throughout pregnancy, and the postnatal period if breastfeeding
- Advice that vitamin D supplements are widely available from supermarkets and chemist either on their own or as part of a pregnancy multivitamin should be given to all women
- Healthy start scheme that provides free vitamins, and vouchers for milk, fruit and vegetables is available to women on benefits and are at least 10 weeks pregnant, or have children under the age of four, and for all pregnant women under the age of 18 whether on benefits or not. Women can apply by visiting the Healthy start website or call 03456076823  
<https://www.healthystart.nhs.uk/healthy-start-vouchers/how-to-apply/>
- Lifestyle advice such as regular exercise, and a healthy diet recommended in pregnancy and throughout life to prevent obesity, type 2 diabetes mellitus should be discussed and information provided at booking appointment.

## 5.0 References:

RCOG/RCM Coronavirus (Covid) Infection in pregnancy, information for healthcare professionals version 11: published Friday 24 July 2020

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-10-14-coronavirus-Covid-infection-in-pregnancy-v12.pdf>

Vitamin D in pregnancy. Scientific Impact Paper No. 43 June 2014

[https://www.rcog.org.uk/globalassets/documents/guidelines/scientific-impact-papers/vitamin\\_d\\_sip43\\_june14.pdf](https://www.rcog.org.uk/globalassets/documents/guidelines/scientific-impact-papers/vitamin_d_sip43_june14.pdf)

RCOG position statement: Racial disparities in women's healthcare

<https://www.rcog.org.uk/globalassets/documents/news/position-statements/racial-disparities-womens-healthcare-march-2020.pdf>

RCOG and Five X More joint campaign, Five steps for healthcare professionals

<https://www.rcog.org.uk/en/news/campaigns-and-opinions/race-equality-taskforce/five-steps-for-healthcare-professionals/>

Communications toolkit for local maternity teams to improve communications with Black, Asian and Minority ethnic women.

[https://www.england.nhs.uk/wp-content/uploads/2021/01/C0702\\_Communications-toolkit-for-local-maternity-teams-to-improve-communications-with-Black-Asian-and-Minority.pdf](https://www.england.nhs.uk/wp-content/uploads/2021/01/C0702_Communications-toolkit-for-local-maternity-teams-to-improve-communications-with-Black-Asian-and-Minority.pdf)