

NHS England and NHS Improvement
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To: Local Maternity System (LMS) SROs

cc: Directors/Heads of Midwifery
Local Maternity System PMOs
Provider board-level Safety Champions
Public health members of LMS boards
Regional Directors
Regional Chief Nurses
Regional Chief Midwives
Maternity Voices Partnerships

22 June 2020

Dear colleagues,

Perinatal support for Black, Asian and minority ethnic Women during the COVID-19 Pandemic

As you will be aware, available evidence has long shown that maternal and perinatal mortality rates are significantly higher for Black, Asian and mixed-race women and their babies than for white women.¹ Public Health England's recent report also suggests that mortality involving COVID-19 disproportionately affects those from a Black, Asian and Minority Ethnic (BAME) background.

On top of this, emerging evidence from the UK Obstetric Surveillance System at Oxford University shows that women from a Black, Asian and minority ethnic background make up more than half (56%) of pregnant women admitted to hospital with COVID-19.² The research indicates that Asian women are four times more likely than white women to be admitted to hospital with COVID-19 during pregnancy, while Black women are eight times more likely.

There has been a decrease in some people accessing NHS services when needed, so please reassure pregnant women and new parents that seeking help from the NHS is safe. Women should be encouraged that if they have concerns about their own or their baby's health, such as reduced fetal movements, they should get in touch with their local maternity unit immediately.

¹ MBRRACE-UK (2019) reports: www.npeu.ox.ac.uk/mbrance-uk

² Knight Marian, Bunch Kathryn, Vousden Nicola, Morris Edward, Simpson Nigel, Gale Chris et al. Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK: national population based cohort study BMJ 2020; 369 :m2107 www.bmj.com/content/369/bmj.m2107.full

Public Health England will continue to monitor the science of this outbreak and make recommendations accordingly, but there are things you can all do help reassure pregnant Black, Asian and minority ethnic women.

So, we are writing to you today to ask you to take four specific actions, which should minimise the additional risk of COVID-19 for Black, Asian and minority ethnic women and their babies.

1. Local Maternity Systems are asked to **increase support for at-risk pregnant women:** Co-produce and implement an operational policy with your Maternity Voices Partnership (MVP) and community organisations who are representative of local women and families for how you will manage the risks of COVID-19 for pregnant women from a Black, Asian and minority ethnic background. The policy should comply with the latest guidance³ from the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives, which says in particular:

- Women of a Black, Asian and minority ethnic background should be advised that they may be at higher risk of complications of COVID-19 and to seek advice without delay if they are concerned about their health.
- Clinicians should be aware of this increased risk, and have a lower threshold to review, admit and consider multidisciplinary escalation in women from a Black, Asian and minority ethnic background.

Maternity services at University Hospitals Birmingham have introduced surveillance for all women with confirmed or suspected COVID-19. These women receive daily telephone consultations, access to multidisciplinary review if needed and thromboprophylaxis (low-molecular-weight heparin) where indicated. Telephone consultations are conducted by staff who are well but unable to provide face-to-face patient care. The standard operating procedure attached is an example of good practice you can consider adapting, alongside taking into account the latest guidance from the NHS Specialist Pharmacy Service.⁴

³ [Coronavirus \(COVID-19\) infection in pregnancy](#), section 2.2.

⁴ www.sps.nhs.uk/articles/summary-of-covid-19-medicines-guidance-obstetrics-and-gynaecology/

2. **Reach out and reassure pregnant Black, Asian and minority ethnic women with tailored communications:** Co-produce a communications plan with your MVP and community organisations targeted at Black, Asian and minority ethnic women. It should provide information about local services for women and their families, reassure them that maternity services are available during the pandemic, and encourage them to seek help if they have any concerns. It should be tailored to local communities in your area; for example, by using languages, formats and media relevant to them.
3. **Minimise the risk of Vitamin D insufficiency:** Ensure providers discuss [vitamins, supplements and nutrition in pregnancy](#) with all women. Women with dark skin or those who always cover their skin when outside may be at particular risk of vitamin D insufficiency and should consider taking a daily supplement of vitamin D all year.
4. **Make sure you are gathering the correct data:** Ensure all providers record on maternity information systems the ethnicity of every woman, as well as other risk factors, such as living in a deprived area (postcode), co-morbidities, BMI and aged 35 years or over, to identify those most at risk of poor outcomes.

In implementing these and other measures, we would encourage you to build in evaluation of service user experience through a continuous improvement approach. Your communications team will have expertise in this and your MVP will be able to help you get feedback.

You may of course take additional actions to offer support for women and their families, and systems can use up to 50% of their 'tranche 2' transformation funding to support the maternity services response to the COVID-19 pandemic.

Additional support is available from:

- [National Maternity Voices](#)
- [Patient Safety Collaboratives](#) which can provide quality improvement support

- the [Cultural Competence e-learning tool](#) from Health Education England which helps clinicians better understand the issues around culture and health and how they might influence healthcare outcomes
- www.nhs.uk/pregnancy-and-coronavirus where women and their families can find the latest public information
- helpful resources, including [leaflets](#) and an [animation](#) and a [specific poster and material for social media](#) also available for you to use.

Finally, if you have good practice to share, please let your regional chief midwife know so that it can be shared more widely.

Best wishes,



Professor Jacqueline Dunkley-Bent
Chief Midwifery Officer and SRO for
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Transformation Programme



Matthew Jolly
National Clinical Director for Maternity
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