

# Reducing health inequalities in maternity care

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**Suffolk and  
North East Essex  
Maternity and  
Neonatal Services**

# Background

Suffolk & NE Essex have approximately 9000 births per year

We are national outliers in a number of areas:

- High rates of Preterm Births, (these have continued to rise)
- SATOD (smoking) increased over the pandemic and was not reducing
- SATOD in SNEE are 3 x more likely to have a stillbirth
- Right Place of Birth - worst in region for the number of babies NOT born in tertiary units
- All ethnic groups combined account for **14%** of our population in ESNEFT
- **BUT contribute to 26% of perinatal deaths**
- Perinatal mortality rate themes are
- late booking/unbooked/deprivation/smoking/BMI



- “Science tells us that a child’s experiences from conception through their first five years will go on to shape their next 50.
- It tells us that the kind of children we raise today, will reflect the kind of world we will live in tomorrow.
- It tells us that investing in the start of life is not an indulgence, but economically, socially and psychologically vital to a prosperous society.”
- – Jason Knauf, CEO of the Royal Foundation, December 2020





Maternity impacts a lifetime

An aerial photograph of a tropical coastline. The water is a vibrant turquoise color, transitioning to a deeper blue as it meets the horizon. The land is covered in lush green vegetation, with rolling hills and a prominent white sandy beach on the left. In the distance, several small islands and mountains are visible under a bright blue sky filled with fluffy white clouds. The text "Maternity is not an island – we cannot do it alone" is overlaid in white, sans-serif font across the middle of the image. A solid orange horizontal bar is positioned at the bottom of the frame.

Maternity is not an island  
– we cannot do it alone



## VCSE collaboration to improve maternity outcomes

Building trust between maternity and the community

Social prescribing

Signposting the maternity pathway

Reducing isolation

Increasing engagement with maternity services

Educating maternity staff



# Early lessons - Taps and maternity

We asked experts in the community how to help us build trust with maternity.



Hearing the voices of the community  
Bringing different worlds together  
In reaching into the community

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# The PHOEBE Grandmother groups

June topic - Childhood immunisation – Barrack lane medical centre

May topic FGM/male circumcision – Ipswich maternity team

April topic – Infant feeding – Ipswich infant feeding team

March topic – The benefits of relaxation in the perinatal period – LMNS clinical lead

February Induction of labour – LMNS coproduction lead



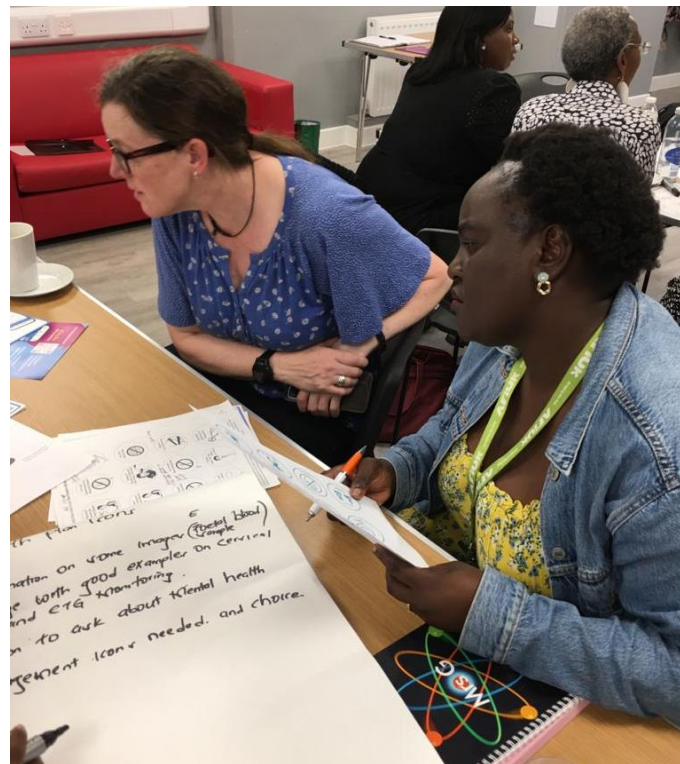
We provide forums to  
bring our VCSE  
partners together to  
share learning

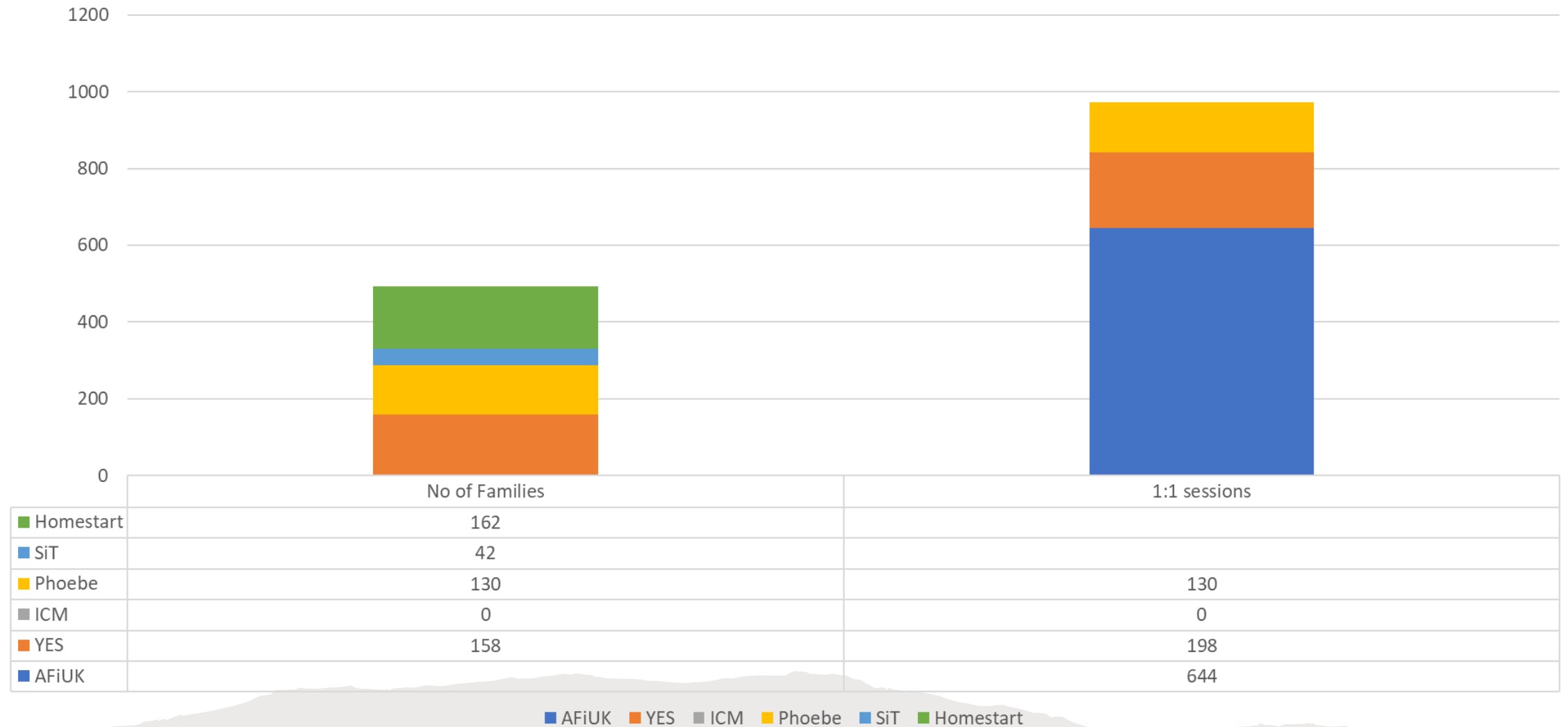




# iMatter Workstream

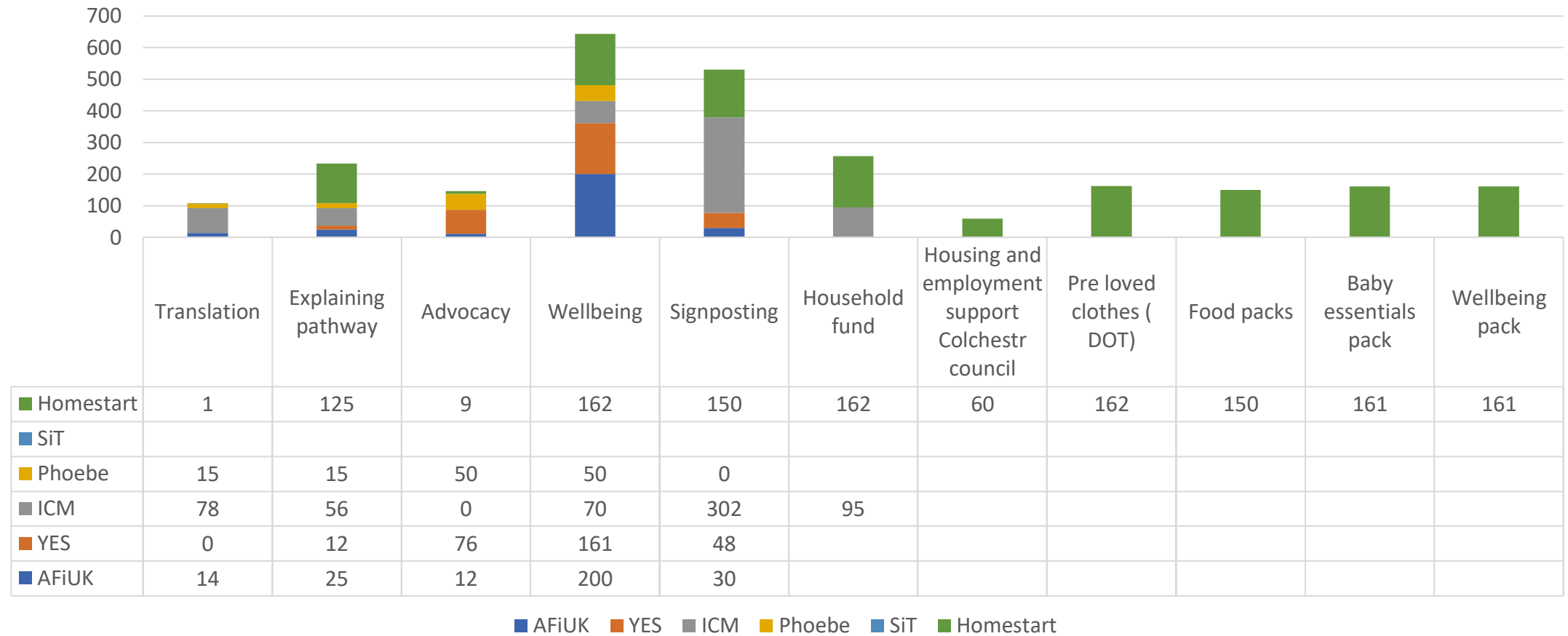
What do we need to know about you?  
 What is important to you?  
 - how to communicate with you  
 - history - how to communicate with you about this  
 - what's happening with you now?  
 - medications



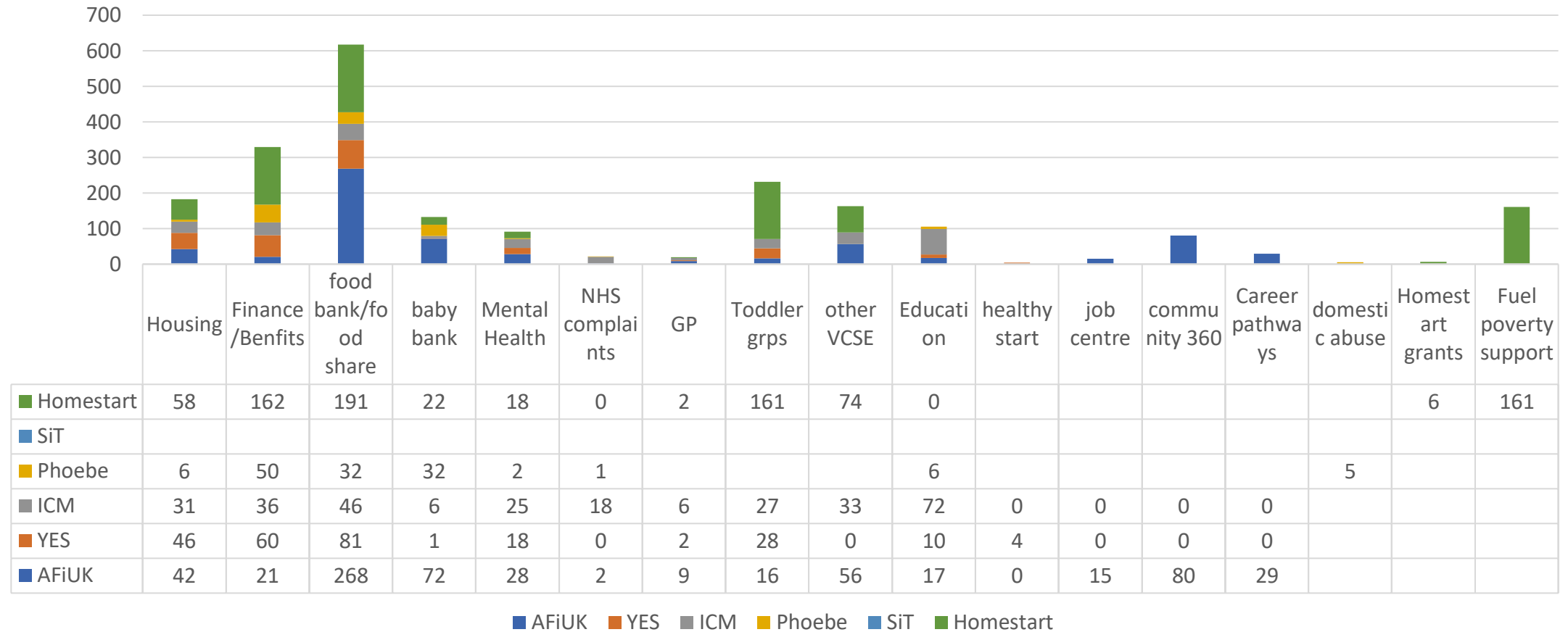


Families seen by community partners 01/06/22 – 31/03/23

# Type of 1:1 support provided

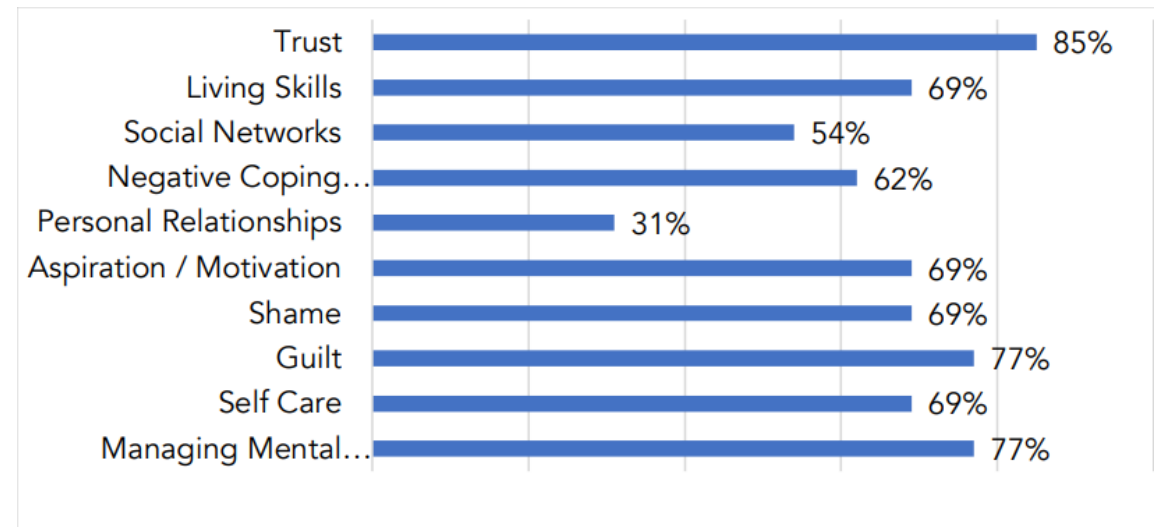


# Signposting to support



# Survivors in Transition

- 4 X 8 week programmes have been delivered to 42 (32 female, 4 male) survivors, with specific survivor related additions related to pregnancy, appointments, triggers, childbirth, early parenting
- Trauma informed toolkits being co-produced / drafted currently 6 survivors who attended group programmes have been assisting in developing materials
- Trauma informed training sessions delivered to 104 professionals



# Themes



Lack of cultural and social perspective.

NHS charging – ‘what is the cheapest way to give birth’ was recently fed back. Late booking was seen as economically beneficial.



DNA – relinquishing responsibility and feeding into blame. Lack of relationship/continuity means less emotional investment



Lack of home visits. Bookings taking place in clinics as midwives are so stretched. Understanding the home environment – is she living in a hotel/one room? are meals provided? will appointments mean she misses mealtimes?



Communication/language– use of pronouns. Understanding naming ceremonies and the importance of not westernising names



Personalisation can be lip service. Other marginalised groups –including LGBTQ+/neurodiversity and those who want ‘alternative therapies’ feedback that all choices are NHS choices.



# *Trauma* in Black Maternal Health

## Staff influence the cultural experience

Understanding  
Confirmation bias

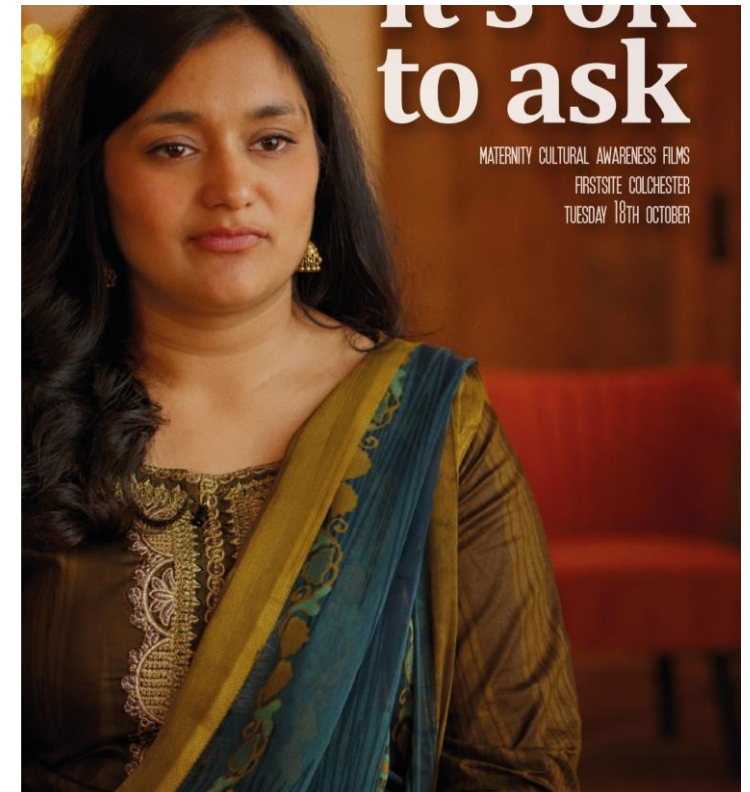
Understanding cultural  
weathering

Cultural awareness  
training is not enough



# Listening to community voices

Stories are powerful



Welcome to.....'It's OK to ask...'

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