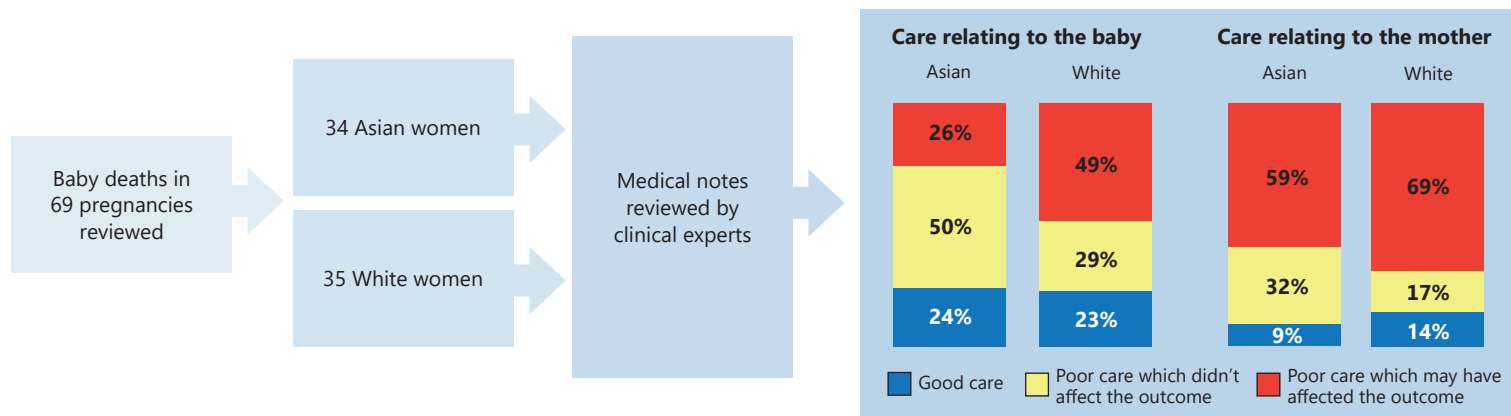




Comparing the care of Asian and White women whose babies died




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Women's ethnicity, nationality and citizenship status was not always correctly written in the notes.

All women should be asked about their ethnicity, nationality and citizenship status, and it should be written in the her notes. Care should be planned based on each woman's specific needs.
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When a woman's first language wasn't English and she needed an interpreter, this wasn't always provided. More Asian women needed an interpreter.

Women should be offered information about maternity care in different ways. An interpreter should be offered at each appointment, if the woman needs one to understand the information she is given or to talk to her doctor or midwife.
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Some women faced challenges in their personal lives which were not always recognised or taken into account when planning their care. These challenges were more common for White women.

Information about women's personal and social risk factors should be written in the notes, and updated throughout the pregnancy, so that extra support can be offered if it is needed.
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Asian women were more likely to decline screening for chromosomal conditions when it was offered. Almost all White women chose to accept the offer of screening.

Women should be given information about antenatal screening tests, translated where necessary. If a woman chooses to have any of the tests, she should be offered an appointment to talk about the results and her future choices.
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Blood tests to check for gestational diabetes were not offered to 1 in 5 Asian women. Almost all White women who should have been tested were offered a test.

All women with risk factors for gestational diabetes, which includes all Asian women, should be offered a test between 24 and 28 weeks of pregnancy.
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All the Asian women should have been offered a high dose of Vitamin D to take during their pregnancy, but only 1 in 10 were.

All women should be offered Vitamin D to take during pregnancy, and women with darker skin or a BMI over 30 should be offered a higher dose.
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Bereavement care was good for most parents, but White women were more likely to be seen by a midwife once they had left hospital.

Family-centred bereavement care, in line with the National Bereavement Care Pathway, should be offered to all parents.
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Almost all baby deaths were reviewed using the Perinatal Mortality Review Tool. The hospital reviews were more positive than the conclusions reached by the confidential enquiry panels.

Hospitals should make sure that reviews are carried out by enough people from the right specialties. At least one of these people should be from another hospital.
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When a review did take place, most parents didn't have any questions or talk about their experience, especially if they didn't speak English.

As part of the review process, parents should be supported to ask questions and talk about their experience, to ensure they receive answers about why their baby died.
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Most parents had a follow-up meeting with their consultant to review their care, but not all had a personalised letter summarising what they talked about. Asian parents were less likely to receive a letter than White parents.

All parents should have a follow-up meeting (jointly with their obstetrician and neonatal doctor, if appropriate) to review their and their baby's care, and a clear and personalised written summary should be given to the parents.