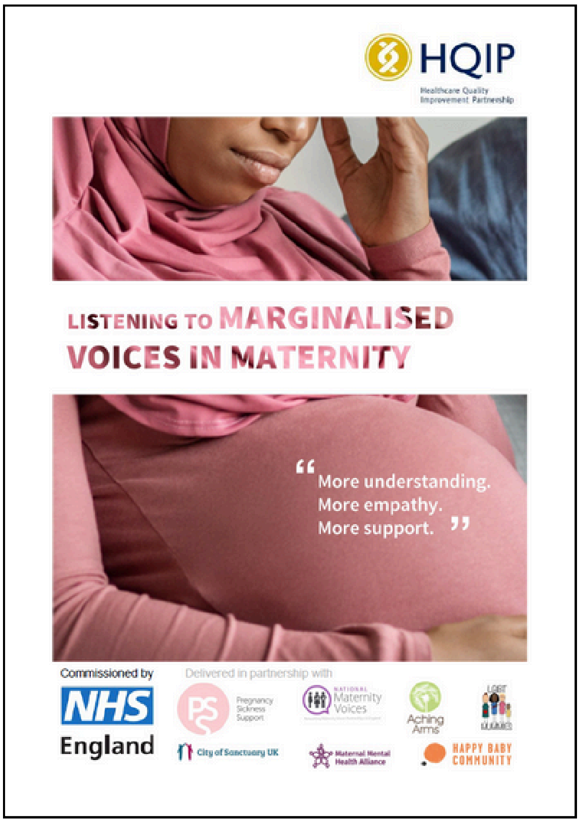
Case Study:

Listening to marginalised voices in maternity, helping to reduce health inequalities

HQIP
Healthcare Quality Improvement Partnership



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LISTENING TO MARGINALISED VOICES IN MATERNITY

“More understanding. More empathy. More support.”

Commissioned by
NHS England

Delivered in partnership with
Pregnancy Sickness Support
National Maternity Voices
Aching Arms
City of Sanctuary UK
Maternal Mental Health Alliance
Happy Baby Community

Commissioned by NHS England and delivered by HQIP in 2024, this qualitative insight project set out to inform the development of an inclusive Patient-Reported Experience Measure (PREM) for maternity care. It focused on capturing the experiences of groups underrepresented in existing feedback mechanisms – particularly those facing socio-economic, cultural, or health-related disadvantage.

The project combined a literature review, targeted outreach, and co-design with maternity charities to ensure engagement was inclusive and meaningful.

The approach uncovered fresh insights, guided the prioritisation of participant groups and informed the design of engagement activities. Thematic analysis of participant insights and accompanying recommendations have supported the maternity PREM and contributed to broader efforts to reduce inequalities in maternity care.

THE CHALLENGE

There is a well-established link between social determinants and poor maternal outcomes. National audits such as MBRRACE-UK, the National Maternity and Perinatal Audit (NMPA), and others have highlighted persistent inequalities in access, experience, and outcomes across maternity care in England. These findings underscore the importance of capturing the voices of those most affected by systemic disadvantage.

Individuals facing the greatest barriers, such as poverty, language needs, or complex health conditions, often struggle to access services and are less likely to be heard through traditional feedback mechanisms. Without deliberate efforts to reach these groups, it remains unclear whether NHS maternity services fully meet their needs.

Recognising this, HQIP designed the project to avoid over-consultation and duplication of existing work, instead focusing on generating new insights. Collaboration with charities and advisory groups was key to identifying gaps, supporting meaningful participation, and ensuring sensitivity to participants’ previous experiences of engagement.

THE APPROACH

A multi-stage, inclusive methodology captured diverse perspectives across the full maternity care pathway – from first contact through to six weeks postnatal.

1. Literature review
A rapid review of published and grey literature highlighted gaps in existing evidence, particularly concerning underrepresented populations such as asylum seekers, women experiencing homelessness, and those with pre-existing mental health conditions. These findings were combined with charity insights to refine the project's focus and ensure engagement targeted the least-heard voices.

2. Partnering with charities and participant recruitment
An advisory group was convened, supported by the national maternity consortium and NHS England. Charitable organisations played a central role in identifying and reaching participants from marginalised groups.

An expert advisory group – comprising charity representatives, healthcare professionals, and individuals with lived experience – helped shape the project's aims, prioritised communities to involve, and advised on appropriate engagement methods.

3. Engagement activities: Methods, safeguarding and accessibility
Focus groups and semi-structured interviews explored experiences across antenatal, perinatal, and postnatal stages, in collaboration with community support partners.

Ethical and inclusive practice was central throughout:

- Accessibility: Interpreters, live subtitles, flexible scheduling, and support persons were offered as needed.
- Information governance: Participants were fully informed about data use, with all processes complying with governance standards.
- Safeguarding protocols: Robust safeguarding protocols and mental health support were in place to ensure a safe and supportive environment.

4. Thematic analysis and validation
Collected data underwent thematic analysis to identify key patterns and issues both within and across focus groups. These themes were reviewed with the advisory group to validate and ensure clarity of final conclusions.

Focus groups	Hyperemesis Gravidarum; Mixed Group with Maternity Voices Partnership; Pregnancy after previous loss; Multiple disadvantage; LGBTQIA+
Interviews	Maternal Mental Health; Women seeking asylum and/or protection
Table-top review	Women in contact with the justice system

THE IMPACT

This project makes a distinctive and valuable contribution to the development of a more inclusive and representative maternity Patient-Reported Experience Measure (PREM). It was designed to complement existing engagement work by directly addressing gaps in insight from communities historically underrepresented in national feedback and research.

Participant groups were systematically identified through evidence and community expertise. This ensured the meaningful inclusion of people seeking asylum, individuals with complex mental health needs, LGBTQIA+ families, and those experiencing multiple disadvantage.

The report provides rich, experience-led accounts of what matters most to each group, capturing views across the full maternity care pathway – from initial contact through to postnatal care. These group-specific insights offer depth and context rarely captured in large-scale surveys.

A thematic analysis across all groups also revealed shared challenges – such as fragmented care, lack of continuity, unmet mental health needs, and not being listened to. This combination of detailed individual perspectives and cross-cutting themes offers a strong foundation for a PREM that better reflects the diversity of service users and supports more equitable, person-centred care. The findings offer practical, actionable insights and reinforce the ongoing need to improve personalised care for women and birthing people who are too often underserved.

A rich series of perspectives were brought:

- Asylum-seekers / recent immigrants
- Birth injury / trauma
- Birth following baby loss
- Caesarean birth recovery
- Children's social care
- Criminal justice system healthcare
- Deafness
- Diabetes
- Domestic violence (past victim)
- Epilepsy
- Ethnic minorities
- Feeding choices
- Hyperemesis Gravidarum
- Homelessness
- Multiple disadvantage
- Mental health
- Miscarriage
- Modes of birth
- Non-English speakers
- Obesity
- Pelvic girdle pain
- Poverty
- Religious minorities
- Rural communities
- Same-sex couples
- Surrogacy
- Termination
- Transgender parents
- Younger mothers

HOW HQIP COULD HELP YOU

Healthcare Quality Improvement Partnership (HQIP) supports everyone who wants to improve health and care by providing strategic expertise, training and advice in quality improvement, clinical audit, patient engagement and value-based procurement.

As a not-for-profit and trusted partner of the NHS, we understand complex healthcare challenges and take a patient-focused, evidence-informed approach to providing high quality solutions. So, whether an organisation needs support with patient engagement, transformation strategy, improvement training or value-based procurement support, we can help – with proven expertise across multiple areas of quality improvement.

Contact our expert team for a free, no obligation conversation.