

Patient Involvement and Care Equity: Maternity and Healthcare Inequalities

Tuesday 23 June 2026, 2pm-3pm

THIS EVENT STARTS AT 2PM



Discover all the #CAAW26 events:

Scan the QR code or visit
www.hqip.org.uk/caaw26

Patient Involvement & Care Equity: Maternity & Healthcare Inequalities

Welcome to Clinical Audit Awareness Week, 22-26 June 2026: www.hqip.org.uk/caaw26

Today's agenda:

- **National Maternity & Perinatal Audit: The Impact of the Women and Families Involvement Group**

George Dunn, *Project Lead for the National Maternity and Perinatal Audit*

Sarah Fisher, *Women's Health Advocate and Patient and Public Involvement (PPI) Advisor*

- **Reducing Disparities and Improving Outcomes in Maternity and Neonatal Services across England**

Wendy Olayiwola, *National Maternity Lead for Equality, NHS England*

- **Panel Discussion:**

George Dunn, Sarah Fisher and Wendy Olayiwola

Meg Hill, *Birth Worker and HQIP Service User Network (SUN) member*

Riham Lotfi, *Community Champion and HQIP SUN member*

Naomi Rose, *HQIP SUN member and Expert by Experience*

Al Richards, *Dad and HQIP SUN member, Person from the Global Majority*

Nicky Vousden, *MBRRACE-UK representative, Clinical Lecturer and National Perinatal Epidemiology Unit*

Before we start...

Being seen and heard

- Event recorded
- Mics off for background noise
- Cameras on, if you are happy to

Asking questions

- Use the Q&A to post your questions
- Contact us via HQIP website if Q&A unavailable for you

Recommendations

- Laptop/PC, not phone
- Try browser version, not app
- If needed, rejoin using rejoin button on screen or original Teams link

Don't forget to share on social media: #CAAW26

National Maternity and Perinatal Audit: The Impact of the Women and Families Involvement Group

George Dunn

Project Lead for the National Maternity and Perinatal Audit

Sarah Fisher

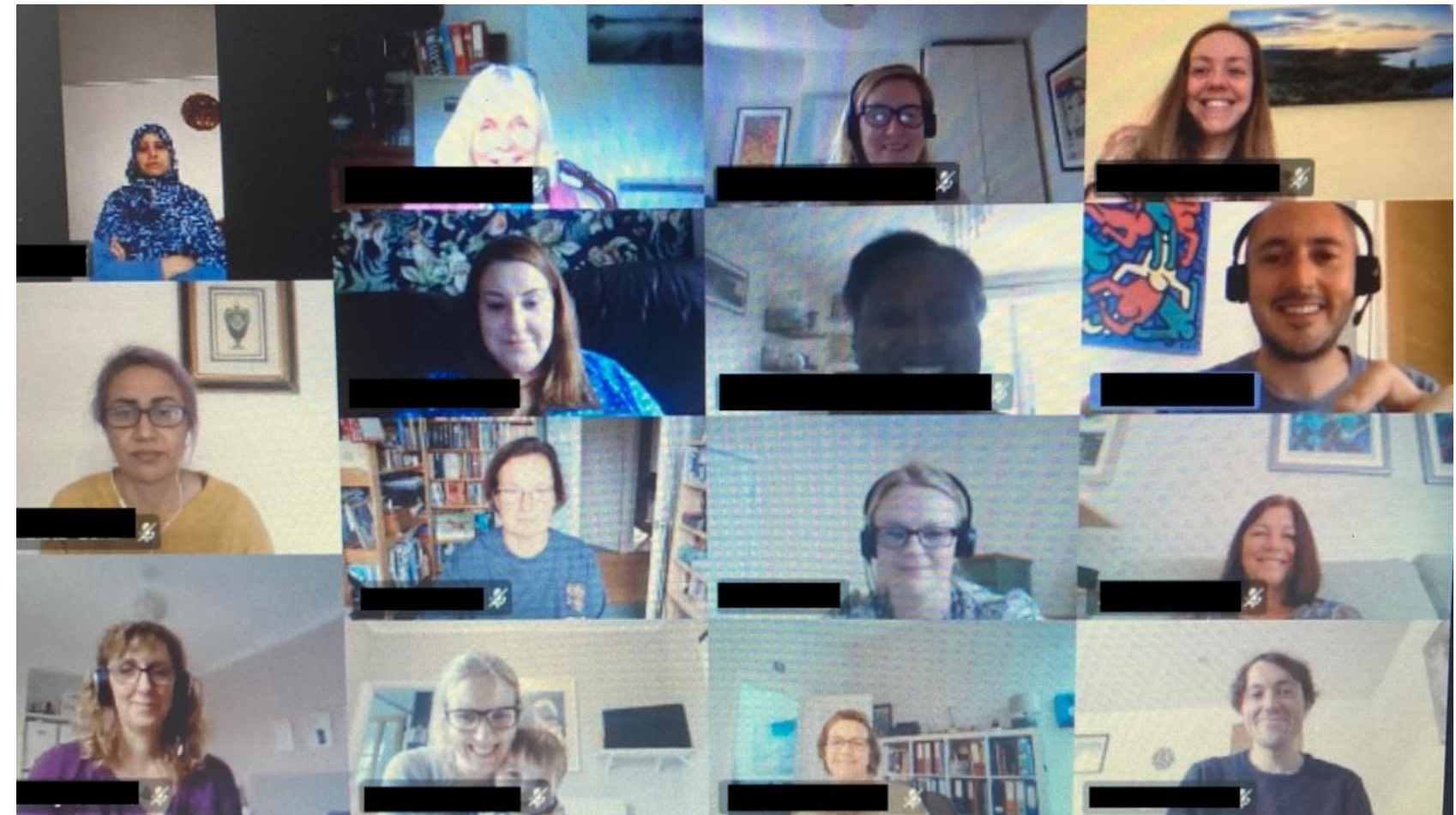
Women's Health Advocate and Patient and
Public Involvement (PPI) Advisor

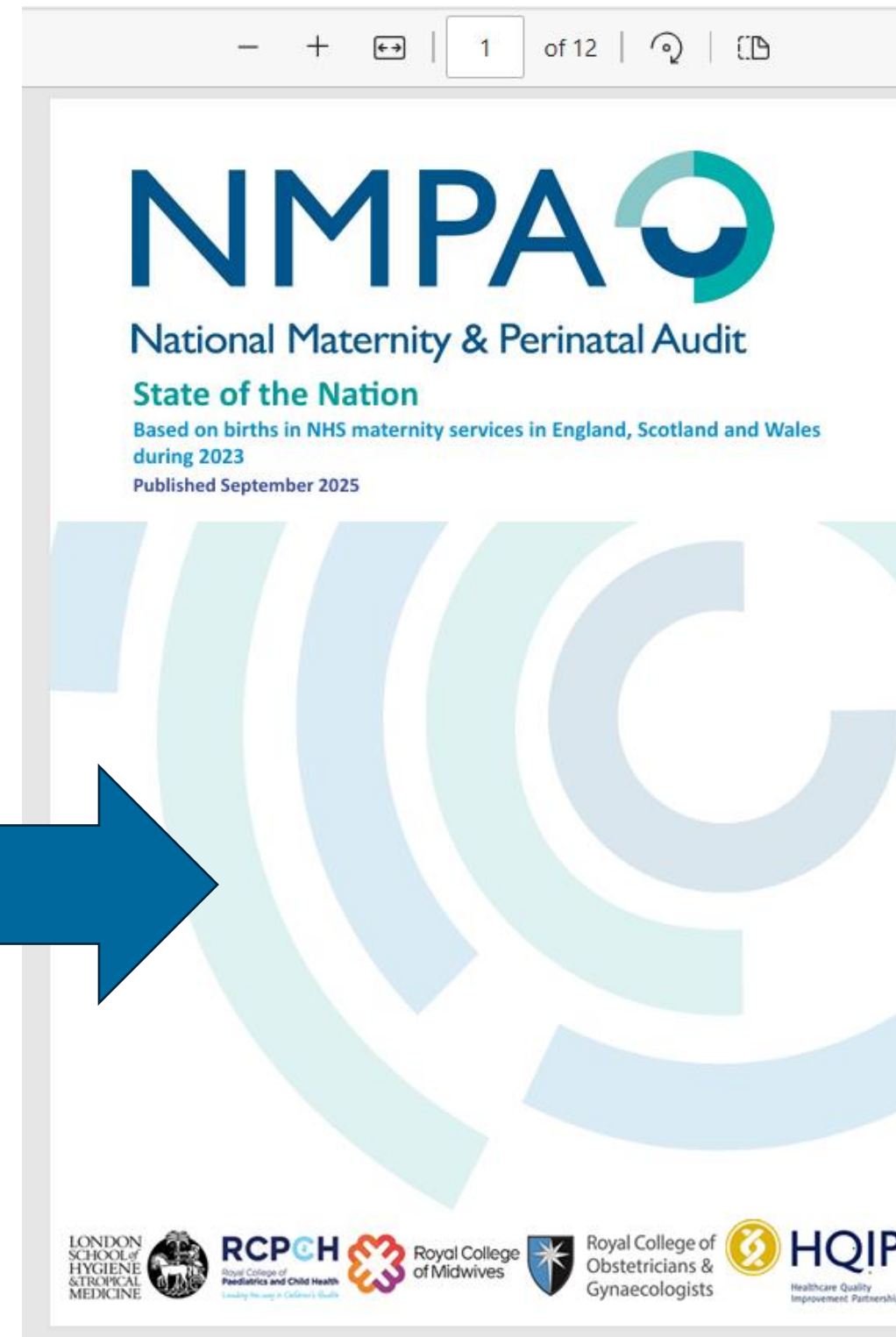
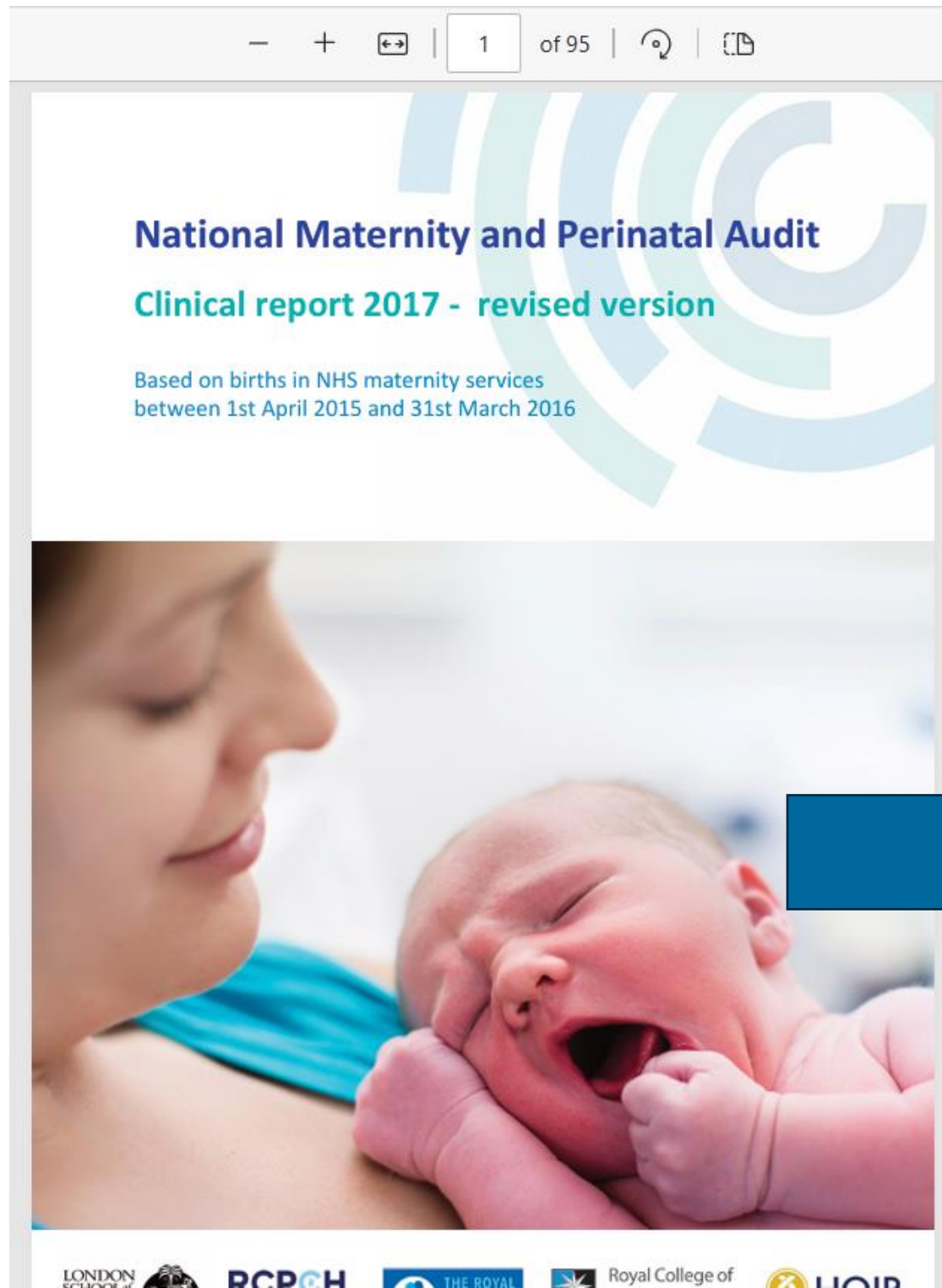
National Maternity and Perinatal Audit: The Impact of the Women and Families Involvement Group (WFIG)



Women and Families Involvement Group (WFIG)

- PPI group for the audit
- 3-4 meetings per year
- Additional meetings for further outputs and pieces of work
- Up to 10 members
- Explore how voices can be heard throughout all NMPA work
- Guide goals and direction of audit
- Dissemination NMPA news and outputs

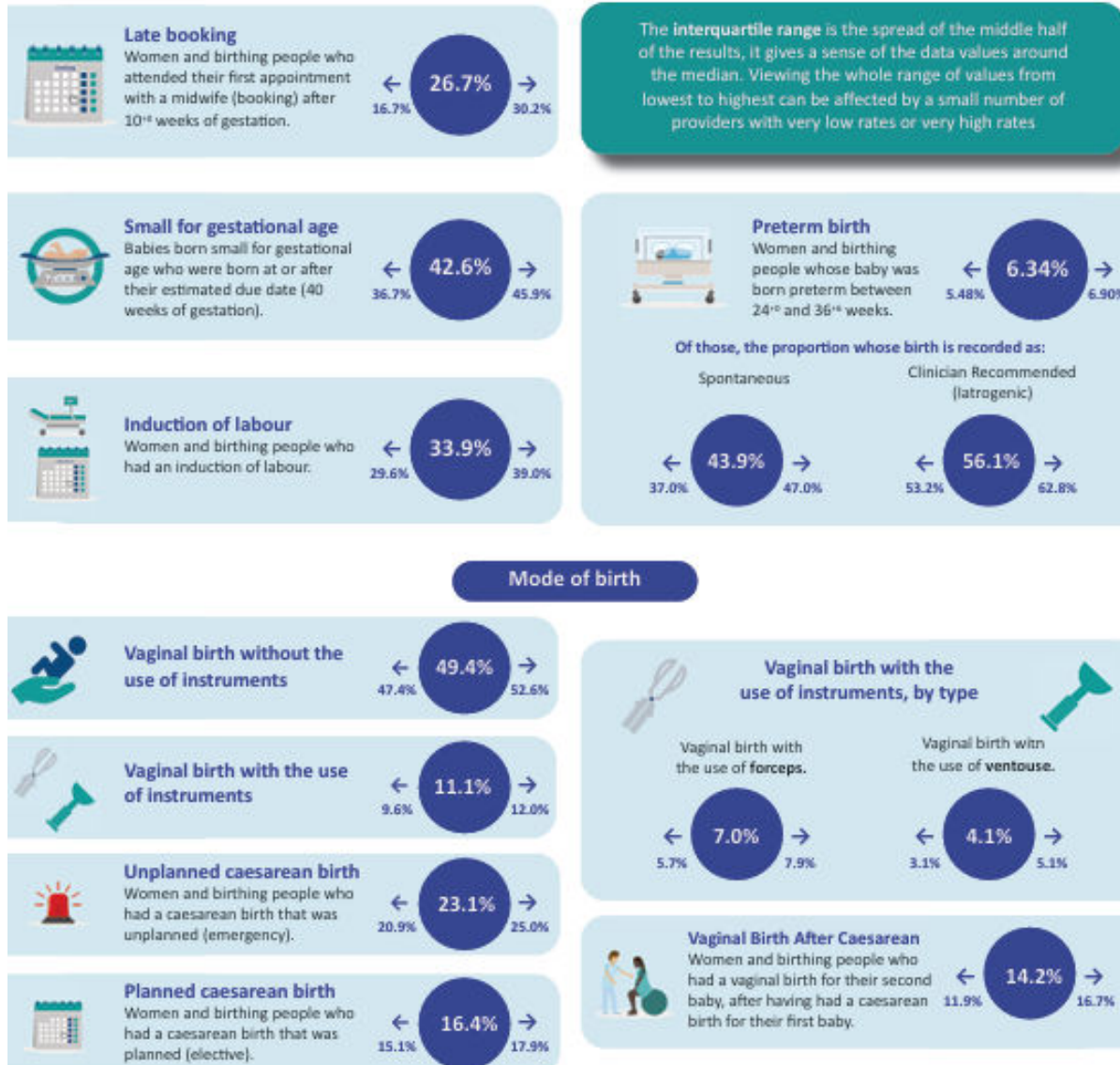




Results at a glance

The National Maternity and Perinatal Audit (NMPA) uses information collected routinely as part of NHS maternity care, combined with information collected when women and birthing people and their babies are admitted to hospital, to report on a range of care process and outcome measures. Summarised here are results based on NMPA data relating NHS births in 2023.

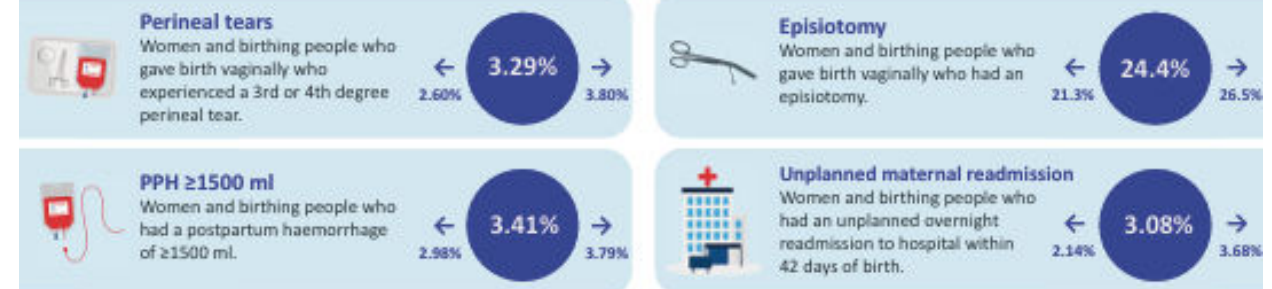
The average rate for NHS maternity care providers across Great Britain appears in the blue spot. The blue arrows represent the middle half (interquartile range) of maternity care providers. A full description of the measures including results for each country can be found in the [summary results tables](#).



Results at a glance

Caesarean birth by selected Robson Group Classification

Of the women and birthing people who meet the selected Robson Group Classification, the proportion who had a caesarean birth:



Measures of care for the newborn baby



This is the first report published by the NMPA since the [2022 clinical report](#) on births occurring between 1 April 2018 and 31 March 2019.

This State of the Nation report is the first time the NMPA have used the updated MSDS version 2.0. Information on the methods used and summary results tables can be found [here](#).

Find out more at:
www.maternityaudit.org.uk
Or scan the QR code to visit the website on your smart-phone.

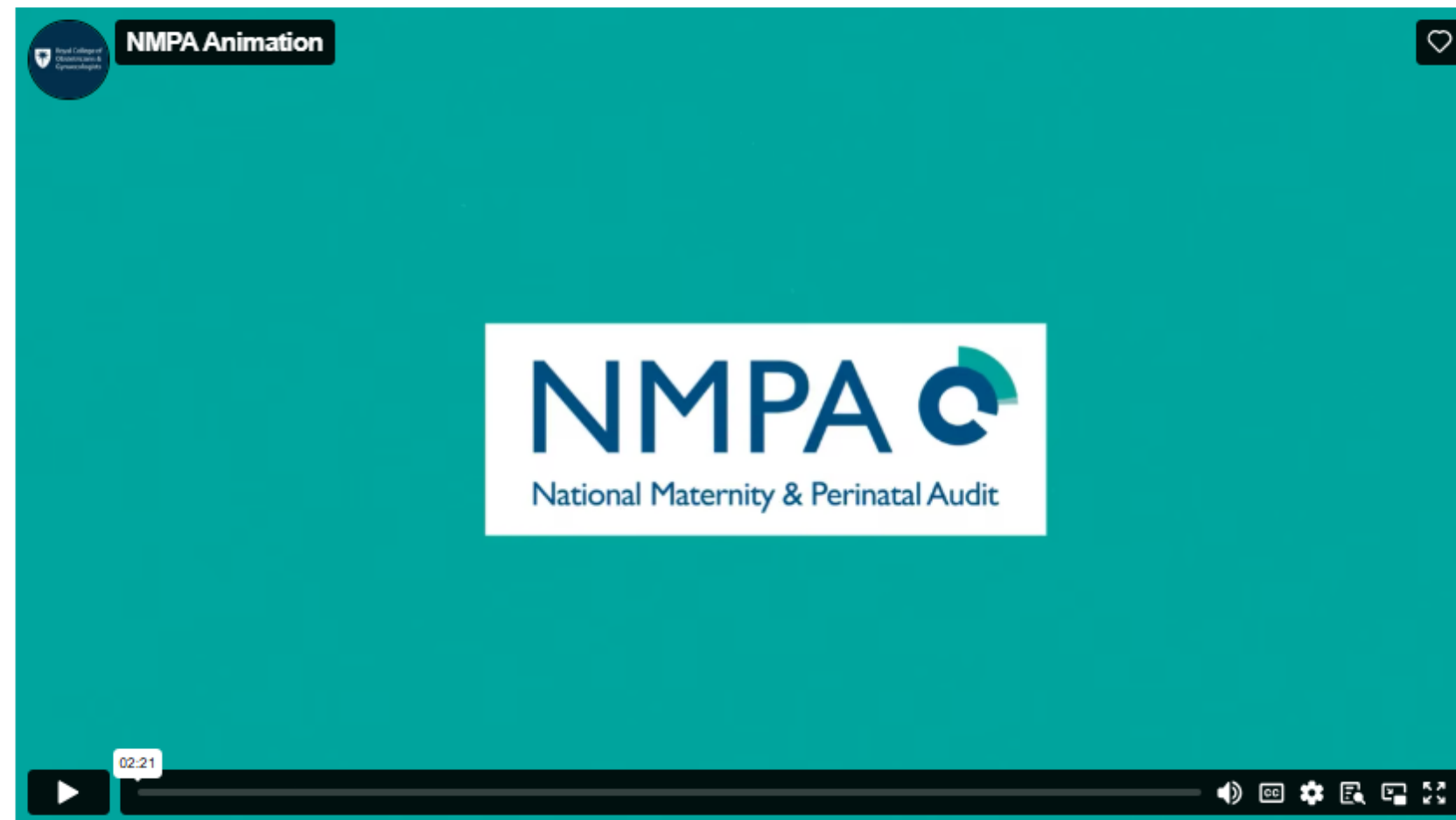




What is the National Maternity and Perinatal Audit?

The National Maternity and Perinatal Audit (NMPA) is a large-scale project created to look at the information hospitals record about maternity and postnatal care.

The animation below gives an introduction to the work of the NMPA.





"We were able to provide valuable insight to the researchers in a number of ways. They were very respectful of our views and experiences"

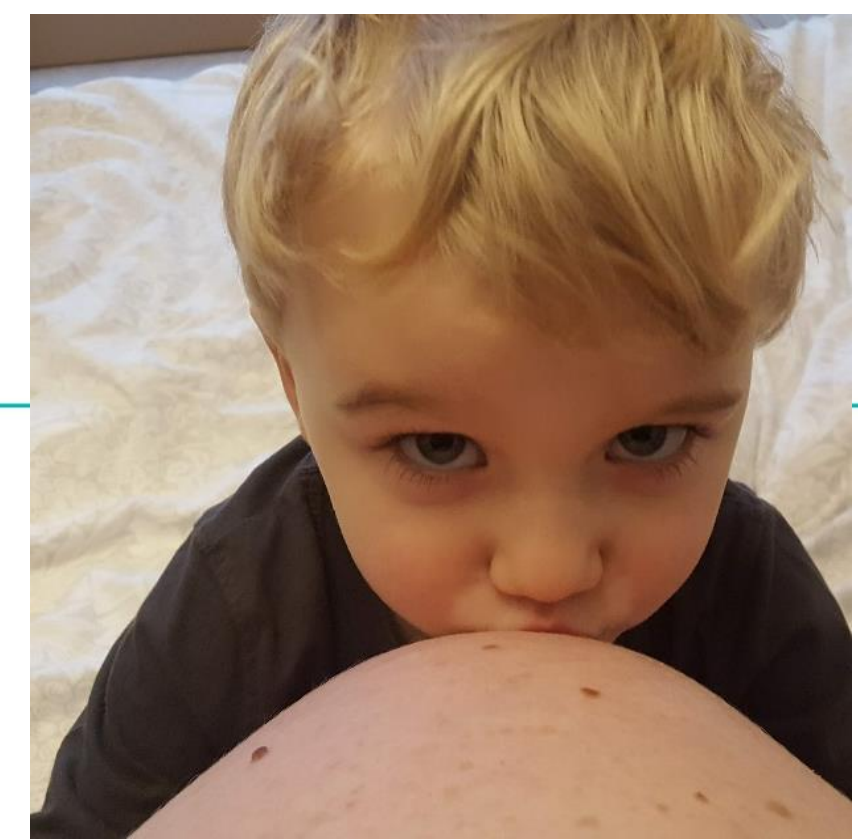
"This might be the best example of patient voice being in an audit report that I have ever read – it is absolutely equal to the statistical analysis and really brings out the richness of the data"

"It was great to have the opportunity to put my negative experiences to good use. I'm very much looking forward to the next phase of this work"

"Really pleased to have been invited to be involved with this, and think our awesome lay group was able to have some meaningful input that will hopefully have real world benefits for people experiencing pregnancy with a high BMI. Thanks for listening to us @nmpa_audit!"



My Patient Journey



Multiple birth-related health inequalities

- **Complications depending on type of multiple birth** (how many placentas (chorionicity): & amniotic sacs (amnionicity))
- **Increased risk of:**
 - **pregnancy conditions and complications incl:** pelvic girdle pain, pregnancy induced high blood pressure, pre-eclampsia, anaemia, gestational diabetes, postpartum haemorrhage, restricted growth of one or more baby.
 - **preterm birth:** ~ 60% of twins, 75% of triplets born before 37 weeks of gestation

NMPA Multiple Birth Snapshot Audit (published 2026 using 2023 data)

- **Stillbirth and neonatal death:** Twins are 2x more likely to be stillborn and 3.5x more likely to die as newborns compared to singleton babies

MBRRACE-UK 2021 Perinatal Confidential Enquiry, Stillbirths & Neonatal Deaths in Twin Pregnancies

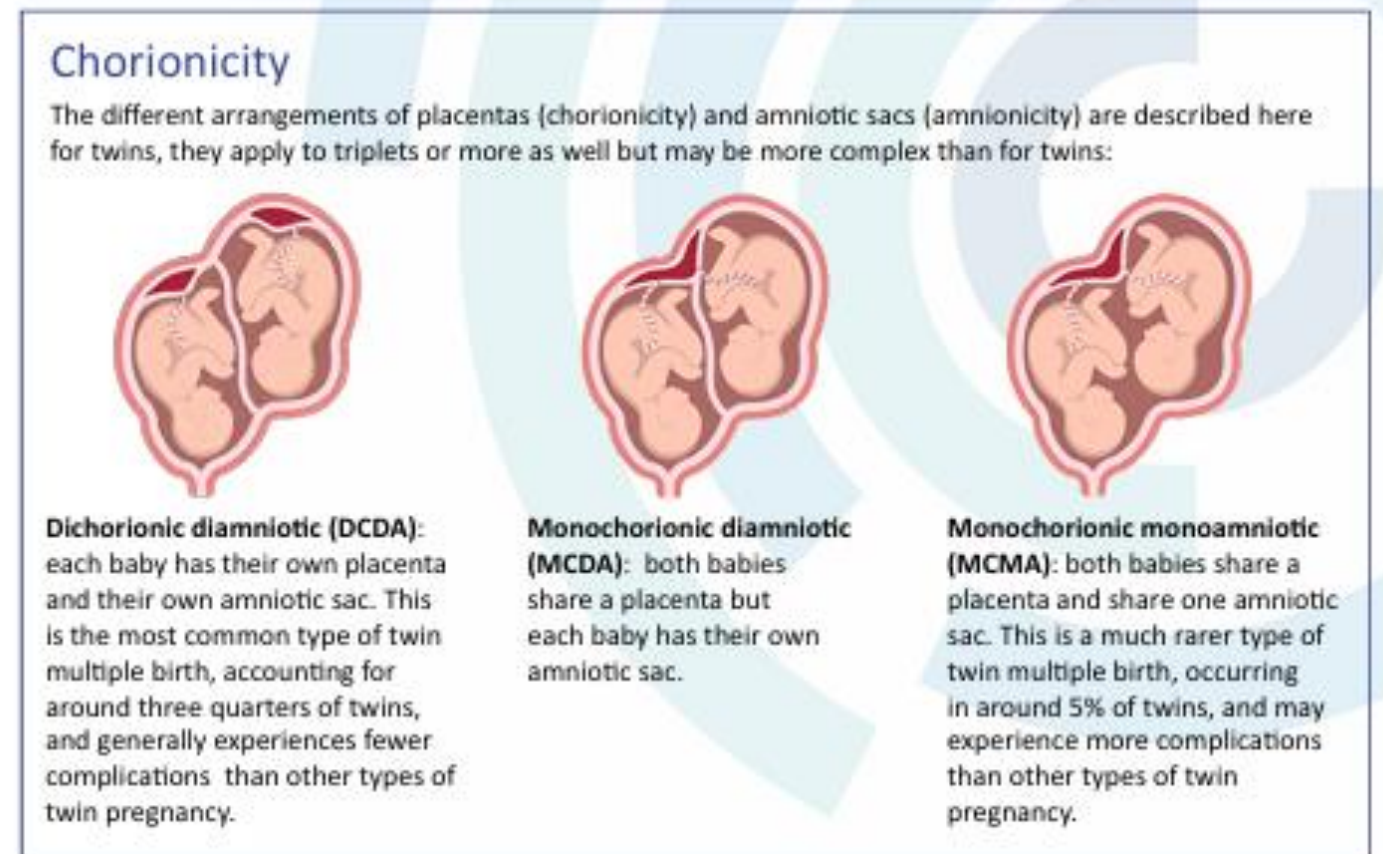
- **Evidence of widening-inequalities:**
 - increase in stillbirth and neonatal death rates for twins between 2016–2020,
 - widening gap between stillbirth and neonatal death rates for singleton babies and twins in 2020

MBRRACE-UK 2022 Perinatal Surveillance Reports (2020 data)

Yet multiple birth data collection is complex and inadequate ...

Multiple Data Complexities & Inadequacies

- Missing data
- Errors
- Lack of metric standardisation



- Exacerbating inequalities by undermining research, knowledge and learning

Patient and Public Involvement Impact

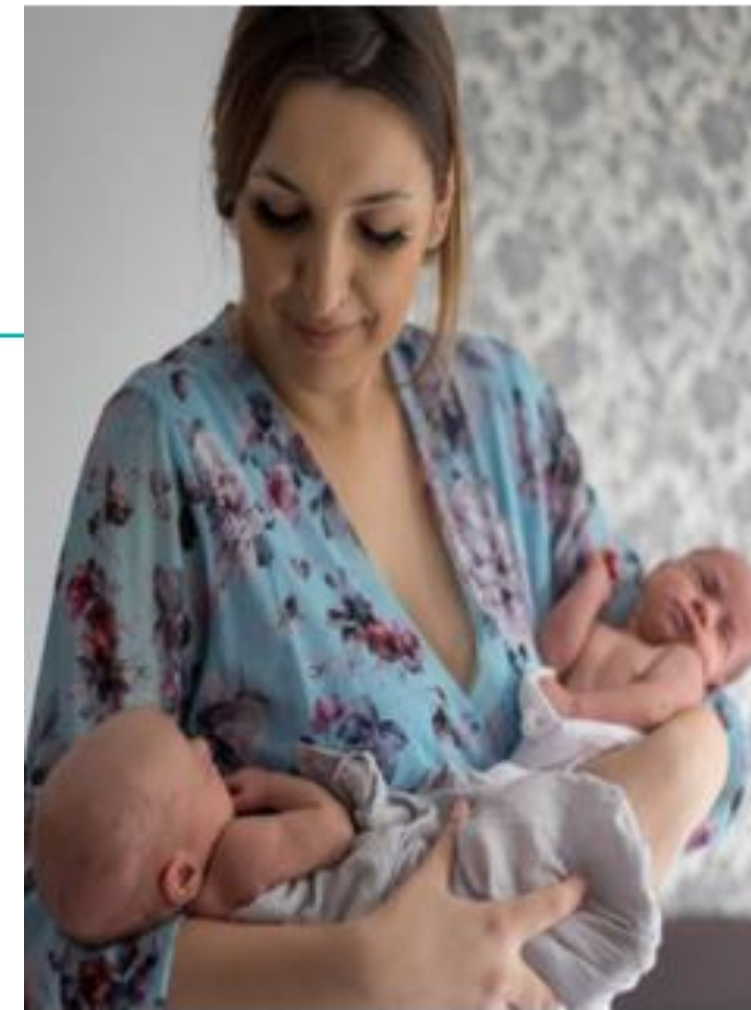
- Consistent representation and advocacy for families of multiples
- Lived-experience perspectives, ideas and feedback
 - Incl selection of clinical measures important to patients
- Increased accessibility & relevance for public audiences
- Advice and support for public dissemination
- Greater inclusivity and potential to address health inequalities
- Fostering wider public input to help improve and standardise multiple birth metrics. **Thank you:**

**Twins
trust.**



Multiple Birth Snapshot Audit

NMPA
National Maternity & Perinatal Audit
Multiple Births Outcomes of Maternity Care
Based on births in NHS maternity services in England, Scotland and Wales during 2023
Published March 2026



What is the impact of assisted conception?

The national maternity datasets do not contain data fields for assisted conception. The Human Fertilisation and Embryology Authority (HFEA) produces reports of data submitted to them by licensed fertility clinics in the United Kingdom (UK). They reported high rates of multiple births from fertility treatment that peaked in the late 1990s/early 2000s at almost 20 times higher than those from spontaneous conception. This was at a time when the rate of multiple embryo transfer was >90% and one quarter of pregnancies following assisted conception resulted in a multiple birth.

Because of the higher chance of complications for multiple births, the HFEA launched a campaign in 2007 called 'One at a Time'. The campaign aimed to reduce the rate of multiple embryo transfer and while the numbers of babies born from assisted conception has continued to rise, the rate of multiple births from assisted conception has reduced from 25% to 3%. It is essential that women and people who are planning to become pregnant by assisted conception are appropriately counselled about their options for embryo transfer and the potential consequences, especially when more than one embryo is transferred.

Recommendation 2

NICE should review, and update where appropriate, the current methods used in clinical practice for monitoring adequate fetal growth in multiple births and the use of singleton estimated fetal weight centile charts.

Recommendation 3

The National Institute for Health and Care Research (NIHR) should review existing and emerging evidence for estimated fetal weight charts customised for multiple births and plan research to assess optimal fetal growth in multiple births and develop birthweight centile charts for multiple births babies.



Reducing Disparities and Improving Outcomes in Maternity and Neonatal Services across England

Wendy Olayiwola

National Maternity Lead for Equality,
NHS England



England

Patient Involvement and Care Equity: Improved Outcomes for All

HQIP Maternity and Healthcare Inequalities Webinar

Wendy Olayiwola. **BEM, FRCM, FRCN**

National Maternity Lead for Equality

Visiting Professor – Aston University Birmingham UK

Professional Midwifery Advocate

Chief Midwifery Office NHS England



Overview

- Why this Matters?
- What the data say
- Strategic context
- Action the NHS is taking on health equity
- Action the NHS is taking to support the workforce
- Summary

Why This Matters

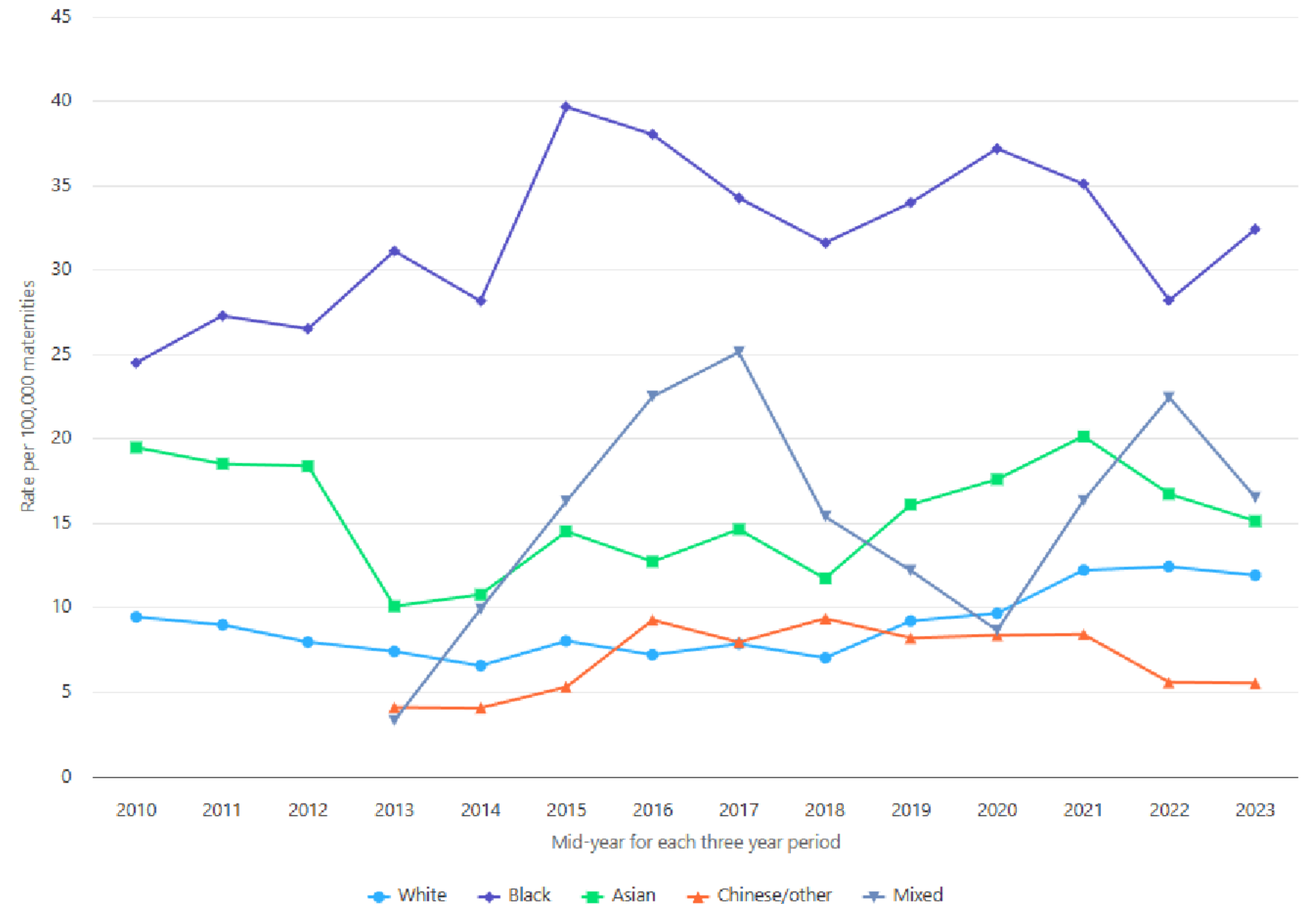


Maternal mortality by ethnicity (England)

Rates are x3 for Black mothers

- The mortality rate for women from **Black ethnic groups** was increased in 2022-24
- It is nearly **three times** (32.42) higher than that of White women (11.93)
- **Asian women** (15.14) had a non-significantly higher rate

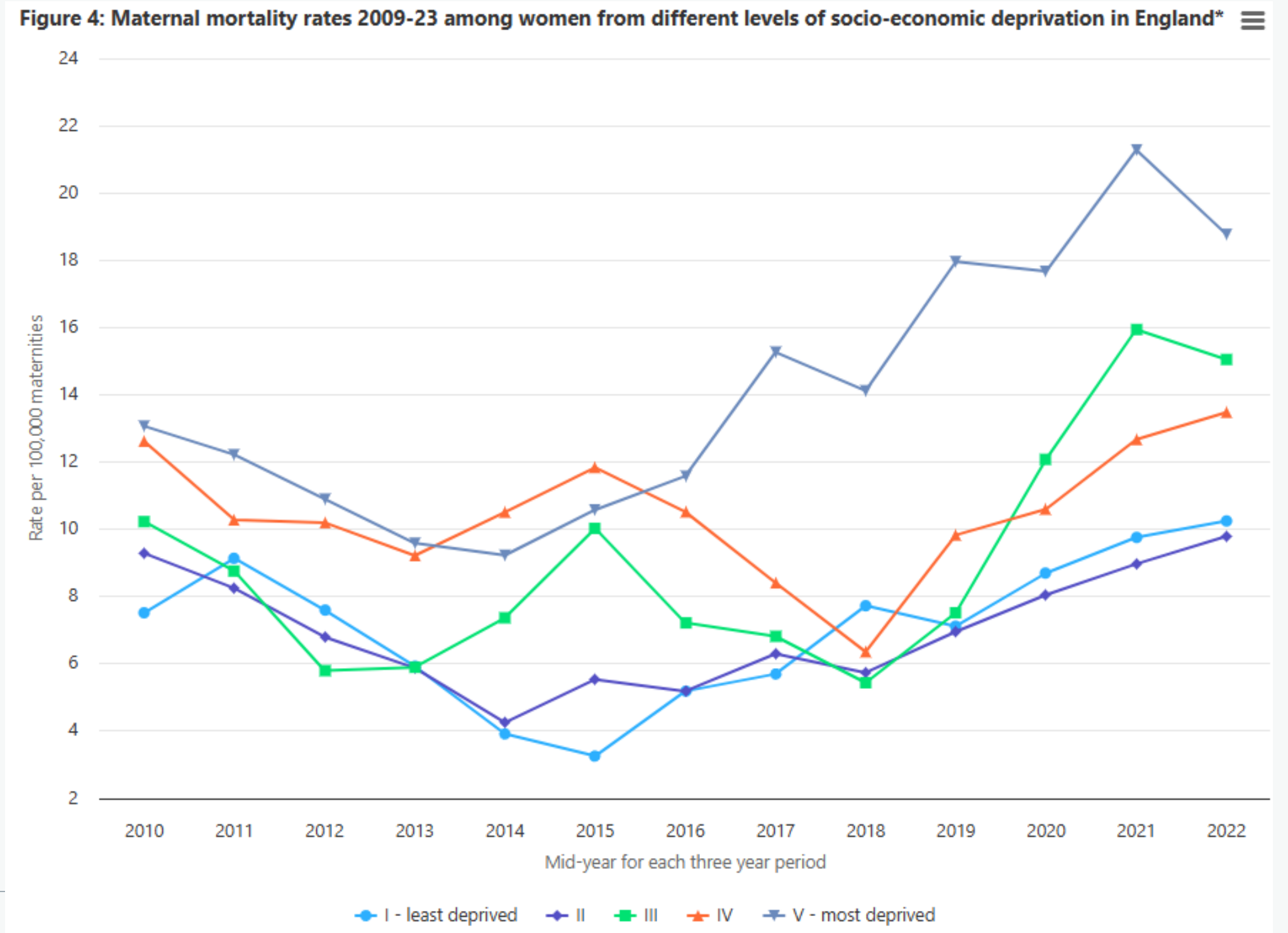
Figure 3: Maternal mortality rates per 100,000 maternities amongst women from different ethnic groups, England* 2009-24



Maternal mortality by deprivation

Rates are x2 for those living in deprived areas

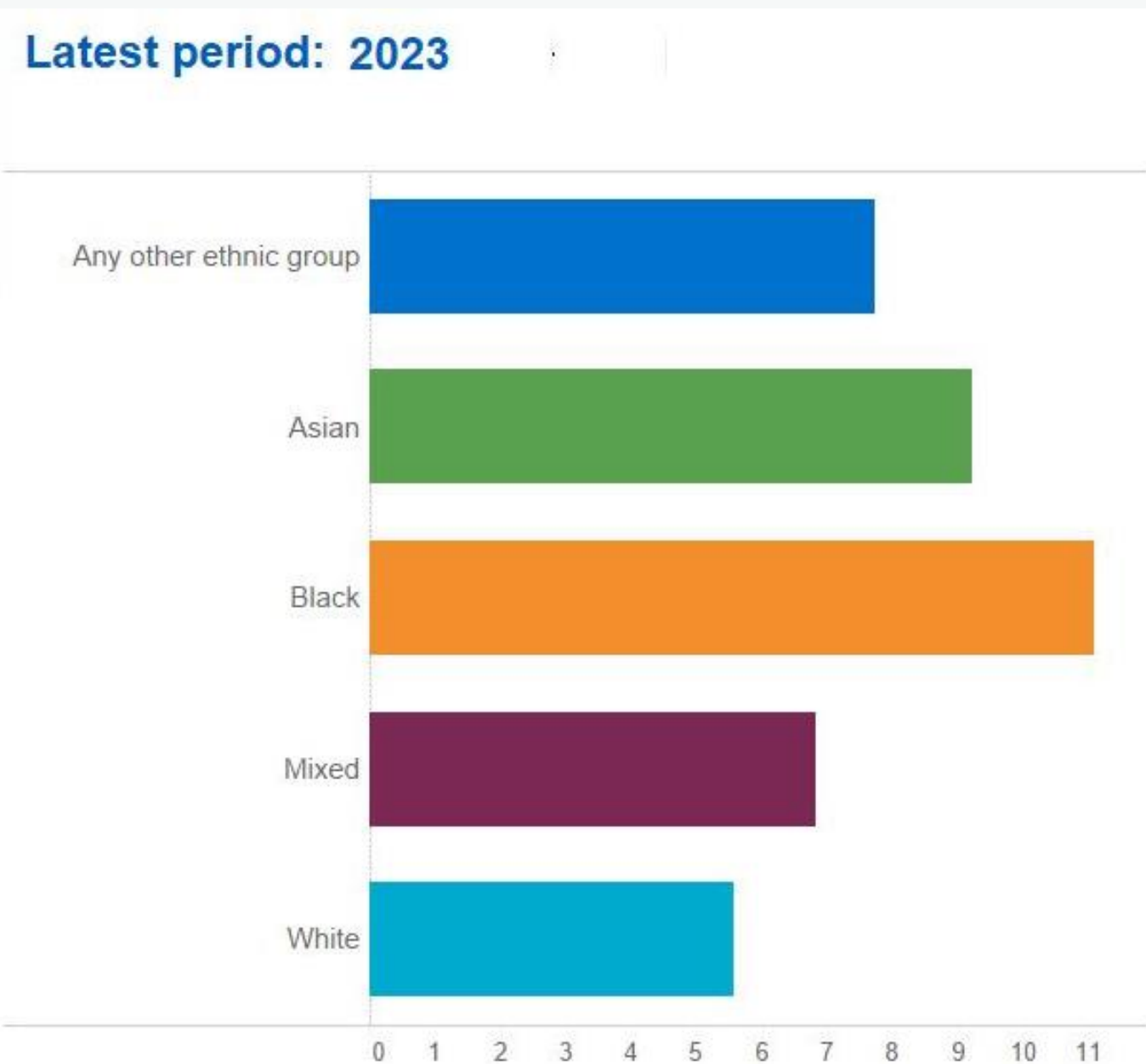
- Women living in the **most deprived areas** continue to have a maternal mortality rate (18.77) twice that of women living in the least deprived areas (10.25).



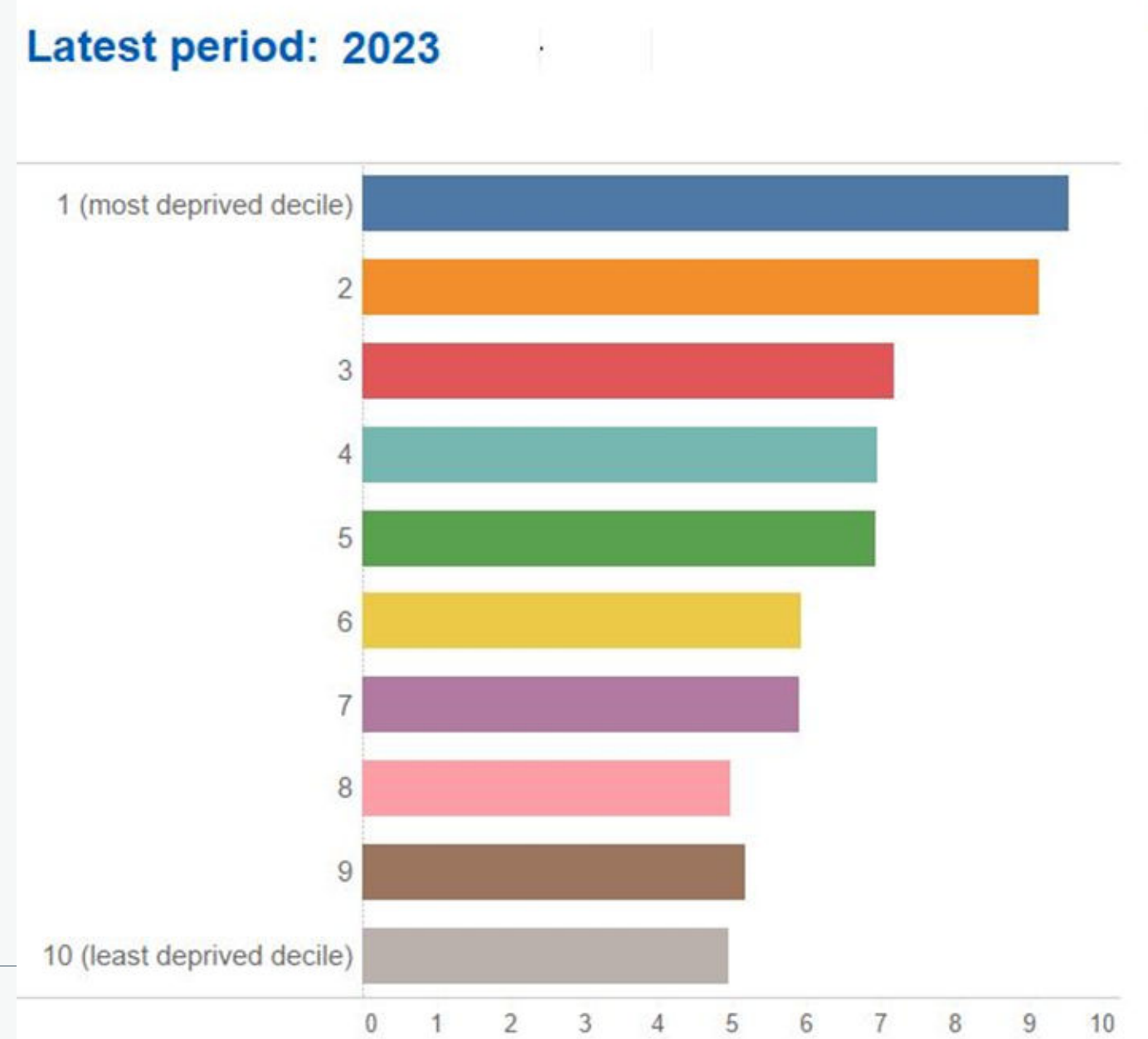
Stillbirth & neonatal mortality rate

There are inequalities by ethnicity and deprivation

The stillbirth and neonatal mortality rate is around x2 for Black babies and 60% higher for Asian babies



The stillbirth and neonatal mortality rate is around x2 higher in the most deprived decile



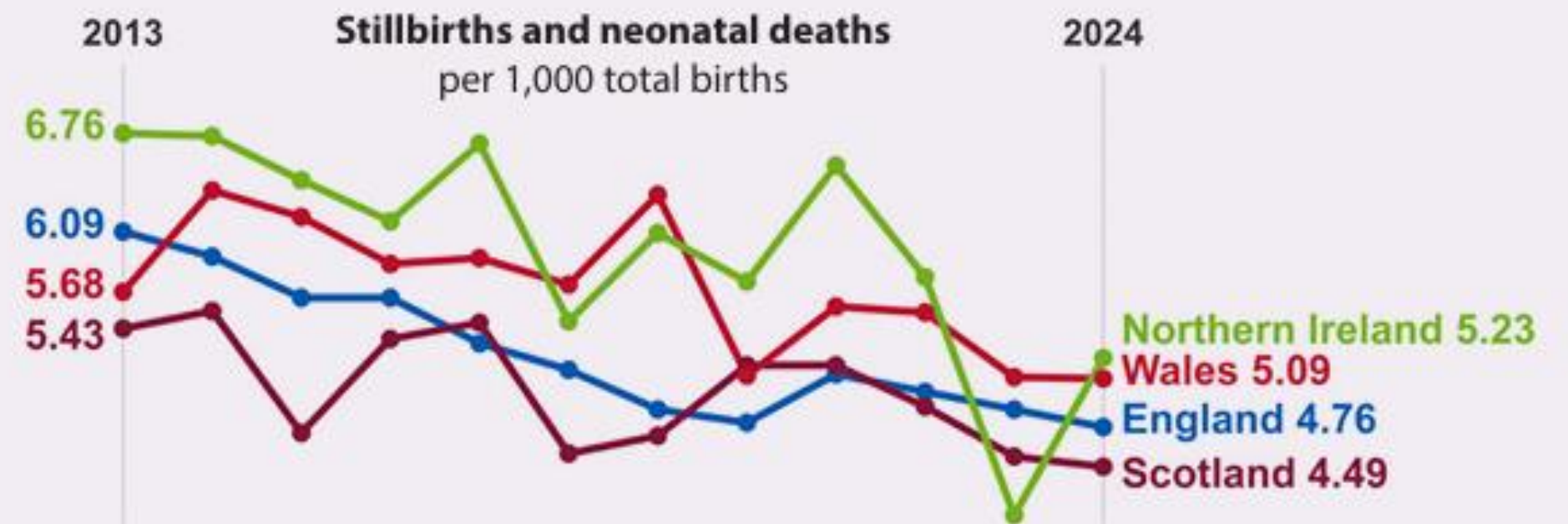
Perinatal mortality

Mortality rates have fallen by 21% over the last 10 years in the UK

- Stillbirth, neonatal mortality and extended perinatal mortality rates were **lower** in England compared with 2023
- The UK extended perinatal mortality rate was 4.77 baby deaths for every 1,000 births in 2024, which is **21% lower than in 2013**
- “...progress is being made in reducing baby deaths, but **there is still important work to do**—especially to tackle the gaps linked to deprivation, ethnicity, and how early in pregnancy a baby is born”
- Number of neonatal deaths and stillbirths per 1,000 total births is a scored metric for ICBs in the [NHS Oversight Framework 26/27](#)

Fewer babies are dying than in the past

→ Since 2013, the number of babies who die shortly before, during, or soon after birth has fallen across the UK. In 2024, rates continued to decrease.



The case for change

Congenital anomalies account for over half of neonatal deaths in Pakistani babies

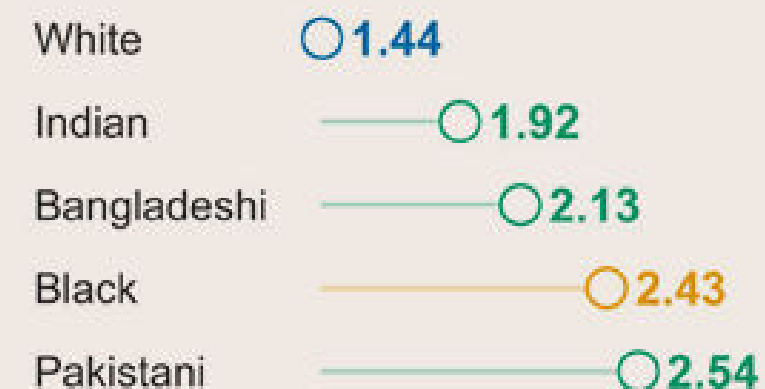
- In England, congenital anomalies contribute to 7% of stillbirths and 35% of neonatal deaths ([MBRRACE-UK 2026](#))
- **Congenital anomalies** occur in 6% of births to first cousin couples and 2–3% in unrelated couples ([Sheridan et al. 2013](#)). Risk clusters in families.
- In Bradford, 37% of Pakistani mothers were married to their first cousin
- Over half of neonatal deaths in Pakistani infants are due to CAs

→ Babies of Black and Asian ethnicity continue to experience higher mortality rates.

Stillbirths per 1,000 total births



Neonatal deaths per 1,000 live births

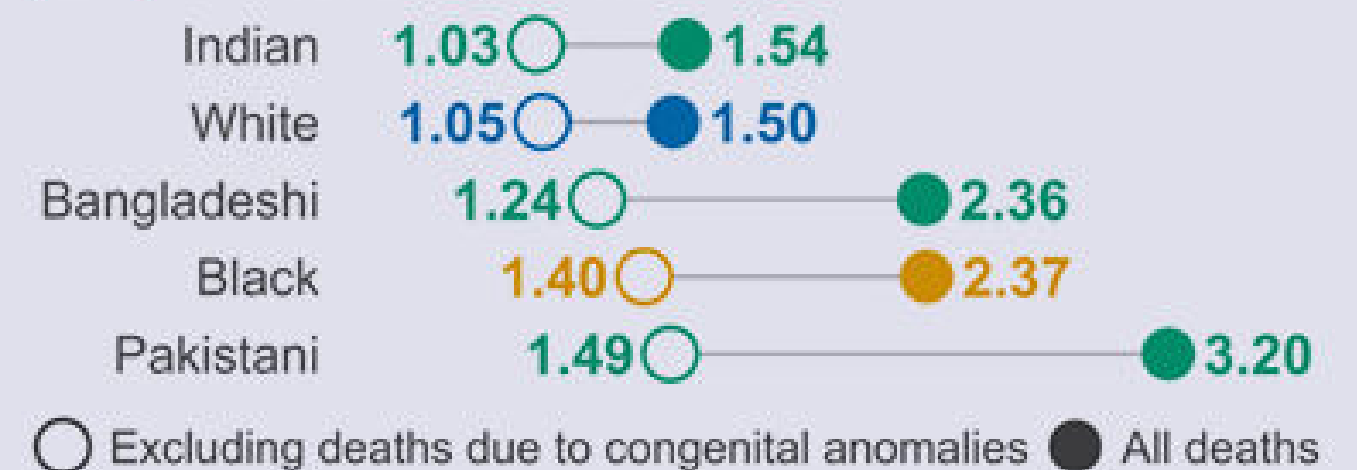


Congenital anomalies make up a large share of deaths

→ Congenital anomalies contribute to deaths in all ethnic groups, but account for a particularly large share of neonatal deaths among Bangladeshi, Pakistani and Black babies.

Neonatal deaths

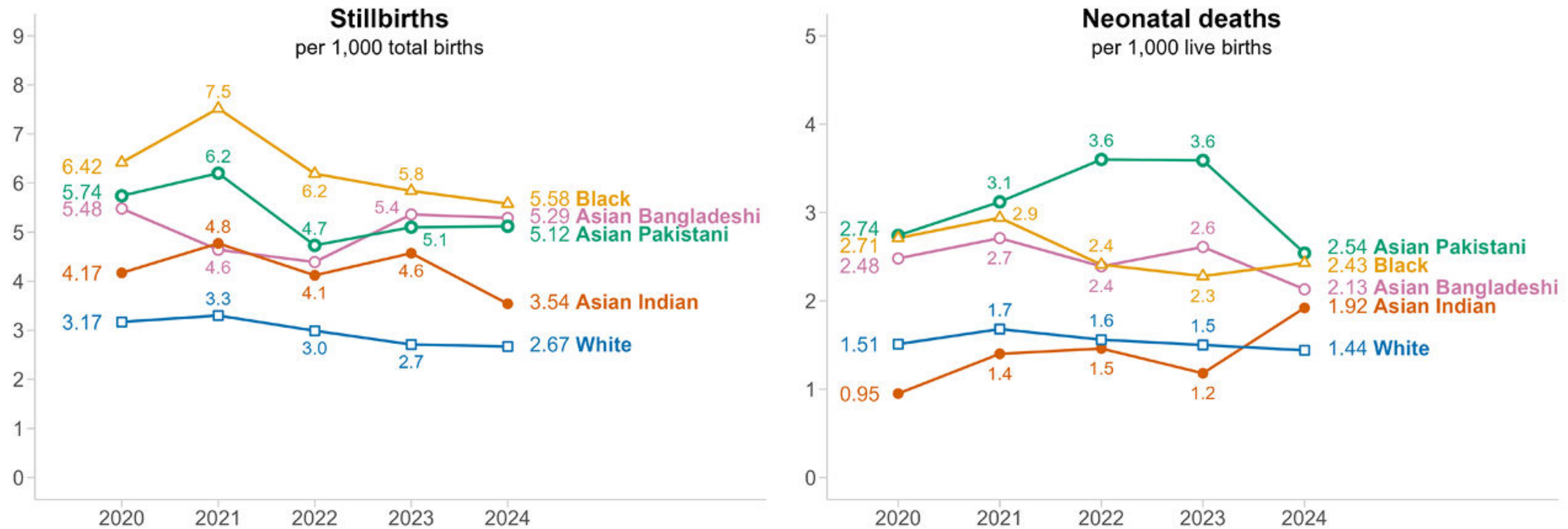
per 1,000 live births (2022 to 2024)



Stillbirth and neonatal mortality rates by ethnicity

Neonatal death rates in Pakistani babies appear to be falling

Figure 5: Stillbirth and neonatal mortality rates by babies' ethnicity: United Kingdom and Crown Dependencies, 2020 to 2024





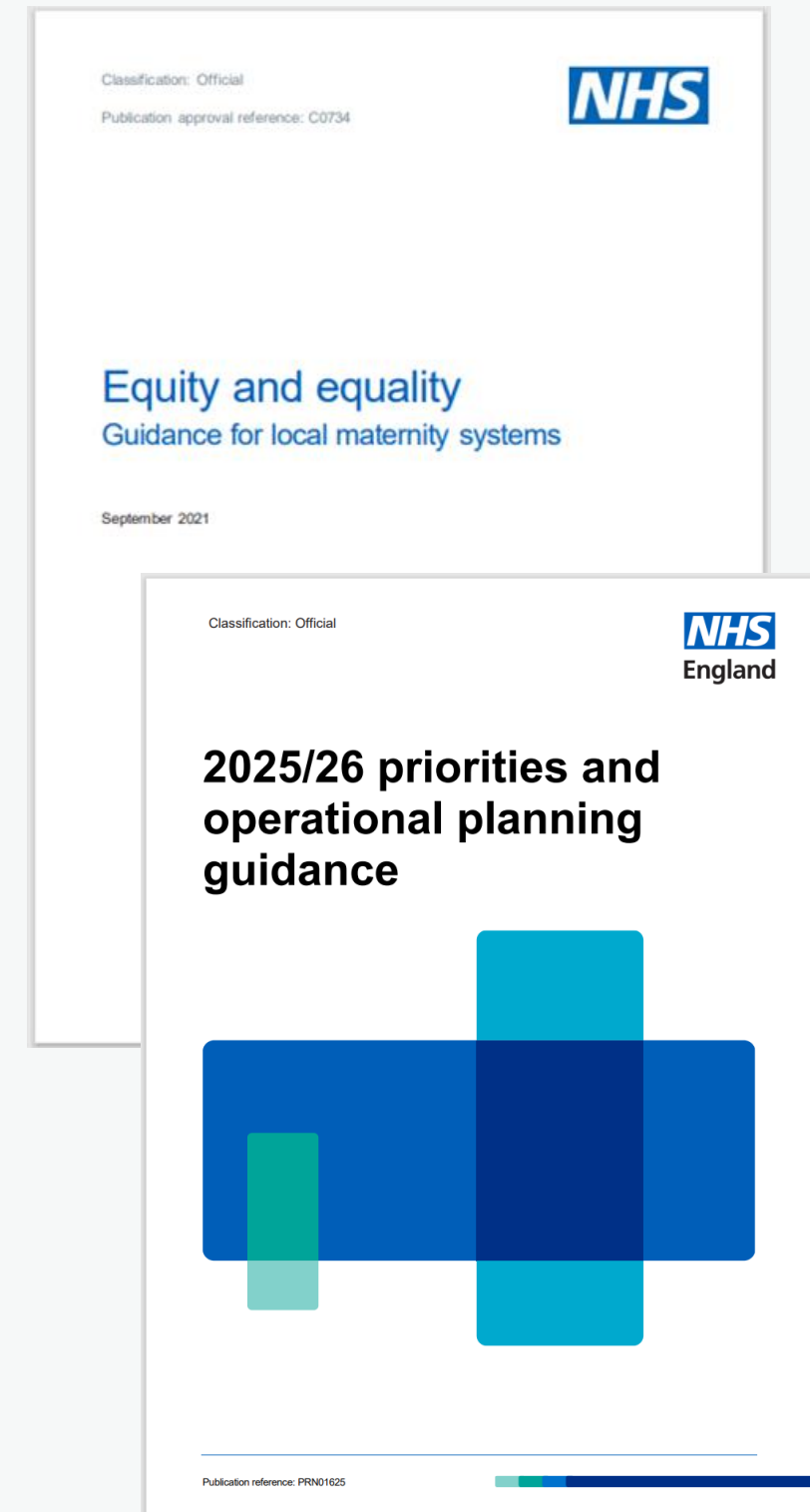
Strategic context

Equity in maternal and perinatal outcomes is an NHS priority

- **Government has a manifesto commitment** to ‘set an explicit target to close the Black and Asian maternal mortality gap’
- An announcement will be made once the government is confident about the action needed by the wider NHS (on preconception health) and others (on the social determinants of health)
- The Secretary of State is concerned that Black, Asian and working-class women ‘are not listened to or given the chance to be advocates for their own health’
- **The NHS CEO and CNO asked NHS trusts** to ‘retain a laser focus on tackling inequalities, discrimination and racism within your services, including...putting in place key interventions’
- The **national maternity investigation**, Chaired by Baroness Amos, will make national recommendations including to ‘reduce inequalities and promote health equity’
- A **National Maternity and Neonatal Taskforce** - chaired by the Secretary of State - will ‘keep up momentum and deliver change’

Action the NHS is taking on health equity

- **Equity & Equality Action Plans** published by every LMNS by May 2024. An evaluation shows:
 - implementation increased from 45% in March 2023 to 83% in December 2024
 - equity is a higher priority, local health needs are better understood and service user engagement has increased and collaboration with system partners has improved
- **16 equity & equality interventions** have been developed, 6 are a priority
 - Equity and Equality data dashboard (Jan 26)
 - Maternity triage: principles & measurement (Jan 26)
 - Genetic Risk Equity
 - Tools to help educators remove racial bias from education & training (April 26)
 - Holistic outreach and educational support in preconception & pregnancy (TBC)
 - Community-based peer and/or support worker roles (TBC)
- **Planning guidance 2025/26:** asks ICBs & providers to continue to address variation in access, experience and outcomes for maternity.



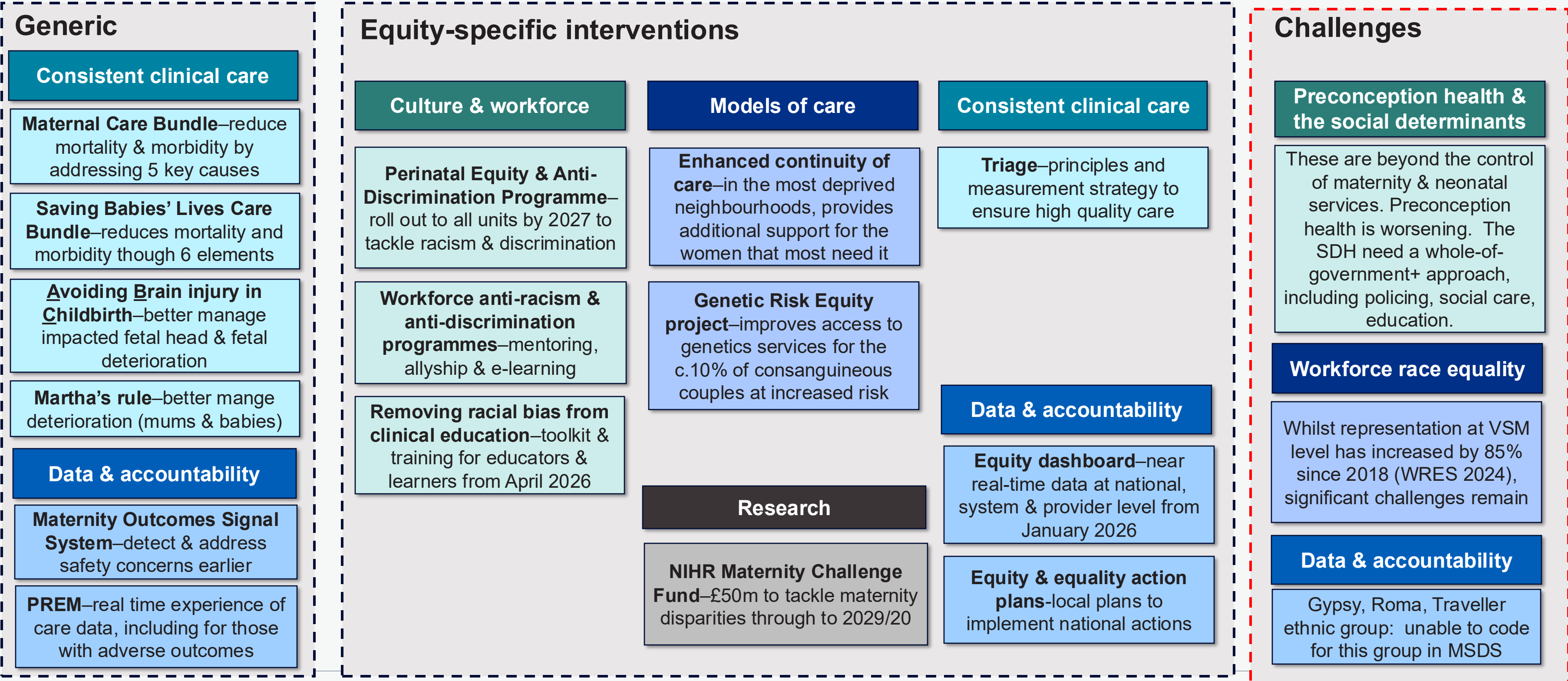


Action the NHS is taking to support the workforce

Include national programmes and e-Learning for Health

- **Perinatal Equity Anti-Discrimination Programme:** will equip senior leadership teams and leaders in the clinical environment to tackle racism and discrimination. October 2025 to end 2027.
- **National programmes** develop midwifery staff (from bands 6+) from ethnic minority groups and develop allies from White ethnic groups:
 - 185 midwives participated in the **Changing & Growing Together Programme**. They described culture change, increased confidence and wellbeing, and a growth in empathy and compassion. White staff were matched with midwives from ethnic minority groups.
 - 90 ethnic minority midwives, neonatal nurses and their White managers supported via the **Elevate** and **White Allyship at Work** Programme.
- **Cultural competence and safety e-learning training** completed by c. 65,000 staff.
- **Clinical training aids** received by 140 sites with maternity and neonatal services in May 2024 to support care for women and babies with Black or dark skins.

Maternity and neonatal services have a clear set of interventions to address inequalities. There is more to do, and challenges remain.



Preconception health to promote equity

Areas with the biggest impact on maternal and infant outcomes include

Whole population

- **Smoking:** stopping smoking *before* pregnancy reduces PTB ([Li 2020](#))
- **Obesity:** if halt the increase, could reduce inequalities gap in maternal mortality rates by 2-9%
- **Diabetes:** could reduce maternal mortality inequalities gap by 40% in Asian groups if reduce diabetes in pregnancy by 5% p.a. against forecast

Women's health

- **Anaemia:** obstetric haemorrhage risk. Late pregnancy iron deficiency affects 84% ([McCarthy et al 2024](#)) and is due to low preconception iron stores
- **Preconception toolkit** (UK Preconception Partnership)
- **Folic acid deficiency:** UK has amongst highest prevalence of neural tube defects in Europe ([Morris et al 2021](#)); preconception folic acid use is declining ([DHSC 2025](#)); significant inequalities
- **Iodine** (found in seafood): deficiency affects 1 in 10 ([Uni of Soton 2024](#))
- **Genetic risk equity:** access to genetics services for small proportion of consanguineous couples at higher risk; implement [CDOP guidance](#).
- **Nutritional supplement** in preconception and pregnancy reduces PTB from 9.2% to 5.8%; late PTB reduces by 57% ([Godfrey 2021](#))

In summary

Equity in maternal and neonatal health outcomes is a national, NHS priority

- The Government have a manifesto commitment to **‘set an explicit target to close the Black and Asian maternal mortality gap’**
- The Health & Social Care Select Committee’s **Black Maternal Health report** has kept up the focus on equity with recommendations around culture & leadership, workforce, data and funding
- **The Secretary of State** is concerned that Black, Asian and working-class women ‘are not listened to or given the chance to be advocates for their own health’ and announced measures to address ‘devastating inequalities’
- **The NHS CEO and CNO asked NHS trusts** to retain a laser focus on tackling inequalities, discrimination and racism within maternity and neonatal services; as per the Planning Guidance
- **Work includes** LMNS Equity & Equality Action Plans, workforce programmes including the Perinatal Equity Antidiscrimination Programme and 6 key interventions, which include Genetic Risk Equity
- Workforce Interventions.

Thank You



@nhsengland



company/nhsengland



england.nhs.uk

Panel Discussion

George Dunn

Sarah Fisher

Wendy Olayiwola

Al Richards, Dad and HQIP SUN member, Person from the Global Majority

Meg Hill, Birth Worker and HQIP Service User Network (SUN) member

Riham Lotfi, Community Champion and HQIP SUN member

Naomi Rose, HQIP SUN member and Expert by Experience

Nicky Vousden, MBRRACE-UK representative,

Clinical Lecturer and National Perinatal Epidemiology Unit

Upcoming Clinical Audit Awareness Week Webinars

Daily themed webinars:

- Wed 10am-12pm: Shaping the Future Together
- Thu 10.30am-12pm: Patient Safety: Using Data to Reduce Harm
- Fri 10am-12pm & 1-3pm: Data-Informed Improvement

Daily Excellence in Clinical Audit Awards announcements:

- Wed 12.45-1.30pm: Innovation Award
- Thu 12.45-1.30pm: Patient Safety Award
- Fri, during the 1-3pm webinar: Evidence in Practice Award



Find out more and register here
- or scan the QR code:

www.hqip.org.uk/caaw26

Find lots more on this topic on HQIP's website:

www.hqip.org.uk/impact-of-data/patient-voice

www.hqip.org.uk/impact-of-data/health-inequalities



THANK YOU!



Please share your feedback:

Go to www.hqip.org.uk/caaw26-feedback

Or scan the QR code

Keep up to date:

- Sign up to HQIP's mailing list: www.hqip.org.uk/subscribe-form/
- Follow us on social media & use the hashtag #CAAW26

