Tackling Inequalities through Faith and Community Partnership

Maternal Outcomes amongst Muslim Black and Minority Ethnic Women

Data shows that women from black and Asian backgrounds have consistently poorer maternal health outcomes compared with white women. One report by MBRRACE UK (2021) shows that women from Asian ethnic backgrounds are twice as likely to die in childbirth, whilst it is four times as likely for black women.

FaithAction have been looking at ways to tackle this disparity through our connections with faith leaders and policy leads from NHS England, nationally.

We want to:

a.) Raise awareness of the issues associated with this disparity

b.) Co-design solutions with communities

Collaborative Event at Al Madina Mosque, Barking, 26th January 2023

In January 2023 we held an event at Al Madina Mosque, Barking, in partnership with NHS England and the British Islamic Medical Association (BIMA), drawing on their expertise in working at the intersection of health inequality and faith.

We also invited clinicians and local health system representatives to facilitate the co-creation of practical solutions to tackle these disparities.

To do this, we divided our guests into three focus groups:

1. Faith leaders and VCFSE groups
2. Clinicians, including midwives and maternal health specialists
3. Local and national health system workers

Key themes that emerged from the discussions

Trust, advocacy and accountability

- There was agreement across all focus groups that the NHS has much to learn in how to treat women from black and minority ethnic backgrounds, with professionals often failing to recognise their individual needs that may or may not be linked to faith and culture.
- It was identified that Muslim women sometimes have difficulty trusting health professionals, and there was agreement that better advocacy is needed:

> ***"…Going ahead and having babies in the system, if I hadn't stated my clinical background*** **[as a black midwife]** ***I would not have got the care that I deserved. So that***

***for me was really poignant, because that's when I started my work of advocation … we expect Muslim women to advocate for themselves but it's not possible … there has to be a level of accountability. Accountability of a community to say 'that's true, we don't engage in the system' and a level of accountability for the system to say 'you're absolutely right, we do not know how to engage with women like you'"*.**

<u>Faith literacy: cultural competency vs. cultural safety</u>

- All the groups highlighted the need for better faith literacy amongst clinicians and the need to identify whether women want faith-informed care, rather than making assumptions based on stereotypes:

  "*Our behaviours are shaped around our cultural belief, but we never ask that because you assume. You see someone in a hijab and you think she'll do XYZ - that doesn't define that person ... For healthcare professionals, we need to get over that as it has a wider impact on care and experience … we are a diverse multicultural society … It's having those preconceived notions and assumptions, and assumptions are not good … and they see someone who they think looks like a Muslim because she's covered, but then I'm a Muslim and I'm not covered but that's my choice. But we probably have the same wants as everyone, but no one will ask me that because they assume … It's about listening, and we don't do enough of it.*"

- Health system workers also illuminated an important difference between cultural competence and cultural safety:

  "*Cultural competency is about the skills that we develop amongst our staff. Cultural safety is about environment and the culture of that environment ... You can train your staff to be culturally competent but if you don't have that environment, then there's no point of talking about cultural competency ... there is something in the system that is affecting our clinicians that means they're not listening to women … our policy needs to reflect the practice that women want to see*."

<u>Representation in communications</u>

- All of the groups raised the issue of poor representation of Muslim women in NHS communications regarding pregnancy and maternal health, such as posters in hospitals.

  "*Branding is a big issue. A lot of the time we found that communities were not engaged with posters from the NHS because they're not representative of women in our communities … Covid was a wake-up for being able to access these women online.*"

- VCFSE workers also highlighted that online communities of BME women are being missed – health and care services need to be designed and adapted to work online.

  "*We do need to be more creative in the way that we communicate this information … ways that are meaningful in order for women to digest that information and actually think about it when they need that service … for example in the form of reels, short videos, lives … this is where our service-users are most of the time to socialise with mums and get quality information at the same time*."

Recommended actions taken from these discussions

Health-placed interventions

- ✓ Pursue better faith/cultural literacy amongst all clinicians to understand the interplay between faith/culture as well as intra-faith cultural differences and faith-informed care.
- ✓ Address how to appropriately ask about faith/spiritual care needs in a maternity context; open questions about faith preferences should be a standard part of wholistic assessments.
- ✓ Develop creative communications campaigns, in partnership with faith/community groups, such as the production of videos to be shared digitally with the communities.
- ✓ Map local faith settings within trusts, including addresses and contact details, to aid partnership working.

Faith-placed interventions

- ✓ Mosques and other faith centres can be used for faith/health partnership working through inviting midwives and other health professionals into these spaces. For example, midwives could attend mother and baby groups in mosques for advice sessions, as well as mosque-hosted antenatal classes.
- ✓ Faith settings can host case-based discussions and thematic reviews of issues affecting their congregations, led by local trusts.
- ✓ Faith settings should be integrated into the wider personalised care offer, including social prescribing – this would take place through establishing two-way relationships with link workers as a means of referral.

Faith-based interventions

- ✓ Establish mosque-based peer support groups for women, including referral from local trusts.
- ✓ Pilot a mosque-based maternity champions project, funded by the local maternity system, to signpost and assist women in pregnancy.
- ✓ Midwives and other health professionals who belong to a local mosque can self-organise to act as informal champions within their community.
- ✓ Imams and other faith leaders should be provided with up-to-date information about local maternity services, so that faith-based teaching can be adapted to include whole-family instruction about pregnancy support and accessing healthcare.